

# Questionnaire



Timothy Financial Counsel, Inc.

Please save file to your computer  
before filling in any data.

## ■ WELCOME

We look forward to our initial consultation with you and appreciate the opportunity to earn your trust. The purpose of this questionnaire is to get to know you a little better. Please complete as much as possible, but don't let a few missing items prevent you from finishing the questionnaire. Let's get started!

## ■ ADDITIONAL DOCUMENTATION

Please also bring the following documents to your initial consultation:

- Prior year tax return (all pages)
- Current pay stub(s)
- Current statement for mortgage and /or other debt
- Employee benefits booklet
- Social Security benefit statement(s)
- Retirement account statements (401(k), 403(b), ESOP, profit sharing, SEP, IRA, etc.)
- Non-retirement brokerage account with cost basis (stocks, mutual funds, bonds, ETF, options, etc.)
- Legal documents (Will, Trust, POA)

- \_\_\_\_\_
- \_\_\_\_\_

## ■ PERSONAL INFORMATION

	CLIENT 1	CLIENT 2
Name	_____	_____
Home address	_____	_____
City, State, ZIP	_____	_____
Home phone	( _____ ) _____ - _____	( _____ ) _____ - _____
Business phone	( _____ ) _____ - _____	( _____ ) _____ - _____
Mobile phone	( _____ ) _____ - _____	( _____ ) _____ - _____
Primary Email	_____	_____
Secondary Email	_____	_____
Date of birth	_____ / _____ / _____	_____ / _____ / _____
Employer	_____	_____
Job title	_____	_____

## ■ FAMILY MEMBERS

	Member 1	Member 2	Member 3	Member 4
Name	_____	_____	_____	_____
Date of Birth	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Grade in School	_____	_____	_____	_____
Pre-College Private School	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Annual Cost	\$ _____	\$ _____	\$ _____	\$ _____
Married	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Residence	_____	_____	_____	_____

Additional children planned for you?  No  Yes      If yes, how many additional? \_\_\_\_\_

## ■ EDUCATION FUNDING

What type of **annual** schooling cost (in today's dollars) should we project for your children

Community college (Est. \$4,000-15,000)

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

Public (Est. \$15,000-\$25,000)

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

Private (Est. \$30,000-\$50,000)

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

Other/Combination

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

What percent of the selected annual cost would you like to assist your children with?

\_\_\_\_\_ %

NOTE: If a child is already in college, please indicate how much you are actually paying for a given child.

Are you planning on:

Paying as you go

Pre-funding

Combination

Other

Have you begun saving for college?  No  Yes

If yes, in what type of investment vehicle?

\_\_\_\_\_

Are taxes a concern for education funding investing?

No  Yes

Have you spoken to your children (if appropriate) about how much they will contribute towards funding their college education?

No  Yes

If a child chooses not to pursue college, where would you like for the savings to go to?

Child  Back to us

## ■ INCOME

	CLIENT 1	CLIENT 2
Annual salary	\$ _____	\$ _____
Bonus/Commissions	\$ _____	\$ _____
Other income (Source: _____)	\$ _____	\$ _____
Estimated combined total (full year)	\$ _____	\$ _____
Annual expected rate of increase	_____ %	_____ %
Anticipate employment change?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
If so, please comment:		

## ■ RETIREMENT

	CLIENT 1	CLIENT 2
Expected retirement date	____ / ____ / ____	____ / ____ / ____
Does your employer match retirement contributions?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
If yes, how much?	\$ or % _____	\$ or % _____
Annual contribution made by you to a retirement/401(k) plan	\$ or % _____	\$ or % _____
Do you make annual IRA contributions?		
Roth	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Traditional	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Do you qualify for a pension?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
What is the projected monthly benefit?	\$ _____	\$ _____
If yes, can you choose to take a lump sum?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Does this benefit increase annually?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Amount typically saved per month, beyond your 401K?	\$ _____	\$ _____

## ■ BENEFICIARIES

Who are the primary and secondary beneficiaries on your retirement assets?

