



CONFIDENTIAL QUESTIONNAIRE

Client Name:

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.

CONFIDENTIAL QUESTIONNAIRE

Personal and Family Information			
Your Full Name		Date of Birth/State	Spouse (Full Name)
Your Social Security #:		Driver's License No	Spouse Social Security #:
Child		Date of Birth	Child
Primary Residence	Street & No.	City	State
Home Telephone		Cell Phone	Email Address
			Zip

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
Defined Benefits (Social Security, PERs, Railroad Pension, etc.)			
Benefit Provider	Annual Benefit	COLA	Percent Taxable
	\$	%	%
	\$	%	%
	\$	%	%
	\$	%	%
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	\$	\$	\$		\$		%	\$	\$
2nd Residence	\$	\$	\$		\$		%	\$	\$
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
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	

Monthly Living Expenses

Total Monthly Living Expenses		
Inflow	Outflow	Discretionary
Discretionary	Discretionary Amount	
%	%	

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
	\$	\$	%	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	\$	\$	%	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	\$	\$	%	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	\$	\$	%	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No

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 and/or Living Trust? Yes / No

Date Last Reviewed:

Expenses

Future Expenses (college, weddings, etc.)

Description of Future Expense	Expense	Year	Payor
	\$		
	\$		
	\$		

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

Please bring to your first meeting:

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

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: _____