



FINANCIAL PLANNING QUESTIONNAIRE

Any financial plan, advice or recommendations will be based on the information you provide. Incomplete or inaccurate information will negatively impact the results. We realize that we may request more information than other planners, but the extra time you invest will help us develop a more complete picture. All information provided is in the strictest confidence.

We look forward to meeting with you to answer your questions about us, help you learn more about the financial planning process, and review your situation. At the conclusion of our meeting we can tell you what we can do for you, an estimate of the cost, and how long it will take.

When you have completed the questionnaire, fax or email it to our office at least 2 days prior to our appointment. Delivery information is on page 8. Please also review a copy of our engagement agreement in the "Forms" area of our website at www.campbellfp.com.

	Client #1			Client #2		
Name						
Home Address						
Home Address						
City, State, Zip						
Home Phone						
Work Phone						
Cell Phone						
Home Fax						
Work Fax						
Email Address						
Date of Birth/Age						
Employer / # years						
Title/Job						
Date of Marriage						
Age You Plan to Retire						
Primary contact person during business hours:						
Best way to contact you during business hours: (circle one) Home Phone Work Phone Cell Phone Email						
What motivated you to contact Campbell Financial Partners at this time?						



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Family Members (list children and other dependents)					
Name	Relationship	Date of Birth	Dependent	Resides in City, State	
			Y / N		
			Y / N		
			Y / N		
			Y / N		
			Y / N		
			Y / N		

Income Information (From the "Income" section of your most recent tax form)		
	Client #1	Client #2
Wages & Salaries (Line 7)	\$	\$
Interest (Line 8a)	\$	\$
Dividends (Line 9a)	\$	\$
Business Income (Lines 12, 17, 18)	\$	\$
Pensions & Soc Sec (Lines 16b, 20b)	\$	\$
Alimony & Other (Lines 11, 21)	\$	\$
Total	\$	\$

Tax Preparation by: <input type="checkbox"/> Self <input type="checkbox"/> Other (check one, fill out below if "Other")			
Preparer Name			
Address			
City, State, Zip			
Phone		Fax	

Estate Planning Documents (If you do not have, enter "NA")				
	Client #1		Client #2	
	Year Drafted	Drafted in State of	Year Drafted	Drafted in State of
Will				
Living Trust				
Power of Attorney				
Living Will				
Other Documents				



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Financial Opinions/Preferences										
Of the following statements, indicate your preferences using a scale of 1 – 5: 1 = Most True; 5 = Least True										
Client #1					Client #2					
1	2	3	4	5	1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I would rather work longer than reduce my standard of living in retirement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel that I/we can reduce our current living expenses to save more for the future if needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am more concerned about protecting my assets than about growth.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I prefer the ease of mutual funds over individual securities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't brood over bad investment decisions I've made in the past.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel comfortable with aggressive growth investments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't like surprises.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am optimistic about my financial future.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My immediate concern is for income rather than growth opportunities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a risk taker.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I make investment decisions comfortably and quickly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I like predictability and routine in my daily life.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I need to focus my investment efforts on building cash reserves.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I prefer predictable, steady return on my investments, even if the return is low.

Advisor Relationships (where applicable, rate your working relationships with each of the following advisors)							
1 = Very Dissatisfied 5 = Very Satisfied (check one)							
Advisor	Not Applicable	1	2	3	4	5	Comments
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Broker #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Broker #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tax Preparer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance Agent – Auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance Agent – Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance Agent – Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance Agent - Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Insurance Coverage						
	Client #1			Client #2		
Type Coverage	Brief Description	Group Policy	Individual	Brief Description	Group Policy	Individual
Health		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Disability #1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Disability #2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life #1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life #2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life #3		<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 #1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Auto #2		<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"/>
Ever been turned down for insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes Why?			<input type="checkbox"/> No <input type="checkbox"/> Yes Why?		

Pension Plans					
Description	Client #1	Client #2	Begin At Age	COLA	Monthly Benefit
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$

Have you received a copy of your credit report in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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How were your current investment assets selected?



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Note: if you have a printout of your assets and/or liabilities in another format, feel free to attach a copy instead of entering them on this form.

Assets – Bank Accounts (title on account will be in one name only, jointly owned, in your trust, etc.)						
Institution	Check-ing	Sav-ings	CD	Money Market	Title on account	Average Balance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

Assets – Real Estate and Personal Property				
Description	Year Bought	Cost	Title on property	Estimated Value
Primary Residence				\$
Other Residence				\$
Furnishings (liquidation value)				\$
Vehicle #1:				\$
Vehicle #2:				\$
Vehicle #3:				\$
Other:				\$
Other:				\$
Other:				\$

Assets – Other (401k, IRA, other retirement accounts, etc. Bring a copy of the most current brokerage, mutual fund and retirement statements to the initial meeting)			
Institution	Description	Title on account	Estimated Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$



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Liabilities – Credit Cards				
Credit Card Company	Card Name	Interest Rate	Avg. Monthly Payment	Current Balance
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$

Liabilities – Other Debts (residence, autos, business, school, etc.)				
Description – include start date and original amount	Term of Loan (in years)	Interest Rate	Avg. Monthly Payment	Current Balance
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$

Please tell me about any personal, family, and career goals for the near and far term.

Describe how you see your retirement years.



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Do you anticipate any unusual expenses in the future? If so, list expense and amounts:

**Do you anticipate any unusual income in the future such as bonuses, gifts, or inheritance?
List amount and date (or approximate date) if known:**

What do you expect from your financial planner or advisor?

A year from now what expectations do you have from your relationship with your financial planner or advisor?



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Have you had a previous relationship with a financial planner/advisor and, if so, what did you like and/or dislike about that relationship?

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How would you rate or describe your knowledge of money and investing?

--

Are you satisfied with your investment results?

--

Are there any investments you will not buy for personal or social reasons? If so, what are they?

--

Please send a completed copy of this form to us so that we receive it at least 2 business days before the Initial Meeting.

Email	Email scanned copy to kc@campbellfp.com
Fax	Fax it to 877-395-8616

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

- | | |
|--|---|
| 1. Prior year tax return | 6. Most recent paycheck stubs |
| 2. Brokerage and/or mutual fund account statements | 7. Most recent social security statement |
| 3. Trust account statements | 8. Employee benefits booklet |
| 4. Retirement plan account statements | 9. Legal documents |
| 5. Loan statements and documents | 10. Insurance policy declaration pages and statements |