



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

| | | | |
|-------------------------|--|-----------------------------|-----|
| Name | | Date of Birth | |
| Spouse | | Date of Birth | |
| Address | | | |
| City | | State | Zip |
| Home Phone | | Mobile | |
| Spouse Mobile | | 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:

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