



Confidential Questionnaire Date of Completion: _____

Client Information

Client Name (1) _____ Home Address _____ City, State, ZIP _____ Home Phone _____ Work Phone _____ Mobile Phone _____ Fax (Hm or Wk) _____ E-mail _____ Date of Birth _____ Primary Contact Person during business hours? _____ Contact me by E-mail or Phone	Client Name (2) _____ Home Address _____ City, State, ZIP _____ Home Phone _____ Work Phone _____ Mobile Phone _____ Fax (Hm or Wk) _____ E-mail _____ Date of Birth _____ _____ _____
---	---

Family Members (please list children and other dependants)

Name	Relationship	Date of Birth	Dependant	Resides (City & State)
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____

Employment

Client Employer (1) _____ Title/Job _____ Number of years with this employer? _____ Anticipated employment changes? _____ When do you plan to retire? _____ Salary _____ Self Employment Income _____ Bonus/Commissions _____ Other Earned Income _____ TOTAL (Current Year) = _____	Client Employer (2) _____ Title/Job _____ Number of years with this employer? _____ Anticipated employment changes? _____ When do you plan to retire? _____ Salary _____ Self Employment Income _____ Bonus/Commissions _____ Other Earned Income _____ TOTAL (Current Year) = _____
---	---

Confidential Questionnaire, Continued

Expenses/Budgeting:

Do you know what your annual living expenses are? If so, please provide an estimate.	
Do you have a cash management plan (budget)?	
Are you saving for your college education for your kids? Please provide the annual savings amount, type of account and balance.	
Are you saving for big ticket items? (vacation, car, appliances, etc)	

Confidential Questionnaire, continued

Assets

If you have information regarding anything indicated below you may submit copies of the appropriate documents instead of entering the information below.

Personal Property	Description	Estimated Value
Primary Residence		
Secondary Residence		
Vehicle		
Vehicle		
Business Property		
Other		
Other		
Other		

Bank Accounts

Checking (C), Savings (S), Certificate of Deposit, Money (MM), or other (O)

<u>Bank Name</u>	<u>Type of Account</u> (C,S,MM,O)	<u>Interest Rate</u>	<u>Ownership</u> Indiv.,joint	<u>Avg. Balance</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

CDs				
<u>Institution</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	% / /	_____	\$ _____
_____	_____	% / /	_____	\$ _____
_____	_____	% / /	_____	\$ _____

Personal Liabilities

<u>Debts</u> (Residence, Auto, Business, School)	<u>Orig. Date</u>	<u>Term</u>	<u>Interest Rate</u>	<u>Payment</u> <u>(principal and interest only*)</u>	<u>Approximate Balance</u>
1 st Mortgage*			%	\$	\$
2 nd Mortgage*			%	\$	\$
Home equity			%	\$	\$
Auto Loan #1			%	\$	\$
Auto Loan #2					
Student Loan					

<u>Credit Cards</u>	<u>Interest Rate</u>	<u>Avg. Monthly Payment*</u>	<u>Current Balance*</u>
	%	\$	\$
	%	\$	\$
	%	\$	\$

(*If not paid in full each month)

Have you received a copy of your credit report recently?

Are there any other obligations to be considered-alimony, Child support, etc.?

If so, please comment:

Confidential Questionnaire, continued

Retirement Savings

Acct. Name Type of Account Owner Current Bal. Current Contribution Employer Match

Do you contribute the maximum amount allowed each year to your employer-sponsored retirement plan?

Client 1	Yes ____	No ____	Client 2	Yes ____	No ____
-----------------	-----------------	----------------	-----------------	-----------------	----------------

Do you save at least 10% of your annual salary?

Client 1	Yes ____	No ____	Client 2	Yes ____	No ____
-----------------	-----------------	----------------	-----------------	-----------------	----------------

Do you have any old 401K accounts that are eligible for rollover to an IRA?

Client 1	Yes ____	No ____	Client 2	Yes ____	No ____
-----------------	-----------------	----------------	-----------------	-----------------	----------------

Do you have a pension? Yes No

If yes, estimated monthly benefit is \$ _____ at age _____. COLA? Yes No

Attach a copy of your most current brokerage, mutual fund, college savings and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

Confidential Questionnaire, continued

Insurance	Client (1)			Client (2)		
	<u>Company</u>	<u>Amt of coverage</u>	<u>Employer provided/ (Y or N)</u>	<u>Company</u>	<u>Amt of coverage</u>	<u>Employer Provided?</u>
Health						
Health						
Disability						
Disability						
Life						
Life						
Life						
Homeowners/Renters						
Auto						
Auto						
Umbrella Liability						
Professional Liability						
Long Term Care						

1. Have you ever been turned down for Yes No Insurance?

2. For any disability insurance listed above, please provide the following additional information:

Monthly benefit amount or % of base salary-_____\$/month (_____ %of salary)

How long after disability before payments begin? _____#of days Other? _____

What period is covered? 2 years? 5 years? To age 65? _____

Is the policy an “own occupation” or “any occupation”? and for how long is each respective period? _____

Is the coverage adjusted for inflation? _____

3. For any long term care insurance listed above, please provide the following information:

Monthly or daily benefit amount-_____\$/month or day

What period is covered?-_____# of yrs or lifetime

Is the benefit inflation adjusted? Yes___No___

Please attach copy of statement of coverage

Confidential Questionnaire, Continued

Estate Planning

Client (1)

Client (2)

Do you have a will? If Yes when was it drafted? _____ In what state? _____ Does it include guardianship provisions for your minor children?	Yes	No	Yes	No
Has your will been reviewed and/or updated recently?	Yes	No	Yes	No
Have you been appointed guardians for any independent children?	Yes	No	Yes	No
Are you anticipating making any changes to your will?	Yes	No	Yes	No
Do you have a durable Power of Attorney in place? If yes, when was it drafted? _____ In what state? _____	Yes	No	Yes	No
Do you have a health care Power of Attorney in place? If yes, when was it drafted? _____ In what state? _____	Yes	No	Yes	No
Do you have a signed living will? When was it drafted and in what state? _____	Yes	No	Yes	No
Have you provided for written instructions for distribution of your personal property?	Yes	No	Yes	No
Do you have letters of instruction that provide additional information for your family (e.g., preferences of final arrangements, location of important documents)?	Yes	No	Yes	No
Have you discussed the contents and whereabouts of your will and letters of instruction with your immediate family?	Yes	No	Yes	No
Do you have any trusts?	Yes	No	Yes	No
Do you have a special needs child?	Yes	No	Yes	No
Are you a US Citizen?	Yes	No	Yes	No