Confidential Questionnaire

For

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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 our next visit. All information provided will be strictly confidential.

Please bring to your first meeting:

- ❑ Paycheck Stubs
- ❑ Company Benefit Booklet
- ❑ Company Benefit Statement or Summary
- ❑ Statements on all Investments / Securities, plus accompanying prospectus
- ❑ Wills & Trust Documents
- ❑ Bank Statements
- ❑ Tax Return – most recent
- ❑ Insurance Policies

◻ Medical	◻ Car	◻ Home	◻ Annuities
◻ Life	◻ Umbrella	◻ Disability Income	◻ Other

FAMILY INFORMATION

	Date of Birth / Place of Birth	Social Security Number
Your Full Name		
Spouse (Full Name) Maiden Name		
Child		
Child		
Child		

ADDRESS

Street Address		How Long
City	State	Zip
Telephone	Cell Phone	Email

OCCUPATION / INCOME

You	Employer			How Long
Spouse	Employer			How Long
Your Employer's Address	City	State	Zip	Phone
Spouse's Employer Address	City	State	Zip	Phone

	Base Salary	Bonus
Your Primary Income		
Spouse's Primary Income		

Do you have a current will? Y _____ N _____ Living Trust? Y_____ N _____

Are you concerned about possible nursing home expenses? Y _____ N _____

REAL ESTATE

	Year Purchased	Priced Paid	Improvements Capital Expenditures	Current Market Value (Estimate)
Your Residence		$	$	$
Other Home		$	$	$
Other Real Estate		$	$	$
Other Real Estate		$	$	$

MORTGAGES

	Monthly Payment	Interest Rate	Principal	Months Remaining	Unpaid Balance
Your Residence	%	$			$
Other Home	%	$			$
Other Real Estate	%	$			$
Other Real Estate	%	$			$

SAVINGS (List each account separately, by ownership and amount)

Item	Earnings Rate	Institution	Jointly Held	Yourself	Spouse	Child
Savings Account	%		$	$	$	$
Savings Bonds (type)	%		$	$	$	$
Single Premium Deferred Annuity	%		$	$	$	$
IRA	%		$	$	$	$
401K / Annual Contribution	%		$	$	$	$
Company Match	%		$	$	$	$
Personal Profit Sharing Plan	%		$	$	$	$
Money Markets	%		$	$	$	$

Add an Additional Sheet if Needed

Please do not write in this space.

INVESTMENTS

Number of Shares	Name	Jointly Held	Yourself	Spouse	Child
Corporate Bonds		$	$	$	$
Municipal Bonds		$	$	$	$
Mutual Funds		$	$	$	$
		$	$	$	$
Stocks		$	$	$	$
		$	$	$	$

Add an Additional Sheet if Needed

ADDITIONAL ASSETS (Auto, Boat, Etc.)

Item	Jointly Held	Yourself	Spouse	Child
	$	$	$	$
	$	$	$	$
	$	$	$	$

DEBTS (Includes personal loans, college loans, home improvement loans, etc.)

Type of Loan	Monthly Payment	Months Remaining	Loans Unpaid Balance	Interest Rate	Insured Yes/No
Bank Cards (Visa, Mastercard, Discover, Other)					
	$		$	%	
	$		$	%	
Store Charges (Sears, JCPenny, Other)					
	$		$	%	
	$		$	%	
Bank Loans (Auto, Home Equity, Education, etc.)					
	$		$	%	

Please do not write in this space.

INSURANCE

Name of Company	Family Member Insured	Premium Amt.	Cash Value	Policy Loans	Amount of Coverage
Auto		$	$	$	$
Homeowners		$	$	$	$
Liability		$	$	$	$
Disability		$	$	$	$
Medical		$	$	$	$
Life		$	$	$	$
		$	$	$	$
		$	$	$	$

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

Please do not write in this space.

SECTION RESERVED FOR AGENT'S USE:

Please do not write in this space.

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S							
FIL							
MIL							
BIL							
SIL							

Marginal income tax bracket……….. ____________ %

Inflation…………………………….. ____________ %

LOC………………………………… ____________ %

- ❑ Net Investment
- ❑ Net Savings
- ❑ Gross Savings (net investment)

- ❑ College education
- ❑ Retirement
- ❑ Wealth building
- ❑ Estate planning
- ❑ Short term: (explain)
- ❑ Long term: (explain)
- ❑ Other: (explain)