



Name: \_\_\_\_\_ Date \_\_\_\_\_

# INITIAL CARE QUESTIONNAIRE

RANK *Please circle the answer that best describes your situation:*

*Please leave blank.*

**OVERALL PLANNING**

Do you have sufficient cash flow? Yes No Don't Know

Do you have debt? Yes No Don't Know

Do you know how debt affects your overall plan? Yes No Don't Know

Do you need financial organization? Yes No Don't Know

Have you set specific financial goals? Yes No Don't Know

Do you spend enough time on planning your finances? Yes No Don't Know

**RETIREMENT PLANNING**

Do you know at what age you would like to retire? Yes No Don't Know

Will you have enough money for retirement? Yes No Don't Know

**INVESTMENT PLANNING**

Has your portfolio been reviewed by an independent advisor? Yes No Don't Know

Do you have adequate asset diversification? Yes No Don't Know

Does your portfolio protect you from inflation? Yes No Don't Know

Does your portfolio match your risk tolerance? Yes No Don't Know

Do you plan on making additional investments? Yes No Don't Know

Do you anticipate a rollover of company savings/ pension distribution? Yes No Don't Know

What are your total investable assets? *Enter specific dollar amount.* \$ \_\_\_\_\_

**RISK MANAGEMENT**

Are you paying too much for insurance? Yes No Don't Know

Do you understand why you own what you own? Yes No Don't Know

Have you had an objective analysis of your insurance? Yes No Don't Know

**COMPANY BENEFITS**

Are you taking full advantage of your company benefits? Yes No Don't Know

Do you expect a job change or salary increase? Yes No Don't Know

Do you know if your company pension plan is adequate? Yes No Don't Know

**BUSINESS PLANNING**

Are your business and personal tax plans coordinated? Yes No Don't Know

Will you acquire or sell a business? Yes No Don't Know

**ESTATE PLANNING**

Do you have wills or trusts? Yes No Don't Know

Have you done inheritance planning? Yes No Don't Know

Will your estate avoid probate? Yes No Don't Know

Do you know the benefit of including charitable entities? Yes No Don't Know

➤ **In the boxes above, rank the categories you are most concerned about with the appropriate number (1, 2, etc.).**

ADDITIONAL COMMENTS OR QUESTIONS:

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