



Intro Meeting Worksheet

The purpose of this complimentary introductory meeting is to determine whether there's a fit between your needs and our services. To that end, we ask you to complete this questionnaire so that we can assess your financial circumstances, your goals, and your high priority concerns.

This meeting also provides you an opportunity to learn about us: what we do, how we work, and what the benefits to you would be of choosing trueNorth as your financial partner. We will answer any questions you may have about our services, our fee structure, and what the experience of working with us will be like.

To facilitate our conversation, we'd like to receive this document at least two days prior to our appointment. Please fax or mail it to:

trueNorth Financial Services, LLC
 1411 Fourth Ave., Suite 1500
 Seattle, WA 98101
 FAX: 206.652.4316

Today's Date: _____

	You		Spouse/Partner	
Name				
Street Address				
City, State, Zip Code				
Home Phone				
Work Phone				
Cell Phone				
Email Address				
Would you like to receive our quarterly email newsletter?	Yes	No	Yes	No
Date of Birth				
Preferred Communication				
Ages of Children				
US Citizen?	Yes	No	Yes	No
If No, Country of Citizenship				
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Registered as Domestic Partner in WA <input type="checkbox"/> Other		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Registered as Domestic Partner in WA <input type="checkbox"/> Other	

Please complete the following Financial Satisfaction Survey (if there are two of you, please each complete this survey separately). This tool facilitates meaningful financial conversations by focusing attention on the critical components of financial well-being.

Financial Satisfaction Survey

Client Name _____

Date _____

Directions: The statements below will help you to think about and assess how satisfied you are with many aspects of your financial life. Select and record your level of satisfaction for each statement.

I am satisfied...	Not Satisfied		Moderately Satisfied		Very Satisfied
	1	2	3	4	5
1...with my ability to meet my financial obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2...with the income my current job or career provides me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3...with my spending habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4...with the level of debt I carry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5...with the "extras" that I am able to buy for myself and/or loved ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6...with the level and quality of insurance protection I currently have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7...with the amount of money that I save and invest on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8...with my current investment choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9...that I am on track to build a sufficient retirement nest egg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10...with the level of employee benefits I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11...with my style of personal bookkeeping and financial record management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12...with my ability to provide financial help to family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13...with my estate plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14...with my level of charitable giving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15...with the level of financial education I have attained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16...with how I respond emotionally to my personal finance issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17...with my ability to communicate about my financial matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18...with the feelings I have about my money life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19...that financial issues do not cause stress or strain in the relationships that are important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20...with the working relationships I have with my financial service providers (i.e., insurance agent, banker, broker, financial planner, accountant).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Satisfaction Survey

Client Name _____

Date _____

Directions: The statements below will help you to think about and assess how satisfied you are with many aspects of your financial life. Select and record your level of satisfaction for each statement.

I am satisfied...

	Not Satisfied 1	2	Moderately Satisfied 3	4	Very Satisfied 5
1...with my ability to meet my financial obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2...with the income my current job or career provides me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3...with my spending habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4...with the level of debt I carry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5...with the "extras" that I am able to buy for myself and/or loved ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6...with the level and quality of insurance protection I currently have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7...with the amount of money that I save and invest on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8...with my current investment choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9...that I am on track to build a sufficient retirement nest egg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10...with the level of employee benefits I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11...with my style of personal bookkeeping and financial record management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12...with my ability to provide financial help to family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13...with my estate plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14...with my level of charitable giving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15...with the level of financial education I have attained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16...with how I respond emotionally to my personal finance issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17...with my ability to communicate about my financial matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18...with the feelings I have about my money life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19...that financial issues do not cause stress or strain in the relationships that are important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20...with the working relationships I have with my financial service providers (i.e., insurance agent, banker, broker, financial planner, accountant).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about your work, your income, and your savings:

	You		Spouse/Partner	
Occupation				
Employer				
Wages & Commissions				
Net Self-Employment Income				
Social Security Benefits & Pension Income				
Income from Trusts				
Gifts Received				
Alimony / Child Support Received				
Interest / Dividends not Reinvested				
Any other income not listed above				
Do you save into employer retirement plans?	_____ % of salary or \$ _____ per year		_____ % of salary or \$ _____ per year	
Do you save into other accounts each year?	\$ _____ per year		\$ _____ per year	
Are you eligible for a pension upon retirement?	Yes	No	Yes	No
At what age are you planning to retire (if retired, date you retired)?				

