



# ACCESS FINANCIAL SERVICES

## ***CONFIDENTIAL FINANCIAL QUESTIONNAIRE***

We look forward to seeing you at our scheduled meeting on:

\_\_\_\_\_

(Day)

(Date/Year)

at \_\_\_\_\_

(Time)

*Please contact us at least 24 hours in advance of your scheduled appointment if you need to reschedule.*

Southpoint Office Center, Suite 850  
1650 West 82<sup>nd</sup> Street | Minneapolis, MN 55431-1460  
Phone: 952-885-2736 | Fax: 952-885-0995  
[www.AccessAFS.com](http://www.AccessAFS.com)

# Confidential Financial Questionnaire

Our approach to financial planning is comprehensive, customized and integrated. We delve deeply into our clients' financial lives and address a broad range of planning-related subject matter in order to develop and implement individualized strategies designed to maximize wealth accumulation and financial security.



**Growth**



**Integration**



**Balance**



**Protection**

Completing this questionnaire is the first step in providing you with a personal financial analysis. Please be as accurate as possible and know that the information provided will be kept in strictest confidence.

In addition, please provide the following documentation (both client and co-client):

- Income tax returns for last two years
- Paycheck stubs showing deductions
- Current copy of driver's license
- Mortgage statement
- All insurance policies (*including coverage amounts, deductibles, and premiums*)
  - Automobile policy(ies)
  - Homeowner's or Renter's policy(ies)
  - Personal Umbrella Liability policy
  - Business Liability policy
  - Life insurance policy(ies) (*for all family members*)
    - Annual statement(s)
    - Policy loan statement(s)
  - Annuity policy(ies)
  - Disability policy(ies), if owned individually
  - Health insurance policy(ies)
  - Long Term Care policy(ies)
  - Any other types of insurance policies not listed above
- Company-provided group benefits
- Employer stock plans (*ESOP, ESPP, stock options, etc.*)
- Current complete statements for all investment accounts, including retirement plans and annuities
- Estate planning documents (*wills, trusts, powers of attorney, etc.*)

# Background Information

**Marital status:**  Single  Married \_\_\_\_\_ (Date)  Divorced  Widowed  Other: \_\_\_\_\_

## Family Data

	Relationship	Date of Birth	Social Security Number	U.S. Citizen?
Client Name	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Client Name	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Name	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Name	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Name	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Name	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Contact Information

Home Address			<input type="checkbox"/> Own <input type="checkbox"/> Rent
City	State	Zip	State of Residence
Client <b>Primary</b> Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Co-Client <b>Primary</b> Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Client Secondary Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Co-Client Secondary Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Client <b>Primary</b> E-mail	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Co-Client <b>Primary</b> E-mail	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Client Secondary E-mail	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Co-Client Secondary E-mail	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Client Driver's License	Issue Date ___/___/___ Exp. Date ___/___/___ State ___	Co-Client Driver's License	Issue Date ___/___/___ Exp. Date ___/___/___ State ___

## Employment Data

Client Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Homemaker <input type="checkbox"/> Business Owner <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student	Co-Client Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Homemaker <input type="checkbox"/> Business Owner <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
Client Employer _____ Length of Employment _____ yrs	Co-Client Employer _____ Length of Employment _____ yrs
Client Occupation _____ Title _____	Co-Client Occupation _____ Title _____
Client Employer Address _____ City _____ State _____ Zip _____	Co-Client Employer Address _____ City _____ State _____ Zip _____

## Income

	Prior Year	Current Year	Next Year	Comments
<b>Client: Base Income/Salary</b>	\$	\$	\$	
Bonus(es)	\$	\$	\$	
Commission	\$	\$	\$	
Stock Options/Pension	\$	\$	\$	
Fees/Consulting	\$	\$	\$	
Rents/Royalties	\$	\$	\$	
Social Security	\$	\$	\$	
Other _____	\$	\$	\$	
<b>Co-Client: Base Income/Salary</b>	\$	\$	\$	
Bonus(es)	\$	\$	\$	
Commission	\$	\$	\$	
Stock Options/Pension	\$	\$	\$	
Fees/Consulting	\$	\$	\$	
Rents/Royalties	\$	\$	\$	
Social Security	\$	\$	\$	
Other _____	\$	\$	\$	

Planner's Notes:

# Savings Assets

List each account separately by ownership and amount.

