



FINANCIAL CHECK UP QUESTIONNAIRE

Taxes. Investments. Planning.

-Client-

Name: _____

Date of Birth: _____

Personal Interests: _____

Hobbies, Clubs, Etc.: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Preferred Method of Contact:

☐ Home ☐ Work ☐ Cell ☐ Email

-Income-

Wages: _____

Self-Employment: _____

Alimony/Child Support: _____

Social Security or Trust: _____

Unemployment: _____

-Spouse (if Married)-

Name: _____

Date of Birth: _____

Personal Interests: _____

Hobbies, Clubs, Etc.: _____

-Spousal Income-

Wages: _____

Self-Employment: _____

Alimony/Child Support: _____

Social Security or Trust: _____

Unemployment: _____

-Children-

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

ADDITIONAL NOTES



FINANCIAL CHECK UP QUESTIONNAIRE

ASSETS

	Value	Rate of Return
Checking/Savings/MM/CD's:		
Home / Real Estate:		
Stocks/Mutual Funds/Bonds:		
401k, 403b, 457's:		
Pension Income in Today's \$'s:		
SEP's/SIMPLE/IRA's:		
Other:		

LIABILITIES

	Value	Rate of Return
Checking/Savings/MM/CD's:		
Home / Real Estate:		
Stocks/Mutual Funds/Bonds:		
401k, 403b, 457's:		
Pension Income in Today's \$'s:		
SEP's/SIMPLE/IRA's:		
Loan Payments:		
Other:		

EXPENSES

Housing:	
Food:	
Transportation:	
Entertainment:	
Personal:	
Other:	



FINANCIAL CHECK UP QUESTIONNAIRE

INSURANCE

Auto Insurance: ☐ Yes ☐ No

Umbrella Insurance: ☐ Yes ☐ No

Home owners Insurance: ☐ Yes ☐ No

Health Insurance: ☐ Yes ☐ No

Disability Insurance	Monthly Benefit	STD/LTDI How Long?	Premium Amount	Group / Private	Paid by Whom?

Life Insurance	Death Benefit	Type/Term	Premium Amount	Group / Private	Cash Value

Long Term Care Insurance	Daily Amount	Term	Group / Private	Home Coverage	Policy Age

ADDITIONAL NOTES



FINANCIAL CHECK UP QUESTIONNAIRE

GOALS

	Client	Spouse	PT Work	Currently Saved	Monthly Savings
Retirement Age					
Annual Income After Taxes					

What does your retirement look like?

-Education Goals-

Name	School Name	In/Out of State	Yearly Cost	Number of Years Currently Saved	Monthly Savings

-Other Goals-

Goal Description	Date	Goal Amount	Currently Saved	Monthly Savings

What are your main concerns?

Why are you here?

How can we help?

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