



ARMAN GROUP, LLC

PERSONALIZED PLANNING SINCE 1958

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Please arrive with the following documents

- Last year's tax return
- Life Insurance and Annuity Statements
- Wills and/or trusts
- Copies of social security statements
- All investment statements
- Long Term Care
- All IRA & retirement statements

Confidential Client Questionnaire

Client Information:

	Client #1	Client #2
Name:		
Birth Date:		
Address:		
Primary Contact Number:		
Email Address:		
Social Security Number:		
Employer:		
Position/Title:		
Years Employed:		

Wedding Anniversary: _____

Preferred method of contact? Phone Email Mail

Family:

Children	Birth Date	Marital Status/ State of Residence	Number of Children

Are there any special needs or circumstances that I should be aware of pertaining to your children? _____

Family Longevity:

Client #1	Parent Living	Age	Present Health
Father	Y or N		
Mother	Y or N		

Client #2	Parent Living	Age	Present Health
Father	Y or N		
Mother	Y or N		

General Information:

	Yes	No	Comments
Do you have a Will?			
Do you have a Living Will?			
Do you have a Power of Attorney?			
Do you have an Attorney?			If so, who?
Do you have income from real estate?			
Do you or your spouse expect an inheritance?			
Do you or your spouse use tobacco?			
Do you or your spouse have any health issues?			If so, please explain:

Are you presently working with or have worked with a Financial Advisor? Yes No

If so, who? _____

Are there any areas of your present plan that concern you? _____

Life Goals:

Please explain what the most important issues are for you and your family:

List in Order of Importance: Next Five Years
1.
2.
3.

List in Order of Importance: Longer Than Five Years
1.
2.
3.

What do you enjoy doing in your free time? _____

Where do you plan on living in retirement? _____
Why? _____

What is your ideal vacation spot? _____

Retirement Goals:

When do you plan to retire? _____ Why? _____

Do you plan on working in retirement? Yes No

When does your spouse plan to retire? _____ Why? _____

Does your spouse plan on working in retirement? Yes No

What is your retirement income goal? (80% of current income is recommended to maintain current lifestyle) _____

Current Sources of Monthly Income:

	Client #1	Client #2
Salary:	\$	\$
Social Security:	\$	\$
Pension:	\$	\$
Real Estate Income:	\$	\$
Other:	\$	\$
Total Monthly Income:	\$	\$

Net

Gross

Assets:

Checking and Savings Account Inventory:

Account Holder	Name of Bank	Type: (Checking, Savings)	Average Balance	Interest Rate
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			Total: \$	

Retirement Accounts (IRA, 401k etc.):

Account Holder	Name of Investment Company	Type (Roth, IRA, 401k)	Current Value
			\$
			\$
			\$
			\$
			\$
			Total: \$

Non Retirement Accounts (Stocks, Bonds, Mutual Funds etc.)

Account Holder	Name of Investment Company	Type of Investment	Current Value
			\$
			\$
			\$
			\$
			\$
			Total: \$

Real Estate

Do you own a home? Yes No

Estimated Value of home: \$ _____ Remaining Mortgage: \$ _____

How are the deeds titled? _____

Do you own any other Real Estate? Yes No

If yes, approximate value(s): \$ _____

Life Insurance

Company	Insured	Beneficiary	Death Benefit	Type of Coverage (Term, Cash Value)
			\$	
			\$	
			\$	
			\$	

What are the primary purposes for this coverage? _____

Disability Insurance/ Long Term Care

Do you currently have Disability Insurance? Yes No

Do you currently have Long Term Care Insurance? Yes No

Company	Monthly Benefit	Premium
	\$	\$
	\$	\$

Liabilities:

	Rate	Duration
Home Mortgage: \$	%	
2 nd Mortgage: \$	%	
Auto Loan(s): \$	%	
Credit Card: \$	%	
Line of Credit: \$	%	
Other Loans:		

How do you feel about present debt? _____

Risk Tolerance & Investment Objective:

Which best describes your investment time frame?

- 0 – 5 years
- 6 – 10 years
- 11 – 15 years
- 16 – 20 years
- Longer than 20 years

Which best describes your investment objective?

- Cash/Equivalents
- Income
- Growth & Income
- Growth
- Aggressive Growth

Additional Comments or Questions:

Privacy Notice:

At The Arman Group we take pride in our personalized planning. Understanding your needs for the future and the needs of your family is a major part of that responsibility. In order to offer you with the best financial advice we have developed this Confidential Client Questionnaire. All responses are private because we feel that confidentiality is vital to any financial relationship. For your protection we place a high priority in keeping every file and transaction secure in order to protect your personal information from unauthorized access.

We thank you for taking the time to fill out this questionnaire and look forward to servicing you as a client in the future.

Advisory services offered through Investment Advisors, a Registered Investment Advisor and a division of Concourse Financial Group Securities, Inc. (CFGFS) Securities are offered through Concourse Financial Group Securities, Inc., a Registered Broker-Dealer and Member FINRA & SIPC. Securities and insurance products offered are not bank deposits, have no bank guarantee, are not FDIC insured, and may involve loss of principal.