Financial **Life** **COACHING**
Fee-only Financial Planning

615-878-2134
jasonWqualls@gmail.com
www.jasonWqualls.com

Client Interview Form

Appointment Date: _______ ***Time:*** _______ ***Referred by:*** _______________

Your Name: ________________________________ Date of Birth: ____/___/____
Employer/Profession: _________________________ Bus. #:__________________

Spouse/Partner's Name: ______________________ Date of Birth: ____/___/____
Employer/Profession: _________________________ Bus. #:__________________

Home Address: ____
City: _____________________________ State: ________________________________

Home #: (_____) ____-_______ Fax #: (_____) ____-_____ Cell: (_____) ____-_______
E-mail: ___________________ what is the best way to contact you: _________________

Children: 1.____________________ Date of Birth: _____/_____/_____
2.____________________ Date of Birth: _____/_____/_____
3.____________________ Date of Birth: _____/_____/_____
4.____________________ Date of Birth: _____/_____/_____

1. How did you hear about Jason Qualls, CFP?
____

2. What is your primary motivation for contacting a financial planner at this time?
____
____
____
____

3. What are your most important financial concerns?
A) ____
B) ____
C) ____

4. What are your most important *non*-financial concerns & objectives right now?
A) ____
B) ____
C) ____

5. Do you or your spouse/partner have any of the following?

Wills_____ Trusts_____ Life Insurance_____ Disability Insurance______
Family Owned Business____________ Investment Real Estate____________

6. Who makes important investment decisions in your family? _____________________

7. Have you ever worked with a financial advisor before? Yes_____ No_____
What was good about that experience? ____
____
____
Unsatisfactory? ____
____

8. What changes do you expect in the future that you wish to plan for?
Family Obligations: ____
____
Inheritances: ____
Special Needs Children:____
Other: ____

9. What would you like to accomplish through this engagement? _________________________
____
____
____

10. Is there anything else we need to talk about? ____________________________________
____
____
____

Please bring this completed questionnaire along with copies of the following with you for your appointment:

Cash Flow Statement (list of income and expenses)
Net Worth Statement (list of assets and liabilities)
Most recent Income Tax Return
Copy of your Last Will and Testament/Trusts
Most Recent Retirement/Investment Account Statements
Brief Overview of any Insurance Policies and Employer Provided Benefits

(Internal Use)

Summary of Concerns:____

Summary of benefits we can provide*:*____

Next step:____