

**SOUND FINANCIAL PLANNING, INC.**

**WILLIAM T. MORRISSEY, CFP®**

**TAMMERA L. PROUTY, CFP®**

**INITIAL INTERVIEW FORM**

Date: \_\_\_\_\_

**Client** Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Employer/Profession \_\_\_\_\_

**Spouse/Partner's** Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Employer/Profession \_\_\_\_\_

Home Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Bus #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Child: 1. \_\_\_\_\_ DOB \_\_\_\_\_ 3. \_\_\_\_\_ DOB \_\_\_\_\_  
2. \_\_\_\_\_ DOB \_\_\_\_\_ 4. \_\_\_\_\_ DOB \_\_\_\_\_

1. What are your most important financial concerns? What would you like to accomplish through this engagement?

2. What is most important about money to you?

How do you envision your lifestyle 5 years from now?

Is your outlook generally optimistic or pessimistic concerning the future?

3. What are your most important *non*-financial concerns & objectives right now? (Please rank them.)

4. What would "financial independence" mean to you? How would you direct your life if there were *nothing* to impede your choices?

Would you pursue a particular avocation/hobby that you especially enjoy doing? Which?

5. In detail, what would you consider the kind of service an ideal financial adviser would provide you?

6. What are the keys to making this relationship successful for you? What are your expectations of us as your financial advisor?

7. During our review *three years from now*, what will need to have happened between now and then for you to feel satisfied with your progress?

8. How do you make important investment decisions?

9. Have you ever worked with a financial advisor before? Yes \_\_\_No\_\_\_

What was good about that experience?

Unsatisfactory?

10. Who are your other advisors? (Names optional) Where are their strengths and weaknesses, in your eyes?

11. What is your most memorable investment experience?

12. Where are your investments now? (If schedules are attached, please state so) Why do you think you need help?

13. Have you ever been involved in litigation? Yes \_\_\_ No \_\_\_ What happened?

14. Do you track expenses? Yes \_\_\_ No \_\_\_

If so, how? If not, is this a concern?

15. Wills \_\_\_ Trusts \_\_\_ Life Insurance \_\_\_ Disability Insurance \_\_\_ (Please check "X" if currently owned.)

Amounts: \_\_\_\_\_

16. What changes do you expect in the future in your finances that you wish to plan for?

Family obligations: \_\_\_\_\_

Inheritances: \_\_\_\_\_ Other: \_\_\_\_\_

17. What are your goals/concerns regarding passing assets to children or others?

18. Is there anything else we need to talk about? Any "special needs" situations you are responsible for?

.....  
(INTERNAL USE)

Summary of Client Concerns: \_\_\_\_\_

\_\_\_\_\_

Summary of Benefits We Can Provide: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next Step: \_\_\_\_\_