# CHECKLIST

***For Interviewing a Financial Advisor***

Planner Name: ______________________________________________

Company: ___________________________________________________

Address: ____________________________________________________

Phone: ____________________________ Date: _________________

1) Do you have experience in providing advice on the topics below?
If yes, indicate the number of years.

- Retirement planning _______________________________
- Investment planning _______________________________
- Tax planning ______________________________________
- Estate planning ____________________________________
- Insurance planning _________________________________
- Integrated planning _________________________________
- Other _____________________________________________

2) What are your areas of specialization? What qualifies you in this field?

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

3) a. How long have you been offering financial planning advice to clients?

- Less than one year
- One to four years
- Five to 10 years
- More than 10 years

b. How many clients do you currently have?

- Less than 10 clients
- 10 to 39
- 40 to 79
- 80+

4) Briefly describe your work history.

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

5) What are your educational qualifications? Give area of study.

- Certificate ______________________________________
- Undergraduate degree ______________________________
- Advanced degree ___________________________________
- Other ___________________________________________

______________________________________________________________

6) What financial planning designation(s) or certification(s) do you hold?

- CERTIFIED FINANCIAL PLANNER™ certification
- Certified Public Account-Personal Financial Specialist (CPA-PFS)
- Chartered Financial Consultant (ChFC)
- Other ____________________________________________________

7) What financial planning continuing education requirements do you fulfill?

__________ hours every __________

8) What licenses do you  hold?

- Insurance
- Securities
- CPA
- J.D.
- Other ____________________________________________________

9) a. Are you personally licensed or registered as an Investment Adviser with the:

- State(s)? ___________________________________________________
- Federal Government? _______________________________________

If not, why not? _______________________________________________

b. Is your firm licensed or registered as an Investment Adviser with the:

- State(s)? ____________________________________________________

- Federal Government? ______________________________________

If not, why not? ____________________________________________

c. Will you provide me with your disclosure document Form ADV Part II or its state equivalent?

- Yes

- No

If no, why not? _____________________________________________

10) What services do you offer? ___________________________________

11) Describe your approach to financial planning.

12) a. Who will work with me?

- Planner

- Associate(s) ____________________________________________

b. Will the same individual(s) review my financial situation?

- Yes

- No

If no, who will? ________________________________________

13) How are you paid for your services?

- Fee
- Commission
- Fee and commission
- Salary
- Other ________________________________________________

14) What do you typically charge?

a. Fee:

Hourly rate $__________

Flat fee (range) $ ___________ to $___________

Percentage of assets under management ___________ percent

b. Commission

What is the approximate percentage of the investment or premium you receive on: stocks and bonds __________; mutual funds __________; annuities __________; insurance products __________; other __________

15) a. Do you have a business affiliation with any company whose products or services you are recommending?

- Yes
- No

Explain ____________________________________________

______________________________________________________

b. Is any of your compensation based on selling products?

- Yes
- No

Explain ________________________________________________

________________________________________________________

________________________________________________________

c. Do professionals and sales agents to whom you may refer me send business, fees or any other benefits to you?

- Yes
- No

Explain ________________________________________________

d. Do you have an affiliation with a broker/dealer?

- Yes
- No

Explain ________________________________________________

e. Are you an owner of, or connected with, any other company whose services or products I will use?

- Yes
- No

Explain ________________________________________________

16) Do you provide a written client engagement agreement?

- Yes

- No

If no, why not? ________________________________________

________________________________________

________________________________________

________________________________________