

# Confidential Wealth Planning Questionnaire



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

## Your Information

|            |                        |
|------------|------------------------|
| Name       | Date of Birth          |
| Employer   | Job Title              |
| Salary     | Work Phone             |
| Home Phone | Mobile                 |
| Email      | Date Retired / Planned |

## Spouse Information

|                               |                      |
|-------------------------------|----------------------|
| Spouse Name                   | Spouse Date of Birth |
| Spouse Employer               | Spouse Job Title     |
| Spouse Salary                 | Spouse Work Phone    |
| Spouse Mobile                 | Spouse Email         |
| Spouse Date Retired / Planned |                      |

## Household Information

Address

City State Zip

Children's Names & Ages

How did you hear of us?

## Do You Have Any of the Following?

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

## Assets

Please bring a copy of all investment statements to your meeting.

### Retirement Accounts

| Description | Amount | Contributions |
|-------------|--------|---------------|
| 1. _____    |        |               |
| 2. _____    |        |               |
| 3. _____    |        |               |
| 4. _____    |        |               |

### Investment & Other Accounts

| Description | Amount | Contributions |
|-------------|--------|---------------|
| 1. _____    |        |               |
| 2. _____    |        |               |
| 3. _____    |        |               |
| 4. _____    |        |               |

### Social Security Monthly Benefits

Your Social Security Benefit

Spouse Social Security Benefit

\_\_\_\_\_

\_\_\_\_\_

### Pension Benefit Amounts

Your Pension Benefit

Spouse Pension Benefit

\_\_\_\_\_

\_\_\_\_\_

## Debts

| Description | Balance | Rate % | Monthly Payment | Years Remaining |
|-------------|---------|--------|-----------------|-----------------|
| 1. _____    | _____   | _____  | _____           | _____           |
| 2. _____    | _____   | _____  | _____           | _____           |
| 3. _____    | _____   | _____  | _____           | _____           |
| 4. _____    | _____   | _____  | _____           | _____           |

## Your Goals

What is your primary reason for reaching out to Carver Financial Services?

\_\_\_\_\_  
\_\_\_\_\_

Please list your top three financial and life objectives, goals, concerns or wishes.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

7473 Center Street Mentor, OH 44060 | CarverFinancialServices.com | Phone: 440.974.0808 | Fax: 440.974.3371

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