

Confidential Questionnaire

Personal Data

Client Name: _____ Birth Date: _____
Spouse/Partner Name: _____ Birth Date: _____
Address: _____ Phone: (____) _____
City: _____ State: _____ Zip: _____ Fax: (____) _____
Client SS#: _____ Spouse / Partner SS#: _____
Name to Appear on Reports: _____ E-Mail: _____

Occupation

Client's Job Title: _____ Employer: _____
Address: _____ Phone: (____) _____
City _____ State: _____ Zip: _____ Fax: (____) _____
Spouse/Partner Job Title: _____ Employer: _____
Address: _____ Phone: (____) _____
City: _____ State: _____ Zip: _____ Fax: (____) _____
Organizational Structure: _____
Future Career Plans: _____

Academic / Employment Background: _____

Other Interests / Activities: _____

Dependents

Full Name	Nickname	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Add'l Children / Dependents: _____
Special Considerations: _____

Education Goals

What are your thoughts about providing an education or opportunity fund for your children? _____

Have you started such a fund? _____ Could you tell me more about it? _____

Child's Name	\$ Needed / Yr (Today's \$)	# of Yrs Needed	Current Savings	Where Saved?	Rate of Return	Monthly Savings
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Will any other assets be available for college funding, such as gifts from grandparents or scholarship funds? _____

Accumulation Goals

Besides education goals, do you have any other short / medium term savings goals you are working toward? _____

Savings Goal	\$ Amount Needed	When Needed?	Current Savings	Where Saved?	Rate of Return	Monthly Savings
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Emergency Reserves

What do you feel is an adequate amount of liquid cash reserves to meet unforeseen emergencies? _____

Financial Independence

At what age would you like to become financially independent? Client: _____ Spouse/Partner: _____

Would you retire then? _____ Could you describe for me the lifestyle you envision at retirement? _____

What is your estimate of the amount of income you would need, in today's dollars, to fund that lifestyle? _____

How do you feel about your current plan and the progress you are making? _____

Assets and Liabilities

Asset Type	Owner	Market Value	Liability	Rate of Return	Monthly Contributions	Notes
Cash / Checking	_____	_____	_____	_____	_____	_____
Savings, CD, T-Bills	_____	_____	_____	_____	_____	_____
Bonds / Income Funds	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Cash Values (Life / Annuity)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Stocks / Growth Funds	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Residence	_____	_____	_____	_____	Payment _____	Yrs. Remaining: ____
	_____	_____	_____	_____		Interest Rate: _____
Other Real Estate	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Ltd. Partnerships	_____	_____	_____	_____	_____	_____
Business Interest	_____	_____	_____	_____	_____	_____
Collectibles	_____	_____	_____	_____	_____	_____
Personal Property	_____	_____	_____	_____	_____	_____
Other Assets	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Other Liabilities	_____	XXXXXXXX	_____	_____	_____	_____
	_____	XXXXXXXX	_____	_____	_____	_____
	_____	XXXXXXXX	_____	_____	_____	_____

Assumed portfolio rate of return: _____%

Retirement Plan Assets

Retirement Plan Owner	Market Value	Liability	Rate of Return	Monthly Savings	Company Contribution	Annual % Increase
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Direct Income Sources

Will you receive any other source of income in the future, such as deferred compensation, an inheritance or trust fund income?
 (Y / N) _____

Client / Spouse	Lump Sum or Monthly	Age Income to Be Received	Amount of Income	PV / FV	Notes
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you wish to include this assumption in your retirement planning? _____ Estate planning? _____

Advisors

Tax Returns _____ Do you usually receive a tax refund? Y / N
Amount: _____
Legal Counsel _____
Employee Benefits _____ Benefit booklet available? _____
Other _____

Estate Planning

Current Plans for Estate Distribution _____

Wills / Trusts / Guardians _____

Availability and Location of Family Documents _____

Other Family Members _____

Life Insurance

Company/ Date Issued	Insured	Policy Type	Owner	Beneficiary	Net Death Benefit	Annual Premium	Current Net Cash Value
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

How did you arrive at the amount of life insurance you own? _____

What do you want your life insurance to do for you? _____

How do you feel about your current program? _____

Are there any health considerations that might affect your estate plans or insurability? _____

Tobacco / Nicotine: _____ Medications: _____

Hospitalizations: _____ Avocations/Aviation: _____

Survivor Needs

	Client's Death	Spouse's/Partner's Death
Surviving Spouse's Total Monthly Income Needs (Today's \$)	\$ _____	\$ _____
Surviving Spouse's Anticipated Employment Income (Today's \$)	\$ _____	\$ _____
Last Expenses	\$ _____	\$ _____
Pay Off Mortgage?	\$ _____	\$ _____
Pay Off Other Debts / Loans?	\$ _____	\$ _____
Fund Education?	\$ _____	\$ _____
Emergency Reserve?	\$ _____	\$ _____
Charitable / Other Bequests?	\$ _____	\$ _____

How much monthly income would be needed in case of the death of yourself, or your spouse/partner? _____

Disability

If you were unable to earn an income due to a lengthy illness, or a serious accident, how long would you be able to live from savings?

How much after-tax monthly income would be needed to maintain your lifestyle? _____

Would the healthy spouse / partner be able to work full time if one of you were disabled? Should we plan for a reduction of that income? (Y / N) Percentage reduction? _____

Do you own disability income insurance? _____

Company / Date of Issue	Insured	Type	Monthly Benefit	Annual Premium	Elimination Period	Benefit Years	COLA
_____	_____	_____	\$ _____	\$ _____	_____	_____	Y / N
_____	_____	_____	\$ _____	\$ _____	_____	_____	Y / N
_____	_____	_____	\$ _____	\$ _____	_____	_____	Y / N
_____	_____	_____	\$ _____	\$ _____	_____	_____	Y / N

Disability Insurance Type G=Group P=Personal O=Overhead Expense

General Insurance

Policy Type	Policy Name	Policy Benefit	Annual Premium	Notes
Medical	_____	_____	_____	_____
Long-Term Care	_____	Daily Benefit: _____	_____	_____
Homeowners	_____	Elim. Period: _____	_____	_____
Liability	_____	Benefit Period: _____	_____	_____
Auto	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Priority

Of the needs we have just discussed, which do you feel is *most important* for you and your family to act upon first? Second? Etc.

Budget

What amount of monthly income would you be willing to contribute toward your financial goals? _____

Schedule Financial Review

Recommendations

Date of Next Meeting: _____ Is there anyone else whom you feel might benefit from this type of analysis?
Place: (My office address is...) _____ 1. _____
Time: _____ 2. _____

Notes:
