

# DISCOVERY QUESTIONNAIRE



**STONEPATH**  
WEALTH MANAGEMENT

Thank you for requesting a consultation. This questionnaire is intended to help you gather your financial information into one place, as well as generate thoughts, questions, and opinions about your personal financial goals and situation. The completion of this document will allow us to have a meaningful and productive conversation about your financial future. When filling this out, estimates and approximate figures are perfectly acceptable. Please complete this questionnaire to the best of your knowledge.

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

## SELF

**Full legal name** \_\_\_\_\_

Preferred name \_\_\_\_\_

Marital status:    Single    Married    Divorced    Widowed

Address \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Birth date \_\_\_\_\_

Employment status:    Retired    Semi-retired    Self-employed    Employed    Unemployed

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Address \_\_\_\_\_

## SPOUSE/PARTNER

**Full legal name** \_\_\_\_\_

Preferred name \_\_\_\_\_

Marital status:    Single    Married    Divorced    Widowed

Address \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Birth date \_\_\_\_\_

Employment status:    Retired    Semi-retired    Self-employed    Employed    Unemployed

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Address \_\_\_\_\_

## CHILDREN

	Name	Birth Date	Dependent	
1.	_____	_____	Yes	No
2.	_____	_____	Yes	No
3.	_____	_____	Yes	No
4.	_____	_____	Yes	No
5.	_____	_____	Yes	No
6.	_____	_____	Yes	No

## OTHER DEPENDENTS

	Name	Birth Date	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Do you anticipate future financial dependency from any relatives? \_\_\_\_\_

## INCOME AND EXPENSES

### Self

Annual earned income \$ \_\_\_\_\_

Annual income from investments \$ \_\_\_\_\_

Social Security income \$ \_\_\_\_\_

Pension income \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_

Describe \_\_\_\_\_

Do you have an emergency fund? Yes No

Emergency fund balance \$ \_\_\_\_\_

Estimated monthly expenses \$ \_\_\_\_\_

### Spouse/Partner

Annual earned income \$ \_\_\_\_\_

Annual income from investments \$ \_\_\_\_\_

Social Security income \$ \_\_\_\_\_

Pension income \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_

Describe \_\_\_\_\_

Do you have an emergency fund? Yes No

Emergency fund balance \$ \_\_\_\_\_

Estimated monthly expenses \$ \_\_\_\_\_

## BANK ACCOUNTS

### Self

Bank name \_\_\_\_\_

Account type (Savings Checking CD) \_\_\_\_\_

Interest rate % \_\_\_\_\_

Estimated balance \$ \_\_\_\_\_

### Spouse/Partner

Bank name \_\_\_\_\_

Account type (Savings Checking CD) \_\_\_\_\_

Interest rate % \_\_\_\_\_

Estimated balance \$ \_\_\_\_\_

## RETIREMENT ACCOUNTS

### **Self**

Institution name \_\_\_\_\_

Type of account (401(k), IRA, etc.) \_\_\_\_\_

Account value \$ \_\_\_\_\_

Institution name \_\_\_\_\_

Type of account (401(k), IRA, etc.) \_\_\_\_\_

Account value \$ \_\_\_\_\_

Institution name \_\_\_\_\_

Type of account (401(k), IRA, etc.) \_\_\_\_\_

Account value \$ \_\_\_\_\_

### **Spouse/Partner**

Institution name \_\_\_\_\_

Type of account (401(k), IRA, etc.) \_\_\_\_\_

Account value \$ \_\_\_\_\_

Institution name \_\_\_\_\_

Type of account (401(k), IRA, etc.) \_\_\_\_\_

Account value \$ \_\_\_\_\_

Institution name \_\_\_\_\_

Type of account (401(k), IRA, etc.) \_\_\_\_\_

Account value \$ \_\_\_\_\_

## INVESTMENT ACCOUNTS

### **Self**

Institution name \_\_\_\_\_

Type of account (joint, 529, etc.) \_\_\_\_\_

Account value \$ \_\_\_\_\_

Institution name \_\_\_\_\_

Type of account (joint, 529, etc.) \_\_\_\_\_

Account value \$ \_\_\_\_\_

### **Spouse/Partner**

Institution name \_\_\_\_\_

Type of account (joint, 529, etc.) \_\_\_\_\_

Account value \$ \_\_\_\_\_

Institution name \_\_\_\_\_

Type of account (joint, 529, etc.) \_\_\_\_\_

Account value \$ \_\_\_\_\_

Recommendations relating to this questionnaire will be based on the assumption that the answers to this questionnaire are complete, accurate, and reflect your current situation. This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge forms.