



Kingsley Perkins and Company, LLC

Fee-Only Financial Planning

Confidential Initial Questionnaire



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PERSONAL INFORMATION

Name (First, M.I., Last)		
Date of Birth		
Home Address		
City, State, Zip		
Home Phone		
Cell Phone		
Second Residence	City:	State:
E-mail Address		
U.S Citizen?		
Marital Status		

Occupation		
Employer		
Annual Income		

CHILDREN AND OTHER DEPENDENTS INFORMATION

Name	Date of Birth	Relationship	State of Residency

FINANCIAL GOALS

Description	Priority Level	Purchase Amount	Purchase Date

FINANCIAL DATA

Approximate Net Worth	
Prior Investment Experience	
Investment Risk Tolerance	
Are you managing your own portfolio?	
Have you ever worked with a financial planner?	

FINANCIAL QUESTIONS

What is the best thing a financial planner could do for you?

What are your financial goals?

What obstacles could prevent you from accomplishing your goals?

On average, how much are you able to save annually? What establishes this pattern?

If we were meeting here 5 years from now, what would have happened for you to feel satisfied with your financial progress?

What are your monetary plans for your children/other dependents?

MONTHLY INCOME AND EXPENSES

Do you use a budget?

INVESTMENTS

Are your investments well diversified?

Are you satisfied with their performance? Why or why not?

Do you own real estate? If so, please list below.

INSURANCE AND RISK MANAGEMENT

Will your insurance cover your family's needs in the event of a death or disability?

Do you have an umbrella liability policy?

Do you have a long-term care policy?

ESTATE PLANNING

Are your will(s) current?

Do you have any financial problems that require immediate attention?

ADDITIONAL INFORMATION

These items may be needed, should you decide to proceed with a financial plan:

- ✿ Brokerage account statements
- ✿ Completed risk tolerance questionnaires or other forms provided by our firm
- ✿ Employee Benefits Handbook
- ✿ Insurance Policies-Premium/Coverage
- ✿ Loan documents
 - Disability
 - Life
 - Long-Term Care
- ✿ Mortgage Documents
- ✿ Mutual Fund account statements
- ✿ Paycheck stubs
- ✿ Prior year(s) tax returns
- ✿ Retirement plans or benefits provided by your employer
- ✿ Wills, codicils, and trusts

MONTHLY INCOME	
	AMOUNT
Wages, salary, tips	
Cash dividends	
Interest received	
Social Security income	
Pension income	
Rents, royalties	
Miscellaneous income	
TOTAL MONTHLY INCOME	

MONTHLY EXPENSES	
	AMOUNT
Insurance	
Life insurance	
Disability insurance	
Medical insurance	
Long-term care insurance	
Homeowner's insurance	
Automobile insurance	
Umbrella liability insurance	
Regular Savings	
Savings (regularly)	
Investments (regularly)	
Retirement Contributions	
Education Savings	
Medical	
Unreimbursed medical	
Unreimbursed dental	
Miscellaneous Medical	
Housing	
Mortgage or rent	
2nd Mortgage	
Electricity	
Gas	
Telephone	
Water	
Cable TV	
Food/Groceries	
Home repairs/maintenance	
Home improvements	
Transportation	
Automobile note	
Automobile gas & oil	
Automobile repairs, etc.	
Miscellaneous transportation	
Lifestyle	
Personal Loans	
Child Care	
Credit Cards	
Clothing	
Laundry	
Personal Care	
Educational Expenses	
Entertainment/Dining	
Clubs/Membership Dues	
Hobbies	
Vacation/Travel	
Charitable Donations	
Gifts	
Miscellaneous	
TOTAL MONTHLY EXPENSES	