



Client Questionnaire

CONFIDENTIAL PERSONAL FINANCIAL PROFILE

Data gathering is the first important step in the financial planning process and proper data gathering is required. To ensure that we provide you with an accurate analysis, please complete this questionnaire to the best of your ability. Unless required by law, the information you provide us will remain completely confidential and will not be released without client consent.

NAME	AGE	DATE OF BIRTH
Client 1 _____	_____	____ / ____ / ____
Client 2 _____	_____	____ / ____ / ____

HOME ADDRESS

Street _____	Home Phone (____) _____ - _____
City, State, Zip _____	Home Fax (____) _____ - _____
Email _____	

OCCUPATION

	Client 1	Client 2
Company Name	_____	_____
Business Address	_____	_____
Business Phone	_____	_____
Number of Years with Company	_____	_____
Retirement Age	_____	_____

Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Agent _____
Referral Source _____	Stockbroker _____
# of Years in Current Home _____	CPA _____
Client #1: US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Attorney _____
Client #2: US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Advisor _____

INSURANCE SUMMARY

LIFE INSURANCE CO	TYPE TERM/PERM	INSURED	ANNUAL PREMIUM	POLICY FACE AMOUNT	CURRENT CASH VALUE	CASH VALUE AT RETIREMENT	PRESENT LOAN BALANCE	SMOKER Y/N

DISABILITY INSURANCE CO	INSURED	MONTHLY BENEFIT	PREMIUM PAID BY?	GROUP OR INDIVIDUAL	WAITING PERIOD	PREMIUM & FREQUENCY	BENEFITS PAID UNTIL?	RESIDUAL BENEFITS Y/N

Do you carry Business Overhead Expense Insurance? Yes No

LONG TERM CARE	INSURED	DAILY BENEFIT	RIDER Y/N	INDIVIDUAL	PERIOD	FREQUENCY	PERIOD (YRS)	BENEFIT %

CURRENT ANNUAL INCOME	Client 1	Increase Rate/Year	Client 2	Increase Rate/Year
Salary (gross)				
Bonus				
Net Business Income (Loss)				
Dividends/Interest				
Social Security				
Net Rental Prop. Income (Loss)				
Gifts				
Retirement Income*				
Other				
TOTAL GROSS INCOME				

NET WORTH SUMMARY

ASSETS SUMMARY	Amount	LIABILITIES SUMMARY
Checking	_____	Type* 1 st Mortgage (Interest Rate: %) _____
Savings	_____	Date of Origin: Term: _____
Money Market	_____	Monthly Payment (Principal + Interest) _____
CD (1) Mat. Date	_____	2 nd Mortgage (Interest Rate: %) _____
CD (2) Mat. Date	_____	Date of Origin: Term: _____
Mutual Funds	_____	Monthly Payment (Principal + Interest) _____
Bonds	_____	Home Equity Line _____
Stocks	_____	Credit Cards _____
Stock Options	_____	
REITs	_____	Notes Payable _____
Mortgage/Note Receivable	_____	
Annuities	_____	Automobile Loans _____
Life Insurance Cash Value	_____	
Limited Partnerships	_____	Investment Loans _____
IRA – Client 1	_____	
Company/Client Contributions Annual		Margin Account Balance _____
IRA – Client 2	_____	Future Obligations _____
Company/Client Contributions Annual		Other _____
Retirement Plan	_____	
Client 1 Vested Amount	_____	TOTAL LIABILITIES
Investment Property	_____	_____
Personal Residence(s)	_____	
Personal Property	_____	
Auto 1	_____	
Auto 2	_____	
Furniture	_____	
Jewelry/Art	_____	
Other	_____	
TOTAL ASSETS	_____	NET WORTH
		Total Assets _____
		Total Liabilities _____
		NET WORTH
