



—— Client Questionnaire ——

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Financial Information

To effectively advise you on financial decisions and make the best use of our meeting time, we will need complete information about your financial life. The first step in the financial planning process is data collection. To facilitate the data collection and make our initial meeting more productive, we ask that you complete our client questionnaire.

We ask that you please return the completed questionnaire to us by mail, fax or electronically via scan and email. Please do not hesitate to call us with any questions prior to getting started.

Confidentiality

Confidentiality and protection of your personal information is of the highest importance to our firm. We will not disclose any information about you to anyone, including your employer, accountant, attorney or family members without your permission.

Referred by: _____

Client Name: _____

Date completed: _____

Clients – Personal and Contact Information

Family Data	Client	Spouse/Partner/Other
Full Legal Name (First, MI, Last)		
Preferred Name		
Home Street Address		
City, State, Zip Code		
Home Telephone		
Mobile Telephone		
Email		
Date of Birth		
Social Security Number		
U.S. Citizen (Yes/No)		
Gender		
Marital Status: (Single/Married/Divorced/Widowed)		
Employment		
Occupation/Job Title		
Self-Employed (Yes/No)		
Employer Name		
Employer Address		
Work Telephone		
Work Email		
Years with Current Employer		
Communication Preference		
How should we contact you: (Home or Work, Email or Mobile, etc.)		

Clients – Children and Dependents Information

Client Name: _____

Please list additional names or details on a separate page.

Children/Dependents	Client	Spouse/Partner/Other
Children/Dependent		
Full Name		
Relationship		
Date of Birth		
Social Security Number		
Marital Status		
Spouse/Partner Name		
Spouse/Partner/Date of Birth		
Children Names & Dates of Birth		
Children/Dependent		
Full Name		
Relationship		
Date of Birth		
Social Security Number		
Marital Status		
Spouse/Partner Name		
Spouse/Partner/Date of Birth		
Children Names & Dates of Birth		
Children/Dependent		
Full Name		
Relationship		
Date of Birth		
Social Security Number		
Marital Status		
Spouse/Partner Name		
Spouse/Partner/Date of Birth		
Children Names & Dates of Birth		

Client Name: _____

Goals and Objectives

What are your areas of financial concern? Check all that apply.

- ☐ Cash Flow and Budgeting
- ☐ Investment Review
- ☐ Tax Planning
- ☐ College Planning
- ☐ Retirement Planning
- ☐ Estate Planning
- ☐ Insurance Review
- ☐ Home Purchase
- ☐ Other (Please describe)

Describe where you want to be 5 years from now.

Client Name: _____

Please list your major financial obligations and planned expenditures

(Examples: Major Vacation, College, Elderly Parents, Home Remodel, Business Venture, etc.)

Present (within the next 2 years)

Future (2 years or more)

How comfortable are you at managing your finances? (very, somewhat, not at all)

How satisfied are you with the performance of your current investments?

Please note any health or other family circumstances that may impact your financial planning.

Client Name: _____

Income (Employment, Rental Properties, Pension, RMDs, Other)

	Client	Spouse/Partner/Other
What is your gross annual income?		
How often are you paid?		
Are you considering a career change?		
Do you anticipate major changes in income within the next 3 years?*		

*If yes, please describe the expected changes.

Retirement Planning

	Client	Spouse/Partner/Other
At what age do you expect to retire?		
What are your expected annual income needs in retirement?		
How much do you contribute each year to your retirement plan(s)?		
How much does your employer contribute each year to your retirement plan?		
During retirement how much monthly income do you expect to receive from:		
Social Security		
Employer Pension(s)		

Please describe any special considerations regarding your retirement plans.

Client Name: _____

Employer Stock Plans

Do you participate in an:	Client	Spouse/Partner/Other
Employer stock option plan (non-qualified or incentive)?		
Employer stock grant plan (restricted stock)?		
Employee stock purchase plan (ESPP)?		

Insurance

Do you have:	Client	Spouse/Partner/Other
Life insurance? If so, how much is the coverage?		
Short-term disability insurance?		
Long-term disability insurance?		
Long-term care insurance?		
Medical insurance? If so, is this through your employer?		
Homeowners or renters insurance?		
Umbrella liability insurance? If so, how much is the coverage?		
ID Theft Protection coverage?		
Auto, boat or RV insurance?		

Estate Planning

	Client	Spouse/Partner/Other
Were you previously married?		
Do you have a Will?		
Do you have a Durable Power of Attorney?		
Do you have a Health Care Proxy?		
Do you have a Trust?		
Are you the beneficiary of any Trust(s)?		
Did you file a Transfer on Death Deed when you bought your home or thereafter?		

Client Name: _____

Statement of Net Worth
(Current Values)

Item	Client	Spouse/Other	Joint	Total
ASSETS				
Cash				
Checking and Savings				
Money Market Funds				
CDs				
U.S. Savings Bonds				
Other				
Total Cash				
Taxable Investments				
Stocks, Bonds, Mutual Funds				
Investment Real Estate				
Other Taxable Accounts or Assets				
Total Taxable Investments				
Retirement Investments				
IRA: Traditional or Rollover				
IRA: Roth, SEP or SIMPLE				
Employer Plans: 401K, 403B, 457				
Other Retirement Plans				
Pension				
Total Retirement Investments				
Education Investments				
529/Tuition Savings Plans				
UTMA/UGMA Custodial Accounts				
Total Education Investments				
Personal Property				
Primary Residence				
Vacation Property				
Vehicles/Boats				
Jewelry/Art/Antiques				
Household and Other Property				
Total Personal Property				
TOTAL ASSETS				

Client Name: _____

Item	Client	Spouse/Other	Joint	Total

DEBTS

Debts/Liabilities

Primary Residence Mortgage

Second Mortgage, Equity Loan, or
Line of Credit (HELOC)

Education Loans

Auto Loans

Credit Card Balances

401K or Retirement Plan Loans

Any Other Loans or Debts

TOTAL DEBTS

NET WORTH (Assets - Debts)				
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DETAILS OF DEBTS/LIABILITIES

Client Name: _____

	Creditor	Original Amount	Current Balance	Interest Rate	Term of Loan	Monthly Payment
1						
2						
3						
4						
5						
6						
7						
	Total					

Bucket List

Please list a few of your non-financial goals, as they may be related to your financial plan.

Client Name: _____

Notes to Your Advisor

Please list any additional points of interest or concern.
