



# CONFIDENTIAL WEALTH PLANNING QUESTIONNAIRE

7473 Center Street Mentor, OH 44060  
CarverFinancialServices.com

Phone: 440.974.0808 800.627.7279  
Fax: 440.974.3371

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 Sec. Monthly Benefits	1) _____	2) _____
Pension Benefit Amount(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: \_\_\_\_\_