



HARVEY INVESTMENT
MANAGEMENT, INC.
CLIENT QUESTIONNAIRE

HARVEY

Client: _____

Client Email: _____

Spouse: _____

Spouse Email: _____

Date: _____



HARVEY

CLIENT QUESTIONNAIRE

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Full Name

Date of Birth

Client:

Spouse:

Contact Information

Client:

Spouse:

Street Address: _____

Street Address: _____

City/State/Zip: _____

City/State/Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Children & Grandchildren

Full Name

Date of Birth

Child
Grandchild

Child
Grandchild

Child
Grandchild

Child
Grandchild

Child
Grandchild



HARVEY

CLIENT QUESTIONNAIRE

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Employment

Client:

Employer Name: _____

Employer Address: _____

City/State/Zip: _____

Work Phone: _____

Title/Position: _____

Spouse:

Employer Name: _____

Employer Address: _____

City/State/Zip: _____

Work Phone: _____

Title/Position: _____

Real Property

Property A

Description: _____ Current Value: _____

Loan Term: _____ Date of Loan: _____ Interest Rate: _____

Current Balance: _____ Payment: _____

Property B

Description: _____ Current Value: _____

Loan Term: _____ Date of Loan: _____ Interest Rate: _____

Current Balance: _____ Payment: _____

Property C

Description: _____ Current Value: _____

Loan Term: _____ Date of Loan: _____ Interest Rate: _____

Current Balance: _____ Payment: _____



HARVEY

Personal Property

Description: _____ Current Value: _____

Loan Term: _____ Date of Loan: _____ Interest Rate: _____

Current Balance: _____ Payment: _____

Investments

Type: _____ Current Value: _____

Institution: _____ Beneficiary: _____ Employee Contribution: _____

Employer Contribution: _____

Type: _____ Current Value: _____

Institution: _____ Beneficiary: _____ Employee Contribution: _____

Employer Contribution: _____

Type: _____ Current Value: _____

Institution: _____ Beneficiary: _____ Employee Contribution: _____

Employer Contribution: _____

Type: _____ Current Value: _____

Institution: _____ Beneficiary: _____ Employee Contribution: _____

Employer Contribution: _____



HARVEY

Insurance

Policy Number: _____ Institution: _____
Purchase Date: _____ Policy Type: _____ Owner: _____
Beneficiary: _____ Death Benefit: _____ Cash Value: _____
Annual Premium: _____ Premium Term: _____ Cash Value Growth Rate: _____

Health Insurance: Long Term Care

Policy Number: _____ Institution: _____
Purchase Date: _____ Insured: _____ Benefit Amount: _____
Owner: _____ Annual Premium: _____ Premium Term: _____
Premium Payer: _____ Elimination Period: _____ Benefit Period: _____

Health Insurance: Disability

Policy Number: _____ Institution: _____
Purchase Date: _____ Insured: _____ Benefit Amount: _____
Owner: _____ Annual Premium: _____ Premium Term: _____
Premium Payer: _____ Elimination Period: _____ Benefit Period: _____



HARVEY

Business Information

Business Name: _____ Base Value: _____

Tax Basis: _____ Owner: _____ Business Type: _____

Business Name: _____ Base Value: _____

Tax Basis: _____ Owner: _____ Business Type: _____

Business Name: _____ Base Value: _____

Tax Basis: _____ Owner: _____ Business Type: _____

Monthly Income

Client:

Spouse:

Salary: _____ Salary: _____

Bonus: _____ Bonus: _____

Social Security: _____ Social Security: _____

Pension: _____ Pension: _____

Expenses

Current: _____ Semi-Retired: _____

Retirement: _____ Advanced Years: _____



HARVEY

Current Estate Plans

Client: Simple Will
 RLT
 Funded
 Gifts
 ILIT
 FLP
 CLT
 CRT
 Business Succession
 Other _____

Spouse: Simple Will
 RLT
 Funded
 Gifts
 ILIT
 FLP
 CLT
 CRT
 Business Succession
 Other _____

Attorney / CPA Questions

Do you have an estate planning attorney?	Yes	No
If not, would you like us to recommend someone?	Yes	No
If yes, is your estate planning attorney a key decision maker for you?	Yes	No
Do you have a CPA?	Yes	No
If not, would you like us to recommend someone?	Yes	No
If yes, is your CPA a key decision maker for you?	Yes	No



HARVEY

Personal Questions

Do you feel that you have achieved financial security through retirement? Yes No

Do you have any potential inheritances? Yes No

Are you willing to invest effort and money, if the plan serves to reduce or eliminate taxes? Yes No

Do you plan to leave any portion of your estate to charity? Yes No

Do you need to make special financial provisions for any member of your family? Yes No

If yes, who? _____

What are your plans to deal with estate taxes? _____

What is your largest obstacle in achieving your financial goals? _____

What is your desired income upon the death of your spouse? _____

How would you like to pass on your estate? _____

Future Income

Description: _____

Client Spouse

Monthly Amount: _____

Starts: _____ Ends: _____

Inflates % Survivor: _____
(Pension Only)

Description: _____

Client Spouse

Monthly Amount: _____

Starts: _____ Ends: _____

Inflates % Survivor: _____
(Pension Only)



HARVEY

Risk Score

How much market risk are you willing to accept? On a scale of 1 to 100, with 1 being the lowest risk and 100 being the highest risk? Input your acceptable risk score for each of the categories below.

Household: _____ Client: _____ Spouse: _____

Expectations & Concerns

Retirement Expectations

What do you most look forward to?

Active lifestyle	Client	Spouse	Both
Quiet lifestyle	Client	Spouse	Both
Opportunity to help others	Client	Spouse	Both
Moving to a new home	Client	Spouse	Both
Work by choice	Client	Spouse	Both
Time to travel	Client	Spouse	Both
Start a business	Client	Spouse	Both
Time w/ friends & family	Client	Spouse	Both
Less stress	Client	Spouse	Both

Retirement Concerns

What do you most worry about?

Money concerns	Client	Spouse	Both
Not having a paycheck	Client	Spouse	Both
Running out of money	Client	Spouse	Both
Investment losses	Client	Spouse	Both
Leaving money to others	Client	Spouse	Both
Health concerns	Client	Spouse	Both
Cost of health care/ long-term care	Client	Spouse	Both
Current or future health issues	Client	Spouse	Both
Dying early	Client	Spouse	Both
Living too long	Client	Spouse	Both
Getting ill	Client	Spouse	Both
Personal & family concerns	Client	Spouse	Both
Being bored	Client	Spouse	Both
Parent needing care	Client	Spouse	Both
Too much time together	Client	Spouse	Both

Degree of concern

Notes

Is there anything that we should know about you?

