



Confidential Questionnaire

Please take a few moments to fill this out completely. It will ensure that your time is efficient and productive.

Personal

Last Name	First Name	M.I	Age
Last Name	First Name	M.I	Age
Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	E-Mail

Dependents

Last Name	First Name	M.I	Age	From Previous Marriage? <input type="checkbox"/>
Last Name	First Name	M.I	Age	From Previous Marriage? <input type="checkbox"/>
Last Name	First Name	M.I	Age	From Previous Marriage? <input type="checkbox"/>
Last Name	First Name	M.I	Age	From Previous Marriage? <input type="checkbox"/>

Primary Goals

- Financial independence, retirement
- Education for children or grandchildren
- Legacy for family or community
- Sell or transfer a business
- Care of someone with special needs
- Care of an aging relative
- Lifestyle in event of death/disability
- Comprehensive financial strategy

Other Goals: _____

Changes

Please check all that have occurred recently or that you expect to occur in the near future

- Marriage
- A new child or grandchild
- Graduation
- Divorce
- A new business
- Pay off a loan
- Make an investment
- Inheritance
- Buy or sell a home
- Job change or promotion
- Sell a business or practice
- Bonus or salary increase
- Retirement
- Increase savings
- Dependent parent
- Obtain a loan
- A death in the family
- Return to work

I have.....

- a will or trust
- a written financial plan
- a tax professional
- a stockbroker
- a life insurance agent
- a property insurance agent

Prepared by _____

Last update _____

Prepared by _____

Last update _____

Name _____

Company _____

Name _____

Company _____

Name _____

Company _____

Name _____

Company _____

Priorities

Please check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Level of emergency cash reserves | <input type="checkbox"/> Earnings on cash reserves |
| <input type="checkbox"/> Unexpected expenses | |
| <input type="checkbox"/> Lifestyle in event of premature death | <input type="checkbox"/> Lifestyle in event of disability |
| <input type="checkbox"/> Elder care for yourself | <input type="checkbox"/> Elder care for a relative |
| <input type="checkbox"/> Property insurance (auto, home, business) | <input type="checkbox"/> Market volatility |
| <input type="checkbox"/> Employee benefits | <input type="checkbox"/> Care of a someone with special needs |
| <input type="checkbox"/> Business continuation in event of death or disability of an owner | |
| <input type="checkbox"/> New or second home | <input type="checkbox"/> Purchase / sale of a business |
| <input type="checkbox"/> Weddings, Bar- or Bat-Mitzvahs | <input type="checkbox"/> Employer stock option strategies |
| <input type="checkbox"/> Sale of a highly appreciated asset | <input type="checkbox"/> Understanding your investment accounts |
| <input type="checkbox"/> Market volatility | <input type="checkbox"/> Saving for college expenses |
| <input type="checkbox"/> Federal and/or State Income Tax | <input type="checkbox"/> Alternative minimum tax |
| <input type="checkbox"/> Taxation of retirement income | <input type="checkbox"/> Taxation of social security |
| <input type="checkbox"/> Passive Loss Limitations | <input type="checkbox"/> Income tax reduction strategies |
| <input type="checkbox"/> Enough retirement income | <input type="checkbox"/> When to take social security |
| <input type="checkbox"/> Outliving retirement income | <input type="checkbox"/> Retirement plan performance |
| <input type="checkbox"/> Retirement income for spouse/partner | <input type="checkbox"/> Employee stock options |
| <input type="checkbox"/> Business exit strategies | <input type="checkbox"/> Supplemental retirement plans |
| <input type="checkbox"/> IRA distributions strategies | |
| <input type="checkbox"/> Estate transfer costs - probate, death taxes | <input type="checkbox"/> Estate administration |
| <input type="checkbox"/> Keeping a business in the family | <input type="checkbox"/> Charities, foundations |

Other priority: _____

Household Income

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Under \$50,000 | <input type="checkbox"/> \$75,000 - \$100,000 | <input type="checkbox"/> \$150,000 - \$250,000 | <input type="checkbox"/> \$500,000 - \$1M |
| <input type="checkbox"/> \$50,000 - \$75,000 | <input type="checkbox"/> \$100,000 - \$150,000 | <input type="checkbox"/> \$250,000 - \$500,000 | <input type="checkbox"/> \$1M+ |

Types of Assets Owned

- | | | |
|--|--|---|
| <input type="checkbox"/> Home | <input type="checkbox"/> Term Life Insurance | <input type="checkbox"/> Limited Partnerships |
| <input type="checkbox"/> Second Home | <input type="checkbox"/> Cash Value Life Insurance | <input type="checkbox"/> Commercial Notes/Trust Deeds |
| <input type="checkbox"/> Other Residential Real Estate | <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Stock Options |
| <input type="checkbox"/> Savings Accounts/C.D.s | <input type="checkbox"/> Business/Practice | <input type="checkbox"/> Annuities |
| <input type="checkbox"/> Money Market Account | <input type="checkbox"/> IRA/SEP | <input type="checkbox"/> Unit Investment Trusts |
| <input type="checkbox"/> Commercial Real Estate | <input type="checkbox"/> Other Retirement Plans | <input type="checkbox"/> Separate Accounts |
| <input type="checkbox"/> Stocks/Bonds | <input type="checkbox"/> Tax-Free Funds | <input type="checkbox"/> Other: _____ |

Assets and Liabilities

Total Assets

- Under \$100,000
- \$100,000 - \$250,000
- \$250,000 - \$500,000
- \$500,000 - \$1,000,000
- \$1,000,000 - \$2,500,000
- \$2,500,000 - \$5,000,000
- \$5,000,000 - \$10,000,000
- \$10,000,000 +

Total Liabilities

- Under \$100,000
- \$100,000 - \$250,000
- \$250,000 - \$500,000
- \$500,000 - \$1,000,000
- \$1,000,000 - \$2,500,000
- \$2,500,000 - \$5,000,000
- \$5,000,000 - \$10,000,000
- \$10,000,000 +

How Much of a Financial Risk Taker are You?



Next Meetings

IMPORTANT: If you need to reschedule your appointment, please notify us as soon as possible, preferably 48 hours in advance. Thank you!

	Data Gathering	Preliminary Findings	Final Recommendations	Implementation
Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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