



CONFIDENTIAL CLIENT QUESTIONNAIRE

Date: _____ Referred by _____

Client #1

Name: _____ Birthdate: _____ Age: _____

SS No. _____ Citizenship _____ If Veteran, Dates in Service _____ Occupation: _____

Client #2

Name: _____ Birthdate: _____ Age: _____

SS No. _____ Citizenship _____ If Veteran, Dates in Service _____ Occupation: _____

Date of Marriage: _____ Prenuptial Agreement

Home Address: _____ Home Phone: _____

County: _____

Client #1 Email: _____ Client #1 Cell Phone: _____

Client #2 Email: _____ Client #2 Cell Phone: _____

Do you currently have: (Please bring copies)

- Will Trust Power of Attorney Health Care Proxy Living Will
 Long-Term Care Insurance Policy Deed and most recent Tax Bill

Definitions:

Executor: The person who winds up your financial business after your death, liquidates assets, pays all bills then distributes assets in accordance with your wishes.

Trustee: The person(s) you designate to control the inheritance for a stated period of time or until a stated age. Typically this person is responsible for safekeeping the money for education, medical care and other major expenses.

Guardian: If you have children under age 18, you will want to choose someone as Guardian who respects your values and standards (moral, ethical and religious) and will raise your children the way you want. At your option, this may or may not be the same person as the Trustee. If you are a single parent with custody and really don't want your "ex" to be Guardian, go ahead and name your preference. While the surviving natural parent is almost always the Court's preferred choice, this is your opportunity to let your preference be known.

FAMILY INFORMATION

Please list the names of all children or, if no children, next-of-kin. Please use Legal Names. Please indicate if any of such persons collect Social Security, Medicaid, or have special needs.

Name: _____ Phone: _____ (home/ cell?)

Address: _____ Date of Birth: _____ Special Needs? ____

_____ Relationship: _____

Name: _____ Phone _____ (home/cell?)

Address: _____ Date of Birth: _____ Special Needs? ____

_____ Relationship: _____

Name: _____ Phone _____ (home /cell?)

Address: _____ Date of Birth: _____ Special Needs? ____

_____ Relationship: _____

FIDUCIARIES -- Please list the names of any other trusted persons who will assume the duty to act for you or your beneficiary as Executor, Trustee or Guardian (see definitions above).

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Age: _____ Relationship: _____

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Age: _____ Relationship: _____

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Age: _____ Relationship: _____

FINANCIAL INFORMATION¹

	Client #1	Client #2	Total
<u>Monthly Income:</u> (rounded/approximate figures):			
Wages/Salary	_____	_____	_____
Other	_____	_____	_____
TOTAL:	_____	_____	_____

Monthly Liabilities – Please estimate amount and by whom owed:

Mortgage/Home Equity Loan:	_____	_____	_____
Car Loan(s):	_____	_____	_____
Student Loan(s):	_____	_____	_____
Credit Card(s):	_____	_____	_____
Other:	_____	_____	_____
Total Monthly Liabilities:	_____	_____	_____

ASSETS

Liquid Assets:

Checking/Savings	_____	_____	_____
Money Market/CDs	_____	_____	_____
US Savings Bonds	_____	_____	_____

Investment Assets (Non-Tax-Deferred):

Stocks/Bonds/Mutual Funds	_____	_____	_____
Life Insurance (face value/ cash value)	_____	_____	_____
Education Savings (529 Plans)	_____	_____	_____

Retirement Assets (Tax-Deferred):

IRA/401k/403b/ Retirement Plans	_____	_____	_____
Annuities	_____	_____	_____
Principal Residence	_____	_____	_____
Other Asset(s)	_____	_____	_____

¹ Estimates are acceptable.

If you have already worked out a statement of Income, Expenses and Assets with your Financial Advisor, please feel free to substitute it for this form.