## Item

Type	Location	Details	Earnings		Client	Co-Client	Joint
			Rate				
Checking			%	\$		\$	\$
Checking			%	\$		\$	\$
Checking			%	\$		\$	\$
Savings		Annual Contribution	%	\$		\$	\$
Savings		Annual Contribution	%	\$		\$	\$
Savings		Annual Contribution	%	\$		\$	\$
Money Market		Annual Contribution	%	\$		\$	\$
Money Market		Annual Contribution	%	\$		\$	\$
Cert. of Deposit		Annual Contribution	%	\$		\$	\$
Cert. of Deposit		Annual Contribution	%	\$		\$	\$
Health Savings (HSA)		Annual Contribution EE \$ ER \$	%	\$		\$	\$
Health Savings (HSA)		Annual Contribution EE \$ ER \$	%	\$		\$	\$
Annuity		<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%	\$		\$	\$
Annuity		<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%	\$		\$	\$
Annuity		<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	%	\$		\$	\$
Other cash asset	_____		%	\$		\$	\$
Other cash asset	_____		%	\$		\$	\$
Other cash asset	_____		%	\$		\$	\$
Other cash asset	_____		%	\$		\$	\$

Planner's Notes:

## Accounts for minor(s)

Type	Location	Details	Earnings		Dependent	Dependent	Dependent	Dependent
			Rate					
Savings		Annual Contribution	%	\$		\$	\$	\$
Cert. of Deposit		Annual Contribution	%	\$		\$	\$	\$
Bonds		Cost Basis	%	\$		\$	\$	\$
UTMA/UGMA		Annual Contribution	%	\$		\$	\$	\$
529 (College Savings Plan) State		Annual Contribution	%	\$		\$	\$	\$
ESA (Coverdell)		Annual Contribution	%	\$		\$	\$	\$
Other	_____		%	\$		\$	\$	\$
Other	_____		%	\$		\$	\$	\$

Planner's Notes:

New Investments:

# Retirement Plan Assets

List each account separately by ownership and amount.

Item	Roth Option	Client Balance	Client Contribution	Company Match	Co-Client Balance	Co-Client Contribution	Company Match
IRA	<input type="checkbox"/>	\$	\$	\$	\$	\$	\$
IRA	<input type="checkbox"/>	\$	\$	\$	\$	\$	\$
IRA (Rollover)	<input type="checkbox"/>	\$	\$	\$	\$	\$	\$
IRA (Rollover)	<input type="checkbox"/>	\$	\$	\$	\$	\$	\$
Simple IRA		\$	\$ or %	\$ or %	\$	\$ or %	\$ or %
SEP IRA		\$	\$ or %	\$ or %	\$	\$ or %	\$ or %
401(k)	<input type="checkbox"/>	\$	\$ or %	\$ or %	\$	\$ or %	\$ or %
403(b)	<input type="checkbox"/>	\$	\$ or %	\$ or %	\$	\$ or %	\$ or %
457 Deferred Comp.		\$	\$ or %	\$ or %	\$	\$ or %	\$ or %
Pension	Vested? <input type="checkbox"/>	\$	\$ or %	\$ or %	\$	\$ or %	\$ or %
Profit Sharing Plan	Vested? <input type="checkbox"/>	\$	\$ or %	\$ or %	\$	\$ or %	\$ or %
Other _____		\$	\$ or %	\$ or %	\$	\$ or %	\$ or %
Other _____		\$	\$ or %	\$ or %	\$	\$ or %	\$ or %

# Investment Assets (non-qualified)

Stocks, Bonds, Mutual Funds, etc.  
(Assets NOT listed previously.)

Brokerage accounts—	Details	Client	Co-Client	Joint	Dependent/Trust
Held at: _____	Equity ___% Cash ___% Fixed Income ___%	\$	\$	\$	\$
Held at: _____	Equity ___% Cash ___% Fixed Income ___%	\$	\$	\$	\$
Held at: _____	Equity ___% Cash ___% Fixed Income ___%	\$	\$	\$	\$
Private Investment _____	_____ shares held _____ warrants	\$	\$	\$	\$
Private Investment _____	_____ shares held _____ warrants	\$	\$	\$	\$
Business/Partnerships _____	_____ % ownership _____ shares held	\$	\$	\$	\$
Business/Partnerships _____	_____ % ownership _____ shares held	\$	\$	\$	\$
Other _____		\$	\$	\$	\$

Planner's Notes:

# Real Estate Assets

Property	City/ State	Year Purchased	Purchase Price	Improvements or Capital Expenditures	Rental Income	Current Market Value (Estimated)
Residence			\$	\$	\$	\$
Other Home			\$	\$	\$	\$
Cabin/Lake Home			\$	\$	\$	\$
Land1			\$	\$	\$	\$
Land2			\$	\$	\$	\$
Rental Property1			\$	\$	\$	\$
Rental Property2			\$	\$	\$	\$
Other _____			\$	\$	\$	\$
Other _____			\$	\$	\$	\$

