



CampbellFinancialPartners, LLC

FEE-ONLY FINANCIAL PLANNING

17595 S. Tamiami Trail, Suite 220
Fort Myers, Florida 33908
P 239-454-5333 F 877-395-8616

Date: ___/___/___

FINANCIAL PLANNING QUESTIONNAIRE

Any financial plan, advice or recommendations will be based on the information you provide. Incomplete or inaccurate information will negatively impact the results. We realize that we may request more information than other planners but the extra time you invest will help us develop a more complete picture. All information provided is in the strictest confidence.

We look forward to meeting with you to answer your questions about us, help you learn more about the financial planning process, and review your situation. During our meeting, we can explain our services and determine an appropriate fee.

When you have completed the questionnaire, please fax or email it to us at least 2 days prior to your appointment. Delivery information is on page 9. Please also review a copy of our ADV Part 2, Privacy Policy, and Form CRS in the "Forms" area of our website at www.campbellfp.com.

| | Client #1 | | | Client #2 | | |
|---|-----------|--|--|-----------|--|--|
| Name | | | | | | |
| Home Address | | | | | | |
| Home Address | | | | | | |
| City, State, Zip | | | | | | |
| Home Phone | | | | | | |
| Work Phone | | | | | | |
| Cell Phone | | | | | | |
| Home Fax | | | | | | |
| Work Fax | | | | | | |
| Email Address | | | | | | |
| Date of Birth/Age | | | | | | |
| Employer / # years | | | | | | |
| Title/Job | | | | | | |
| Date of Marriage | | | | | | |
| Age You Plan to Retire | | | | | | |
| Primary contact person during business hours: | | | | | | |
| Best way to contact you during business hours: (circle one) Home Phone Work Phone Cell Phone Email | | | | | | |
| What motivated you to contact Campbell Financial Partners at this time? | | | | | | |
| | | | | | | |

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| Children | | | | | |
|----------|--------------|---------------|-----------|------------------------|--|
| Name | Relationship | Date of Birth | Dependent | Resides in City, State | |
| | | | Y / N | | |
| | | | Y / N | | |
| | | | Y / N | | |
| | | | Y / N | | |
| | | | Y / N | | |
| | | | Y / N | | |

| Income Information (From page 1 of your most recent tax return or from paystubs) | | |
|--|-----------|-----------|
| | Client #1 | Client #2 |
| Wages & Salaries | \$ | \$ |
| Interest | \$ | \$ |
| Dividends | \$ | \$ |
| Business Income | \$ | \$ |
| Pensions & Social Security | \$ | \$ |
| Alimony & Other | \$ | \$ |
| Total | \$ | \$ |

| Tax Preparation by: <input type="checkbox"/> Self <input type="checkbox"/> Other (check one, fill out below if "Other") | | | |
|---|--|-----|--|
| Preparer Name | | | |
| Address | | | |
| City, State, Zip | | | |
| Phone | | Fax | |

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| Estate Planning Documents (If you do not have any, enter "N/A") | | | | |
|---|--------------|---------------------|--------------|---------------------|
| | Client #1 | | Client #2 | |
| | Year Drafted | Drafted in State of | Year Drafted | Drafted in State of |
| Will | | | | |
| Trust | | | | |
| Power of Attorney | | | | |
| Living Will | | | | |
| Other Documents | | | | |

| Financial Opinions/Preferences | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Of the following statements, indicate your preferences using a scale of 1 – 5: 1 = Most True; 5 = Least True | | | | | |
| Client #1 | | Client #2 | | | |
| 1 | 2 | 3 | 4 | 5 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I would rather work longer than reduce my standard of living in retirement. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I feel that I/we can reduce our current living expenses to save more for the future if needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am more concerned about protecting my assets than about growth. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I prefer the ease of mutual funds over individual securities. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am comfortable with investments that promise slow, long term appreciation and growth. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I don't brood over bad investment decisions I've made in the past. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I feel comfortable with aggressive growth investments. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I don't like surprises. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am optimistic about my financial future. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My immediate concern is for income rather than growth opportunities. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am a risk taker. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I make investment decisions comfortably and quickly. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I like predictability and routine in my daily life. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I usually pick the tried and true, the slow, safe but sure investments. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I need to focus my investment efforts on building cash reserves. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I prefer predictable, steady return on my investments, even if the return is low. |

