



**CARVER**

**FINANCIAL  
SERVICES**

# Confidential Wealth Planning Questionnaire

We're ready to help you achieve your vision.  
After you fill out this questionnaire please email it us at:  
[carverfinancialservices@raymondjames.com](mailto:carverfinancialservices@raymondjames.com)

Name		Date of Birth	
Spouse		Date of Birth	
Address			
City		State	Zip
Home Phone		Mobile	
Fax Number		Skype	
Email		Spouse Email	
Date Retired/Planned		Spouse Date Retired/Planned	
Employer		Job Title	
Salary		Work Phone	
Spouse Employer		Spouse Job Title	
Spouse Salary		Spouse Work Phone	
Children's Names & Ages			
How did you hear of us?			

## Do you have any of the following:

<b>Financial Plan</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes, bring a copy</i>	<b>Trust</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes, bring a copy</i>
<b>Powers of Attorney</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes, bring a copy</i>	<b>Will</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Long-Term Care Insurance</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<b>Life Insurance</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Umbrella Liability Insurance</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<b>College Savings Plan</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Disability Insurance</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<b>Emergency Savings</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Estate Planning Attorney</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Name	<input type="text"/>		
<b>CPA</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Name	<input type="text"/>		
<b>Financial Advisor</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Name	<input type="text"/>		
<b>Emergency Savings</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Amount	<input type="text"/>		

# Assets

Description

Amount

## Retirement Accounts

1	\$
2	\$
3	\$
4	\$

## Bank Accounts

	\$
--	----

## Investment Accounts

1	\$
2	\$

## Other Assets

	\$
--	----

### Social Security Monthly Benefits

Your \$

Spouse \$

### Pension Benefit Amounts

Your \$

Spouse \$

# Debts

Type	Rate	Balance Payment	Monthly	Years Remaining	Start Date
1	%	\$	\$		
2	%	\$	\$		
3	%	\$	\$		
4	%	\$	\$		

What is your primary reason for reaching out to 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