



Confidential Questionnaire

Please complete the following information and return to lori@arcadiafp.com.

Note: All information will be held in the strictest confidence.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____

Best number to reach you: _____

Employer: _____ Occupation: _____

Spouse's Name: _____ Date of Birth: _____

Employer: _____ Occupation: _____

Number of Dependents: _____

Please list your top three financial concerns, in order of priority:

How did you hear about Arcadia Financial Partners, LLC?

ASSETS

Cash Equivalents

Checking and Savings Accounts \$ _____
 Money Market Accounts \$ _____
 Certificates of Deposit \$ _____
 Life Insurance Cash Value \$ _____

Investment Accounts

_____ \$ _____
 _____ \$ _____

Retirement Plans

IRA Account(s) \$ _____
 Pension Plan \$ _____
 Profit Sharing Plan \$ _____
 401(k) or Thrift Plan \$ _____
 Annuities/403(b) Plan \$ _____
 Deferred Comp Plan \$ _____
 ESOP or Stock Option Plan \$ _____

Real Estate

Home \$ _____
 Second Home \$ _____
 Rental Property \$ _____
 Other Real Estate \$ _____

Business Interests

_____ \$ _____

Other Assets

Automobiles \$ _____
 Art and Antiques \$ _____
 Jewelry \$ _____
 _____ \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

Home Mortgage \$ _____
 Home Equity LOC \$ _____
 Other Mortgages \$ _____

Auto Loans \$ _____

Credit Cards \$ _____

Business Loans \$ _____

Taxes Due \$ _____

Installment Loan \$ _____

Other Debt \$ _____

TOTAL LIABILITIES \$ _____

NET WORTH
 (Assets minus liabilities) \$ _____

Please bring the following documents to our initial meeting:

- **Most recent brokerage/investment account statement(s)**
- **Most recent tax return(s)**
- **Most recent retirement plan statement(s)**