



CONFIDENTIAL QUESTIONNAIRE

This confidential questionnaire is the first step in providing you with a personal financial consultation. We have designed it to be easy and quick to fill out. Please be as accurate as possible. Your cooperation is appreciated. The information will be treated with the highest degree of confidentiality.

Please call if you have any questions. Thank you.

Included in your packet :

- | | |
|--|--|
| <input type="checkbox"/> FAMILY BACKGROUND | <input type="checkbox"/> REAL ESTATE & CONSUMER DEBT |
| <input type="checkbox"/> SAVINGS ASSETS | <input type="checkbox"/> PROTECTIONS |
| <input type="checkbox"/> INVESTMENT ASSETS | <input type="checkbox"/> ADDITIONAL INFORMATION |

Documents to bring to your next interview:

We will be able to work to your best advantage when you provide the following documents along with this completed questionnaire. Your documents will be professionally safeguarded under strict, confidential control during the analysis period; they will be returned to you in the same condition as when provided. If you prefer, duplicate copies of your financial papers are acceptable.

- Income tax return(s) for latest year
- Paycheck stub(s) for you and your spouse showing deductions from gross income
- Statements for each investment you own, where applicable
- All Insurance Policies (be certain that these include declarations of coverage)
 - Automobile and Homeowners Policies
 - Liability Coverage's
 - Life Insurance Policies (for all members of your family)
 - Disability Income Insurance Policy
 - Any other types of insurance policies
- Company-provided group benefits for you and your spouse
(If a printout of specific coverage's is available, please include)
- Wills and Trust documents

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FAMILY BACKGROUND

Family Data:		Date of Birth	Birth Place	Notes
Your Full Name				
Spouse's Full Name				
Child				
Child				
Child				
Child				
Residence: Address		Home Phone No.		
City		State	Zip	
Email Address: Home		Work		Preference for
				<input type="checkbox"/> Home <input type="checkbox"/> Work

Employment Data:		Occupation/Specialty	Employer	How Long?
You				
Spouse				
Your Employer's Address		City	State	Zip
				Office Phone No.
Spouse's Employer's Address		City	State	Zip
				Office Phone No.
		Base Salary	Estimated Bonus	Other Sources
Your Primary Income				
Spouse's Primary Income				

What boards do you/your spouse serve on? _____

Financial Goals/Priorities:

What are Your Most Important Financial Goals? _____

What are your Priorities? (please prioritize) # __ Education # __ Retirement # __ Second Home # __ Family Security
 # __ Wealth Accumulation # __ Other _____ # __ Other _____

How much more could you save on a regular basis? _____

Is there anything disturbing you about your financial strategy? _____

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SAVINGS ASSETS

Institution	Account Balance	Account Deposit	Growth Rate
Checking Account	\$	\$	%
Checking Account	\$	\$	%
Savings Account	\$	\$	%
Savings Account	\$	\$	%
Money Market Fund	\$	\$	%
Credit Union	\$	\$	%
Savings Bonds (Type) Maturity	\$	\$	%
Certificate of Deposit	\$	\$	%
Annuity	\$	\$	%
I.R.A.	\$	\$	%
I.R.A.	\$	\$	%
I.R.A.	\$	\$	%
I.R.A.	\$	\$	%
Your Savings Plan at Work (401(k),TSA, 403(b), Profit Sharing)	\$	\$	%
Spouse's Savings Plan at Work (401(k),TSA, 403(b), Profit Sharing)	\$	\$	%
Your Pension	\$	\$	%
Spouse's Pension	\$	\$	%
Other	\$	\$	%
Other	\$	\$	%
Other	\$	\$	%
Other	\$	\$	%

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INVESTMENT ASSETS

Stocks, Bonds, Mutual Funds, etc.

Item	# of Shares	Account Balance	Annual Deposit	Growth Rate
Mutual Funds		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
Government Securities		\$	\$	%
		\$	\$	%
Corporate Bonds		\$	\$	%
		\$	\$	%
Municipal Bonds		\$	\$	%
		\$	\$	%
Stocks		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
Partnerships		\$	\$	%
		\$	\$	%
Other		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%

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REAL ESTATE & CONSUMER DEBT

Property	Year Purchased	Current Value	Balance Of Mortgage	Monthly Payment	Interest Rate	Fixed or Variable
Your Residence		\$	\$	\$	%	
2 nd Mortgage		\$	\$	\$	%	
Other Home		\$	\$	\$	%	
Land		\$	\$	\$	%	
Land		\$	\$	\$	%	
Other		\$	\$	\$	%	
Other		\$	\$	\$	%	
Other		\$	\$	\$	%	

Loan and Debt	Balance	Monthly Payment	Interest Rate	Insured?
Auto	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visa	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
MasterCard	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loan	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loan	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Misc.	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Misc.	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

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(Include personal loans, college loans, home improvement loans, automobile or boat loans, passbook loans, credit card balances, store charges, checking credit lines, etc.)



