

Confidential Questionnaire

Dated _____

Client Information

| | |
|------------------------|------------------------|
| Client Name _____ | Client Name _____ |
| Home Address _____ | |
| Home Phone _____ | |
| Work Phone _____ | Work Phone _____ |
| Mobile Phone _____ | Mobile Phone _____ |
| Email _____ | Email _____ |
| Date of Birth _____ | Date of Birth _____ |
| Driver's License _____ | Driver's License _____ |

Family Members (children and other dependants)

| Name | Relationship | Date of Birth | Dependant |
|-------|--------------|---------------|-----------|
| _____ | _____ | _____ | YES NO |
| _____ | _____ | _____ | YES NO |
| _____ | _____ | _____ | YES NO |
| _____ | _____ | _____ | YES NO |

Employment

| | |
|------------------------------|------------------------------|
| Client Employer _____ | Client Employer _____ |
| Title/Job _____ | Title/Job _____ |
| Number of Yrs. _____ | Number of Yrs. _____ |
| Salary _____ | Salary _____ |
| Bonus/Comm _____ | Bonus/Comm _____ |
| Other Earned Income _____ | Other Earned Income _____ |
| TOTAL (Current Year) = _____ | TOTAL (Current Year) = _____ |

Other Current Sources of Income

Tax & Estate Planning

Who prepares your tax return?

- Paid Preparer Name _____ Phone _____
- Self Address _____

Do you have estate planning documents?

| | Year Drafted | Last Reviewed |
|--|--------------|---------------|
| <input type="checkbox"/> Wills | _____ | _____ |
| <input type="checkbox"/> Living Trusts | _____ | _____ |
| <input type="checkbox"/> Powers of Attorney | _____ | _____ |
| <input type="checkbox"/> Health Care Directive | _____ | _____ |
| <input type="checkbox"/> Other Documents | _____ | _____ |

Attorney Name _____ Phone _____

Address _____

Insurance

| | Client (1) | | Client (2) | |
|------------------------|--------------------|-----------------|--------------------|-----------------|
| | Coverage / Premium | Pd by Employer? | Coverage / Premium | Pd by Employer? |
| Health | _____ / _____ | Y / N | _____ / _____ | Y / N |
| Disability | _____ / _____ | Y / N | _____ / _____ | Y / N |
| Life | _____ / _____ | Y / N | _____ / _____ | Y / N |
| Long Term Care | _____ / _____ | Y / N | _____ / _____ | Y / N |
| Homeowners | _____ / _____ | Y / N | _____ / _____ | Y / N |
| Auto | _____ / _____ | Y / N | _____ / _____ | Y / N |
| Umbrella/ Liability | _____ / _____ | Y / N | _____ / _____ | Y / N |
| Professional Liability | _____ / _____ | Y / N | _____ / _____ | Y / N |

Assets

Bank Accounts / Certificates of Deposit

| Institution / Type of Account | Interest Rate | Maturity Date | Average Balance |
|-------------------------------|---------------|---------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Employer Qualified Plans – 401(k), 403(b), 457, etc. (attach current statement)

| Employer/Institution | Employee Contr. | Employer Contr. | Current Value |
|----------------------|-----------------|-----------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Pension

Do you have a pension? Yes No

If yes, estimated monthly benefit is \$ _____ at age _____. COLA? Yes No

Survivor Benefits _____ %

Attach a copy of your most recent account statements for all brokerage accounts, IRAs, employer retirement accounts, college savings accounts, etc.

Other Investment Assets not included on statements or above list (estimated value):

How were your current investment assets selected?

Anticipated Inheritance? _____

Personal Use Assets

Estimated Value

Cost & Improvements

| | | |
|-------------------|-------|-------|
| Primary Residence | _____ | _____ |
| Vacation Home | _____ | _____ |
| Artwork | _____ | _____ |
| Jewelry | _____ | _____ |
| Furnishings | _____ | _____ |
| Vehicle | _____ | _____ |
| Vehicle | _____ | _____ |
| Other | _____ | _____ |

Liabilities

Personal Liabilities

| Credit Cards (include only if not pd off each month) | Interest Rate | Avg Monthly Payment | Current Balance |
|---|------------------|------------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| Other Loans (Mortgage, Auto, School, Business) | Term | | Interest Rate | Monthly Payment | Approximate Balance |
|--|----------|-----------|------------------|--------------------|------------------------|
| | Original | Remaining | | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Have you received a copy of your credit report recently? Yes No

Goal Planning

Desired Retirement Age _____ Number of Years to Plan for in Retirement _____

How much are you saving annually (Outside of Employer Qualified Plans): _____

Current Annual Living Expenses _____ Future Major Expenses? _____

Retirement Goals (Travel, Gifting, Etc.) _____

Additional Information (please provide if applicable)

- Prior year tax return (Federal & State)
- Recent Paycheck Summary/Paystub
- Brokerage/Mutual Fund Account Statements
- Retirement Plan Account Statements
- College Savings Account Statements
- Mortgage Statement
- Social Security Summary of Benefits
- Pension Summary of Benefits
- Insurance Policies
- Estate Planning Documents