

Date Completed: _____

Hollen Financial Planning, Ltd.

CONFIDENTIAL CLIENT QUESTIONNAIRE

*Please complete this form and bring it to your "Get Acquainted" meeting.
If possible, please fax or e-mail completed form one week prior to initial meeting.*

CLIENT (1)

CLIENT (2)

Full Legal Name:		
Home Address:		
City, State, Zip:		
Preferred Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work # _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work # _____

Hollen Financial Planning, Ltd.
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Phone: (775) 827-0670 • Fax: (775) 827-6481

PERSONAL INFORMATION

CLIENT (1)

CLIENT (2)

Full Legal Name:		
Are you known by another name? (Specify):		
Home Address:		
City, State, Zip:		
Mailing Address (if different from above):		
City, State, Zip:		
Home Phone:		
Work Phone:		
Fax (Home or Work):		
E-mail:		
Social Security Number:		
Preferred contact method:		
Birthdate:		
Country(ies) of Citizenship:		
Country of Legal Residence:		
I am employed by, affiliated with, or am either a director or owner of one or more securities firms.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list _____ (Company Symbol)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list _____ (Company Symbol)
I am a director, 10% shareholder or policy-making officer of one or more publicly traded companies.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list _____ (Company Symbol)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list _____ (Company Symbol)

FAMILY MEMBERS & FINANCIAL DEPENDENTS

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Resides? (City & State)</u>
		/ /	
		/ /	
		/ /	
		/ /	

EMPLOYMENT INFORMATION

CLIENT (1)

CLIENT (2)

Client Employer:		
Title/Job:		
Business Street Address:		
City, State, Zip:		
No. of years with this employer:		
Anticipated employment changes?		
When do you plan to retire?		
Salary:		
Self Employment Income:		
Bonus/Commissions:		
Other Earned Income:		
Total Income (Current Year):		

Who prepares your tax return?

- Self
- Paid Preparer

If Paid Preparer: CPA Name _____

Address _____

Phone (_____) _____

INSURANCE

CLIENT (1)

Insurance Type	Coverage	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? YES NO

CLIENT (2)

Insurance Type	Coverage	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? YES NO

ASSETS

(If you have this information in a format of your own design, please feel free to omit this section. Please attach necessary documentation.)

How were your current investment assets selected?

BANK ACCOUNTS

<u>Bank Name</u>	<u>Checking, Savings, or Money Market</u>	<u>Ownership</u>	<u>Avg. Balance</u>
			\$
			\$
			\$

CD's

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Apx. Value</u>
	%			\$
	%			\$
	%			\$

Attach a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

PERSONAL PROPERTY

	<u>Estimated Value</u>
Primary Residence	\$
Furnishings (Liquidation Value)	\$
Vehicle (Year, Make, Model) _____	\$
Vehicle (Year, Make, Model) _____	\$
Other _____	\$
Other _____	\$

LIABILITIES

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Average Monthly Pmt.</u>	<u>Current Balance</u>
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

**If not paid in full each month*

<u>Debts (Residence, Auto, Business, School)</u>	<u>Interest Rate*</u>	<u>Average Monthly Pmt.</u>	<u>Current Balance</u>
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

Have you received a copy of your credit report recently?

- YES
- NO