

Financial Planning Client Discovery Questionnaire

Please complete this questionnaire to help us understand your financial situation, goals, and priorities. This document is designed for print and manual completion.

1. Personal Information (Client 1)

Full Name:

Date of Birth:

Email Address:

Phone Number:

Occupation/Employer:

2. Personal Information (Client 2 / Spouse / Partner)

Full Name:

Date of Birth:

Email Address:

Phone Number:

Occupation/Employer:

3. Dependents

Dependent 1 Name & Age:

Dependent 2 Name & Age:

Dependent 3 Name & Age:

4. Financial Goals & Objectives

Target Retirement Age (Client 1 / Client 2):

What is your primary financial goal? (e.g., retirement, buying a home, education funding):

What is your secondary financial goal?:

How would you describe your investment risk tolerance? (e.g., Low, Medium, High):

5. Income & Expenses

Client 1 Gross Monthly Income:

Client 2 Gross Monthly Income:

Other Monthly Income (Rental, Pension, etc.):

Estimated Total Monthly Expenses:

6. Assets & Liabilities

Asset Type	Estimated Value
Cash / Bank Accounts:	<input type="text"/>
Investment Portfolios (Taxable):	<input type="text"/>
Retirement Accounts (401k, IRA, etc.):	<input type="text"/>
Primary Residence / Real Estate:	<input type="text"/>
Liability Type	Outstanding Balance
Mortgage Balance:	<input type="text"/>
Auto Loans:	<input type="text"/>
Student Loans:	<input type="text"/>
Credit Card & Other Debt:	<input type="text"/>

7. Protection & Estate

Life Insurance Coverage Amount:	<input type="text"/>
Disability Insurance Coverage (Yes/No/Details):	<input type="text"/>
Do you have a current Will or Trust? (Yes/No/Details):	<input type="text"/>

Thank you for taking the time to complete this questionnaire. Please bring this completed printout to your discovery meeting.