Primary \_\_\_\_\_  
 Secondary \_\_\_\_\_

■ **NON-RETIREMENT ASSETS** (STATEMENTS SHOULD BE PROVIDED)

Cash assets balance as of: \_\_\_\_\_ / \_\_\_\_\_ (Date)

Account Type	Name of Bank or Institution	Titled (Joint, Sole, Trust)	Current Balance
Checking	_____	_____	\$ _____
Savings	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

■ **LIABILITIES**

Credit Card	Interest Rate	Current Balance	Monthly Payment	Pay in Full?
_____	_____ %	\$ _____	\$ _____	Y / N
_____	_____ %	\$ _____	\$ _____	Y / N

Debt Type (Home, Auto, School, Other)	Start Date	Interest Rate	Original Balance	Current Balance	Monthly Payment
_____	___ / ___ / ___	_____ %	\$ _____	\$ _____	\$ _____
_____	___ / ___ / ___	_____ %	\$ _____	\$ _____	\$ _____
_____	___ / ___ / ___	_____ %	\$ _____	\$ _____	\$ _____
_____	___ / ___ / ___	_____ %	\$ _____	\$ _____	\$ _____

If a home debt, when did you most recently finance or refinance your home? Month \_\_\_\_\_ / Year \_\_\_\_\_

What was the balance at the time of financing/refinancing? \$ \_\_\_\_\_ Amortization: \_\_\_\_\_ fixed / \_\_\_\_\_ ARM

■ **HOME OWNERSHIP**

Primary residence	Purchase Date	Purchase Price	Estimated Value	Owner (Joint, sole, trust)
	_____	\$ _____	\$ _____	_____

Are you intending to purchase a different home?  No  Yes If yes, at what cost and when?

New Home: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Do you have any home additions or repairs planned?  No  Yes If yes, what are the projected timing and cost?

Project #1: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Project #2: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cost: \$ \_\_\_\_\_

## PERSONAL PROPERTY

	Estimated Value	Owner (Joint, sole, trust)
Antiques or Collectibles (market value)	\$ _____	_____
Business (book value)	\$ _____	_____
Other real estate	\$ _____	_____
Other _____	\$ _____	_____

## AUTOMOBILES

	Client (1)	Client (2)
Make & Model / Year bought?	_____ / _____	_____ / _____
When will you replace next? How often?	_____ / Every _____ yrs	_____ / Every _____ yrs
Net of trade-in value, what is your expected cost of next new vehicle?	\$ _____	\$ _____

## ADVISORS

Do you have an:		Name	Satisfaction Rating (1 = Dissatisfied, 5 = Very satisfied)				
Attorney	<input type="radio"/> No <input type="radio"/> Yes	_____	1	2	3	4	5
Accountant	<input type="radio"/> No <input type="radio"/> Yes	_____	1	2	3	4	5
Insurance Agent	<input type="radio"/> No <input type="radio"/> Yes	_____	1	2	3	4	5
Investment Broker	<input type="radio"/> No <input type="radio"/> Yes	_____	1	2	3	4	5

- Have you worked with a financial advisor before? If so, what company? \_\_\_\_\_
- What was your experience like? What aspects did you appreciate? What aspects were dissatisfying?

\_\_\_\_\_

\_\_\_\_\_

- Rate the priority you would place on each of these aspects (1 the most important, 4 the least).  
 \_\_\_\_\_ Price/Value      \_\_\_\_\_ Customer service      Other: \_\_\_\_\_  
 \_\_\_\_\_ Objectivity      \_\_\_\_\_ Expertise on a specific topic      \_\_\_\_\_

- Rate your preferred level of involvement in managing investments:
  - Make all decisions and trades myself
  - Receive specific recommendations and implement trades myself
  - Receive specific recommendations and help with implementation of trades
  - Prefer to delegate investment decisions and trades to a trusted advisor

## ■ INVESTMENT GOALS

On a scale of 1-5, how would you rate your investment goals?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I need my investment income to live on.	1	2	3	4	5
I would like to establish an emergency fund.	1	2	3	4	5
I would like to protect assets against inflation.	1	2	3	4	5
I would like to reduce debt.	1	2	3	4	5
I would like to diversify my portfolio.	1	2	3	4	5

## ■ INVESTMENT RISK

On a scale of 1-10, how would you rate yourself as an investor?

