

# CHECKLIST

## for Interviewing a Financial Planner



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 Accountant/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 representative with a state(s)?

- Yes  No
- If no, why not? \_\_\_\_\_

**b.** Are you or your firm licensed or registered as an investment adviser with the:

- State(s)? \_\_\_\_\_
- Federal Government?
- If no, 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

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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