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Prospective Client Questionnaire

Please complete this questionnaire prior to your first appointment so that your advisor can prepare for your meeting.

Personal Information	Client	Spouse/Partner
First Name		
Last Name		
Date of Birth		
Social Security Number		
Gender		
U.S. Citizenship		
Driver's License: Number Driver's License: Issue Date Driver's License: Expiration Date		
Marital Status		
Referral Source		
College Institution (if applicable)		
Degree		
Graduation Year		

Street Address		
City, State Zipcode		
Home Phone		
Mobile Phone		
Fax Number		
Email		

Employment Information	Client	Spouse/Partner
Employer		
Industry		
Job Position		
Start Date		
Work Street Address		
City, State Zipcode		
Work Phone Number		
Retirement Date (or estimate)		
Annual Salary		
Relevant Previous Employers		

Family Information	Child 1	Child 2	Child 3	Child 4
First Name				
Last Name				
Date of Birth				
Social Security Number				
Marital Status				
U.S. Citizen				
Spouse/Partner Name				
Street Address				
City, State Zipcode				
Phone Number				
Primary/Contingent Beneficiary				
Beneficiary Percentage %				

Family Information	Grandchild 1	Grandchild 2	Grandchild 3	Grandchild 4
First Name				
Last Name				
Date of Birth				
Social Security Number				
Marital Status				
U.S. Citizen				
Spouse/Partner Name				
Street Address				
City, State Zipcode				
Phone Number				
Primary/Contingent Beneficiary				
Beneficiary Percentage %				

Property Information	Property 1	Property 2	Property 3
Residence/Rental			
Market Value			
Purchase Price			
Interest Rate			
Mortgage Payment & Time Remaining			

Debt Information	Debt 1	Debt 2	Debt 3
Owner			
Type (School Loan, Credit Card, Etc.)			
Outstanding Balance			
Interest Rate			
Time Remaining			

Bank Information	Bank 1	Bank 2	Bank 3
Owner			
Type of Account			
Current Value			
Monthly \$ Contribution			
Interest Rate			

Retirement Information	Retirement 1	Retirement 2	Retirement 3
Owner			
Custodian			
Type of Account [IRA, 401(k), 403(b)]			
Current Value			
Employee \$ Contribution			
Employer Contribution %			
Income Source			

Investment Information	Account 1	Account 2	Account 3
Owner			
Custodian			
Type of Account [Individual, Joint, Etc.]			
Current Value			
Monthly \$ Contribution			
Income Source			

Insurance Information	Insurance 1	Insurance 2	Insurance 3
Owner			
Provider			
Type (Term, Whole Life, LTC)			
Duration			
Monthly/Annual Premium			
Face Value			

Pension Information	Pension 1	Pension 2	Pension 3
Owner			
Start Date			
Monthly Amount			
Lump Sum Value			

Social Security Information	Client	Spouse/Partner
Social Security Value		
Start Age		

Professional Contacts	CPA/ Tax Preparer	Attorney
First Name		
Last Name		
Firm		
Phone Number		
Fax Number		
Street Address		
City, State Zip Code		
Email		

Estate Planning	Yes	No	In Process
Will			
Living Will			
POA:			
Medical/Finance			

What matters most about money to you? _____

Do you feel you have achieved or are moving toward financial security in retirement? Yes / No

Do you have any potential inheritances? Yes / No

Do you plan to leave any of your estate to charity? Yes / No

Are any special provisions need for any member of your family? Yes / No

If so, who? _____

What is your largest obstacle in achieving your goals? _____

Are you willing to pay a fee? Yes / No

Have you paid a fee to manage your assets in the past? Yes / No

What do you perceive your risk tolerance to be?

Conservative		Moderate		Aggressive
1	2	3	4	5

What do you perceive a suitable average annual return to be over ten years? _____

Any moral or social concerns with regard to a particular investment? Yes / No

If so, which investment? _____

How would you describe your investment knowledge?

Little/Basic		Moderate		Well Versed
1	2	3	4	5

How much investment experience do you have?

None	1-5 Years	5-10 Years	10-15 Years	20+ Years
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How soon until you begin to start withdrawing funds?

Never	1-5 Years	5-10 Years	10-15 Years	20+ Years
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Are you currently working with another financial planner? Yes / No

If so, why are you inquiring elsewhere? _____

Any additional info you think would be helpful for us to know:

We Retire Every Day™