

Preliminary Client Questionnaire

Client Name:	DOB:	US Citizen: Y N
Spouse Name:	DOB:	US Citizen: Y N
Address:	City, State, Zip:	
Client Phone:	Spouse Phone:	
Email Addresses:		

Family Data:

Children Names	DOB	Marital Status

Salary/Bonus and Social Security:

	Annual amount	Indexed at	Owner	Guaranteed	Starts	Ends
Salary/Bonus						
Salary/Bonus						
Social Sec. 1						
Social Sec. 2						
Other						
Rental Income 1						
Rental Income 2						

Annual Expenses:

Current	Semi-Retirement	Retirement

Property:

Real Estate / Personal	Current Value	Tax Basis	Owner	Liquidation Date?

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Liability:

Mortgage/Loans	Current Balance	Initial Balance	Interest Rate	Loan Term	Monthly Payment

Retirement/Investments:

Type / Institution Name	Owner	Current Value	Annual Personal Contributions	Annual Employer Contributions	Annual Withdrawals

Business Assets:

Business Name	Business Type	Base Value	Tax Basis	Owner	Liquidation Date	Buy/Sell Agreement

Insurance - Life:

	Life 1	Life 2
Institution Name		
Policy Number		
Purchase Date		
Policy Type		
Person Insured		
Owner		
Beneficiary		
Death Benefit		
Cash Value		
Cash Value Growth Rate		
Annual Premium		
Premium Term		
Premium Payer		
Reinvested At		

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Insurance - Long Term Care and Disability:

	Long Term Care	Disability
Institution Name		
Policy Number		
Purchase Date		
Insured		
Benefit Amount		
Owner		
Annual Premium		
Premium Term		
Premium Payer		
Elimination Period		
Benefit Period		
COLA		
Does your insurance continue to fill a need? Y N		
Do you work closely with a life insurance agent? Y N		

Current Estate Plans:

	Simple Will	RLT	Funded	Gifts	ILIT	FLP	CLT	CRT	Bus. Succession	Other
Client										
Spouse										

Attorney/CPA Questions:

Do you have an Estate Planning Attorney? Y N	Would you like us to recommend someone? Y N
Is your Attorney a key decision maker for you? Y N	Is your CPA a key decision maker for you? Y N

Personal Questions:

Do you feel you have achieved financial security through retirement? Y N
Do you have any potential inheritances? Y N
How would you like to pass your estate?
Do you plan to leave any portion of your estate to charity? Y N
Do you need to make any special financial provisions for any member of your family? Y N If Y, who?
What are your plans to deal with Estate Taxes?
What is your largest obstacle in achieving your goals?