



***CONFIDENTIAL
QUESTIONNAIRE
for***

The purpose of this form is to help you in gathering the basic information about your current financial situation which we will need in order to make the best use of our time together. Without knowing everything one is doing financially, it is next to impossible to discuss options available because what may be right in one set of circumstances may be harmful in another. Please bring this questionnaire along with the documents listed on the back of this form to your next interview. **All information provided will be strictly confidential.**

A. FAMILY STATUS			
Your Full Name	Date of Birth	Spouse (Full Name)	Date of Birth
Child	Date of Birth	Child	Date of Birth
Child	Date of Birth	Child	Date of Birth
Primary Residence	Street & No.	City	State
Home Telephone	Cell Phone	Email Address	

B. OCCUPATION / INCOME / FUTURE EXPECTATIONS			
Yours (Position)	Employer		Work Phone
	Current Base Salary	Annual Salary Increase	Bonus
	\$	%	\$
Spouse (Position)	Employer		Work Phone
	Current Base Salary	Annual Salary Increase	Bonus
	\$	%	\$
Current Tax Bracket	Expected Retirement Tax Bracket	Expected Inflation Rate	
%	%	%	

C. REAL ESTATE / MORTGAGES										
	Monthly Payment	Additional Principal Pmt	Purchase Date	Purchase Price	Required Down Pmt.	Original Amount Financed	Original Term	Interest Rate (%)	Current Market Value (estimate)	
Primary Residence										
2nd Home										
Other Real Estate										

D. SAVINGS & TAXABLE INVESTMENTS (savings accounts, securities, mutual funds, annuities, etc.)							
Investment Type/Name	Institution	Contributions or Withdrawals (/year)	Current Account Balance	Cost Basis	Annual Return (%)	Capital Gains (%)	Owner
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			

E. CASH VALUE LIFE INSURANCE							
Company/Policy Name	Purchase Date	Annual Contribution	Outstanding Loans	Current Cash Value	Death Benefit	Named Insured	Beneficiary
		\$	\$	\$	\$		
		\$	\$	\$	\$		
		\$	\$	\$	\$		
		\$	\$	\$	\$		

F. QUALIFIED RETIREMENT ACCOUNTS (IRA, 401k, SEP, Pension, etc.)						
Investment Type/Name	Institution	Contributions or Withdrawals (/year)	Company Match	Current Account Balance	Annual Return %	Owner
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	

G. DEFINED BENEFITS (Corporate Benefit Plans, Social Security, Railroad Pension, etc.)							
Benefit Provider	Annual Benefit	COLA	Percent Taxable	Benefit Start Age	Benefit End Age	Owner	
	\$	%	%				
	\$	%	%				
	\$	%	%				
	\$	%	%				

H. PROTECTION (Includes auto, homeowners or renters policies, major medical, disability, long term care, umbrella and term life insurance policies.)					
Name of Company	Named Insured	Purchase Date	Annual Premium	Deductible	Benefit/Coverage
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

Do you have a Will or Trust? Yes / No Date Last Reviewed:

I. INSTALLMENT LOANS (Includes auto, personal loans, college loans, HELOCs , etc.)					
Type of Loan	Purpose	Monthly Payment	Interest Rate (%)	Months Remaining	Loan Unpaid Balance
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

J. CREDIT / DEBT (Includes credit cards, store charges, checking credit lines, etc.)					
Type of Credit	Monthly Payment	Monthly New Charges	Interest Rate (%)	Current Unpaid Balance	Grace Period on New Charges
	\$	\$	%	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	\$	\$	%	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	\$	\$	%	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	\$	\$	%	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No

K. OTHER FUTURE EXPENSES OR INCOME (College, Weddings, Inheritance, etc.)				
Source/Description of Future Expense or Income	Anticipated Cost/Value	Expected Event Age	Owner/Payee	
	\$			
	\$			
	\$			

Additional Comments: *(Other factors that could be important to your financial position.)*

Please bring to your first meeting:

- | | |
|--|---|
| <input type="checkbox"/> Paycheck Stubs | <input type="checkbox"/> Company Benefit Statement or Summary |
| <input type="checkbox"/> Statements on all Investments / Securities | <input type="checkbox"/> Company Benefit Booklet |
| <input type="checkbox"/> Bank Statements | <input type="checkbox"/> Social Security Estimated Benefits Statement |
| <input type="checkbox"/> Tax Return – most recent two years | <input type="checkbox"/> Wills & Trust Documents |
| <input type="checkbox"/> Insurance Policies | |
| <input type="checkbox"/> Medical <input type="checkbox"/> Car <input type="checkbox"/> Home | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Life <input type="checkbox"/> Umbrella <input type="checkbox"/> Disability Income | <input type="checkbox"/> Other: |

DOCUMENT RECEIPT:

I have received the above checked documents for review and they will be kept confidential in a place of safe keeping.

Representative Signature: _____ Date Received: _____