

CLIENT QUESTIONNAIRE

Note: Please complete the following form. We will follow up within one business day.



CLIENT NAME:		AGE:
PHONE NUMBER:		
ADDRESS:		
CITY:		
STATE:		
ZIP CODE:		
EMAIL:		
EMPLOYER:		
JOB TITLE:		

CO-CLIENT NAME:		AGE:
PHONE NUMBER:		
ADDRESS:		
CITY:		
STATE:		
ZIP CODE:		
EMAIL:		
EMPLOYER:		
JOB TITLE:		

1) Marital Status:
2) Dependent Children and/or others, with ages:
3) What can we help you with?
Retirement planning
Help with my investments
Personal Finance
Something else (describe on next item)
4) Describe how you would like us to help.
5) What is the most important thing for you to accomplish in the next 5 years?
6) How much are you looking to invest?

7) Break down the total of your savings and investments. (include savings accounts, retirement accounts, other investment accounts, plus equity in businesses or real estate, but not the home you live in)
8) What is your approximate household income before taxes?
9) If you own a home, what is your mortgage balance?
10) How much and what type of other debt do you have besides your house (car, student loan, credit card, etc.)?
11) How did you hear about Corner Post Financial Planning?

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