

# 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.