



Confidential Client Questionnaire

Date: _____

Contact Information

	<u>Client</u>	<u>Client 2</u>
Full name	_____	_____
Birth date	_____	_____
Social Security number	_____	_____
E-mail address	_____	_____
Home street address	_____	_____
City, State, Zip	_____	_____
Home phone	_____	_____
Work phone	_____	_____
Employer	_____	_____
Occupation	_____	_____
Work street address	_____	_____
City, State, Zip	_____	_____

Important People (parents, children, grandchildren)

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Dependent?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DOCUMENT CHECKLIST -- please provide all documents (originals or copies) that are relevant

- | | |
|---|---|
| <input type="checkbox"/> Most Recent State & Federal Tax Returns | <input type="checkbox"/> Employee Benefit Booklets/Statements |
| <input type="checkbox"/> Bank, Brokerage, and Mutual Fund Statements | <input type="checkbox"/> Homeowner's and Auto Policies* |
| <input type="checkbox"/> Retirement Plan Statements (inc. Social Security) | <input type="checkbox"/> Life, Disability, Medical, LTC policies* |
| <input type="checkbox"/> Mortgage/loan statements and original notes | <input type="checkbox"/> Wills and trusts |
| <input type="checkbox"/> Paystubs | <input type="checkbox"/> Business ownership docs (buy/sell, etc.) |
| <input type="checkbox"/> List of other family assets (custodial acc'ts, etc.) | |
- * bring the "declarations" + "premiums" page

Goals and Objectives

When would you like to retire?	target age:	target income: \$
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What are your 3 biggest financial concerns?

Personal Assets Worksheet

list your personal non-investment assets below

<u>Description</u>	<u>Value</u>	<u>Owner</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SAVINGS AND INVESTMENTS for which you cannot provide a statement

<u>Description</u>	<u>Original Cost</u>	<u>Current Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIABILITY INFORMATION (including home mortgage) for which you cannot provide a statement

<u>Description</u>	<u>Original Amount</u>	<u>Current Balance</u>	<u>Monthly Payment</u>	<u>Payoff? (see below)</u>	<u>Annual Interest Rate</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

INSURANCE INFORMATION for which you cannot provide a statement**Term Life Insurance Policies**

<u>Company Name</u>	<u>Description</u>	<u>Insured</u>	<u>Death Benefit</u>	<u>Annual Cost</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Permanent Life Insurance Policies

<u>Company / Description</u>	<u>Insured</u>	<u>Annual Cost</u>	<u>Death Benefit</u>	<u>Cash Value</u>	<u>Policy Loans</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Disability / Long-term Care Insurance

Long-term disability insurance - monthly benefit

ClientClient 2

Income & Tax Information

Please note any changes from your tax return information below:

	<u>Client</u>	<u>Client 2</u>
Salary, wages, and bonus	_____	_____
Self-employment income	_____	_____
Investment income	_____	_____
Deductible Expenses	_____	_____
Other (describe)	_____	_____

RETIREMENT INCOME INFORMATION for which you cannot provide a statement

	<u>Client</u>	<u>Client 2</u>	<u>at what age?</u>
Employer-sponsored pension plans - monthly benefits	_____	_____	_____
Military / government pensions - monthly benefits	_____	_____	_____
Social Security - monthly retirement benefits	_____	_____	_____

Personal Expenses

<u>Item</u>	<u>Monthly</u>	<u>Annual</u>	<u>Notes</u>
House payment (P & I) or rent			
Food and household			
Groceries			
Household Supplies			
Eating Out			
Utilities, Telephone			
Gas / Electric			
Water / Trash			
Telephone			
Cable TV / Satellite			
Auto operating and maint.			
Gas / Oil			
Repairs			
Parking / Tolls			
Child Expenses			
School Expenses			
Lunch Money			
Babysitter / Day Care			
Gifts / Birthday			
Holidays			
Domestic Help			
Clothing			
Laundry / Cleaning			
Home furnishings			
Child Support			
Alimony			
Entertainment			
Vacations			
Hobbies			
Pet Expenses			
Property Taxes			
Other (describe)			

You may enter either monthly or annual expenses

Notes
