



LEGACY FINANCIAL

Confidential Client Questionnaire

Basic Information		
	Client #1	Client #2/Spouse
Name		
Address		
Birthdate		
Social Security #		
Marital Status		
Phone Number		
Email Address		
Employer		
Occupation		
Yearly Income		
Names of Children	Birthdates	

Securities and advisory services offered through LPL Financial, a registered investment advisor, Member FINRA/SIPC.

Priorities & Goals

Investment, Financial, and Life Goals

What are your most important long-term Financial Goals? (ex: Saving for Retirement, Children's Education, Long-Term Care) **List in order of importance*

1.

3.

2.

4.

What are your most major concerns regarding the future? (ex: Outliving your Savings, Disability, Needing Home Health Care or a Nursing Home, Premature Death, Income Taxes, Estate Taxes,) **List in order of importance*

1.

3.

2.

4.

Retirement Goals

Desired retirement age:

Estimated "after-tax" income needed:

Describe your ideal retirement lifestyle:

Personal Financial Inventory

	Client #1	Client #2/Spouse		
401k/403b/457	\$	\$		
	Contribution Rate %	Contribution Rate %		
	Company Match %	Company Match %		
Pension	Per Month \$	Per Month \$		
	At Age	At Age		
Cash, Savings, CDs				
Cash, Savings, CDs	\$			
IRAs				
IRAs	\$			
Other				
Other	\$			
Life Insurance Death Benefit				
Life Insurance Death Benefit	\$			
Type of Loan Ex: Car, Mortgage, Boat, Personal Loan, Credit Card				
	Item Value	Principal Owed	Monthly Payment	Interest Rate
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
STUDENT LOANS				
Government or Private	Forgivable	Principal Owed	Monthly Payment	Interest Rate
G / P	Y / N	\$	\$	%
G / P	Y / N	\$	\$	%
G / P	Y / N	\$	\$	%
G / P	Y / N	\$	\$	%
G / P	Y / N	\$	\$	%

Other Assets (not previously listed)

Description: ex, home, cottage, etc.	Estimated Value	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Insurance

	Client #1	Client #2/Spouse
Life Insurance	\$	\$
Disability Insurance	\$	\$
Long Term Care Insurance	\$	\$
Umbrella Insurance/ Excess Liability	\$	\$

Tax

Adjusted Gross Income	\$	(Line 11 Federal Tax Form)
Taxable Income	\$	(Line 15 Federal Tax Form)
Tax	\$	(Line 16 Federal Tax Form)

Estate Considerations

Do you have any of the following:

Will	Y / N	Last Updated:	
Trust	Y / N	Type:	Last Updated:
Financial Power of Attorney	Y / N		
Healthcare Power of Attorney	Y / N		
Living Will	Y / N		

Advisors

CPA/Tax Professional:

Attorney: