

Initial Consultation Questionnaire

PRIVATE AND CONFIDENTIAL

Name: _____

Date: _____

Please email us the completed questionnaire at lchan@vibrancewealth.com before our meeting or bring it with you to our meeting.



Initial Consultation Questionnaire

Personal Information	Client	Co-Client
Name	<hr/>	<hr/>
Date / Place of Birth	<hr/>	<hr/>
Home Phone	<hr/>	<hr/>
Cell Phone	<hr/>	<hr/>
Home Address	<hr/>	<hr/>
	<hr/>	<hr/>
Email Address	<hr/>	<hr/>
Marital Status: Client	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> Previously Married	
Marital Status: Co-client	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> Previously Married	
US Citizen (Y/N)	<hr/>	<hr/>

Dependent Information	Name	Date of Birth	Relationship
1	<hr/>	<hr/>	<hr/>
2	<hr/>	<hr/>	<hr/>
3	<hr/>	<hr/>	<hr/>
4	<hr/>	<hr/>	<hr/>

Employment Data	Client	Co-Client
Occupation	<hr/>	<hr/>
Employer	<hr/>	<hr/>
Employer Address	<hr/>	<hr/>
Years with Employer	<hr/>	<hr/>
Work Phone	<hr/>	<hr/>
Income Consistent (Y/N)	<hr/>	<hr/>
Job Security (Y/N)	<hr/>	<hr/>



Financial Goals	Client	Co-Client
Next 1-3 years		
Next 3-10 years		
Next 10 years or so		
What are the purposes of your wealth?		
What was your best financial decision?		
One thing you would do differently		
I define financial freedom as		
I define financial confidence as		

Financial Priorities	Client	Co-Client
	Please rank your top 5 priorities. (1 being the most important and 5 being the least important.)	
Retirement Planning		
Saving for College		
Saving for Major Purchases		
Managing a Budget		
Investment Management		
Minimizing Taxes		
Appropriate Insurance Coverage		
Providing a Legacy		
Caring for Parents		
Contributing to Charity		
Others: _____		

Past Experiences	Client	Co-Client
Work with an advisor before (Y/N)		
How long did each relationship last?		
What did you like about them?		
What didn't you like about them?		
What do you expect from me?		

Investment Experience (# of years investing in the following vehicles)	Client	Co-Client
Stocks		
Bonds		
ETFs		
Mutual Funds		
Alternative Strategies		
Others		
How would you describe your past investment experiences and why?		
How often do you review your investment accounts?		
How many hours do you study about an investment before you invest in it?		
Who do you go to for financial/investment advice?		



Investment Objectives	Client	Co-Client
Income / Growth / Growth & Income / Preservation		
Time: < 3 years / 3-7 years / 7-10 years / > 10 years		
Low risk / Some risk / Moderate Risk / Moderately High Risk / High Risk		

Cash Flow	Client	Co-Client	Joint
Annual Gross Earned Income			
Rental Income			
Other Income			
Annual Expenses (excluding mortgage and property tax)			
Annual Mortgage Payment and Property Tax - PR			
Annual Mortgage Payment and Property Tax - 2nd Home			
Annual Mortgage Payment and Property Tax - IP			
Major Expenses in the Next 2 Years			
Annual Savings in Retirement Plans			
Other Savings			

*Primary Residence (PR), Second Home (2nd Home), Investment Property (IP)

Business Ownership				
Name of business	Owner and ownership %	Type of corporation	Appraised value	Year started

Assets	Client	Co-Client	Joint
Checking/Savings/CDs			
Investment Accounts			
1			
2			
3			
IRA 1			
IRA 2			
Roth IRA			
At which institution do you have most securities?			
401K/403b/457			
Defined Benefit Plan			
529 Plan/ESA			
Annuities			
RSUs			
Stock Options			
Privately Held Stocks			
Family Trusts			
Primary Residence			
Second Home			
Investment Property 1			
Investment Property 2			
Investment Property 3			
Personal Property			
Automobiles			
Others			

Liabilities	Client	Co-Client	Joint
Mortgage - PR			
Mortgage - 2nd Home			
Mortgage - IP			
Mortgage - IP			
Mortgage - IP			
HELOC			
Security-based LOC			
Auto Loans			
Education Loans			
Personal Loans			
Medical Expense			
Others: _____			

Insurance Information						
Life Insurance						
Owner / Insured	Type of policy	Death benefits	Cash value	Annual premium	Covered until age	Individual / work
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Disability Insurance			
Owner / Insured	Monthly benefits	Annual premium	Individual / work
_____	_____	_____	_____
_____	_____	_____	_____

Long-term Care Insurance					
Owner / Insured	Daily benefits	Total benefits	Annual premium	Remaining premium	Individual / work
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



Estate Plan	Client	Co-Client	Joint
Do you have a will?			
Do you have a trust? If yes, what kind?			

Advisor Information	CPA	Estate Planning Attorney	Mortgage Broker	Insurance Agent
Name				
Address				
Phone				
Email				

Notes	Other important financial information you like to provide:
Client	
Co-client	



Financial Confidence Survey

Please rate your confidence level for the following, with 1 being the least confident and 5 the most confident. Then add up all the numbers to get the total score.

Cash Flow Management	Client	Co-Client
I have the ability to meet all my financial obligations.	_____	_____
I have a sufficient emergency fund.	_____	_____
I have the ability to manage debt.	_____	_____
I have the ability to control my spending habits.	_____	_____
I have the ability to fund my children's education expenses.	_____	_____
Investment Management		
I save and invest on a regular basis.	_____	_____
I maximize the risk-adjusted return.	_____	_____
I am satisfied with my level of investment knowledge.	_____	_____
Retirement Planning		
I can achieve a comfortable retirement life.	_____	_____
I have guaranteed lifetime income to cover my essential expenses.	_____	_____
I do not worry about outliving my savings.	_____	_____
I have enough savings to cover my long-term care expenses.	_____	_____
Risk Management		
I have enough life insurance coverage.	_____	_____
I have the ability to protect my assets.	_____	_____
Estate/Tax Planning		
I have a plan to protect and transfer my assets according to my wishes.	_____	_____
I can minimize income and potential estate taxes.	_____	_____
I am satisfied with my strategies for charitable giving.	_____	_____
Financial Management Issues		
I know how to handle difficult financial circumstances.	_____	_____
I have a solid level of financial knowledge.	_____	_____
I can achieve financial freedom with the wealth I have built.	_____	_____
Total Score	_____	_____