



Discovery Questionnaire

Hill Financial Services, PC

Phone: 203-284-0040 Fax: 866-282-4308

Personal Information		
	Client	Spouse / Significant Other
Legal Name	first middle last	first middle last
Preferred Name		
Address	Street: City: State: ZIP:	Street: City: State: ZIP:
Phone (check preferred)	Home: Work: Cell:	Home: Work: Cell:
Fax (check preferred)	Home: Work:	Home: Work:
Email (check preferred)	Personal: Work:	Personal: Work:
Date of Birth	US Citizen? Yes No	US Citizen? Yes No
Driver's License	License #: State: Issue Date: Expiration Date:	License #: State: Issue Date: Expiration Date:
General Health	Excellent Average Poor	Excellent Average Poor
Marital Status	Single Married Domestic Partner Divorced Widowed Anniversary Date:	Single Married Domestic Partner Divorced Widowed Anniversary Date:
Occupation		
FINRA Disclosures	Are you a Director or Officer of a publicly traded company? Yes No Do you own 5% or more of a publicly traded company? Yes No	Are you a Director or Officer of a publicly traded company? Yes No Do you own 5% or more of a publicly traded company? Yes No
Employment Status	Employed Self-employed Not Employed Retired on: Years until Retirement:	Employed Self-employed Not Employed Retired on: Years until Retirement:
Employer Information	Name: Address: City: State: Zip:	Name: Address: City: State: Zip:
How were you referred to us?		





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Household Financial Information

Federal Tax Bracket		Estimated Net Worth			
Gross Annual Income		Net Investable Assets			
Monthly after-tax income required to maintain your current lifestyle: \$					
Investment Experience	(Indicate experience by #) 1=None 2=occasional 3=Frequent 4= Extensive				
	Stocks	Bonds	Mutual Funds	Insurance/Annuities	Real Estate
	Commodities	Options	REIT/DPP/LP	other:	
Primary Investment Objective	Current Income	High Current Income	Growth & Income	Growth	Speculation
Risk Tolerance	Conservative	Moderate Conservative	Moderate		
	Moderate Aggressive	Aggressive	Very Aggressive		
Your Primary Bank					

Family Information

	Name	DOB	Relationship (child, grandchild, other dependent)	Dependent? Yes No
#1				
#2				
#3				
#4				
#5				
#6				
#7				
#8				
#9				
#10				





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Your Legal Documents

Client		Spouse / Significant Other	
I have the following legal documents in place:	Will	Will	Last Updated
	Durable Power of Attorney	Durable Power of Attorney	
	Living Will	Living Will	
	Healthcare Power of Attorney	Healthcare Power of Attorney	
	Revocable Living Trust	Revocable Living Trust	
My Successor Trustee is:			

Advisor and Fiduciary Information

	Name	Address	Phone
Attorney			
Accountant			
P&C Insurance Agent			
Health Insurance Agent			
Executor / Trustee			

Your Financial Objectives

Your Interest Level?
High Low No

- Would you like to establish a systematic investing program?
- Are you concerned about minimizing tax liabilities?
- Would you like us to prepare a projection to estimate if you are saving enough to meet your retirement goals?
- Would you like us to prepare an efficiency analysis on your life insurance to determine if you can increase your coverage and/or reduce your premiums (extremely important - should be done every 3 years)?
- Would you like a plan to estimate what nursing home costs will be covered for yourself, your spouse, or parents?
- Would you like a plan to fund college costs for your children or grandchildren with qualified tax-free distributions?
- Would you like to have your investment portfolio reviewed to evaluate if you have the proper amount of diversification to reduce risk?
- Are you nearing retirement and need an analysis of retirement income and social security maximization strategies?
- Do you have a 401(k) account at a former employer and want to discuss all of the options that are available to you?
- Would you like a plan to preserve and transfer wealth in the most tax efficient manner?
- Would you like a plan to provide for your philanthropic and charitable goals?
- Would you like a plan to help you invest towards a specific goal such as a wedding, vacation, or major purchase?
- What is currently your biggest concern or most immediate need?

