



QUESTIONNAIRE

Diligence Wealth Management, LLC Date: _____
 2530 Douglas Blvd. Ste. 170 (916) 905-7526 Office
 Roseville, CA 95661 (916) 930-6047 Fax

CONCERNS: _____

GOALS: Most important goals you feel a financial advisor can help you with?

#1 _____

#2 _____

#3 _____

Omit SSN if emailing

FAMILY DATA	Date of Birth	Birth Place	SSN
Your Full Name:			
Spouse's Full Name:			
Child:			
Child:			
Child:			
Child:			

RESIDENCE	Different Mailing Address, add to Notes	
Address:	Home No.:	Mobile No:
City:	State:	Zip:
Email:	Spouse Email:	Spouse Mobile:

YOUR EMPLOYER:		
Name:	Address:	Work No:
City:	State:	Zip:
Email:	Occupation:	How Long:

SPOUSE EMPLOYER		
Name:	Address:	Work No:
City:	State:	Zip:
Email:	Occupation:	How Long:

Needed for establishing an account

DRIVERS LICENSE	ID #	Issue Date	Exp. Date
You:			
Spouse:			

INCOME		Annual Income (All Sources)	Net Worth (Exc. Home)	Liquid Net Worth
Your Primary Income:	\$		\$	\$
Spouse's Income:	\$		\$	\$
Other Sources (<i>rental properties, pensions, annuities, alimony</i>)				
Type:			\$	
Type:			\$	

SELF EMPLOYED? *Own a business?*

Business Name: _____

Industry: _____ Entity Type (C Corp, S Corp, Sol Prop): _____ Value: \$ _____

Retirement plan in place? Yes No If yes, what type of plan (SIMPLE, SEP, 401k, Etc.) _____

REAL ESTATE	Year Purchased	Current Value	Balance of Mortgage	Monthly Payment	Interest Rate	Fixed or Variable
Your Residence:		\$	\$	\$	%	
2nd Mortgage:		\$	\$	\$	%	
Other:		\$	\$	\$	%	

DEBT ACCOUNTS <i>Loans, Auto, Credit Cards, etc.</i>	Balance	Monthly Payment	Interest Rate
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%

INSURANCE <i>Life, Disability, Long Term Care etc.</i>				
Insurance Company	Family Member	Coverage	Type (<i>Life DI</i>)	Annual Paymt
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Current limits of liability on insurance	Home \$	Auto \$
Do you have an Umbrella policy?	Yes No	If yes, how much \$
When was the last time you had your policies reviewed?	Date:	
Are you open to working with an Insurance broker to ensure you have proper coverage and protection?	Yes No	

RISK TOLERANCE <i>How much up and down change in your account value are you comfortable with?</i>				
Conservative	Moderately Conservative	Moderate	Moderately Aggressive	Aggressive

SAVINGS

Desired Cash Savings Amount:	Maximum extra (additional) amount you could save each year:	How willing are you to save more?	
\$	\$	Not at all Somewhat	Slightly Very

RETIREMENT AGE

At what age would you like to retire?	You:	Spouse:
How willing are you to retire later?	Not at all Somewhat	Slightly Very
		Not at all Somewhat
		Slightly Very

LIFESTYLE GOALS *Check all that apply*

Car College New Home Gifts or Donation Leave Bequest
 Wedding Retire out of State Private School Home Improvement Travel
 Other Large Purchase:

OTHER IMPORTANT INFORMATION

Do you have a Trust?	Yes	No	Title of Trust
Has it been updated?	Yes	No	Date of Trust
Do you have a CPA?	Yes	No	Name:
Worked with an advisor before?	Yes	No	
Possible inheritance?	\$		
In today's environment, what rate of return on your investments would make you happy?			%
What do you want your investments to do you?			

Notes:

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Elizabeth Daffner offers products and services using the following business names: Diligence Wealth Management, LLC insurance and financial services Ameritas Investment Company, LLC (AIC), Member FINRA/SIPC securities and investments Ameritas Advisory Services (AAS) investment advisory services. AIC and AAS are not affiliated with Diligence Wealth Management, LLC