## Mortgages/Equity Lines of Credit

	Interest Rate	Monthly Payment	Maturity Date	Unpaid Balance
Residence	%	\$		\$
Equity Line Maximum: \$	%	\$		\$
Equity Loan	%	\$		\$
Other Home	%	\$		\$
Equity Line Maximum: \$	%	\$		\$
Equity Loan	%	\$		\$
Cabin/Lake Home	%	\$		\$
Equity Line Maximum: \$	%	\$		\$
Equity Loan	%	\$		\$
Land1	%	\$		\$
Land2	%	\$		\$
Rental Property1	%	\$		\$
Rental Property2	%	\$		\$
Other _____	%	\$		\$
Other _____	%	\$		\$

Planner's Notes:

Planner's Notes:

# Loans, Debts, & Personal Property

## Loans & Debts

Type of Loan	Interest Rate	Monthly Payment	Months Remaining	Unpaid Balance
Auto	%	\$	mo.	\$
Auto	%	\$	mo.	\$
Auto	%	\$	mo.	\$
Line of Credit (Personal)	%	\$	mo.	\$
Line of Credit (Business)	%	\$	mo.	\$
Student Loan(s)	%	\$	mo.	\$
Student Loan(s)	%	\$	mo.	\$
Credit Card(s)	%	\$	mo.	\$
Credit Card(s)	%	\$	mo.	\$
Credit Card(s)	%	\$	mo.	\$
Boat	%	\$	mo.	\$
Trailer	%	\$	mo.	\$
Other _____	%	\$	mo.	\$
Other _____	%	\$	mo.	\$
Other _____	%	\$	mo.	\$

Planner's Notes:

## Miscellaneous Personal Property

(List estimated market value today—NOT replacement value)

	Current Market Value	Insured?
General Household Furnishings & Appliances	\$	<input type="checkbox"/>
Artwork	\$	<input type="checkbox"/>
Antiques	\$	<input type="checkbox"/>
Jewelry (Client)	\$	<input type="checkbox"/>
Jewelry (Co-Client)	\$	<input type="checkbox"/>
Automobile	\$	<input type="checkbox"/>
Automobile	\$	<input type="checkbox"/>
Automobile	\$	<input type="checkbox"/>
Boat, Trailer, etc.	\$	<input type="checkbox"/>
Collectible _____	\$	<input type="checkbox"/>
Collectible _____	\$	<input type="checkbox"/>
Other _____	\$	<input type="checkbox"/>
Other _____	\$	<input type="checkbox"/>

Planner's Notes:

If any assets are designated for gifting or later sale, please explain here:

Planner's Notes:

# Insurance Coverages

## Life Insurance

Insurance Company	Insured	Description of Coverage	Annual Premium	Cash Value	Outstanding Loan(s)	Amount of Coverage
		<input type="checkbox"/> Term <input type="checkbox"/> Cash Value <input type="checkbox"/> Individual <input type="checkbox"/> Group	\$	\$	\$	\$
		<input type="checkbox"/> Term <input type="checkbox"/> Cash Value <input type="checkbox"/> Individual <input type="checkbox"/> Group	\$	\$	\$	\$
		<input type="checkbox"/> Term <input type="checkbox"/> Cash Value <input type="checkbox"/> Individual <input type="checkbox"/> Group	\$	\$	\$	\$
		<input type="checkbox"/> Term <input type="checkbox"/> Cash Value <input type="checkbox"/> Individual <input type="checkbox"/> Group	\$	\$	\$	\$
		<input type="checkbox"/> Term <input type="checkbox"/> Cash Value <input type="checkbox"/> Individual <input type="checkbox"/> Group	\$	\$	\$	\$
		<input type="checkbox"/> Term <input type="checkbox"/> Cash Value <input type="checkbox"/> Individual <input type="checkbox"/> Group	\$	\$	\$	\$

For planner completion:	Medical History	Medications	Tobacco User
<b>Client:</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Type of tobacco:
			Use Frequency:
<b>Co-Client:</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Type of tobacco:
			Use Frequency:

## Disability Insurance

Insurance Company	Insured	Description of Coverage	Annual Premium	Monthly Benefit	Waiting Period	For how long is benefit paid?
		<input type="checkbox"/> LTD <input type="checkbox"/> STD <input type="checkbox"/> Individual <input type="checkbox"/> Group	\$	\$		
		<input type="checkbox"/> LTD <input type="checkbox"/> STD <input type="checkbox"/> Individual <input type="checkbox"/> Group	\$	\$		
		<input type="checkbox"/> LTD <input type="checkbox"/> STD <input type="checkbox"/> Individual <input type="checkbox"/> Group	\$	\$		

## Long Term Care Insurance

Insurance Company	Insured	Description of Coverage	Annual Premium	Premium Period	Benefit Amount	For how long is benefit paid?
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	\$	_____ years <input type="checkbox"/> Lifetime <input type="checkbox"/> Paid Up	\$	<input type="checkbox"/> /mo. <input type="checkbox"/> /day
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	\$	_____ years <input type="checkbox"/> Lifetime <input type="checkbox"/> Paid Up	\$	<input type="checkbox"/> /mo. <input type="checkbox"/> /day

## Health Insurance

Insurance Company	Insured	Description of Coverage	Annual Premium	Maximum Out Of Pocket	Deductible
		<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision	\$	\$	\$
		<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision	\$	\$	\$

Planner's Notes:



## More about you....

What immediate concerns do you have?