	Minimize Losses and Fluctuation			Accept Some Fluctuation for Growth				Maximum Accumulation Regardless of Risk		
Client 1	1	2	3	4	5	6	7	8	9	10
Client 2	1	2	3	4	5	6	7	8	9	10

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Record Score
I would like to emphasize long-term growth for my investment funds, even if it means sharp ups and downs on a year-to-year basis.	5	4	3	2	1	<input type="checkbox"/>
Protecting my savings is more important than making it grow.	1	2	3	4	5	<input type="checkbox"/>
It would trouble me more if I did not invest and the market went up than if I did invest and the market went down.	5	4	3	2	1	<input type="checkbox"/>
If I inherited a large sum of money, I'd put it in the bank rather than invest it.	1	2	3	4	5	<input type="checkbox"/>
Short-term losses are acceptable if I believe that the long-term returns will be good.	5	4	3	2	1	<input type="checkbox"/>
I prefer an investment strategy designed to grow steadily and avoid sharp ups and downs, even if it lowers the long-term results.	1	2	3	4	5	<input type="checkbox"/>
My time frame for wanting to reach my financial goals is:	Over 20 Years 5	11-20 Years 4	6-10 Years 3	1-5 Years 2	Already Reached 1	<input type="checkbox"/>
My age is:	Over 65 1	55-65 2	40-55 3	25-39 4	Under 25 5	<input type="checkbox"/>
<b>SCORE:</b> 8-17 = Conservative    18-32 = Moderate    Over 32 = Aggressive						<b>GRAND TOTAL:</b> <input type="checkbox"/>

## ■ LIFE INSURANCE

Question	Answer
I sense I have sufficient assets/life insurance to provide for surviving family.	<input type="radio"/> No <input type="radio"/> Yes
I think the policy (policies) I own are cost efficient for my needs.	<input type="radio"/> No <input type="radio"/> Yes
I feel that I was sold a policy that I am not certain is right for me.	<input type="radio"/> No <input type="radio"/> Yes
If the primary wage earner dies, do you expect the surviving spouse to go back to work?	<input type="radio"/> No <input type="radio"/> Yes
If yes, at what earnings rate and for how long?	Annual: \$ _____ Length of Time: _____
If the primary wage earner dies, would you like to pay for a portion or all education expenses?	<input type="radio"/> No <input type="radio"/> Yes
If yes, please complete <i>College Education Funding</i> on page 2.	
I consider insurance: A) An investment for retirement. B) Necessary until my investments are sufficient to provide for my family. C) Necessary to increase my estate; larger inheritance to children.	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

	Company	Issue Date	Coverage Amount	Owner	Beneficiary	Cost per Year	Type (Term, Whole)	Cash Value
Life	_____	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____
Life	_____	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____
Life	_____	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____
Life	_____	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____
Life	_____	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____
Life	_____	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____
Disability	_____	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____
Disability	_____	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____
Long Term Care	_____	_____	\$ _____	_____	_____	\$ _____	_____	\$ _____

	Client 1	Client 2
What is your life insurance rating?	<input type="radio"/> Preferred <input type="radio"/> Standard <input type="radio"/> Rated	<input type="radio"/> Preferred <input type="radio"/> Standard <input type="radio"/> Rated
When were you last rated?	_____	_____
Have you ever been turned down for insurance?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

## ■ ESTATE PLANNING

Which of the following estate planning documents do you have?

Type	Date of Origin	Drafted in which state?
<input type="radio"/> Wills	_____ / _____ / _____	_____
<input type="radio"/> Trusts	_____ / _____ / _____	_____
<input type="radio"/> Power of Attorney	_____ / _____ / _____	_____
<input type="radio"/> Living Will	_____ / _____ / _____	_____
<input type="radio"/> Other _____	_____ / _____ / _____	_____

Question	Answer	Priority		
I would like to accumulate an estate in order to pass on to heirs.	<input type="radio"/> No <input type="radio"/> Yes	High	Medium	Low
I would like to provide adequate assets for surviving spouse and family.	<input type="radio"/> No <input type="radio"/> Yes	High	Medium	Low
I am concerned about estate taxes.	<input type="radio"/> No <input type="radio"/> Yes	High	Medium	Low

## ■ EXPECTATIONS

Please comment on the advice you are seeking:

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## ■ THANK YOU

If you have any questions, please feel free to contact us.

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