

Please Save PDF file before
emailing to us.

Confidential Questionnaire

Date:

WELCOME

We thank you for taking your time for filling this questionnaire. The main purpose of this questionnaire is to get to know you better. Please fill it as much as possible. Let us know if you are stuck anywhere in the questionnaire. Let's get started!

❖ INSTRUCTIONS

Important Note: Open this file in Adobe Acrobat or one drive PDF viewer in your smartphone or use Adobe Acrobat on your computer. Save this file before sending it to us.

Please bring with you or send to our office the following documents (originals or copies) if appropriate to your situation.

For security purposes, please black out or delete all account numbers and Permanent Account numbers from any materials that you provide to us. We also keep your all your files and/ or document securely.

1. Most recent income tax returns (all pages).
2. Recent salary slip.
3. Current statement for home loans and/ or other loans.
4. Employee benefits information.
5. Copies of recent account statements for each of your investment. It includes: Brokerage accounts, savings accounts, PPF, NPS EPF, GPF or other company savings plans, mutual funds, life insurance annuities, life insurance policies, etc.
6. Insurance statements of coverage (i.e. vehicle, homeowner's, life, disability, endowment policies, Health, etc.).
7. Any other information relevant to your financial situation.

❖ INCOME

	Self	Spouse
Monthly Salary		
Monthly Business income		
Profession		
Rental		
Interest		
Pension		
Others		
At what age do you wish to retire?		
Will you receive a pension at retirement?		

EXPENSES BREAK-UP

(Don't include Loans EMI, Mutual Funds SIP, Insurance Premium)

	Monthly	Yearly
Basic		
Food & Groceries		
Clothing		
Medical Expenses		
Shopping		
Basic Miscellaneous		
Bills & Utilities		
Mobile		
Internet/Broadband		
Electricity		
DTH/Cable		
Telephone (if any)		
Newspaper & Magazines		
Gas		
Bills & Utilities Miscellaneous		
Transport		
Daily Commute		
Petrol/Diesel		
Driver Salary		
Parking Charges		
Transport Miscellaneous		
Vehicle Maintenance		
Education		
School/College/University Fees		
Tuition fees		
Book & Supplies		
Kids activities		

EXPENSES BREAK-UP CONTINUED...

	Monthly	Yearly
Housing		
Rent		
Society Maintenance		
Car Wash		
Housing Miscellaneous		
Maid/Domestic Helper		
Property Tax		

Entertainment		
Movies		
Restaurants		
Amusement		
Vacation		
Entertainment Miscellaneous (Amazon Prime/Hotstar/Sony Liv Premium/Netflix Subscriptions)		
Total Expenses (You can also update Monthly Average Expenses)		

❖ FINANCIAL & LIFESTYLE GOALS

Goals	Rank	Comments
Enjoy a comfortable Retirement		
College/school expenses for children/grandchildren		
Start or buy a business/buy investment property		
Simplify or make financial life easier		
Reduce income tax burden		
Reduce Debt (Home loans, Personal loan, Credit card, Auto loans)		
Home repair or improvement		
Purchase a car, residential home etc.		
Income plan for retirement spending		
Vacation or travel (Domestic/International)		
Children Marriage expenses		
Education or training for yourself		
Maintain or improve current standard of living		
Care for yourself and/or family during disability		
Accumulate assets to have more choices in the future (wealth creation)		
Increase or create emergency funds		
Protect income/assets against inflation		
Change Careers/ Relocate		
Diversify Investment portfolio		
Income from investments for current expenses		
Ensure Assets are passed on smoothly to dependents		

❖ FINANCIAL AWARENESS, DISCIPLINE & WELL-BEING

I am aware of charges by insurance, mutual funds, bank and credit cards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I organize and protect my financial statements and online login details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am aware of the tax savings avenues available and utilizing them	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a consolidated portfolio of Mutual Funds, Insurance & stocks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All my investments are nominated to the person of my choice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I channelize savings into investments. They don't lie idle in bank.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have always made investments with a purpose/ for a future goal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am aware of how my employment benefits like PF, NPS, Superannuation, Gratuity, Group Insurance are structured and work for me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My Spouse is also aware of all the financials like investments, insurance, where documents are stored, how to manage finances in my absence.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a Will in place and sure of how my assets will be distributed in case of eventuality	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I consult the following when taking my financial decisions

<input type="checkbox"/>	I take financial decisions entirely on my own
<input type="checkbox"/>	I consult with my family
<input type="checkbox"/>	I consult with friends/relatives
<input type="checkbox"/>	I consult a staff of my Bank or my Bank relationship manager
<input type="checkbox"/>	I consult with my insurance or mutual funds adviser
<input type="checkbox"/>	I consult with my Chartered Accountant
<input type="checkbox"/>	Others (Please Specify)

❖ ADVISORS

Do you have a/an		Name		Satisfaction Rating (1 = Dissatisfied, 5= Very Satisfied)				
Lawyer	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Chartered Accountant	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Insurance Advisor	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Stock Broker	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Mutual Funds advisor	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Fee-Only Advisor	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

When did you last check your credit score?

What was your score?

❖ ASSETS

	Self	Spouse
Liquid Assets		
Cash Balance		
Bank Account (Savings Account)		
Bank Fixed Deposits		
Others		
Total Liquid Assets		
Household Assets & Possessions		
Current Market value of home		
Market value of car		
Valuables		
Gold Jewellery		
Others		
Total Household assets		
Investment Assets		
PPF		
Mutual Funds		
Stocks and bonds		
Fixed Deposits/Recurring Deposits		
Post Office Savings		
Gold		
NPS/EPF		
Others		
Total Investment Assets		
Total Assets		

❖ LIABILITIES

	Self	Spouse
Current Liabilities		
Credit Card Outstanding		
Car Loan		
Education Loan		
Others		
Total current Liabilities		
Long-Term Liabilities		
Home Loans		
Others		
Total Long-term liabilities		
Total Liabilities		

❖ INSURANCE

LIFE INSURANCE

Person Insured	Issue Date	Insurance Company (If through employer, write "group")	Sum Insured	Type (Term, Endowment, Money Back, ULIP)	Years Remaining	Annual Premium

DISABILITY INSURANCE

Person Insured	Insurance Company (If through employer, write "group")	Benefit Amount	Annual premium

GENERAL INSURANCE

Type	Insurance Company	Liability coverage per incident	Deductible	Annual premium
House				
Car				
Bike/Scooty				
Other				

HEALTH INSURANCE

Do you and your family have health insurance coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your health insurance through your employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much do you pay annually for health insurance coverage?	₹	
Annual medical cost from your pocket excluding health insurance premium?	₹	
Do you feel that your health insurance coverage is adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any issues regarding your health insurance that you want to discuss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MISCELLANEOUS

Have you ever been turned down for insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consider insurance as?	<input type="checkbox"/> Investment	<input type="checkbox"/> Protection
I feel that I was sold an insurance policy that I am not certain is right for me	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I think the policies I have are cost efficient for my needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ EXPECTATIONS

Please comment on the advice you are looking for:

▪ THANK YOU

If you have any questions, please feel free to call or WhatsApp us.

CLICK TO EMAIL