Confidential Questionnaire

Personal Data:

Client Name	Date of Birth	Place of Birth
Spouse's Name	Date of Birth	Place of Birth
Child	Date of Birth	Place of Birth
Child	Date of Birth	Place of Birth
Child	Date of Birth	Place of Birth
Child	Date of Birth	Place of Birth

Contact Information:

Street Address	City	State	Zip
Cell Phone:	Spouse Cell Phone:	Fax:	
Client Email:	Spouse Email:		

Employment Information:

Client Employer:	Occupation:		Years Employed:	
Work Address	City	State	Zip	Phone:
Spouse Employer:	Occupation:		Years Employed:	
Work Address	City	State	Zip	Phone:

Income:

Primary Income:	Base Salary	Estimated Bonus	Estimated Commissions	Estimated Stock Options
Client:	$	$	$	$
Spouse:	$	$	$	$

Other Income:	Source 1	Source 2	Source 3	Source 4
Rentals	$	$	$	$
Alimony	$	$	$	$
Trust Income	$	$	$	$
Fees or Commissions	$	$	$	$
Other: ____________________	$	$	$	$

Secondary Business Name:	Owner:
Secondary Business Income: $	Business Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation

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PROTECTION:

AUTO INSURANCE (INFORMATION AVAILABLE ON DECLARATION PAGE OF POLICY):

Vehicle	Insurance Company	Liability Limits	Comprehensive/Collision Policy Deductible	Annual Premium
		/	/	$
		/	/	$
		/	/	$

PROPERTY INSURANCE (INFORMATION AVAILABLE ON DECLARATION PAGE OF POLICY):

Property	Insurance Company	Liability Limit	Policy Deductible	Annual Premium
			$	$
			$	$
			$	$

UMBRELLA LIABILITY INSURANCE:

Insurance Company	Liability Limit	Policy Deductible	Annual Premium
		$	$

GROUP DISABILITY: Client: ______ % of Salary or $ ________________ Premium: $ ________________

(IF APPLICABLE) Spouse: ______ % of Salary or $ ________________ Premium: $ ________________

INDIVIDUAL DISABILITY INCOME INSURANCE:

Insured	Insurance Company	Monthly Benefit	Benefit Period	Waiting Period	Annual Premium
		$			$
		$			$
		$			$

LONG-TERM CARE INSURANCE:

Insured	Insurance Company	Daily Benefit	Benefit Period	Elimination Period	Annual Premium
		$			$
		$			$

GROUP LIFE INSURANCE: Client: ______ x Salary (multiples) or $ ________________ Premium: $ ________________

(IF APPLICABLE) Spouse: ______ x Salary (multiples) or $ ________________ Premium: $ ________________

INDIVIDUAL LIFE INSURANCE:

Insured	Company / Type of Policy	Death Benefit (Face Amount)	Annual Premium	Beneficiary
		$	$	
		$	$	
		$	$	
		$	$	

SAVINGS ASSETS: (APPROXIMATE TOTAL VALUES)

Account Type	Owner (Choose One)	Financial Institution	Annual Contributions	Current Value
Savings Account			$	$
Checking Account			$	$
Checking Account			$	$
Credit Union			$	$
Savings Bonds (Type)			$	$
Certificate of Deposit			$	$
Money Market Fund			$	$
Money Market Fund			$	$
Annuity			$	$
Traditional IRA			$	$
Roth IRA			$	$
529 College Savings Plan			$	$
529 College Savings Plan			$	$
SEP IRA			$	$
Savings Plan at Work - 401(k), 403(b), TSP, etc.			$	$
Savings Plan at Work - 401(k), 403(b), TSP, etc.			$	$
Pension Plan			$	$
Other			$	$
Other			$	$

REAL ESTATE:

Property Type (Residence, Vacation, Rental)	Purchase Price	Purchase Year	Capital Improvements	Estimated Current Value
	$		$	$
	$		$	$
	$		$	$
	$		$	$
	$		$	$

Investment Assets: (Approximate Total Values)

