

Planner's Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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1 Do you have experience in providing advice on the topics below? If yes, indicate the number of years.

<input type="checkbox"/>	Retirement planning	_____
<input type="checkbox"/>	Investment planning	_____
<input type="checkbox"/>	Tax planning	_____
<input type="checkbox"/>	Estate planning	_____
<input type="checkbox"/>	Insurance planning	_____
<input type="checkbox"/>	Integrated planning	_____
<input type="checkbox"/>	Other	_____

2 What are your areas of specialization? What qualifies you in this field?

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3a How long have you been offering financial planning advice to clients?

<input type="checkbox"/>	Less than one year
<input type="checkbox"/>	One to four years
<input type="checkbox"/>	Five to 10 years
<input type="checkbox"/>	More than 10 years

3b How many clients do you currently have?

<input type="checkbox"/>	Less than 10 clients
<input type="checkbox"/>	10 to 39
<input type="checkbox"/>	40 to 79
<input type="checkbox"/>	80 +

4 Briefly describe your work history.

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5 What are your educational qualifications? Give area of study.

Certificate	_____
Undergraduate degree	_____
Advanced degree	_____
Other	_____

6 *What financial planning designation(s) or certification(s) do you hold?*

- CERTIFIED FINANCIAL PLANNER™ or CFP®
- Certified Public Accountant-Personal Financial Specialist (CPA-PFS)
- Chartered Financial Consultant (ChFC)
- Other : \_\_\_\_\_

7 *What financial planning continuing education requirements do you fulfill?*

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8 *What licenses do you hold?*

- Insurance \_\_\_\_\_
- Securities \_\_\_\_\_
- CPA \_\_\_\_\_
- J.D. \_\_\_\_\_
- Other \_\_\_\_\_

9a *Are you personally licensed or registered as an investment adviser representative with a state(s)?:*

- Yes
- No

*If no, why not?* \_\_\_\_\_  
\_\_\_\_\_

9b *Are you or your firm licensed or registered as an investment adviser with the:*

- State(s) \_\_\_\_\_
- Federal Government \_\_\_\_\_

*If no, why not?* \_\_\_\_\_  
\_\_\_\_\_

9c *Will you provide me with your disclosure document Form ADV Part II or its state equivalent?*

- Yes
- No

*If no, why not?* \_\_\_\_\_  
\_\_\_\_\_

10 *What services do you offer?*

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11 *Describe your approach to financial planning.*

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12a *Who will work with me?*

Planner \_\_\_\_\_  
Associate(s) \_\_\_\_\_

12b *Will the same individual(s) review my financial situation?*

- Yes  
 No

*If no, who will?* \_\_\_\_\_

13 *How are you paid for your services?*

- Fee  
 Fee and commission  
 Salary  
 Other

14 *What do you typically charge?*

**Fee:**

Hourly Rate \$ \_\_\_\_\_  
Flat fee (range) \$ \_\_\_\_\_ to \$ \_\_\_\_\_  
Percentage of assets under management, \_\_\_\_\_ percent

**Commission:**

What is the approximate percentage of the investment or premium you receive on:

Stocks and bonds \_\_\_\_\_  
Mutual funds \_\_\_\_\_  
Annuities \_\_\_\_\_  
Insurance products \_\_\_\_\_  
Other \_\_\_\_\_

15a *Do you have a business affiliation with any company whose products or services you are recommending?*

- Yes
- No

*Explain:* \_\_\_\_\_  
\_\_\_\_\_

15b *Is any of your compensation based on selling products?*

- Yes
- No

*Explain:* \_\_\_\_\_  
\_\_\_\_\_

15c *Do professionals and sales agents to whom you may refer me send business, fees or any other benefits to you?*

- Yes
- No

*Explain:* \_\_\_\_\_  
\_\_\_\_\_

15d *Do you have an affiliation with a broker/dealer?*

- Yes
- No

15e *Are you an owner of, or connected with, any other company whose services or products I will use?*

- Yes
- No

*Explain:* \_\_\_\_\_  
\_\_\_\_\_

16 *Do you provide a written client engagement agreement?*

- Yes
- No

*If no, why not?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_