

CONFIDENTIAL QUESTIONNAIRE

Date: _____

Client Name (1)	_____	Client Name (2)	_____
Home Address	_____	Home Address	_____
City, State, Zip	_____	City, State, Zip	_____
Home Phone	_____	Home Phone	_____
Work Phone	_____	Work Phone	_____
Mobile Phone	_____	Mobile Phone	_____
E-mail	_____	E-mail	_____
Date of Birth	_____	Date of Birth	_____

Primary Contact during business hours _____

Contact me / us by (check one) E-mail Phone

FAMILY MEMBERS (please list children and other dependents)

Name	Relationship	Date of Birth	Dependent	Resides (City & State)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT

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

Assets

Bank Accounts:

Bank Name	Account Type <i>(Checking/Savings/Money Mkt/CD)</i>	Current Balance	Account Owner	Title <i>Individual/Joint/Trust</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Investments: Please bring or upload to your client vault, recent copies of your investment and retirement account statements.

How were your investments chosen?

Personal Property:

	Approximate Value
Primary Residence	_____
Furnishings <i>(greater than \$10,000)</i>	_____
Vehicle	_____
Vehicle	_____
Other <i>(jewelry, art work, collectibles greater than \$10,000)</i>	_____
Other	_____
Other	_____
Other	_____

Personal Liabilities:

	Outstanding Balance	Interest Rate	Monthly Payment	Origination Date	Pay Off Date
Mortgage (1)	_____	_____	_____	_____	_____
Home Equity Loan	_____	_____	_____	_____	_____
Auto Loan	_____	_____	_____	_____	_____
Auto Loan	_____	_____	_____	_____	_____
Student Loan	_____	_____	_____	_____	_____
Student Loan	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____
Other Debts	_____	_____	_____	_____	_____
Other Debts	_____	_____	_____	_____	_____
Other Debts	_____	_____	_____	_____	_____

(1) Principal & Interest only – Please provide a recent statement.

Advisor Relationships

On a scale of 1 (dissatisfied) to 5 (very satisfied) rate your working relationships with each of the following advisors:

- Financial Planner
- Broker (1)
- Broker (2)
- Accountant
- Tax Preparer
- Attorney
- Insurance Agent (1)
- Insurance Agent (2)

TAX & ESTATE PLANNING DOCUMENTATION

Who prepares your tax return?

Self	Preparer Name _____	Phone _____
Paid Preparer	Address _____	E-mail _____
	City, State, Zip _____	

Do you have estate planning documents?

Year Drafted

State Drafted

Wills	_____	_____
Powers of Attorney	_____	_____
Health Care Proxy	_____	_____
Living Will	_____	_____
Other	_____	_____

INSURANCE

Individually Owned Policies: For most insurance policies you should receive an annual statement or declaration page, on the anniversary date of the policy. Please provide a copy of that document.

<u>POLICY TYPE</u>	<u>ATTACHED?</u>
Life Insurance 1	<input type="checkbox"/>
Life Insurance 2	<input type="checkbox"/>
Life Insurance 3	<input type="checkbox"/>
Long Term Disability Insurance	<input type="checkbox"/>
Long Term Care Insurance	<input type="checkbox"/>
Homeowners Insurance	<input type="checkbox"/>
Umbrella Liability	<input type="checkbox"/>
Automobile Insurance	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>

NOTE: Employer Provided Policies - Please bring a summary of your most recent employee benefit selections.

RETIREMENT PLANNING

Social Security Benefits

Up to date estimates of your retirement benefits can be found here:

<http://www.socialsecurity.gov/retire2/estimator.htm>

Monthly Benefit Amount	CLIENT 1	CLIENT 2
Benefit at age 62	_____	_____
Benefit at Full Retirement Age	_____	_____
Benefit at age 70	_____	_____

Retirement Plan Contributions

Account	Annual Contribution Amount		Employer match?	How much
	% of salary	\$ amount		
401(k)				
401(k)				
403(b)				
457(b)				
IRA				
IRA				
Roth IRA				
Roth IRA				

Pension Plan

If you have an employer provided pension benefit (i.e., a monthly benefit at retirement, for life)

	Amount	At age?	Cost of living adjustment?
Monthly Benefit	_____	_____	_____
Monthly Benefit	_____	_____	_____

If you have an employer provided "cash balance" pension benefit:

Current Balance	Employer's annual contribution (% of salary)	Interest Crediting Rate
_____	_____	_____
_____	_____	_____

Please comment on the advice you are looking for