Please estimate the value of your assets:

Cash Accounts (bank, credit union, money market funds)	\$ _____	Restricted Stock	\$ _____
Taxable Brokerage Accounts (accounts holding stocks, bonds, mutual funds, etc.)	\$ _____	College Accounts (GET units, 529 plans, etc.)	\$ _____
Trust Accounts	\$ _____	Personal Residence	\$ _____
Employer Retirement Plans (401(k)s, 403(b)s, 457s, ESOPs, etc.)	\$ _____	Vacation Property	\$ _____
Personal Retirement Plans (IRAs, Roth IRAs, SEP-IRAs, SIMPLEs)	\$ _____	Investment Real Estate	\$ _____
Non-Qualified Deferred Comp	\$ _____	Cars	\$ _____
ESPPs	\$ _____	Boats/RVs	\$ _____
Stock Options	\$ _____	Other _____	\$ _____

Please estimate the value of your liabilities:

Primary Mortgage	\$ _____	Credit Card Balances	\$ _____
Other Mortgages	\$ _____	Education Loans	\$ _____
Home Equity Loan	\$ _____	Auto Loans	\$ _____
Home Equity Line of Credit	\$ _____	Other _____	\$ _____

Please complete the following Life Transitions Survey, which helps us understand the transitions you and your family are currently experiencing as well as those you look forward to or have concerns about in the future. There is one survey included; we ask that couples complete it together.



Life Transitions Survey

Client Name _____

Date _____

Directions: In each section, select the transitions that you are currently experiencing and those you are likely to experience in the future. In addition, check transitions in the short to mid-term and long-term columns that you either hope to experience or anticipate with concern.

Work Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Change in career path	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 New job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Job loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Job restructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Education / retraining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Sell or close business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Transfer family business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Gain a business partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Lose a business partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Downshift / simplify work life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Sabbatical / leave of absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Start or purchase a business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Retire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Phase into retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Purchase a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Sell a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Relocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Purchase a vacation home / timeshare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Re-evaluate investment philosophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Experience investment gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Experience investment loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Debt concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Consider investment opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Receive inheritance or financial windfall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Sell assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Change in marital status (marriage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Change in marital status (divorce)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Change in marital status (widowhood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Expecting or adopting a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Hire child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Child entering adolescence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Child with special needs (Disabilities, medical/dental problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Child w/pre-college expenses (private school, tutor, lessons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Child going to college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Child getting married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Empty nest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Family special event (Bat/Bar Mitzvah, anniversary party, trip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Helping and/or gifting grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Concern about aging parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Concern about health of spouse/partner or child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Family member needs caregiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Concern about personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Provide for long-term care (parent, spouse/partner, or self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Disability / hospitalization (self or family member)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Death of family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legacy Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Increase charitable giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Give special financial gifts to children/grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Give parental pension (monthly stipend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Develop an estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Change estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Develop an end of life plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes

Please describe your primary reasons for seeking a financial planner / investment advisor:

- 1. _____

- 2. _____

- 3. _____

Which of trueNorth’s services are you most interested in:

Integrated Life Planning _____
 Retirement Scenario Planning _____

Do you understand how fee-only financial planners are compensated? If so, does our fee structure fit your expectations?

If there is anything else you would like to share before our initial meeting, please use the space below:

How did you hear about trueNorth?

In accordance with our privacy policy, all information in this worksheet will be kept strictly confidential. In keeping with our policy, if you become a client of trueNorth’s, and were referred by one of our clients, do we have your permission to let them know that you are now working with us?

If yes, please initial. _____ _____
 You Spouse/Partner

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