



Confidential Questionnaire Form \*

Client Name:

Date:

\* Please rest assured, all information is kept strictly confidential

### **PERSONAL INFORMATION**

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Client (First/Middle/Last)

Social Security Information

Date of Birth

Spouse/Partner (First/Middle/Last)

Social Security Information

Date of Birth

Married

Address

City

State

Zip

Phone

Fax

Email

**Occupation**

Client Job Title  
Employer  
Address  
City  
State  
Zip  
Phone  
Ext  
Fax  
Email

Spouse/Partner  
Employer  
Address  
City  
State  
Zip  
Phone  
Ext  
Fax  
Email

**Dependents**

First Name

Date of Birth

Social Security Number

## Goals and Objectives

Understanding your Net Worth

Provide Adequate Income for your family in the event of death

Funding your education goals

Providing for a secure retirement

Understanding your risk tolerance and investment profile

Minimize excessive estate settlement and inheritance taxes

Provide for potential long-term care costs

Other

Accumulate money for

Goal Amount \$

No. Of Years

## **Assets**

Current Value

### Cash Equivalents

Checking

Savings

Money Market

### Invested Assets (non IRA/401k)

CDs

Mutual Funds

Stocks

Bonds

Annuities

Life Ins. Cash Values

### Qual. Retirement Plans

Client IRA

Spouse IRA

Client 401 (K)/Profit Sharing

Spouse 401 (K)/Profit Sharing

Client Pension Plan

Spouse Pension Plan

Deferred Comp

Stock Options

Restricted Stock Grants

### Personal Use Assets

Residences

### Other Assets

### Total Assets

## Liabilities

### Mortgage

Balance Owed  
Term (paid off when?)  
Interest Rate  
  
Monthly P&I Payments  
Extra Payment  
Property Taxes

### Home Equity Loans/ Line of Credit

Balance Owed  
Interest Rate  
Monthly Payments  
Term (paid off when?)

### Auto Loans

Balance Owed  
Interest Rate  
Monthly Payments  
Term (paid off when?)

### Auto Loans

Balance Owed  
Interest Rate  
Monthly Payments  
Term (paid off when?)

### Unsecured Debt

Credit Cards  
Balanced Owed  
Interest Rate  
Monthly Payments  
  
Total Liabilities

## Annual Gross Income

Client

Co-Client

Salary  
Bonus  
Commission  
Self-Employed  
Interest  
Dividends  
Pension  
Social Security  
Alimony  
Child Support  
Rental Income  
Other

## Retirement

Retirement Age:    Client                      Partner  
Mortality Age:       Client                      Partner  
Annual Spending Objective in Retirement (today's \$)  
Annual Contributions to Retirement Goal  
Qualified Contributions: Client                      Partner  
Increase Contributions: Client                      Partner  
Non-Qualified Contributions: (Joint)

## Survivor Capital Needs Assessment

Current Life Insurance Coverage: Client                      Partner  
Lump sum expenses to pay off  
Pay off all debt?  
Fund educational goals?

## College Funding

Existing college fund  
Annual college savings  
Pay for full college education?