Preliminary Client Questionnaire

FA:	Agency:		Date:		
Client Name:	DOB:		US Cit	izen: Y	Ν
Spouse Name:	DOB:		US Cit	izen: Y	Ν
Address:		City, State, Zip:			
Home Phone:	Fax:			E-mail:	
Client Cell Phone:		Spouse Cell Phone:			

Family Data:

Children	DOB	Marital Status	US	Citizen	Spouse	DOB	Marital Status	US	Citizen
		S M Sep Div	Y	Ν			S M Sep Div	Y	N
		S M Sep Div	Y	Ν			S M Sep Div	Y	N
		S M Sep Div	Y	Ν			S M Sep Div	Y	Ν
Grandchildren					Grandchildren				
		S M Sep Div	Y	Ν			S M Sep Div	Y	N
		S M Sep Div	Y	Ν			S M Sep Div	Y	N
Great Grandchildren			Great Grandchildrer	1					
		S M Sep Div	Y	N			S M Sep Div	Y	N
		S M Sep Div	Y	Ν			S M Sep Div	Y	Ν

Property:

Current Value	Tax Basis	Pre-Retire	Post-Retire	Owner
		Gross Growth	Gross Growth	
	Current Value	Current Value Tax Basis		

Investments:

Investmentest					
Type/Institution	Current Value	Tax Basis	Pre-Retire	Post-Retire	Owner
Name			Gross Growth	Gross Growth	

Retirement:

пенн							
Type/	Current	Pre-Retire	Post-Retire	Owner	Beneficiary	Employee	Employer
Institution	Value	Gross	Gross			Contribution	Contribution
Name		Growth	Growth				

Projections are based on assumptions provided by the advisor/representative, and are not guaranteed. Actual results will vary, perhaps to a significant degree. The projected reports are hypothetical in nature and for illustrative purposes only. Consult your tax and/or legal advisor before implementing any tax or legal strategies. Personal and Confidential – Preliminary Client Questionnaire – Copyright © 2000-2017 eMoney Advisor, LLC. All Rights Reserved. 1

Business Assets:

Business Name	Base Value	Tax Basis	Pre-Retire Gross Growth	Post-Retire Gross Growth	Owner	Business Type

Insurance:

	Life 1	Life 2		Long Term Care	Disability			
Policy Number			Policy Number					
Institution Name			Institution Name					
Purchase Date			Purchase Date					
Policy Type			Insured					
Person Insured			Benefit Amount					
Owner			Owner					
Beneficiary			Annual Premium					
Death Benefit			Premium Term					
Cash Value			Premium Payer					
Cash Value Growth Rate			Elimination Period					
Annual Premium			Benefit Period					
Premium Term			COLA					
Premium Payer								
Reinvested At								
Does your Insurance conti	nue to fill a	need?						
Do you work closely with a life insurance agent?								

Liability:

Mortgage/Loans	Institution Name	Current Balance	As of Date	Interest Rate	Loan Term

Salary/Bonus and Social Security:

	Annual	Indexed At	Owner	Destination	Guaranteed	Starts	Ends
	Amount			Account			
Salary/Bonus							
Salary/Bonus							
Social Sec.							

Expenses:

	•				
Current	Semi-Retirement	Retirement	Advanced Desired income in the Event of Death:		ent of Death:
			Years	Client's Death:	Spouse's Death:

Current Estate Plans:

	Simple Will	RLT	Funded	Gifts	ILIT	FLP	CLT	CRT	Bus. Succession	Other
Client										
Spouse										

Attorney/CPA Questions:

Do you have an Estate Planning Attorney? Y N	•	Would you like us to recommend someone? Y N
Is your Attorney a key decision maker for you? Y	Y N	Is your CPA a key decision maker for you? Y N

Personal Questions:

Do you feel you have achieved financial security through retirement? Y N
Do you have any potential inheritances? Y N
How would you like to pass your estate?
Do you plan to leave any portion of your estate to charity? Y N
Do you need to make any special financial provisions for any member of your family? Y N Who?
What are your plans to deal with Estate Taxes?
What is your largest obstacle in achieving your goals?
Are you willing to invest effort/money, if plan serves to reduce/eliminate tax? Y N
Financial Risk Tolerance: Conservative Moderate Aggressive