



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)

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)

TRUSTED CONTACT

Full Name (First, MI, Last)

Address (if different from above)

City State Zip

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)

Work Phone

Marital Status

Cell Phone

Email Address

Spouse / Partner

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?

What are you looking for in a wealth manager?

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

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?

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.



Patrick G. Lanza, CPA, CFP®

Wealth Management & Certified Financial Planner™

Office: (850) 484-2900 • Cell: (850) 712-3453

patrick@lanzafinancial.com



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