

Financial Advisor Questionnaire

Please provide the information I need to help me select you as my advisor or retain you as my current advisor.

Send the completed questionnaire to:

My Name: _____

Telephone Number: (_____) _____

Fax Number: (_____) _____

Email Address: _____

Mail Address: _____

Address: _____ Zip _____

Check all responses that apply to you. Use "Other" to provide additional information. Select or enter "None" when applicable.

Your Name: _____

Office Location (City/State): _____

Telephone Number: (_____) _____

Fax Number: (_____) _____

Email Address: _____

Website URL: _____

Your Sources of Financial Expertise

Years of Financial Services Experience

___ Years

College Education (Degrees)

___ BA/BS ___ MBA/MA/MS ___ PhD ___ None

___ Other: _____

Professional Certifications & Designations

CFA® CFP® CIMA® CPA PFS
 CFS® AIF AIFA NAPFA-RA None
 Other: _____

Association Memberships

CFA® Institute NAPFA IMCA Financial Planning Assn
 AICPA
 Other: _____

Type of Practice

Sole Practitioner Team of Professionals

Team Credentials:

Total Number of Professionals: _____

Combined Years of Experience: _____

Number of Combined Degrees: _____

Number of Combined Certifications: _____

Your Licensing & Compliance History

Registered Investment Advisor (RIA)

Yes No

Investment Advisor Representative (IAR)

Yes No

Acknowledged Fiduciary

Yes No

Name of Registered Investment Advisory Firm (if applicable)

Securities Licenses

None 65 63 7 24 6

Other: _____

Investment License Number (CRD or IARD)

Name of Broker/Dealer (If applicable)

Insurance Licenses

None Life Annuity Long-Term Care Health Disability
 Casualty Other: _____

Insurance License Number

_____ State: _____

Name of Insurance Agency (If applicable)

Compliance Record

I Have No Disclosures
 I Have One or More Disclosures

Criminal Record (Felonies and Misdemeanors)

I Have No Disclosures
 I Have One or More Disclosures

Full Written Disclosure for Requested Information

I Agree to Provide Full Written Disclosure
 I Will Not Provide Full Written Disclosure

Your Business Practices

Methods of Compensation (Check all that apply)

Asset-Based Fee Hourly Fee Fixed Fee
 Investment Commissions Insurance Commissions
 Other: _____

Minimum Fee for a Standard Financial Plan

None
 \$ _____

Minimum Fee for Investment Services

None
 \$ _____

Minimum Asset Requirement for Investment Services

None
 \$ _____

Scope of Current Business

Number of Current Clients: _____

Amount of Current Assets: _____

Client Services (Check all that apply)

Face to Face Meetings Telephone Calls
 Internet Communications Newsletters
 Other: _____

Meeting Location(s)

Your Office Only
 My location
 Both Locations

Your Professional Services

Planning Services

Financial Retirement Estate Education Tax Charitable
 Hourly Planning Reviews of Existing Plans
 Other: _____

I provide planning as a stand-alone service (No Asset Requirement)

I do not provide planning as a stand-alone service

Investment Services

Investment Strategy
 Written Investment Policy
 Asset Allocation
 Money Manager Selection
 Discretionary Asset Management
 Performance Reporting Risk Management Tax Efficient Strategies
 Other: _____

Project Services

I provide limited duration project services

I do not provide limited duration project services

Certification

I certify that all of my responses in this questionnaire are complete, current, and accurate.

Signature: _____

Date: ____/____/____