



# Discovery Questionnaire



## Introduction

Thank you for requesting a consultation. This questionnaire is intended to help you gather your financial information and generate thoughts, questions, and opinions about your current financial outlook and goals. The completion of this document will allow us to have a meaningful and productive conversation about your financial future. Please complete this questionnaire to the best of your knowledge and bring it with you to your appointment.

All information you divulge, whether verbal or written, will remain completely and permanently confidential.

This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge forms. This information is provided by you (the client). The information provided by you should be reviewed periodically and updated when either the information or your circumstances change.

## Personal Information

### SELF

Full Name (First, MI, Last)

Address

City State Zip

Birth Date (MM/DD/YYYY) Social Security Number

Cell Phone Work Phone

Email Address (required)

I agree that Lanza Financial and Cambridge may send communications by email when I provide an email address.

Preferred Method of Communication

Phone  Email  Mail  Text

Driver's License # State

Date Issued (MM/DD/YYYY) Date Expires (MM/DD/YYYY)

Occupation (if self-employed, specify the nature of business)

Name of Employer

Employer Address (required if employed or self-employed)

City State Zip

Hire Date (MM/DD/YYYY)

### SPOUSE

Full Name (First, MI, Last)

Address

City State Zip

Birth Date (MM/DD/YYYY) Social Security Number

Cell Phone Work Phone

Email Address (required)

I agree that Lanza Financial and Cambridge may send communications by email when I provide an email address.

Preferred Method of Communication

Phone  Email  Mail  Text

Driver's License # State

Date Issued (MM/DD/YYYY) Date Expires (MM/DD/YYYY)

Occupation (if self-employed, specify the nature of business)

Name of Employer

Employer Address (required if employed or self-employed)

City State Zip

Hire Date (MM/DD/YYYY)

## Additional Information (IF APPLICABLE)

### FAMILY/IMPORTANT PERSON/BENEFICIARIES

Full Name (First, MI, Last)

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Address (if different from above)

---

City State Zip

---

Birth Date (MM/DD/YYYY) Relationship To You

---

Cell Phone Social Security Number

---

Email Address

---

Marital Status Spouse / Partner

---

Child Birth Date (MM/DD/YYYY)

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Child Birth Date (MM/DD/YYYY)

---

Child Birth Date (MM/DD/YYYY)

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### TRUSTED CONTACT

Full Name (First, MI, Last)

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Relationship To You

---

Address (if different from above)

---

City State Zip

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### FAMILY/IMPORTANT PERSON/BENEFICIARIES

Full Name (First, MI, Last)

---

Address (if different from above)

---

City State Zip

---

Birth Date (MM/DD/YYYY) Relationship To You

---

Cell Phone Social Security Number

---

Email Address

---

Marital Status Spouse / Partner

---

Child Birth Date (MM/DD/YYYY)

---

Child Birth Date (MM/DD/YYYY)

---

Child Birth Date (MM/DD/YYYY)

---

Birth Date (MM/DD/YYYY)

---

Cell Phone

---

Work Phone

---

Email Address

---

Marital Status

---

Spouse / Partner

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## Income & Expenses

### SELF

Annual Wage: \$ \_\_\_\_\_

Annual Investment Income: \$ \_\_\_\_\_

Social Security Income: \$ \_\_\_\_\_

Pension Income: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Do you have an emergency fund?  Yes  No

Emergency Fund Balance: \$ \_\_\_\_\_

Estimated Monthly Expenses: \$ \_\_\_\_\_

Liquid Investments: \$ \_\_\_\_\_

### SPOUSE

Annual Wage: \$ \_\_\_\_\_

Annual Investment Income: \$ \_\_\_\_\_

Social Security Income: \$ \_\_\_\_\_

Pension Income: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Do you have an emergency fund?  Yes  No

Emergency Fund Balance: \$ \_\_\_\_\_

Estimated Monthly Expenses: \$ \_\_\_\_\_

Liquid Investments: \$ \_\_\_\_\_

## Bank Accounts

### SELF

Bank Name: \_\_\_\_\_

Account Type:  Savings  Checking  CD

Estimated Balance: \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Type:  Savings  Checking  CD

Estimated Balance: \$ \_\_\_\_\_

### SPOUSE

Bank Name: \_\_\_\_\_

Account Type:  Savings  Checking  CD

Estimated Balance: \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Type:  Savings  Checking  CD

Estimated Balance: \$ \_\_\_\_\_

## Retirement Accounts (PRE TAX)

### SELF

Institution Name: \_\_\_\_\_

Type of Account (401k, IRA, etc): \_\_\_\_\_

Intended Purpose: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Annuity:  Yes  No

