



# Client Questionnaire

## Your Source for Customized Investment Solutions

Please be aware that the information provided on this document is for information purposes only. LPL Financial will take no action based on the information provided herein.

Client A Name: \_\_\_\_\_

Client B Name: \_\_\_\_\_

If more than one client, relationship between clients: \_\_\_\_\_

### Dependents:

Name	DOB:	Client
		A B BOTH
		A B BOTH
		A B BOTH
		A B BOTH
		A B BOTH
		A B BOTH

Do you need to make any special financial provisions for a member of your family?

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Your top 3 priorities:

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

### Has any of the information provided on the new account worksheet changed?

Residence or Mailing Address  
 Phone Number or Email Address  
 Marital Status  
 Beneficiaries

A B BOTH
A B BOTH
A B BOTH
A B BOTH

Employment/Occupation  
 Income  
 Short or Long Term Goals  
 Risk Tolerance

A B BOTH
A B BOTH
A B BOTH
A B BOTH

**Current Investments Details:**

**Non-Retirement: Checking, Savings, Investments, Cash Value Insurance**

Account Title:	Investment Objective:	Time Horizon:	Liquidity Needs:	Liquidity Amount:
			YES NO	
			YES NO	
			YES NO	
			YES NO	

**Individual Retirement: IRA, Roth IRA, SIMPLE IRA, SEP IRA, Bene IRA**

Account Title:	Investment Objective:	Time Horizon:	Liquidity Needs:	Liquidity Amount:
			YES NO	
			YES NO	
			YES NO	
			YES NO	

**Employer Sponsored Plans: 401K, 457B, 403B, Profit Sharing, ESOP**

Account Title:	Annual Employee Contribution:	Annual Employer Match:	Current Value:

**Other Assets: Home Value, Real Estate, Vehicles, Valuables**

Real Estate/Personal:	Current Value:	Client:
		A B BOTH
		A B BOTH
		A B BOTH
		A B BOTH
		A B BOTH

Do you have any potential inheritances?                      Client A   YES   NO                      Client B   YES   NO

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Budgeting Details:**

**Debt: Mortgage Balance, Credit Cards, Other Loans**

Mortgage/Loan Description:	Current Balance:	Loan Term:	Interest Rate:	Payment:

**Income: Salary, Bonus, Social Security, Pension**

Client A
Salary:
Bonus:
Social Security:

Will you/do you receive a pension? If yes, provide details:  
 expected amount \$\_\_\_\_\_ per month at age \_\_\_\_\_  
 from this company \_\_\_\_\_  
 100% 50% or NO survivorship for my spouse

Client B
Salary:
Bonus:
Social Security:

Will you/do you receive a pension? If yes, provide details:  
 expected amount \$\_\_\_\_\_ per month at age \_\_\_\_\_  
 from this company \_\_\_\_\_  
 100% 50% or NO survivorship for my spouse

**When would you like to retire? (month, year)**      Client A \_\_\_\_\_ Client B \_\_\_\_\_  
 or

**If you are currently retired, tell us how you feel about your income.**

- My income in retirement is just right.
- I receive more income than I currently need.
- I receive less income than I currently need.

A B BOTH
A B BOTH
A B BOTH

**Expenses (Monthly)**

	Current:	In Retirement:	In the event of other Client's death:
Client A			
Client B			

Do you feel you have built a financially secure retirement?      YES      NO  
 Do you anticipate any major life changes in the next 12 months? If yes, provide details:

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Is your CPA a key decision maker for you? If yes, provide details:

CPA Name: \_\_\_\_\_ CPA Phone #: \_\_\_\_\_

**Estate Planning:**

	Do you have a Will?		Do you have a Power of Attorney?		Name of Power of Attorney:
Client A	YES	NO	YES	NO	
Client B	YES	NO	YES	NO	

	Do you have a Trust?		Are you Grantor or Trustee?	Name of Trust:
Client A	YES	NO		
Client B	YES	NO		

Do you have an Estate Planning Attorney? If yes, provide details:  
 Attorney Name: \_\_\_\_\_ Attorney Phone #: \_\_\_\_\_  
 Do you plan to leave any portion of your estate to charity? YES NO  
 Gifting/Estate Notes: \_\_\_\_\_

**Risk Management:**

	Client:	Carrier:	Details:
Life Insurance	A B		
Life Insurance	A B		
Long Term Care	A B		
Long Term Care	A B		
Disability Insurance	A B		
Disability Insurance	A B		

When did you last have an insurance coverage review? \_\_\_\_\_  
 Have there been changes to your beneficiaries, debt, and/or financial responsibilities since then?  
 If yes, provide details: \_\_\_\_\_

**What is your largest obstacle in achieving your goals?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*The information provided by you on this profile sheet may be used to open your new LPL Financial account. You have the right to request a completed copy of your LPL Financial application. Please consult your financial advisor for this request.*

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