



abacus

smart financial decisions

confidential questionnaire

abacusplanninggroup.com

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PERSONAL INFORMATION

Client

Name

Birthdate

Social Security Number

Street Address

City

State

Zip Code

Home Phone

Occupation

Employer

Employer's Address

Office Phone

E-mail

Client

Name

Birthdate

Social Security Number

Occupation

Employer

Employer's Address

Office Phone

E-mail

Dependents

Name

Sex

Birthdate

Relationship

Name

Sex

Birthdate

Relationship

Name

Sex

Birthdate

Relationship

Name

Sex

Birthdate

Relationship

In order of importance, what are your three most critical financial issues?

1.

2.

3.

How did you hear about Abacus?

QUESTIONS

YES

NO

1. Do you plan to make a significant financial change in the next five years? YES NO

2. Are your parents or adult children dependent on you for support? YES NO

3. Do you save systematically? YES NO

4. Do you have a: will? YES NO

durable power of attorney? YES NO

health care power of attorney? YES NO

living will? YES NO

5. Do you expect an inheritance? How much? \$ _____ YES NO

6. Do you plan to pay for your children's or grandchildren's college education? YES NO

7. Do you plan to retire at a specific age? If so, when? _____ YES NO

8. Are you satisfied with your financial progress to date? YES NO

9. Do you have a/an: attorney stock broker

insurance agent banker

accountant

10. Do you have a/an: homeowner's policy health insurance policy

personal automobile policy disability insurance policy

umbrella policy life insurance policy

long-term care policy

11. Have you ever been declined or rated for life, health or disability insurance? YES NO

12. Describe in one word or several how you feel about your present financial situation.

13. Please share your most positive and/or negative investment experience.

14. What do you believe is a reasonable rate of return on your investments?
