Confidential Client Questionnaire

Must be completed prior to first planning session

Individual

Last Name, First Name	
DOB and Age	
Social Security Number	
Email Address	
Gender	
Smoker (Y/N)	
Street Address	
City, State ZIP	
Preferred Phone Number	
Employer	
Employer's Address	
Years at Present Employer	
Position/Title	
Previous Year's Income	
Current Year's Income	
Citizenship	

Spouse (if applicable)

Last Name, First Name	
DOB and Age	
Social Security Number	
Email Address	
Gender	
Smoker (Y/N)	
Street Address (if different from above)	
City, State ZIP (if different from above)	
Preferred Phone Number	
Employer	
Employer's Address	
Years at Present Employer	
Position/Title	
Previous Year's Income	
Current Year's Income	
Citizenship	

Children from this Marriage

Last Name, First Name	
DOB and Age	
Last Name, First Name	
DOB and Age	
Last Name, First Name	
DOB and Age	
Last Name, First Name	
DOB and Age	

Children from Previous Marriages

Last Name, First Name	
DOB and Age	
Last Name, First Name	
DOB and Age	

Investment Assets

Non-Retirement Plans

Bank Name	Owner	Acct Type	Value	Contribution/Mo

Brokerage Name	Owner	Acct Type	Value	Contribution/Mo

Retirement Plans

Brokerage Name	Owner	Acct Type	Value	EE Contribute/Mo	ER/Mo

Defined Benefit/Pension Plan

Brokerage Name	Owner	Payment to EE/Mo	Payment to Survivor/Mo	Age

Real Estate

Location	Owner	Value	Sell at Death(Y/N)	Investment(Y/N)	Net Income/Mo

Business Interest

Name	Owner	Value	Buy-out Price	Life Insurance Coverage

Other Investments

Name	Type	Owner	Value	Sell at Death(Y/N)

Liabilities

Mortgages

Property Address	Borrower	Amount	Years Remaining	APR	Payment/Mo

Loans/Debts (Auto, Credit Card, Student Loan)

Type	Borrower	Amount	Years Remaining	APR	Payment/Mo

Debts Owed to You

Type	Borrower	Amount	Years Remaining	APR	Payment/Mo

Life Insurance in Force

Insured	Beneficiary	Policy Type (Term/Whole)	Death Benefit	Cash Value	Premium/yr	Year Ends

Disability Insurance in Force

Insured	Individual/Group	Benefit/Mo	Benefit Period	Premium/yr

Long Term Care Insurance in Force

Insured	Individual/Group	Benefit/Mo	Benefit Period	Premium/yr

Estate Planning

Basic Estate Planning

Name	Will (year)	Health Care Proxy (year)	Power of Attorney (year)

Advanced Estate Planning

Trust/Entity Name	Type	Year	Grantor	Trustees	Beneficiaries

Household Income & Expenses

Client 1:

Gross Monthly Income _____
Taxes Paid _____
Medical Premiums _____
Retirement Contributions _____
Other Income _____

Client 2:

Gross Monthly Income _____
Taxes Paid _____
Medical Premiums _____
Retirement Contributions _____
Other Income _____

Monthly Spending Totals: ***

Average Monthly Credit Card Bill _____
Average Monthly Spending Not on Credit (excluding mortgage) _____
Monthly Real Estate Taxes _____
Monthly Mortgage Payments (not including taxes) _____

*** Attached is a Monthly Spending Detail Form to help you accurately determine these totals.