Institution Name: \_\_\_\_\_

Type of Account (401k, IRA, etc): \_\_\_\_\_

Intended Purpose: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Annuity:  Yes  No

### SPOUSE

Institution Name: \_\_\_\_\_

Type of Account (401k, IRA, etc): \_\_\_\_\_

Intended Purpose: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Annuity:  Yes  No

Institution Name: \_\_\_\_\_

Type of Account (401k, IRA, etc): \_\_\_\_\_

Intended Purpose: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Annuity:  Yes  No

## Investment Accounts (AFTER TAX)

### SELF

Institution Name: \_\_\_\_\_

Type of Account (joint, 529, etc): \_\_\_\_\_

Intended Purpose: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Annuity:  Yes  No

Institution Name: \_\_\_\_\_

Type of Account (joint, 529, etc): \_\_\_\_\_

Intended Purpose: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Annuity:  Yes  No

### SPOUSE

Institution Name: \_\_\_\_\_

Type of Account (joint, 529, etc): \_\_\_\_\_

Intended Purpose: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Annuity:  Yes  No

Institution Name: \_\_\_\_\_

Type of Account (joint, 529, etc): \_\_\_\_\_

Intended Purpose: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Annuity:  Yes  No

## Financial Priorities

What are your personal financial goals and concerns?

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What are you looking for in a wealth manager?

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What can we do to make your experience with Lanza Financial the best it can be?

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What are your short-term financial goals?

- |   |  |
|---|--|
| <input type="checkbox"/> Eliminate credit card debt       | <input type="checkbox"/> Purchase vehicle        |
| <input type="checkbox"/> Establish emergency savings fund | <input type="checkbox"/> Purchase real estate    |
| <input type="checkbox"/> Increase discretionary income    | <input type="checkbox"/> Save for a down payment |
| <input type="checkbox"/> Home improvements or furnishings | <input type="checkbox"/> Vacation fund           |
| <input type="checkbox"/> Holiday spending                 | <input type="checkbox"/> Other: _____            |

What are your long-term financial goals?

- |  |   |
|--|---|
| <input type="checkbox"/> Save for retirement | <input type="checkbox"/> Save for college           |
| <input type="checkbox"/> Pay off a mortgage  | <input type="checkbox"/> Transition assets to heirs |
| <input type="checkbox"/> Become debt-free    | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Start a business    |   |

## Financial Concepts

Please rate the importance of the following:

	Not Important	Somewhat Important	Important
Capital appreciation			
Capital preservation			
Low volatility			
Inflation protection			

Why did you rate them this way?

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## Personal Questions

Do you expect an inheritance? If so how much?

- <\$100,000     
  \$250,000 - \$500,000     
  \$750,000 - \$1M     
  >\$5M  
 \$100,000 - \$250,000     
  \$500,000 - \$750,000     
  \$1M - \$5M     
  N/A

At what age do you hope to retire?

- 45-50     
  55-60     
  65-70     
  I'll Work Forever!  
 50-55     
  60-65     
  70-75

Assuming everyone needs some amount of liquidity, how soon will you need the money you are investing today?

- <1 year     
  5 - 10 years     
  15 - 20 years     
  >25 years  
 1 - 5 years     
  10 - 15 years     
  20 - 25 years



## Personal Questions

Do you consider yourself a spender or saver?  Spender  Saver  Both

Do you have dependents other than your children?  Yes  No

Do you anticipate having financial responsibility for anyone apart from yourself in the future?  Yes  No

If yes, describe: \_\_\_\_\_

Do you anticipate a major change in your income or net worth in the future?  Yes  No

If yes, describe: \_\_\_\_\_

Do you have a will?  Yes  No

If yes, when was it last updated? \_\_\_\_\_

Do you have powers of attorney?  Yes  No

Do you have a living trust?  Yes  No

Do you have life insurance?  Yes  No

Do you have disability insurance?  Yes  No

Have you ever been declined or rated for life or disability insurance?  Yes  No

If yes, why? \_\_\_\_\_

Do you have Medicare Supplement Insurance?  Yes  No

Do you have an umbrella policy?  Yes  No

Do you have long-term care insurance?  Yes  No

Do you own other properties and/or businesses?  Yes  No

When was the last time you reviewed your tax return with your accountant for tax saving opportunities?

\_\_\_\_\_

Do you have or have you had any serious health issues?  Yes  No

Are you comfortable with your current cash flow?  Yes  No

Any additional information that you'd like to share with us?

\_\_\_\_\_

It's your Journey.  
Let us be your Guide.



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