Duncan
FINANCIAL GROUP

Making It All Work **Together**

Client Questionnaire

Client Name: _____

Date: _____

Please complete the following to the best of your ability and return to our office at your earliest convenience.

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Client Information

Client

Name _____ Date of Birth _____

Phone _____ Email _____

Address _____

Occupation _____ Employer _____ Anticipated Retirement Age _____

Marital Status _____

Spouse

Name _____ Date of Birth _____

Phone _____ Email _____

Address _____

Occupation _____ Employer _____ Anticipated Retirement Age _____

Marital Status _____

Children

Name _____ Date of Birth _____ Spouse _____

Grandchildren and Birthdays _____

Name _____ Date of Birth _____ Spouse _____

Grandchildren and Birthdays _____

Name _____ Date of Birth _____ Spouse _____

Grandchildren and Birthdays _____

Important Advisors

	Name	Phone / Email / Address	Remarks
Attorney			
Accountant			
Insurance Agent			

This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge forms. This information is provided by you (the client). The information provided by you should be reviewed periodically and updated when either the information or your circumstances change.

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Objectives and Considerations

Planning Objectives

Rate of Importance of each item according to the following scale:

	Not Concerned	Somewhat Concerned	Very Concerned
Outliving income/assets			
Investment management			
Protect my assets from market volatility			
Appropriate life insurance coverage			
Protect assets from LTC			
Providing a legacy			
Avoiding probate			
Reducing taxes			
Saving for college			
Wedding			
Home Improvement			
Vacation Home			

Income Protection

Current Income & Expenses

Income:	Client – Monthly	Spouse - Monthly
Salary	$_____	$_____
Social Security	$_____	$_____
Pension	$_____	$_____
Annuity Income	$_____	$_____
Interest & Dividends	$_____	$_____
Notes Receivable	$_____	$_____
Other	$_____	$_____

Approximate Monthly Expenses (excluding debt payments): _____

Mortgage Balance: _____ Monthly Payment: _____ Interest Rate: _____

Student Loan Balance: _____ Monthly Payment: _____ Interest Rate: _____

Auto Loan Balance: _____ Monthly Payment: _____ Interest Rate: _____

Credit Card Balance: _____ Monthly Payment: _____ Interest Rate: _____

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Assets

Taxable Assets

	Checking	Savings	CD	Investment Account	Annuity	Other
Owner						
Beneficiary						
Holdings Value	$	$	$	$	$	$
Monthly Contribution						

Please provide a current statement for each account listed

Retirement Assets

	IRA	Roth IRA	Retirement Plan (401(k), 403(b), etc..)	Other
Owner				
Beneficiary				
Holdings Value	$	$	$	$
Monthly Contribution				
Employer Contribution or Match				

Please provide a current statement for each account listed

Real Estate

	Property 1	Property 2	Property 3	Property 4
Property Name				
Address				
Property Type (Residence, Non-Residence)				
Current Value	$	$	$	$
Owner (Client, Spouse, Joint, etc.)				

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Legacy Planning

Legacy Planning Considerations

Is your intent to leave an amount of money to your heirs? If so what amount? _____

Do you have any of the following?

Will	☐ Yes ☐ No	Dated: _____
Trust	☐ Yes ☐ No	Dated: _____
Power of Attorney	☐ Yes ☐ No	Dated: _____
Healthcare Proxy / Living Will	☐ Yes ☐ No	Dated: _____
Safe Deposit Box	☐ Yes ☐ No	Dated: _____

Life Insurance

	Policy 1	Policy 2	Policy 3	Policy 4
Owner				
Beneficiary				
Policy Type (Term, Whole Life, Universal Life, Variable Universal Life, Group Policy)				
Insurance Provider				
Benefit Amount	$	$	$	$
Cash Value	$	$	$	$
Annual Premium				
Please provide a current statement for each account listed				

Additional Insurance Policies

	Disability Policy 1	Disability Policy 2	Long Term Care 1	Long Term Care 2
Owner				
Insured				
Insurance Provider				
Benefit Amount	$	$	$	$
Annual Premium				
Please provide a current statement for each account listed				