

First Meeting Questionnaire

Name: _____

DOB (m/d/y) _____

Telephone #: _____

Email Address: _____

Mailing Address: _____

1. What brings you to Financial Service Group, Inc.?

2. What are your short (1-5 yrs) and long term (5+ yrs) goals?

3. Where would you like to be in five years & what would you be doing?

4. What obstacles could prevent you from accomplishing your goals?

5. Tell me about your family (children, siblings, parents).

6. What types of estate documents do you have (wills, trusts, powers of attorney)?

7. What types of insurance do you have (home, auto, excess liability, life, long term care, etc.)?

8. What are your major assets and current values (retirement plans, mutual funds, bank accounts, home(s), automobile, etc.)?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. What debt do you currently have (mortgage, credit card, student loans, etc.)?

_____	_____
_____	_____
_____	_____
_____	_____

10. Is there anything else you would like us to know about you?

