



CLIENT DATA SURVEY FORM

Today's Date: _____

Client Name: _____ Spouse's Name: _____

Home Address: _____

Business Address: _____

Daytime Telephone: _____

Email: _____

FAMILY AND DEPENDENT DATA:

Name	Date of Birth	Occupation	Their Dependents	Health Issues/Comments
Client			n/a	
Spouse			n/a	
Children				
Others				

INVESTMENT DATA:

What is most important to you when investing money (return, safety of principal, diversification, etc.)?

Are any of your assets earmarked for a specific use at this point?

Who currently manages your investments?

Are you satisfied with the way they have been managed? If so, why? If not, why not?

Are there any investments you would prefer over others? Why?

Why have you chosen the investments in your portfolio?

RETIREMENT PLANNING DATA:

When do you plan to retire?

When does your spouse plan to retire?

What will be your income sources?

Is there anything specific you want to do in preparation for retirement (e.g. buy a second home, save enough for expensive trips, etc.)?

Where do you plan to retire?

Will you keep your current home?