



Complete the information below to start your journey. Call (978) 369-2911 with any questions.

## Confidential Questionnaire

Date of Completion \_\_\_\_\_

General Information	You	Your Spouse
First Name	_____	_____
Last Name	_____	_____
Date of Birth	_____	_____
Expected Retirement Date	_____	_____
Work Phone	_____	_____
Email	_____	_____
Address	_____	
City, State Zip code	_____	
Home Phone	_____	
Children (names and date of birth)	_____	
Financial Advisor (past or present)	_____	
CPA, Accountant, or Attorney	_____	
Referred by (if not referred, how did you find us?)	_____	

\* Please note preferred way to contact you with an asterisk.

*We will not share, sell or trade your information in any manner. Your information will only be shared with outside parties if required by law or regulation.*

**Investor Stage (please select one):**

- Accumulator. I am accumulating assets for a future retirement. I am more than 10 years away from retirement.
- Pre-retiree. I am planning to retire in \_\_\_\_\_ years.
- Retired. I am currently retired and interested in maximizing my portfolio income strategy.
- Business Owner. I am a small business owner and I am interested in strategies to help maximize my retirement plans.

**Investor Type (please select one):**

- I am a happy "do it your-selfer".
- I am a reluctant "do it your-selfer".
- I currently have an advisor, but I am exploring.
- I don't have an advisor but I wish to find a financial planner I can trust.

**Areas of Interest in working with a financial planner (please select as many as apply, or by column(s), row(s) or all):**

**The Journey Guide™**

**The Journey Guide™**

Area \ Step	Current Situation	Goals	Develop Plan	Implement Plan	Status	Periodic Review	All Steps
Retirement Planning							
Education Planning							
Investing							
Insurance							
Taxes							
Estate Planning							
Charitable Contributions							
All Areas							

## ASSETS

Attach an additional sheet if you need more space.

### Personal, Taxable Accounts Checking, Savings, Money Market, Brokerage Accounts, CDs, etc.

	Account Name/Account Type	Current Balance	Annual Contribution
1	_____	\$ _____	\$ _____
2	_____	\$ _____	\$ _____
3	_____	\$ _____	\$ _____
4	_____	\$ _____	\$ _____
5	_____	\$ _____	\$ _____

### Employee Sponsored Plans – Former Employer(s) 401(k), 403(b), stock options, etc.

	Account Name/Account Type	Current Balance	Annual Contribution
1	_____	\$ _____	\$ _____
2	_____	\$ _____	\$ _____
3	_____	\$ _____	\$ _____
4	_____	\$ _____	\$ _____
5	_____	\$ _____	\$ _____

### Employee Sponsored Plans – Current Employer(s) 401(k), 403(b), TSP, stock options etc.

	Account Name/Account Type	Current Balance	Annual Contribution
1	_____	\$ _____	\$ _____
2	_____	\$ _____	\$ _____
3	_____	\$ _____	\$ _____
4	_____	\$ _____	\$ _____
5	_____	\$ _____	\$ _____

### Personal, Tax Advantaged Accounts IRA, Roth IRA, UTMA, 529, etc.

	Account Name/Account Type	Current Balance	Annual Contribution
1	_____	\$ _____	\$ _____
2	_____	\$ _____	\$ _____
3	_____	\$ _____	\$ _____
4	_____	\$ _____	\$ _____
5	_____	\$ _____	\$ _____

**Income Sources**

	You	Your Spouse
Current Annual Salary	\$ _____	\$ _____
Bonus/Commissions etc.	\$ _____	\$ _____
Social Security: Monthly Amount	\$ _____	\$ _____
Beginning Age(s) if not sure	_____	_____
Survivor Benefit % if any	_____ %	_____ %
Annual Pension (1)	\$ _____	\$ _____
Annual Pension (2) if apply	\$ _____	\$ _____
Annual Rental/Farm income	\$ _____	\$ _____
Annual Other income	\$ _____	\$ _____

**Real Estate**

	Value	Mortgage Balance	Interest Rate (note if fixed or variable)	Mortgage Term/ Year Taken out
Primary Residence	\$ _____	\$ _____	_____ %	_____
Investment Property	\$ _____	\$ _____	_____ %	_____
Boat	\$ _____	\$ _____	_____ %	_____
Land	\$ _____	\$ _____	_____ %	_____

**Liabilities**

	Balance	Monthly Payment	Interest Rate (note if fixed or variable)	Term
Auto	\$ _____	\$ _____	_____ %	_____
HELOC	\$ _____	\$ _____	_____ %	_____
Credit Cards	\$ _____	\$ _____	_____ %	_____

**Estate Planning Documents?**

	Y	N	Date	State
Wills	Y	N	_____	_____
Living Trusts	Y	N	_____	_____
Power of Attorney	Y	N	_____	_____
Living Will	Y	N	_____	_____

Insurance	You			Spouse		
	Coverage /Cost	Group	Individual	Coverage /Cost	Group	Individual
Health	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Disability	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Life – Term	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Life – Whole	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Homeowners	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Auto	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Auto	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Umbrella	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Professional Liability	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Long Term Care	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Employer Provided Health Insurance in Retirement?	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Have you ever been turned down for Insurance?	_____ Y N	<input type="radio"/>	<input type="radio"/>	_____ Y N	<input type="radio"/>	<input type="radio"/>

Thank you for taking the time to help us determine how to serve you better.

Return this form to:

**Fax 978 405-5120**

Mail or drop off:

Journey Financial Planners  
 747 Main Street  
 Suite 125  
 Concord, MA 01742

Scan and email to:  
[info@journeyfinancialplanners.com](mailto:info@journeyfinancialplanners.com)

Call 978 369-2911 for any questions.