

## Confidential Questionnaire

Please fill-in information and bring with you to your scheduled appointment.

Name \_\_\_\_\_

Date \_\_\_\_\_



**LJPR Financial Advisors**  
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[www.ljpr.com](http://www.ljpr.com)

# Personal Information

## Client

---

Full Legal Name

---

Birth Date

Birth Place

---

Social Security #

---

Street Address

---

City

State

ZIP

---

Home Phone

---

Cell Phone

Office Phone

---

E-Mail

---

Occupation/Position

---

Employer

Date of Hire

---

Annual Income

## Children

---

Full Legal Name

---

Sex

Birthday

Marital Status

No. of Children

---

Full Legal Name

---

Sex

Birthday

Marital Status

No. of Children

---

Full Legal Name

---

Sex

Birthday

Marital Status

No. of Children

---

Full Legal Name

---

Sex

Birthday

Marital Status

No. of Children

## Co-Client (if applicable)

---

Full Legal Name

---

Birth Date

Birth Place

---

Social Security #

---

Street Address

---

City

State

ZIP

---

Home Phone

---

Cell Phone

Office Phone

---

E-Mail

---

Occupation/Position

---

Employer

Date of Hire

---

Annual Income

## How did you hear about LJPR?

## What qualities are you looking for in a financial firm?

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All information is kept confidential in accordance with our privacy policy.

# Assets

## Cash Equivalents

Checking and Savings Accounts \_\_\_\_\_ \$ \_\_\_\_\_  
Money Market Accounts \_\_\_\_\_ \$ \_\_\_\_\_  
Certificates of Deposit \_\_\_\_\_ \$ \_\_\_\_\_  
Life Insurance Cash Value \_\_\_\_\_ \$ \_\_\_\_\_  
Annuities \_\_\_\_\_ \$ \_\_\_\_\_

## Stocks/Bonds/Mutual Funds

Attach separate statement listing individual securities/funds

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

## Retirement Fund

IRA Accounts \_\_\_\_\_ \$ \_\_\_\_\_  
Pension Plan \_\_\_\_\_ \$ \_\_\_\_\_  
Profit Sharing Plan \_\_\_\_\_ \$ \_\_\_\_\_  
401(k) or Thrift Plan \_\_\_\_\_ \$ \_\_\_\_\_  
Deferred Compensation Plan \_\_\_\_\_ \$ \_\_\_\_\_  
ESOP or Stock Option Plan \_\_\_\_\_ \$ \_\_\_\_\_

## Real Estate

Home \_\_\_\_\_ \$ \_\_\_\_\_  
Other Real Estate \_\_\_\_\_ \$ \_\_\_\_\_

## Business Interests

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

## Other Assets

Accounts Receivable \_\_\_\_\_ \$ \_\_\_\_\_  
Gold or Precious Metals \_\_\_\_\_ \$ \_\_\_\_\_  
Oil and Gas Interests \_\_\_\_\_ \$ \_\_\_\_\_  
Coin/Stamp/Other Collections \_\_\_\_\_ \$ \_\_\_\_\_  
Venture Capital \_\_\_\_\_ \$ \_\_\_\_\_

**Total Assets** \_\_\_\_\_ **\$** \_\_\_\_\_

# Liabilities

Home Mortgage \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
Home Equity Line of Credit \_\_\_\_\_ \$ \_\_\_\_\_  
or Second Mortgage \_\_\_\_\_ \$ \_\_\_\_\_  
Other Mortgages \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
Auto Loans/Leases \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
Other Installment Loans \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
Business Loans \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
Taxes Due \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
Credit Cards \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
Other Personal Debt \_\_\_\_\_ \$ \_\_\_\_\_

**Total Liabilities** \_\_\_\_\_ **\$** \_\_\_\_\_

**Net Worth** \_\_\_\_\_ **\$** \_\_\_\_\_

(Assets minus Liabilities) \_\_\_\_\_ \$ \_\_\_\_\_

**What is your income from all sources?** \_\_\_\_\_ \$ \_\_\_\_\_

## Financial Planning Priorities

In order of importance, what are your three most critical financial issues?

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

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# Twenty-Two Questions

	Yes	No
1. Do you plan to make a significant financial change in the next five years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you expect an inheritance? How much \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your parents or adult children dependent on you for support?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you save systematically in a retirement program? Percentage of after tax income ____ %	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a:		
• Will	<input type="checkbox"/>	<input type="checkbox"/>
• Trust	<input type="checkbox"/>	<input type="checkbox"/>
• Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
• Healthcare Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
• Investment Policy Statement	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever owned individual stocks? For how long? _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have an inclination to start a new business?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you plan to pay for your children(s) or grandchildren(s) college education?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you involved in a gifting program for children and/or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been declined or rated for life or disability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you routinely receive an income tax refund?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you plan to retire at a specific age? Client When? _____ Co-Client When? _____	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you satisfied with your financial progress to date?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever invested in real estate, limited partnership or other "tax" shelters?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you know what average rate of return you need to earn on your investments to maintain your lifestyle after retirement and keep ahead of inflation & taxes? Rate of Return? _____	<input type="checkbox"/>	<input type="checkbox"/>

16. Do you have a/an:

<input type="checkbox"/> Attorney	<input type="checkbox"/> Accountant
<input type="checkbox"/> Insurance Agent	<input type="checkbox"/> Broker
<input type="checkbox"/> Investment Advisor	<input type="checkbox"/> Banker
<input type="checkbox"/> Financial Planner	<input type="checkbox"/> Trustee

17. What type of policies do you have:

<input type="checkbox"/> Homeowner's	<input type="checkbox"/> Health Insurance
<input type="checkbox"/> Personal Automobile	<input type="checkbox"/> Disability Insurance
<input type="checkbox"/> Umbrella Liability	<input type="checkbox"/> Term Life Insurance
<input type="checkbox"/> Long-Term Care	

18. How much do you think the following affect portfolio performance?

Security Selection (Which stocks and bonds to buy)	_____ %
Market Timing (When to get in and out of the market)	_____ %
Asset Allocation (How much cash vs. bonds vs. stocks)	_____ %
	<b>100%</b>

19. What is your estimate of the average annual return of the U.S. stock market over the next 10 years?

<input type="checkbox"/> A loss of up to 15%
<input type="checkbox"/> Average annual gains of 1% to 5%
<input type="checkbox"/> Average annual gains of 5% to 10%
<input type="checkbox"/> Average annual gains of 10% to 15%
<input type="checkbox"/> Average annual gains of more than 15%

20. What happens to the value of a bond when interest rates go up?

\_\_\_\_\_

21. What do you think the average annual rate of inflation has been over the past 20 years?

\_\_\_\_\_

22. What do you believe is a reasonable rate of return on your investments?

\_\_\_\_\_

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