



**SYCAMORE**  
financial planning

**Initial Consultation Questionnaire**  
**Personal & Confidential**

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**Client Name**

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**Date**

## Client Information

<b>Client Name (1)</b>	_____	<b>Client Name (2)</b>	_____
Date of Birth	_____	Date of Birth	_____
Home Address	_____	Home Address	_____
City, State, ZIP	_____	City, State, ZIP	_____
Home Phone	( _____ ) _____ - _____	Home Phone	( _____ ) _____ - _____
Work Phone	( _____ ) _____ - _____	Work Phone	( _____ ) _____ - _____
Mobile Phone	( _____ ) _____ - _____	Mobile Phone	( _____ ) _____ - _____
E-mail	_____	E-mail	_____
Primary Contact Person during business hours?		_____	
Contact me/us by: <input type="checkbox"/> E-mail or <input type="checkbox"/> Phone			

## Family Members (please list children and other dependents)

Name	Relationship	Birthday	Dependent		Resides (City & State)
			Yes	No	
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Employment

<b>Client Employer (1)</b>	_____	<b>Client Employer (2)</b>	_____
Title/Job	_____	Title/Job	_____
Number of years with this employer?	_____	Number of years with this employer?	_____
Anticipated employment changes?	_____	Anticipated employment changes?	_____
When do you plan to retire?	_____	When do you plan to retire?	_____
Salary	\$ _____	Salary	\$ _____
Self Employment Income	\$ _____	Self Employment Income	\$ _____
Bonus/Commissions	\$ _____	Bonus/Commissions	\$ _____
Other Earned Income	\$ _____	Other Earned Income	\$ _____
<b>TOTAL (Current Year) =</b>		<b>TOTAL (Current Year) =</b>	
<b>Pension?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Monthly Benefit</b>	<b>Pension?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Monthly Benefit</b>
<b>COLA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<b>COLA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
	<b>At Age:</b> _____		<b>At Age:</b> _____

## Financial Opinions/Preferences

Please check ONLY the statements that most accurately reflect your attitudes about investing.

**Client 1**    **Client 2**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I am more concerned about protecting my assets than about growth.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | I prefer the ease of mutual funds over individual securities.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Professional advisors and mutual funds may achieve higher growth than I can.            |
| <input type="checkbox"/> | <input type="checkbox"/> | I am comfortable with investments that promise slow, long term appreciation and growth. |
| <input type="checkbox"/> | <input type="checkbox"/> | I don't brood over bad investment decisions I've made.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel comfortable with aggressive growth investments.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I don't like surprises.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am optimistic about my financial future.  |
| <input type="checkbox"/> | <input type="checkbox"/> | My immediate concern is for income rather than growth opportunities.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a risk taker.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I make investment decisions comfortably and quickly.                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | I like predictability and routine in my daily life.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I usually pick the tried and true, the slow, safe but sure investments.                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I need to focus my investment efforts on building cash reserves.                        |
| <input type="checkbox"/> | <input type="checkbox"/> | I prefer predictable, steady return on my investments, even if the return is low.       |

### How were your current investment assets selected?

**Assets**

**Household Savings & Investments**

Institution / Ownership	Value (\$)	Annual Additions (\$)	Checking	Savings	Money Market	Certificate of Dep.	Brokerage Acct	Trust	Other
_____	\$ _____	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$ _____	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$ _____	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$ _____	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$ _____	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Retirement Plans**

Institution / Ownership	Value (\$)	Annual Additions (\$)	IRA (Trad / Rollover)	IRA (Roth)	401(k)	403(b)	457	SEP IRA	SIMPLE IRA	Other
_____	\$ _____	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$ _____	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$ _____	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$ _____	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	\$ _____	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Personal Assets**

Asset	Estimated Value	Appreciation Rate (if known)
Residence	_____	_____ %
Vehicles	_____	_____ %
RV / Boats	_____	_____ %
Other	_____	_____ %
Other	_____	_____ %

## Liabilities

	Term (e.g., revolving, 5-yr, 30-yr)	Interest Rate	Monthly Payment (principal & interest only)	Approximate Balance
Residence	_____	_____ %	\$ _____	\$ _____
Auto	_____	_____ %	\$ _____	\$ _____
Auto	_____	_____ %	\$ _____	\$ _____
Credit Card	_____	_____ %	\$ _____	\$ _____
Personal Loans	_____	_____ %	\$ _____	\$ _____
Investment Loans	_____	_____ %	\$ _____	\$ _____
Other _____	_____	_____ %	\$ _____	\$ _____
Other _____	_____	_____ %	\$ _____	\$ _____

Have you received a copy of your credit report recently?

Yes

No

## Insurance

Insurance	Client (1) Coverage	Client (1) Premium			Client (2) Coverage	Client (2) Premium		
			Group	Individual			Group	Individual
Health	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability, Short-term	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability, Long-term	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life, Term	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life, Permanent	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for insurance?

Yes

No

## Personal Expenses

This section should not include any payments from previous sections such as loans, liability payments, insurance premiums, etc.

	Monthly Amount		Monthly Amount
Food	\$ _____	Children	\$ _____
Utilities	\$ _____	Personal	\$ _____
Household	\$ _____	Gifts / Vacations	\$ _____
Transportation	\$ _____	Miscellaneous	\$ _____

## Tax & Estate Planning Documentation

### Who prepares your tax return?

- Paid Preparer      Preparer Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- Self

### Estate Planning Documents

### Year Drafted

### State Drafted

- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> Wills                            | _____ | _____ |
| <input type="checkbox"/> Trusts (Revocable / Irrevocable) | _____ | _____ |
| <input type="checkbox"/> Powers of Attorney               | _____ | _____ |
| <input type="checkbox"/> Living Wills                     | _____ | _____ |
| <input type="checkbox"/> Other Documents                  | _____ | _____ |

## Adviser Relationships

Where applicable, rate your working relationships with each of the following advisers:

	Dissatisfied					Very Satisfied	Not Applicable
	1	2	3	4	5		
Financial Planner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accountant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tax Preparer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance Agent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## How Sycamore Can Help You

Please comment on the type of advice you seek.

**Please tell us how you heard about Sycamore Financial Planning:**

**Garrett Planning Network**

**General Web Search**

**NAPFA**

**Advertisement / Event / Seminar**

**PridePlanners**

**Friend / Word of Mouth**

**Referral from Other Professional**

**Other \_\_\_\_\_**

**Please send a completed copy of this form to us so that we receive it at least two business days before our initial meeting.**

**Secure Transfer:** Go to [SycamoreFinancialPlanning.com/services/forms/](http://SycamoreFinancialPlanning.com/services/forms/) and select the Send Files Securely button

**Fax:** (919) 883-4833

**Mail:** Sycamore Financial Planning, LLC  
1005 Slater Road, Suite 320  
Durham, NC 27703

**The items below, as well as others, may be needed should you engage our services.**

1. Prior year tax return
2. Brokerage account statements
3. Trust account statements
4. Retirement plan account statements
5. Loan documents
6. Paycheck stubs
7. Mutual Fund account statements
8. Employee Benefits booklet
9. Legal documents
10. Insurance policies