



## Initial Consultation Questionnaire

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

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

1. What brings you to Financial Service Group, Inc.?

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\_\_\_\_\_  
\_\_\_\_\_

2. What are your short (1-5 yrs) and long term (5+ yrs) goals?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Where would you like to be in five years & what would you be doing?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What obstacles could prevent you from accomplishing your goals?

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\_\_\_\_\_  
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5. Tell me about your family (children, siblings, parents).

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6. What types of estate documents do you have (wills, trusts, powers of attorney)?

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7. What types of insurance do you have (home, auto, excess liability, life, long term care, etc.)?

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8. What are your major assets and current values (retirement plans, mutual funds, bank accounts, home(s), automobile, etc.)?

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9. What debt do you currently have (mortgage, credit card, student loans, etc.)?

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10. Is there anything else you would like us to know about you?

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