



# CONFIDENTIAL WEALTH PLANNING QUESTIONNAIRE

Please print and complete this form. Then, either scan and submit via email to Marj Phelps at marjorie.phelps@raymondjames.com or mail to:  
**Carver Financial Services Inc.** Attn: Marj Phelps  
 7473 Center Street Mentor, OH 44060

**NAME (1)** \_\_\_\_\_ Date of birth: \_\_\_\_\_

**SPOUSE (2)** \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone (1) \_\_\_\_\_ Cellphone (2) \_\_\_\_\_

Fax (1) \_\_\_\_\_ Fax (2) \_\_\_\_\_ Skype Name: \_\_\_\_\_

Email (1) \_\_\_\_\_ Email (2) \_\_\_\_\_

Date Retired/Planned (1) \_\_\_\_\_ Date Retired/Planned (2) \_\_\_\_\_

Employer (1) \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer (2) \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Work Phone (1) \_\_\_\_\_ Work Phone (2) \_\_\_\_\_

Children's Names & Ages: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Do you have a:**

- |                              |                    |                             |
|------------------------------|--------------------|-----------------------------|
| Financial Plan               | Yes _____ No _____ | (If yes, please bring copy) |
| Trust                        | Yes _____ No _____ | (If yes, please bring copy) |
| Will                         | Yes _____ No _____ |                             |
| Powers of Attorney           | Yes _____ No _____ |                             |
| Life Insurance               | Yes _____ No _____ |                             |
| Long-Term Care Insurance     | Yes _____ No _____ |                             |
| Umbrella Liability Insurance | Yes _____ No _____ |                             |
| Estate Planning Attorney     | Yes _____ No _____ | Name: _____                 |
| CPA                          | Yes _____ No _____ | Name: _____                 |
| Financial Advisor            | Yes _____ No _____ | Name: _____                 |
| Emergency Savings            | Yes _____ No _____ | Amount: _____               |
| College Savings Plan         | Yes _____ No _____ |                             |
| Disability Insurance         | Yes _____ No _____ |                             |

(Over)

**ASSETS**

	Description	Amount
Retirement Accounts	1) _____	\$ _____
	2) _____	\$ _____
	3) _____	\$ _____
	4) _____	\$ _____
Bank Accounts	_____	\$ _____
Investment Accounts	1) _____	\$ _____
	2) _____	\$ _____
Other Assets	_____	\$ _____
Social Security	1) _____	2) _____
Pension(s)	1) _____	2) _____

**DEBTS**

Type	Rate	Balance Payment	Monthly	Years Remaining	Start Date
_____	_____%	_____	_____	_____	_____
_____	_____%	_____	_____	_____	_____
_____	_____%	_____	_____	_____	_____

What is your primary reason for scheduling an appointment with Carver Financial Services, Inc.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your top three financial and life objectives, goals, concerns or wishes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE BRING A COPY OF ALL INVESTMENT STATEMENTS TO YOUR MEETING.**

The information provided is an accurate representation of my financial position at this time.

SIGNATURE: \_\_\_\_\_ SPOUSE: \_\_\_\_\_ DATE: \_\_\_\_\_