

# Discovery Questionnaire



## Introduction

Thank you for requesting a consultation. This questionnaire is intended to help you gather your financial information and generate thoughts, questions, and opinions about your current financial outlook and goals. The completion of this document will allow us to have a meaningful and productive conversation about your financial future. Please complete this questionnaire to the best of your knowledge and bring it with you to your appointment.

All information you divulge, whether verbal or written, will remain completely and permanently confidential.

# Document Checklist

## Personal Assets

- Real estate tax records
- Time share information
- Kelley Blue Book or NADA value for all vehicles
- Personal property that may have value

## Cash and Equivalents (most recent statements)

- Checking accounts
- Savings accounts
- Credit union or money market accounts
- Certificates of deposit

## Non-retirement Investments (most recent statements)

- Stock and bond statements
- Mutual fund statements
- All non-qualified company plan information
- Stock options/phantom stock
- Restricted stock
  - Stock purchase plans
  - Incentive plans
  - Deferred compensation plans
  - Limited partnership
  - 529 plans or UTMA/UGMA accounts

## Retirement Investments (most recent statements)

- Annuity statements
- IRA statements
- 401(k) or other defined contribution statements
- Pension information

## Insurance Information (policies or most recent statements)

- Life insurance
- Disability insurance
- Long-term care
- Automobile insurance
- Homeowners insurance
- Umbrella

## Debt Information

- Mortgage statement
- Other secured credit statements (auto, boat, etc.)
- Credit card statements
- Recent credit report from [annualcreditreport.com](http://annualcreditreport.com)

## Income/Expense Information

- Paycheck stubs (two most recent)
- Tax returns (previous two years)
- Social Security statements
- Estimated future cash flow

## Other Information

- Current will
- Current trust agreements
- Divorce decrees, if applicable

# Personal Information

## Client

Full name		Birthdate	
Street address	City	State	Zip code
Phone	Work phone	Email	

Preferred method of communication (number in order of preference):

Phone	Email	Mail
Occupation	Hire date	
Employer	Employer address	
City	State	Zip code

## Co-Client

Full name		Birthdate	
Street address	City	State	Zip code
Phone	Work phone	Email	

Preferred method of communication (number in order of preference):

Phone	Email	Mail
Occupation	Hire date	
Employer	Employer address	
City	State	Zip code

# Additional Information

## Family/Important Person

Full name	Relationship to you	Birthdate
Street address	State	Zip code
Phone	Work phone	Email
Marital status	Spouse/partner	
Child		Birthdate
Child		Birthdate
Child		Birthdate

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Full name	Relationship to you	Birthdate
Street address	State	Zip code
Phone	Work phone	Email
Marital status	Spouse/partner	
Child		Birthdate
Child		Birthdate
Child		Birthdate

## Trusted Contact

Full name	Relationship to you	Birthdate
Street address	State	Zip code
Phone	Work phone	Email
Marital status	Spouse/partner	

# Financial Planning

Please check any services you are interested in:

	Yes	No
Investment management		
Cash flow and budgeting		
Education planning		
Retirement planning		
Tax planning		
Insurance review		
Debt management		
Financial organization/management		
Estate planning		
Financial concepts		

# Financial Concepts

Please rate the importance of the following:

	Not Important	Somewhat Important	Important
Capital appreciation			
Capital preservation			
Low volatility			
Inflation protection			

# Financial Planning Details

## Financial Priorities

What does money mean to you?

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What are you looking for in a financial professional?

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What are your short-term financial goals?

- |   |  |
|---|--|
| <input type="checkbox"/> Eliminate credit card debt       | <input type="checkbox"/> Purchase vehicle        |
| <input type="checkbox"/> Establish emergency savings fund | <input type="checkbox"/> Purchase real estate    |
| <input type="checkbox"/> Increase discretionary income    | <input type="checkbox"/> Save for a down payment |
| <input type="checkbox"/> Home improvements or furnishings | <input type="checkbox"/> Vacation fund           |
| <input type="checkbox"/> Holiday spending                 | <input type="checkbox"/> Other _____             |

What are your long-term financial goals?

- |  |   |
|--|---|
| <input type="checkbox"/> Save for retirement | <input type="checkbox"/> Save for college           |
| <input type="checkbox"/> Pay off a mortgage  | <input type="checkbox"/> Transition assets to heirs |
| <input type="checkbox"/> Become debt-free    | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Start a business    |   |

What can we do to make your experience with us the best it can be?

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Do you consider yourself a spender or saver?

- Spender
- Saver



What is your current asset structure? Would you like that structure to change?

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Do you anticipate a major change in your income or net worth in the future? If so, describe:

- Yes \_\_\_\_\_
- No

Assuming everyone needs some amount of liquidity, how soon will you need the money you are investing today?

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> < 1 year    | <input type="checkbox"/> 15-20 years |
| <input type="checkbox"/> 1-5 years   | <input type="checkbox"/> 20-25 years |
| <input type="checkbox"/> 5-10 years  | <input type="checkbox"/> > 25 years  |
| <input type="checkbox"/> 10-15 years |                                      |

Do you anticipate having financial responsibility for anyone apart from yourself in the future? If so, describe:

- Yes \_\_\_\_\_
- No

At what age do you hope to retire?

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> 45-50 | <input type="checkbox"/> 65-70              |
| <input type="checkbox"/> 50-55 | <input type="checkbox"/> 70-75              |
| <input type="checkbox"/> 55-60 | <input type="checkbox"/> I'll work forever! |
| <input type="checkbox"/> 60-65 |   |

Do you expect an inheritance? If so, approximately how much?

- |  |   |
|--|---|
| <input type="checkbox"/> < \$100,000           | <input type="checkbox"/> \$750,000 - \$1M |
| <input type="checkbox"/> \$100,000 - \$250,000 | <input type="checkbox"/> \$1M - \$5M      |
| <input type="checkbox"/> \$250,000 - \$500,000 | <input type="checkbox"/> > \$5M           |
| <input type="checkbox"/> \$500,000 - \$750,000 | <input type="checkbox"/> N/A              |

Have you ever been declined or rated for life or disability insurance? If yes, why?

- Yes \_\_\_\_\_
- No

What do you hope to achieve in life?

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What values or philosophies are most important to you?

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What are your hobbies?

- |  |                                      |   |  |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Outdoor activities    | <input type="checkbox"/> Film/movies | <input type="checkbox"/> Gardening      | <input type="checkbox"/> Collecting          |
| <input type="checkbox"/> Sports                | <input type="checkbox"/> Camping     | <input type="checkbox"/> Exercise       | <input type="checkbox"/> Crafting            |
| <input type="checkbox"/> Boating               | <input type="checkbox"/> Yoga        | <input type="checkbox"/> Leisure        | <input type="checkbox"/> Cooking             |
| <input type="checkbox"/> Community involvement | <input type="checkbox"/> Travel      | <input type="checkbox"/> Gaming         | <input type="checkbox"/> Hosting             |
| <input type="checkbox"/> Art                   | <input type="checkbox"/> Writing     | <input type="checkbox"/> Biking         | <input type="checkbox"/> Spirituality        |
| <input type="checkbox"/> Hunting               | <input type="checkbox"/> Photography | <input type="checkbox"/> Motorcycling   | <input type="checkbox"/> Clubs/organizations |
| <input type="checkbox"/> Music                 | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Model building | <input type="checkbox"/> Other _____         |

What kind of retirement do you envision?

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If you had complete financial security, how would you spend your time?

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**FINANCIAL**

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