---



---



---

Let's talk about your current plans, concerns, and short/long-term priorities. In order to develop solutions for wealth optimization and financial protection, let's get a better sense of your personal objectives:

### Check all that are a priority and add a time horizon—

Priority	Time-frame	Objective	Priority	Time-frame	Objective
<input type="checkbox"/>	___ yrs	Increase Net Worth	<input type="checkbox"/>	___ yrs	Retirement
<input type="checkbox"/>	___ yrs	Income Protection	<input type="checkbox"/>	___ yrs	Maximize Social Security
<input type="checkbox"/>	___ yrs	Asset Protection	<input type="checkbox"/>	___ yrs	Grow Your Family
<input type="checkbox"/>	___ yrs	Protecting Your Family	<input type="checkbox"/>	___ yrs	Education Funding (yourself/children/grandchildren)
<input type="checkbox"/>	___ yrs	Investment Strategies	<input type="checkbox"/>	___ yrs	Wedding
<input type="checkbox"/>	___ yrs	Tax Strategies	<input type="checkbox"/>	___ yrs	Home Remodeling
<input type="checkbox"/>	___ yrs	Estate Planning	<input type="checkbox"/>	___ yrs	New Home
<input type="checkbox"/>	___ yrs	Charitable Gifting	<input type="checkbox"/>	___ yrs	Vacation Home
<input type="checkbox"/>	___ yrs	Leaving A Legacy	<input type="checkbox"/>	___ yrs	Travel
<input type="checkbox"/>	___ yrs	Debt Reduction	<input type="checkbox"/>	___ yrs	New Car
<input type="checkbox"/>	___ yrs	New Business / Business Succession	<input type="checkbox"/>	___ yrs	Other: _____
<input type="checkbox"/>	___ yrs	Investment Real Estate	<input type="checkbox"/>	___ yrs	Other: _____

In addition to current savings, how much are you willing to contribute monthly to your overall financial security plan? \$ \_\_\_\_\_/mo.

What are your hopes for retirement?

---



---



---

Planner's Notes:

# Additional Information

Do you have an accountant?  Yes  No How long have you been working with your accountant? \_\_\_\_\_ yrs  
Name Phone Number  
Firm E-mail  
Address City State Zip

Do you have an attorney?  Yes  No How long have you been working with your attorney? \_\_\_\_\_ yrs  
Name Phone Number  
Firm E-mail  
Address City State Zip

Please check which of the following estate planning documents you have executed:

Will	<input type="checkbox"/>	Irrevocable Trust	<input type="checkbox"/>	Charitable Remainder Trust	<input type="checkbox"/>
Power of Attorney - General	<input type="checkbox"/>	Irrevocable Life Insurance Trust	<input type="checkbox"/>	Family Foundation	<input type="checkbox"/>
Living Will/Health Care Directive	<input type="checkbox"/>	Supplemental Needs Trust	<input type="checkbox"/>	Divorce Decree	<input type="checkbox"/>
Power of Attorney - Health Care	<input type="checkbox"/>	Special Needs Trust	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Revocable Living Trust	<input type="checkbox"/>	Homestead Trust	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

Are you currently making any family, charitable, or educational gifts/pledges?  Yes  No  
If so, would you like this to continue if something happened to you?  Yes  No

Are you the recipient of any family annual or lump sum gifts?  Yes  No  
If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect to receive any inheritance?  Yes  No If so, from whom? \_\_\_\_\_  
In what amount? \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Planner's Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Extended Family Information

(For planner completion)

CLIENT relatives	Age	Occupation/ Retired	Marital Status	Name(s) of Child(ren)	Age	State of Residence
Parent						
Parent						
Sibling #1						
Spouse						
Sibling #2						
Spouse						
Sibling #3						
Spouse						
Sibling #4						
Spouse						
Sibling #5						
Spouse						
CO-CLIENT relatives	Age	Occupation/ Retired	Marital Status	Name(s) of Child(ren)	Age	State of Residence
Parent						
Parent						
Sibling #1						
Spouse						
Sibling #2						
Spouse						
Sibling #3						
Spouse						
Sibling #4						
Spouse						
Sibling #5						
Spouse						

Planner's Notes: