



COMPLETE FINANCIAL  
SOLUTIONS, INC.



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7629 Purfoy Road Suite 105 | Fuquay Varina, NC 27526 | 919-552-4286

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# FAMILY QUESTIONNAIRE

We look forward to getting to know you in your first visit. Please help us by completing this questionnaire **and bringing the following with you to your appointment:**

- Most recent year tax return**
- Financial statements for all investment accounts**

Statements should include a list of individual positions (ticker symbols and values)

- Social Security estimates, if not yet drawing Social Security**
- Life insurance statements**
- Long-term care insurance statements**



**BASIC INFORMATION**

\_\_\_\_\_  
 First MI Last

\_\_\_\_\_  
 Date of Birth Age

Retired?  Y  N  Semi

\_\_\_\_\_  
 Desired Retirement Year or Year Retired

\_\_\_\_\_  
 Working At/Retired From Job Title

\_\_\_\_\_  
 Cell Phone Email

**BASIC INFORMATION**

\_\_\_\_\_  
 First MI Last

\_\_\_\_\_  
 Date of Birth Age

Retired?  Y  N  Semi

\_\_\_\_\_  
 Desired Retirement Year or Year Retired

\_\_\_\_\_  
 Working At/Retired From Job Title

\_\_\_\_\_  
 Cell Phone Email

**HOUSEHOLD INFORMATION**

\_\_\_\_\_  
 Home Address City State Zip

\_\_\_\_\_  
 Mailing Address City State Zip

Children: \_\_\_\_\_  
 Name Age Name Age

\_\_\_\_\_  
 Name Age Name Age

\_\_\_\_\_  
 Name Age Name Age

\_\_\_\_\_  
 Name Age Name Age

**RETIREMENT OBJECTIVES**

What concerns you most about retirement?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Who do you rely on for financial advice and decisions? \_\_\_\_\_

If something were to happen to you, who do you want taken care of? \_\_\_\_\_

During retirement I/we expect to (check all that apply):

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Relocate                  | <input type="checkbox"/> Sell property             | <input type="checkbox"/> Care for parent(s)         | <input type="checkbox"/> Start a business |
| <input type="checkbox"/> Downsize                  | <input type="checkbox"/> Purchase property         | <input type="checkbox"/> Provide for adult children | <input type="checkbox"/> Sell a business  |
| <input type="checkbox"/> Improve my home           | <input type="checkbox"/> Rent out property         | <input type="checkbox"/> Work part time             | _____                                     |
|  |  |   | Year                                      |
| <input type="checkbox"/> Receive inheritance _____ | <input type="checkbox"/> Help fund education _____ |   |   |
| Approx. Amount                                     | Approx. Amount                                     |   |   |

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**HOUSEHOLD ASSETS**

**Please list all values. Include assets owned by BOTH spouses.**

Home value \$ \_\_\_\_\_ Balance owed \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_ Payoff Year \_\_\_\_\_

Other real estate/land \$ \_\_\_\_\_ Description \_\_\_\_\_

Other real estate/land \$ \_\_\_\_\_ Description \_\_\_\_\_

Checking/Savings \$ \_\_\_\_\_ Money Market/CDs \$ \_\_\_\_\_ Other minimal interest accounts \$ \_\_\_\_\_

401(k)s	403(b)s/Other Employer Plans	Traditional IRAs	Roth IRAs	Other Accounts
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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**LIABILITIES**

**Please list all values. Include liabilities owned by BOTH spouses.**

Auto loan balance \$ \_\_\_\_\_ Auto loan balance \$ \_\_\_\_\_ Auto loan balance \$ \_\_\_\_\_

Total all credit card balance(s) \$ \_\_\_\_\_ Other Debt \$ \_\_\_\_\_ Describe \_\_\_\_\_

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**INCOME**

Current monthly expenses \$ \_\_\_\_\_ Retirement income goal (monthly net of taxes) \$ \_\_\_\_\_

Current income:

You:  Wages \$ \_\_\_\_\_  
 Pension \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_ Age started \_\_\_\_\_  
 Other \$ \_\_\_\_\_

Spouse:

Wages \$ \_\_\_\_\_  
 Pension \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_ Age started \_\_\_\_\_  
 Other \$ \_\_\_\_\_

Do you have a written retirement income plan?  Yes  No  Don't Know

If yes, is the plan inflation adjusted?  Yes  No  Don't Know

Do you have a plan to maximize Social Security?  Yes  No  Already Drawing

Do you have a plan to maximize pension(s)?  Yes  No  Already Drawing  No Pension

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## MEDICAL & HEALTHCARE

If under age 65, do you have major medical coverage?  Yes  No Max out-of-pocket \$ \_\_\_\_\_

If over age 65, what parts of Medicare have you signed up for?

Part A  Part B  Part C (Advantage Plan)  Part D (Rx)  Supplemental Plan  Not sure

Are you utilizing a Health Savings Account or Medical Savings Account?  Yes  No

Do you have long-term care insurance?  Yes  No If no, what is the alternate plan? \_\_\_\_\_

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## FINANCIAL PLANNING & RISK MANAGEMENT

How would you describe your investment knowledge?

None  Limited  Average  Above Average  Expert

Do you feel you have a full understanding of all your investment fees?  Yes  No

Current management fee \_\_\_\_%

What kinds of investments have you made that you liked? \_\_\_\_\_

What kinds of investments have you made that you disliked? \_\_\_\_\_

When it comes to your investments, how much risk are you comfortable tolerating?

None, if I could  Low risk  Moderate risk  High risk

At this point in your life, how much are you willing to lose? \_\_\_\_\_

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## TAX PLANNING

In the next 30 years, do you think tax rates will:  Increase  Decrease  Remain the same

Do you have a CPA or accountant?  Yes  No  Need referral

Do you contribute to a Roth IRA?  Yes  No Annual amount \$ \_\_\_\_\_

What is your plan for minimizing RMDs? \_\_\_\_\_

Do you have an estate attorney?  Yes  No  Need referral

Do you have:

Will Last updated year \_\_\_\_\_

Trust Last updated year \_\_\_\_\_

Do you feel your estate and wealth transfer plan is optimized for tax efficiency?  Yes  No  Not sure

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**THANK YOU FOR YOUR TIME.**

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Our firm is an independent financial services firm that utilizes a variety of investment and insurance products.

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