



**CONFIDENTIAL  
QUESTIONNAIRE  
FOR**

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The purpose of this form is to help you in gathering the basic information about your current financial situation which we will need in order to make the best use of our time together. Without knowing everything one is doing financially, it is next to impossible to discuss options available because what may be right in one set of circumstances may be harmful in another.

Please bring this questionnaire along with the documents listed.

**All information provided will be strictly confidential.**



### E. CASH VALUE LIFE INSURANCE

Company/Policy Name	Purchase Date	Annual Contribution	Outstanding Loans	Current Cash Value	Death Benefit	Named Insured Beneficiary
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

### F. QUALIFIED RETIREMENT ACCOUNTS (IRA, 401k, SEP, Pension, etc.)

Investment Type/Name Institution	Contributions or Withdrawals (/year)	Company Match	Current Account Balance	Annual Return %	Owner
	\$	\$	\$	%	
	\$	\$	\$	%	
	\$	\$	\$	%	
	\$	\$	\$	%	
	\$	\$	\$	%	
	\$	\$	\$	%	

### G. DEFINED BENEFITS (Corporate Benefit Plans, Social Security, Railroad Pension, etc.)

Benefit Provider	Annual Benefit	COLA	Percent Taxable	Benefit Start Age	Benefit End Age	Owner
	\$					
	\$					
	\$					
	\$					

### H. PROTECTION (Includes auto, homeowners or renters policies, major medical, disability, long term care, umbrella and term life insurance policies.)

Name of Company	Named Insured	Purchase Date	Annual Premium	Deductible	Benefit/Coverage
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Do you have a Will or Trust?  Yes /  No

Date Last Reviewed:

I. INSTALLMENT LOANS (Includes auto, personal loans, college loans, second mortgage, etc.)					
Type of loan	Purpose	Monthly payment	Interest Rate (%)	Months Remaining	Loan Unpaid Balance
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

J. CREDIT / DEBT (Includes credit cards, store charges, checking credit lines, HELOCs, etc.)					
Type of Credit	Monthly Payment	New Charges	Interest Rate	Account Balance	Grace Period
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	

K. OTHER FUTURE EXPENSES OR INCOME (College, Weddings, Inheritance, etc.)			
Source/Description of Future Expenses or Income	Monthly Amount	Start Age	Owner/Payee
	\$		
	\$		
	\$		

Additional Comments: *(Other factors that could be important to your financial position.)*

Please bring to your first meeting:

- |  |   |
|--|---|
| <input type="checkbox"/> Paycheck Stubs  | <input type="checkbox"/> Company Benefit Statement or Summary |
| <input type="checkbox"/> Statements on all Investments / Securities  | <input type="checkbox"/> Company Benefit Booklet              |
| <input type="checkbox"/> Bank Statements   | <input type="checkbox"/> Social Security Earnings Statement   |
| <input type="checkbox"/> Tax Return – most recent two years  | <input type="checkbox"/> Wills & Trust Documents              |
| <input type="checkbox"/> Insurance Policies  |   |
| <input type="checkbox"/> Medical <input type="checkbox"/> Car <input type="checkbox"/> Home                | <input type="checkbox"/> Other: _____                         |
| <input type="checkbox"/> Life <input type="checkbox"/> Umbrella <input type="checkbox"/> Disability Income | <input type="checkbox"/> Other: _____                         |

**DOCUMENT RECEIPT:**

*I have received the above checked documents for review and they will be kept confidential in a place of safe keeping.*

Representative Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

Representing: \_\_\_\_\_