

**CONFIDENTIAL QUESTIONNAIRE**



*This document must be printed after entry. Data entered cannot be saved as a PDF.*

DATE COMPLETED: \_\_\_\_\_

CLIENT NAME (1): \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

CLIENT NAME (2): \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CLIENT (1) - Preferred Name: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CLIENT (2) – Preferred Name: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ -WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**PRIMARY CONTACT PERSON DURING BUSINESS HOURS:**

\_\_\_\_\_ Contact by E-Mail or Phone (circle one)

**FAMILY MEMBERS (Please list children and other dependents)**

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>		<u>Resides with you</u>	
			Yes	No	Yes	No
_____	_____	_____			Yes	No
_____	_____	_____	Yes	No	Yes	No
_____	_____	_____	Yes	No	Yes	No
_____	_____	_____	Yes	No	Yes	No



**CONFIDENTIAL QUESTIONNAIRE**

<b><u>CLIENT (1):</u></b>	<b><u>Employed</u></b>	(circle one)	<b><u>Retired</u></b>
Profession:	_____		Pension Income: _____
Employer:	_____		Social Security Income: _____
Number of Years with this employer:	_____		Part-Time or
Anticipated employment changes? Yes No			Consulting Income: _____
When do you plan to retire?	_____		=====
Salary:	_____		How many pay periods a year? _____
Bonus/Commission Income:	_____		Do you contribute to an employer
Self-Employment Income:	_____		savings plan? Yes No
Other Earned Income:	_____		Contribution Percentage: _____
Total Income:	_____		Employer Match: _____

Are you eligible for pension benefits from current or previous employer? Yes No; if yes, provide information on estimated benefits by attaching a pension benefit estimate.

**NOTES/COMMENTS:** \_\_\_\_\_

<b><u>CLIENT (2):</u></b>	<b><u>Employed</u></b>	(circle one)	<b><u>Retired</u></b>
Profession:	_____		Pension Income: _____
Employer:	_____		Social Security Income: _____
Number of Years with this employer:	_____		Part-Time or
Anticipated employment changes? Yes No			Consulting Income: _____
When do you plan to retire?	_____		=====
Salary:	_____		How many pay periods a year? _____
Bonus/Commission Income:	_____		Do you contribute to an employer
Self-Employment Income:	_____		savings plan? Yes No
Other Earned Income:	_____		Contribution Percentage: _____
Total Income:	_____		Employer Match: _____

Are you eligible for pension benefits from current or previous employer? Yes No; if yes, provide information on estimated benefits by attaching a pension benefit estimate.

**NOTES/COMMENTS:** \_\_\_\_\_

# CONFIDENTIAL QUESTIONNAIRE

Client (1)

Client (2)

**INSURANCE**

	<u>Coverage/Cost</u>	<u>Group</u>	<u>Individual</u>	<u>Coverage/Cost</u>	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance?     Yes     No

**ASSETS**

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

**Bank Accounts**

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. \$ Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CD's**

<u>Where Held?</u>	<u>Interest Rate%</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Apx. \$ Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Attach a copy of your most current brokerage, mutual fund and retirement statements.**

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CONFIDENTIAL QUESTIONNAIRE

## PERSONAL PROPERTY

Estimated Value

Primary Residence		
Furnishings (Liquidation Value)		
Vehicle		
Vehicle		
Other		
Other		

## LIABILITIES

Debt (Home, Auto, Business, School)	Term	Interest Rate	Payment	Current Balance	Original Balance	Date of Loan

### If not paid in full each month list credit cards:

<u>Credit Cards</u>	<u>Interest Rate%</u>	<u>Average \$ Monthly Payment</u>	<u>Current Balance \$</u>

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

Who prepares your tax return?

Self  
 Paid Preparer

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Do you have estate planning documents?**

When and in what state were they drafted?

			<u>Year Completed/State</u>
Wills	Y	N	
Living Trusts	Y	N	
Power of Attorney	Y	N	
Living Will	Y	N	

**How were your current investment assets selected?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONFIDENTIAL QUESTIONNAIRE

**These items may be needed, should you engage our services:**

Prior Year Tax Return

Brokerage Account Statements

Trust Account Statements

Retirement Plan Account Statements

Loan Documents

Paycheck Stubs

Mutual Fund Account Statements

Employee Benefits Information

Legal Documents

Insurance Policies