

## Initial Interview Questionnaire

Please take a moment to complete the following questionnaire and return it to BFS before our first meeting. The answers you provide will help guide our initial consultation so that we can make the most of our time together. We appreciate you sharing your personal and financial information. Please know that all information is held strictly confidential.

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Employer/Profession: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Employer/Profession: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Client Bus #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Spouse Bus #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Client E-mail: \_\_\_\_\_ Spouse E-mail: \_\_\_\_\_

Child: 1. \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Beechwood Financial Services, LLC

Fee-only Comprehensive Financial Planning

30 Two Bridges Road - Suite 370, Fairfield, New Jersey 07004

Tel: 973-582-0364 • Fax: 973-582-0300

What led you to seek out a financial planner?

---

---

---

What are your immediate financial goals/concerns?

---

---

---

Do you anticipate any major purchases in the next 5 to 10 years? If so, what are they?

---

---

---

Have you set long-term (beyond 10 years) financial goals? If so, what are they?

---

---

---

Have you worked with a financial planner/advisor in the past? If yes, please describe the experience.

---

---

---

What is the most important thing I can do for you at our first meeting?

---

---

---

Beechwood Financial Services, LLC

Fee-only Comprehensive Financial Planning

30 Two Bridges Road - Suite 370, Fairfield, New Jersey 07004

Tel: 973-582-0364 • Fax: 973-582-0300

Do you track household expenses? Yes \_\_\_\_ No \_\_\_\_

Do you maintain a household budget? Yes \_\_\_\_ No \_\_\_\_

Who prepares your tax returns?

---

Do you periodically review your insurance requirements? Yes \_\_\_\_ No \_\_\_\_

Do you periodically review your investment performance to ensure that your retirement and/or other savings goals stay on track? Yes \_\_\_\_ No \_\_\_\_

Do you periodically review your wills and trusts to be certain that they reflect your current wishes? Yes \_\_\_\_ No \_\_\_\_

Which areas of financial planning do you anticipate needing services? (check all that apply)

Tax \_\_\_\_\_  
Insurance (life, health, property and liability) \_\_\_\_\_  
Investments (includes college funding) \_\_\_\_\_  
Retirement \_\_\_\_\_  
Estate \_\_\_\_\_

How often do you anticipate needing the services of a financial planner/advisor?

Once \_\_\_\_\_  
Semiannually \_\_\_\_\_  
Annually \_\_\_\_\_  
Every few years \_\_\_\_\_  
As needed \_\_\_\_\_  
Other \_\_\_\_\_

Are there any "special needs" situations that you want to bring to our attention?

---

---

---