

CONFIDENTIAL QUESTIONNAIRE

Filling out this confidential questionnaire is the first step to developing a strong financial strategy. Please be assured that your information will be treated with the highest degree of confidentiality. If you have any questions, do not hesitate to call our office.

Please complete and mail or FAX this questionnaire to our office prior to your appointment.

What to bring to your appointment:

In order for us to offer a sound financial strategy, we strongly urge you to bring the following documents along with you to your appointment. Your documents will be held in a confidential manner during the time we need to review them. They will be returned to you as quickly as possible. If you prefer, bring duplicate copies of your financial papers to your appointment as they are acceptable.

The privacy and confidentiality of your personal information is very important to us. We adhere to all privacy and confidentiality requirements for all entities whose products or services we offer.

- ✓ **Income Tax Return(s)** for last year
- ✓ **Paycheck Stub(s)** for you and your significant other showing deductions from gross income
- ✓ **Statements** for each investment you own, where applicable
- ✓ **All Insurance Policies** (*please include declarations of coverage*)
 - Automobile and Homeowners Policies
 - Liability Coverages
 - Life Insurance Policies (for all members of your family)
 - Disability Income Insurance Policy
 - Any other types of insurance policies
- ✓ **Company-provided Group Benefits** for you and your significant other (*please include a printout of specific coverages if available*)
- ✓ **Will and Trust** documents

Note that I do not offer tax, legal, or accounting advice. Please consult with your own advisers for tax, legal or accounting advice.

FAMILY INFORMATION

Today's Date: _____

Family Data

Date of Birth

Birth Place

| | | |
|-----------------------------|--|--|
| Your Full Name | | |
| Significant Other Full Name | | |
| Child | | |

Residence: Address

Home Phone #
Your cell #
Your partner cell #

City

State

Zip

Email Address: Home

Work

Preference for use:

Home Work

Exp. Date

Employment Data

Occupation/Specialty

Employer

How Long?

| | | | | |
|--------------------------------------|------|-------|-----|------------------|
| You | | | | |
| Partner | | | | |
| Your Employer's Address | City | State | Zip | Office Phone No. |
| Significant Other Employer's Address | City | State | Zip | Office Phone No. |

Base Salary

Estimated Bonus

Other Sources

Other Sources

| | | | | |
|----------------------------------|--|--|--|--|
| Your Primary Income | | | | |
| Significant Other Primary Income | | | | |

Financial Goals/Priorities

What are your most important financial goals?

What are your priorities? (please number 1 to 7)

__ Education

__ Retirement

__ Second Home

__ Family Security

__ Wealth Accumulation

__ Other _____

__ Other _____

How much more could you save on a regular basis? _____

Is there anything disturbing you about your overall planning? _____

SAVINGS ASSETS

| Institution | Account Balance | Account Deposit |
|---|-----------------|-----------------|
| Checking Account | \$ | \$ |
| Checking Account | \$ | \$ |
| Savings Account | \$ | \$ |
| Savings Account | \$ | \$ |
| Money Market Fund | \$ | \$ |
| Credit Union | \$ | \$ |
| Savings Bonds (Type) | Maturity | \$ |
| Certificate of Deposit | \$ | \$ |
| Annuity | \$ | \$ |
| I.R.A. | \$ | \$ |
| Your Savings Plan at Work (401(k),TSA, 403(b), Profit Sharing) | \$ | \$ |
| Significant Other Savings Plan at Work (401(k),TSA, 403(b), Profit Sharing) | \$ | \$ |
| Your Pension | \$ | \$ |
| Significant Other Pension | \$ | \$ |
| Other | \$ | \$ |

NOTES

INVESTMENT ASSETS

Stocks, Bonds, Mutual Funds, etc

| Item | # of Shares | Account Balance | Annual Deposit |
|-----------------------|-------------|-----------------|----------------|
| Mutual Funds | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| Government Securities | | \$ | \$ |
| | | \$ | \$ |
| Corporate Bonds | | \$ | \$ |
| | | \$ | \$ |
| Municipal Bonds | | \$ | \$ |
| | | \$ | \$ |
| Stocks | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| Partnerships | | \$ | \$ |
| | | \$ | \$ |
| Other | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

NOTES

REAL ESTATE & CONSUMER DEBT

| Property | Year Purchased | Current Value | Balance of Mortgage | Monthly Payment | Interest Rate | Fixed or Variable |
|--------------------------|----------------|---------------|---------------------|-----------------|---------------|-------------------|
| Your Residence | | \$ | \$ | \$ | % | |
| 2 nd Mortgage | | \$ | \$ | \$ | % | |
| Other Home | | \$ | \$ | \$ | % | |
| Land | | \$ | \$ | \$ | % | |
| Land | | \$ | \$ | \$ | % | |
| Other | | \$ | \$ | \$ | % | |
| Other | | \$ | \$ | \$ | % | |
| Other | | \$ | \$ | \$ | % | |

Loan & Debt

Include personal loans, college loans, home improvement loans, automobile or boat loans, passbook loans, credit card balances, store charges, checking credit lines, etc.

| | Balance | Monthly Payment | Interest Rate | Insured? |
|--------------|---------|-----------------|---------------|--|
| Auto | \$ | \$ | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Auto | \$ | \$ | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Auto | \$ | \$ | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Visa | \$ | \$ | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| MasterCard | \$ | \$ | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Credit Card | \$ | \$ | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Credit Card | \$ | \$ | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Credit Card | \$ | \$ | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student Loan | \$ | \$ | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student Loan | \$ | \$ | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Misc. | \$ | \$ | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Misc. | \$ | \$ | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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PROTECTIONS

Life Insurance

| Name of Insurance Co. | Family Member Insured | Amount of Coverage | Type of Insurance | Annual Premiums |
|-----------------------|-----------------------|--------------------|-------------------|-----------------|
| | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |

Disability Income Insurance

| Name of Insurance Co. | Family Member Insured | Amount of Coverage | Annual Premiums |
|-----------------------|-----------------------|--------------------|-----------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

Auto/Homeowners Insurance

| Name of Insurance Co. | Coverage Amount | Property Insured | Limits of Liability | Annual Premiums |
|-----------------------|-----------------|------------------|---------------------|-----------------|
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |

How would you rate your knowledge of life, disability income or long term care insurance?

Do you have an umbrella liability policy? _____

How much? _____

What are the deductibles on your homeowners and auto policies? _____ / _____

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ADDITIONAL INFORMATION

Do you have a valid Will or Trust? Yes No

Do you have an Attorney? Yes No

Last time updated _____

Do you have an Accountant? Yes No

Is there anything further you think is important to tell us?

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