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| Advisor Relationships (where applicable, rate your working relationships with each of the following advisors) | | | |
|---|--------------------------|--|----------|
| 1 = Very Dissatisfied 5 = Very Satisfied (check one) | | | |
| Advisor | Not Applicable | 1 2 3 4 5 | Comments |
| Financial Planner | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Broker #1 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Broker #2 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Accountant | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Tax Preparer | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Attorney | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Insurance Agent – Auto | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Insurance Agent – Home | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Insurance Agent – Life | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Insurance Agent - Other | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |

| Insurance Coverage | | | | | | |
|--------------------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| | Client #1 | | | Client #2 | | |
| Type Coverage | Brief Description / Company | Group Policy | Individual | Brief Description / Company | Group Policy | Individual |
| Health | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability #1 | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability #2 | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Life #1 | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Life #2 | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Life #3 | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Homeowners | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Auto #1 | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Auto #2 | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Umbrella Liability | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Liability | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Long Term Care | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever been turned down for insurance? | <input type="checkbox"/> No <input type="checkbox"/> Yes Why? | | | <input type="checkbox"/> No <input type="checkbox"/> Yes Why? | | |

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| Pension Plans | | | | | |
|---------------|--------------------------|--------------------------|--------------|--------------------------|-----------------|
| Description | Client #1 | Client #2 | Begin At Age | COLA | Monthly Benefit |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | \$ |

| | |
|---|--|
| Have you received a copy of your credit report in the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| How were your current investment assets selected? |
|---|
| |

Note: if you have a statement or printout of your assets and/or liabilities, please bring a copy to our meeting.

| Assets – Bank Accounts (title on account will be one name only, jointly owned, in your trust, business, etc.) | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|------------------|---------|
| Institution | Check-ing | Sav-ings | CD | Money Market | Title on account | Balance |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |

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Assets – Real Estate and Personal Property

| Description | Year Bought | Cost | Title on property | Estimated Value |
|---------------------------------|-------------|------|-------------------|-----------------|
| Primary Residence | | | | \$ |
| Other Residence or land | | | | \$ |
| Furnishings (liquidation value) | | | | \$ |
| Vehicle #1: | | | | \$ |
| Vehicle #2: | | | | \$ |
| Vehicle #3: | | | | \$ |
| Other: | | | | \$ |
| Other: | | | | \$ |
| Other: | | | | \$ |

Assets – Other (401k, IRA, other retirement accounts, etc. Bring a copy of the most current brokerage, mutual fund, annuity, and retirement account statements to the initial meeting)

| Institution | Description | Title on account | Estimated Value |
|-------------|-------------|------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Liabilities – Credit Cards

| Credit Card Company | Card Name | Interest Rate | Avg. Monthly Payment | Current Balance |
|---------------------|-----------|---------------|----------------------|-----------------|
| | | % | \$ | \$ |
| | | % | \$ | \$ |
| | | % | \$ | \$ |
| | | % | \$ | \$ |
| | | % | \$ | \$ |

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Liabilities – Other Debts (residence, autos, business, school, etc.)

| Description – <u>include start date and original amount</u> | Term of Loan (in years) | Interest Rate | Avg. Monthly Payment | Current Balance |
|---|-------------------------|---------------|----------------------|-----------------|
| | | % | \$ | \$ |
| | | % | \$ | \$ |
| | | % | \$ | \$ |
| | | % | \$ | \$ |
| | | % | \$ | \$ |

Please tell me about any personal, family, and career goals for the near and far term.

Describe how you see your retirement years.

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Do you anticipate any unusual expenses in the future? If so, list expense and amounts:

**Do you anticipate any unusual income in the future such as bonuses, gifts, or inheritance?
List amount and date (or approximate date) if known:**

What do you currently need from your financial planner or advisor?

A year from now what expectations do you have from your relationship with your financial planner or advisor?

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Have you had a previous relationship with a financial planner/advisor and, if so, what did you like and/or dislike about that relationship?

How would you rate or describe your knowledge of money and investing?

Are you satisfied with your investment results?

Are there any investments you will not buy for personal or social reasons? If so, what are they?

Please send a completed copy of this form to us so that we receive it at least 2 business days before the Initial Meeting.

| | |
|--------------|---|
| Email | Email scanned copy to kc@campbellfp.com |
| Fax | Fax to 1-877-395-8616 |

The items below, as well as others, may be needed should you engage our services.

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Prior year tax return 2. Brokerage, mutual fund, and annuity account statements 3. Trust account statements 4. Retirement plan account statements 5. Loan statements and documents | <ol style="list-style-type: none"> 6. Most recent paycheck stubs 7. Most recent social security statement 8. Employee benefits booklet 9. Estate planning documents 10. Insurance policy declaration pages and statements |
|---|--|

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