

***CONFIDENTIAL***

***QUESTIONNAIRE***

***for***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The purpose of this form is to help you in gathering the basic information about your current financial situation which we will need in order to make the best use of our time together. Without knowing everything one is doing financially, it is next to impossible to discuss options available because what may be right in one set of circumstances may be harmful in another. Please bring this questionnaire along with the documents listed on the back of this form to your next interview. **All information provided will be strictly confidential.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. FAMILY STATUS | | | | |
| Full Name | | Date of Birth | Spouse (Full Name) | Date of Birth |
| Child | | Date of Birth | Child | Date of Birth |
| Child | | Date of Birth | Child | Date of Birth |
| Primary Residence Street & No. | | City | State | Zip |
| Home Telephone | Cell Phone | | Email Address | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| B. OCCUPATION / INCOME / FUTURE EXPECTATIONS | | | | | |
| Yours (Position) | | Employer | | | Work Phone |
|  | | Current Base Salary  $ | Annual Salary Increase        % | | Bonus  $ |
| Spouse (Position) | | Employer | | | Work Phone |
|  | | Current Base Salary  $ | Annual Salary Increase        % | | Bonus  $ |
| Current Tax Bracket        % | Expected Retirement Tax Bracket        % | Expected Inflation Rate        % | | Expected Credit Score | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C. REAL ESTATE / MORTGAGES | | | | | | | | | |
|  | Monthly  Payment | Additional Principal Pmt | Purchase Date | Purchase Price | Required Down Pmt. | Original Amount Financed | Original Term | Interest Rate (%) | Current Market Value (estimate) |
| Primary Residence |  |  |  |  |  |  |  |  |  |
| 2nd Home |  |  |  |  |  |  |  |  |  |
| Other Real Estate |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| D. SAVINGS & TAXABLE INVESTMENTS (savings accounts, securities, mutual funds, annuities, etc.) | | | | | | | |
| Investment Type/Name | Institution | Contributions or Withdrawals (/year) | Current Account Balance | Cost Basis | Annual  Return (%) | Capital Gains (%) | Owner |
|  |  | $ | $ | $ |  |  |  |
|  |  | $ | $ | $ |  |  |  |
|  |  | $ | $ | $ |  |  |  |
|  |  | $ | $ | $ |  |  |  |
|  |  | $ | $ | $ |  |  |  |
|  |  | $ | $ | $ |  |  |  |
|  |  | $ | $ | $ |  |  |  |
|  |  | $ | $ | $ |  |  |  |
|  |  | $ | $ | $ |  |  |  |
|  |  | $ | $ | $ |  |  |  |
|  |  | $ | $ | $ |  |  |  |

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| E. CASH VALUE LIFE INSURANCE | | | | | | | |
| Company/Policy Name | Purchase Date | Annual  Contribution | Outstanding Loans | Current Cash Value | Death Benefit | Named Insured | Beneficiary |
|  |  | $ | $ | $ | $ |  |  |
|  |  | $ | $ | $ | $ |  |  |
|  |  | $ | $ | $ | $ |  |  |
|  |  | $ | $ | $ | $ |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| F. QUALIFIED RETIREMENT ACCOUNTS (IRA, 401k, SEP, Pension, etc.) | | | | | | |
| Investment Type/Name | Institution | Contributions or Withdrawals (/year) | Company  Match | Current Account Balance | Annual Return % | Owner |
|  |  | $ | $ | $ | % |  |
|  |  | $ | $ | $ | % |  |
|  |  | $ | $ | $ | % |  |
|  |  | $ | $ | $ | % |  |
|  |  | $ | $ | $ | % |  |
|  |  | $ | $ | $ | % |  |

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| --- | --- | --- | --- | --- | --- | --- |
| G. DEFINED BENEFITS (Corporate Benefit Plans, Social Security, Railroad Pension, etc.) | | | | | | |
| Benefit Provider | Annual Benefit | COLA | Percent Taxable | Benefit Start Age | Benefit End Age | Owner |
|  | $ | % | % |  |  |  |
|  | $ | % | % |  |  |  |
|  | $ | % | % |  |  |  |
|  | $ | % | % |  |  |  |

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| H. PROTECTION | | (Includes auto, homeowners or renters policies, major medical, disability, long term care, umbrella and term life insurance policies.) | | | | | | | | | |
| Name of Company | Named Insured | | | Purchase Date | Annual Premium | Deductible | | Benefit/Coverage | | | |
|  |  | | |  | $ | $ | |  | | | |
|  |  | | |  | $ | $ | |  | | | |
|  |  | | |  | $ | $ | |  | | | |
|  |  | | |  | $ | $ | |  | | | |
|  |  | | |  | $ | $ | |  | | | |
|  |  | | |  | $ | $ | |  | | | |
|  |  | | |  | $ | $ | |  | | | |
|  |  | | |  | $ | $ | |  | | | |
|  |  | | |  | $ | $ | |  | | | |
| Do you have a Will or Trust? Yes /  No | | | | Date Last Reviewed: | | | | | | | |
| I. INSTALLMENT LOANS (Includes auto, personal loans, college loans, HELOCs , etc.) | | | | | | | | | | | |
| Type of Loan | | | Purpose | | | | Monthly Payment | | Interest Rate (%) | Months Remaining | Loan  Unpaid Balance |
|  | | |  | | | | $ | |  |  | $ |
|  | | |  | | | | $ | |  |  | $ |
|  | | |  | | | | $ | |  |  | $ |
|  | | |  | | | | $ | |  |  | $ |
|  | | |  | | | | $ | |  |  | $ |

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| --- | --- | --- | --- | --- | --- |
| J. CREDIT / DEBT (Includes credit cards, store charges, checking credit lines, etc.) | | | | | |
| Type of Credit | Monthly Payment | Monthly New Charges | Interest Rate (%) | Current Unpaid Balance | Grace Period on New Charges |
|  | $ | $ | % | $ | Yes /  No |
|  | $ | $ | % | $ | Yes /  No |
|  | $ | $ | % | $ | Yes /  No |
|  | $ | $ | % | $ | Yes /  No |

|  |  |  |  |
| --- | --- | --- | --- |
| K. OTHER FUTURE EXPENSES OR INCOME (College, Weddings, Inheritance, etc.) | | | |
| Source/Description of Future Expense or Income | Anticipated Cost/Value | Expected Event Age | Owner/Payee |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |

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

Please bring to your first meeting:

Paycheck Stubs  Company Benefit Statement or Summary

Statements on all Investments / Securities  Company Benefit Booklet

Bank Statements  Social Security Earnings Statement

Tax Return – most recent two years  Wills & Trust Documents

Insurance Policies

|  |  |  |  |
| --- | --- | --- | --- |
| Medical | Car | Home | Other: |
| Life | Umbrella | Disability Income | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_