Account Type	Owner (Choose One)	Financial Institution	Annual Contributions	Current Value
Government Securities				
T.Bills, Notes, Bonds, GNMA, CMO, etc.			$	$
Corporate Bonds				
			$	$
			$	$
Municipal Bonds				
			$	$
			$	$
Individual Stocks				
			$	$
			$	$
Mutual Funds				
			$	$
			$	$
Partnerships				
			$	$
Other				
			$	$
			$	$

Liabilities:

Type (Mortgage, CC Debt, Auto Loan, Etc.)	Term / Interest Rate	Current Balance	Monthly Payments	Months Remaining
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	

Wills: ☐ Current ☐ Out-of-Date ☐ None

Powers of Attorney: ☐ Current ☐ Out-of-Date ☐ None

Safe Deposit Box: ☐ Yes ☐ No

Medical Directives: ☐ Current ☐ Out-of-Date ☐ None

Do you have an Attorney? ☐ Yes ☐ No

Do you have an Accountant? ☐ Yes ☐ No

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DOCUMENTATION CHECKLIST:

Please provide the following policies and documents so they can be evaluated as part of your overall Financial Analysis. Scanned or paper copies are preferable.

For Individuals:

- ☐ Personal Income Tax Return - Federal (Most Recent 2 Years)
- ☐ Pay Stubs (Most Recent and Final from Previous Year)
- ☐ Group Benefits Summary
- ☐ Auto, Homeowners, Umbrella Policy Declaration Pages (Typically the one or two pages showing premiums, liability limits, deductibles, etc.)
- ☐ Disability Insurance Policies
- ☐ Life Insurance Policies
- ☐ Wills / Trusts
- ☐ Investment, Savings and Retirement Account Statements (Most Recent)
- ☐ Mortgage and/or Home Equity Loan Statements
- ☐ Statements for any other loans or debts (Car Loan, Student Loan, etc.)

For Business Owners:

- ☐ Buy-Sell Agreement
- ☐ Corporate / Membership Agreement
- ☐ Recent Profit & Loss Statement and Balance Sheet

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CASH FLOW:

PLEASE ITEMIZE YOUR VARIOUS CASH FLOW EXPENDITURES AND DETAIL YOUR LIVING EXPENSES.
Using 3 months of bank and credit card statements, break all expenditures down into categories. Multiply by 4 to reach an annual estimate of recurring monthly and quarterly expenses. Multiply semi-annual expenses by 2 to reach an annual estimate; any annual expenses occurring during the 3 month period should be noted as such on the worksheet. Alternatively, you can use outputs from a personal finance program such as Quicken, if you have accounted for all cash flows. Feel free to add or edit categories.

CATEGORY	ANNUAL AMOUNT	CATEGORY	ANNUAL AMOUNT	CATEGORY	ANNUAL AMOUNT
Alimony	$	Discretionary Expenses	$	Medical / Prescriptions	$
Associations / Dues	$	Entertainment	$	Miscellaneous	$
Automobile Fuel	$	Food / Dining	$	Personal Care	$
Automobile Maintenance	$	Food / Groceries	$	Pet Care	$
Automobile Payments	$	Gifts	$	Professional Fees	$
Basic Expenses	$	Hobbies	$	Property Taxes	$
Cable / Internet / Telephone	$	Home Furnishings	$	Subscriptions	$
Cell Phone	$	Home Improvement	$	Travel	$
Charity	$	Home Lawn / Maintenance and Trash Service	$	Utilities	$
Child Care	$	Home Security	$	Vacations	$
Child Support	$	Homeowner's Association	$	Other	$
Clothing / Dry Cleaning	$	Maid Service / Nanny	$	Other	$
Clothing / Purchases	$	Medical / Doctors and Dentists	$	Other	$
Country Club / Other Membership	$	Medical / General	$	Other	$
Total	$ 0.00	Total	$ 0.00	Total	$ 0.00

Total Living Expenses: *To get Total Living Expenses, simply add the three totals above together.*	**$** 0.00

Please note that the following categories of expenses are reflected elsewhere in the questionnaire, and intentionally left off the cash flow worksheet:

- Insurance Premiums
- Contributions to Retirement, Investment and Savings Accounts
- Income and Payroll Taxes
- Mortgage and Debt Payments