PROTECTIONS

Life Insurance

Name of Insurance Co. Family Member Insured Amount of Coverage Type of Insurance Total Annual Premiums

		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Disability Income Insurance

Name of Insurance Co. Family Member Insured Amount of Coverage Total Annual Premiums

		\$	\$
		\$	\$
		\$	\$
		\$	\$

Auto/Homeowners Insurance

Name of Insurance Co. Coverage Amount Property Insured Limits of Liability Total Annual Premiums

			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

How would you rate your knowledge of life, disability income or long term care insurance?

Any objection to knowing more, or being better informed? _____

Do you have an umbrella liability policy? _____ How much? _____

What are the deductibles on your homeowners and auto policies? _____ / _____

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INCOME OBJECTIVES

Immediate Money Needs

Final Expenses (medical, legal, funeral) _____

Debt Liquidation _____

Emergency Fund (1 years salary) _____

Mortgage/Rent Fund _____

Child/Home Fund _____

Amount per year \$ _____ x _____ = \$ _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
.95	1.8	2.7	3.5	4.3	5.0	5.7	6.4	7.	.7	8.3	8.8	9.3	9.8	10.3	10.8	11.2	11.6

Subtotal: _____

Survivor Needs Analysis

Total Annual before tax income \$ _____ \$ _____

Percentage of Salary Replacement _____% _____%

Percentage of projected Social Security _____% _____%

Will Survivor Continue to Work _____

Assumed after-tax rate on funds \$ _____ \$ _____

Amount of capital required \$ _____ \$ _____

Cash needs requirement \$ _____ \$ _____

Total New Capital Required \$ _____ \$ _____

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CASH FLOW STATEMENT

Cash Inflows

	Input Monthly	Multiply x12	Annual Totals
Spouse A gross salary/bonus or consulting fees		x12	
Spouse B gross salary/bonus or consulting fees		x12	
Interest Income (savings, CDs, fixed income)		x12	
Dividends/capital gains from stocks, mutual		x12	
Rental Income		x12	
Annuity Payments		x12	
Distributions from trusts		x12	
Social Security Payments		x12	
Pension Payments		x12	
Required Minimum Distributions from IRAs		x12	
Other		x12	

Total Inflows \$

Cash Outflows (a.k.a your budget)

	Input Monthly	Multiply x12	Annual Totals
Basic Expenses			
Food			
Housing Costs (mortgage (PITI), rent,		x12	
Utilities(heat, electricity, phone, water, sewer,		x12	
Taxes (state/federal income, real estate, FICA,		x12	
Medical and Dental Care		x12	
Insurance (health, LTC, life, disability, property,		x12	
Transportation (car payments, gas,		x12	
Clothing, personal care		x12	
Other		x12	
Discretionary Expenses			
Entertainment (sporting events, shows,		x12	
Recreation		x12	
Travel		x12	
Hobbies		x12	
Gifts		x12	
Charitable Contributions		x12	
Home Improvements, home-related extras		x12	
IRA contributions		x12	
Savings and Investments		x12	
Other		x12	

Total Outflows \$

Net Cash Flow \$

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EDUCATIONAL/RETIREMENT ANALYSIS

Current funds set aside for college tuition \$ _____

Annual contributions for education funding \$ _____

Annual Increase of contributions _____ %

Annual return of assets _____ %

Current Costs for first year of college \$ _____

Tuition Inflation _____ %

Number of years for college _____

Retirement Income Analysis

Primary Client

Secondary Client

Are you retired?	_____	_____
If no anticipated retirement age	_____	_____
Annual Contribution to retirement account	\$ _____	\$ _____
Annual earnings rate to assume for retirement income	_____ %	_____ %
Pension Income	\$ _____	\$ _____
Pension Start age	_____	_____
Percentage of pension payable to spouse	_____ %	_____ %
Do you wish to include social security benefits?	_____	_____
Social Security Payment Source	_____	_____
Annual Social Security benefits	\$ _____	\$ _____
Social Security Start Age	_____	_____
Social Security Annual adjustment rate	_____ %	_____ %

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Additional Information

Do you have a valid Will or Trust? Yes No

Do you have an Attorney? Yes No

Last time updated _____

Do you have an Accountant? Yes No

Is there anything further you think is important to tell us? What else would you like to cover while we are together?

NOTES

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