

# HFM ADVISORS

*"INVESTMENTS and ADVICE for LIFE"*

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Date of Completion: \_\_\_\_\_

## CONFIDENTIAL QUESTIONNAIRE

<b>CLIENT NAME (1):</b> _____	<b>CLIENT NAME (2):</b> _____
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: _____
Fax: (Home or Work) _____	Fax: (Home or Work) _____
Birth date: _____	Birth date: _____
Primary Contact Person during business hours? _____	

### FAMILY MEMBERS (Please list children and other dependents.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides? (City &amp; State)</u>
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

<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 Yr) =</b> _____	<b>TOTAL (Current Yr) =</b> _____

**Who prepares your tax return?**

- Self  
 Paid Preparer

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_  
 Fax ( ) \_\_\_\_\_

**Do you have estate-planning documents?**

When and in what state were they drafted?

Wills	Y	N	_____
Living Trusts	Y	N	_____
Power of Attorney	Y	N	_____
Living Will	Y	N	_____
Other Documents	Y	N	_____

**How were your current investment assets selected?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Rate your working relationships with each of the following advisors that apply:**

Adviser	Satisfaction Rating					Not Applicable
	Dissatisfied	← →			Very Satisfied	
	1	2	3	4	5	X
Financial Planner	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Accountant	1	2	3	4	5	X
Tax Preparer	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X

**INSURANCE**

Coverage	Client (1)		Coverage	Client (2)	
	Group	Individual		Group	Individual
Health	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	<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"/>
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

**ASSETS**

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

**Bank Accounts**

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**CD's**

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Apx. Value</u>
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____

**Attach a copy of your most current brokerage, mutual fund and retirement statements.**

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL PROPERTY**

	<u>Estimated Value</u>
Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle _____	_____
Vehicle _____	_____
Other _____	_____
Other _____	_____

**LIABILITIES**

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

\*If not paid in full each month

<u>Debts (Residence, Auto, Business, School)</u>	<u>Interest Rate*</u>	<u>Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

Have you received a copy of your credit report recently?  Yes  No

