



CONFIDENTIAL QUESTIONNAIRE for



The purpose of this financial questionnaire is to assemble a summary view of your financial situation which we will use to ensure the best use of our time together. It is important to be thorough and list all your information to ensure that any options we discuss are appropriate for your unique situation. **All information is strictly confidential.**

Personal and Family Information			
Your Full Name	Date of Birth	Birth Place / Citizenship	Social Security Number
e-mail Address	Work e-mail Address		
Driver's License Number	State	Expiration	Issue Date
Spouse (Full Name)	Date of Birth	Birth Place / Citizenship	Social Security Number
e-mail Address	Work e-mail Address		
Driver's License Number	State	Expiration	Issue Date
Child	Date of Birth	Birth Place / Citizenship	Social Security Number
Child	Date of Birth	Birth Place / Citizenship	Social Security Number
Child	Date of Birth	Birth Place / Citizenship	Social Security Number
Primary Residence Street & No.	City	State	Zip
Years at Residence	Street & No. (if less than 2 at primary)	City	State Zip
Home Telephone	Emergency Telephone	Name	
Mobile Phone	Fax		

Income				
Occupation, Income and Income Tax Rates				
Yours (Position)	Employer		Work Phone	
	Current Base Salary \$	Annual Increase %	Annual Bonus \$	
Spouse (Position)	Employer		Work Phone	
	Current Base Salary \$	Annual Increase %	Annual Bonus \$	
Current Effective Income Tax Rate	Retirement Effective Tax Rate	Expected Inflation Rate	Approximate Credit Score	
%	%	%	Y: <input style="width: 50px;" type="text"/>	S: <input style="width: 50px;" type="text"/>

Defined Benefits (Social Security, PERs, Railroad Pension, etc.)

Benefit Provider	Annual Benefits	COLA	Percent Taxable	Benefit Start Age	Benefit End Age	Owner
	\$	%	%			
	\$	%	%			
	\$	%	%			
	\$	%	%			

Other Future Income or Assets (inheritance, sale of business, etc.)

Description	Anticipated Value	Event Age / Year	Owner / Payee
	\$		
	\$		
	\$		

Assets

Real Estate and Mortgages

Purchase Date	Purchase Price	Current Market Value	Down Payment	Loan Origination Date	Original Loan Amount	Original Loan Term	Annual Interest Rate (%)	Loan Balance Remaining	Monthly Principal & Interest Payment
Primary Residence	\$	\$	\$		\$		%	\$	\$
2 nd Residence	\$	\$	\$		\$		%	\$	\$
Other Real Estate	\$	\$	\$		\$		%	\$	\$
Other Real Estate	\$	\$	\$		\$		%	\$	\$
Other Real Estate	\$	\$	\$		\$		%	\$	\$

Qualified Retirement Accounts (IRA, Roth, 401k, SEP, deferred comp, pension balances, etc.)

Name / Type	Institution	Contributions or Withdrawals (/year)	Employer Match	Account Balance	Annual Return (%)	Owner
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	

		\$	\$	\$		%
		\$	\$	\$		%
Savings and Investment Accounts (cd's, securities, bonds, mutual funds, ETF's, annuities, etc.)						
Name / Type	Institution	Contributions or Withdrawals (/year)	Account Balance	Cost Basis	Annual Return (%)	Owner
		\$	\$	\$		%
		\$	\$	\$		%
		\$	\$	\$		%
		\$	\$	\$		%
		\$	\$	\$		%
		\$	\$	\$		%
		\$	\$	\$		%

Liabilities						
Installment Loans (auto, boat, RV, student/parent college, HELOC, etc.)						
Type of Loan	Purpose	Monthly Payment	Interest Rate (%)	Months Remaining	Unpaid Balance	
		\$	%		\$	
		\$	%		\$	
		\$	%		\$	
		\$	%		\$	
Revolving Credit Lines (credit cards, store charge cards, checking credit lines, etc.)						
Type of Card / Issuer	Monthly Payment	Monthly New Charges	Interest Rate (%)	Unpaid Balance	Grace Period on New Charges	
	\$	\$	%	\$		
	\$	\$	%	\$		
	\$	\$	%	\$		
	\$	\$	%	\$		

Protection

Life Insurance (term, cash value)

Company / Policy Type	Purchase Date	Annual Premium	Outstanding Loans	Current Cash Value	Death Benefit	Named Insured	Beneficiary
		\$	\$	\$	\$		
		\$	\$	\$	\$		
		\$	\$	\$	\$		
		\$	\$	\$	\$		

Other Insurance (auto, homeowners, renters, umbrella, health, disability, long term care, etc)

Company / Policy Type	Purchase Date	Annual Premium	Deductible	Named Insured	Benefit / Coverages
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

Wills &/or Living Trust?

Date Last Reviewed:

Expenses

Future Expenses (college, weddings, etc.)

Description of Future Expense	Expense	Year	Payer
	\$		
	\$		
	\$		
	\$		

Additional Comments: *(Other factors that could be important to your financial position.)*

Please bring to your first meeting:

- | | | | |
|---|---|--|---------------------------------|
| <input type="checkbox"/> Paycheck Stubs | <input type="checkbox"/> Company Benefit Statement or Summary | | |
| <input type="checkbox"/> Statements on all Investments / Securities | <input type="checkbox"/> Company Benefit Booklet | | |
| <input type="checkbox"/> Bank Statements | <input type="checkbox"/> Social Security Earnings Statement | | |
| <input type="checkbox"/> Tax Return – most recent two years | <input type="checkbox"/> Wills & Trust Documents | | |
| <input type="checkbox"/> Insurance Policies | | | |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Car | <input type="checkbox"/> Home | Other: <input type="checkbox"/> |
| <input type="checkbox"/> Life | <input type="checkbox"/> Umbrella | <input type="checkbox"/> Disability Income | <input type="checkbox"/> Other: |

DOCUMENT RECEIPT:

I have received the above checked documents for review and they will be kept confidential in a place of safe keeping.

Representative Signature: _____ Date Received: _____

Representing: _____