



INVESTMENT STRATEGIES

A registered investment advisory firm

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INITIAL INTERVIEW QUESTIONNAIRE

Date: _____

Name: _____

Age: _____ DOB: _____ SSN: _____ - - _____ DL# _____ State _____

Employer: _____ Profession: _____

Employers Address: _____

Bus. # _____ Fax # _____ E-mail: _____

Personal Work

Preferred method of communication: Home Phone Cell Phone E-mail Other _____

Spouse/Partner: _____

Age: _____ DOB: _____ SSN: _____ - - _____ DL# _____ State _____

Employer: _____ Profession: _____

Employers Address: _____

Bus. # _____ Fax # _____ E-mail: _____

Personal Work

Preferred method of communication: Home Phone Cell Phone E-mail Other _____

Marital Status: _____ Date Married: _____

Home Address: _____

Mailing Address: _____

Home #: _____ Other: _____ Other: _____

Children:

1. _____ DOB: _____

2. _____ DOB: _____

3. _____ DOB: _____

4. _____ DOB: _____

1. What would you like to accomplish through this engagement?

2. What prompted you to look for a financial planner at this time?

3. What are your most important financial concerns?

4. What is most important about money to you?

5. What are some things that concern you about your future financial picture?

6. How do you envision your lifestyle 5 years from now?

7. Is your outlook generally optimistic or pessimistic concerning the future?

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

9. What would “financial independence” mean to you? How would you direct your life if there were nothing to impede your choices?

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

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

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

13. What is most important characteristic to you in a financial planner?

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

15. How do you make important investment decisions?

16. Have you ever worked with a financial advisor before? Yes ___ No ___
What was good about the experience?

Unsatisfactory?

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

18. What is your most memorable investment experience?

19. What things frustrate you about financial planning and investments?

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

21. Have you ever been involved in litigation? Yes ___ No ___ What happened?

22. How much is your current income? _____

Sources _____

23. How much do you currently save? _____
Where do you put it? _____

24. Do you track expenses? Yes ___ No ___ If not, is this a concern?

25. Your assets: ("Taxable"? "Non-taxable"? Locations? Is attached, please state so.)

26. Your Liabilities/Debt Service

27. Wills ___ Trusts ___ Life Insurance ___ (Please check "X" is currently owned)

Amounts: _____

Who is your Estate Planning Attorney? _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

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

Family obligations: _____

Inheritances: _____

Other: _____

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

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