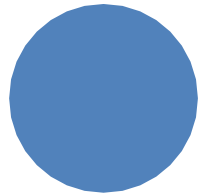
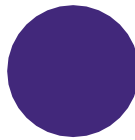
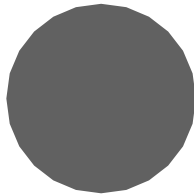


Name \_\_\_\_\_ Date \_\_\_\_\_



# Confidential Client Questionnaire



Protection



Accumulation



Income



Legacy



# PERSONAL PRIORITIES



What is your number one financial priority or concern?

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# RISK/PROTECTION ANALYSIS



### INSTRUCTIONS ●

Please put a mark in each box that you feel may need some attention or discussion.

Health Insurance	Emergency Savings	Wills	Auto Insurance*	Charitable Contributions	Disability Insurance
Long Term Care Ins.	Debt Management	Trusts	Homeowners Insurance*	Umbrella Insurance*	Life Insurance

# PERSONAL INFORMATION



### ABOUT YOU ●

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Salary \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

### SPOUSE OR PARTNER ●

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Salary \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

### CHILDREN ●

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

# INVESTMENTS



Statements available?

**PRE-TAX ASSETS** ● 401(k), 403(b), Pension Plans, Deferred Compensation, Traditional IRA, SEP, Etc.

Asset	Current Value	Annual Deposit	Owner	Notes

**AFTER-TAX** ● Stocks, Mutual Funds, Roth IRAs, Savings, CDs, Real Estate, Businesses, Precious Metals, Insurance/Annuities, Etc.

Asset	Current Value	Annual Deposit	Owner	Notes

# PERSONAL HOLDINGS



**PERSONAL RESIDENCE** ●

Do you own your home?  Y  N    Market Value: \_\_\_\_\_    Mortgage Balance: \_\_\_\_\_    Interest Rate: \_\_\_\_\_    Years Left: \_\_\_\_\_

**LOANS & DEBTS** ●

Vehicle: \_\_\_\_\_ Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Years Left: \_\_\_\_\_  
 Vehicle: \_\_\_\_\_ Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Years Left: \_\_\_\_\_  
 Credit Cards: \_\_\_\_\_ Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Years Left: \_\_\_\_\_  
 Other Loans or Debt: \_\_\_\_\_ Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Years Left: \_\_\_\_\_