



Advisor Name
Advisor Address
Advisor City, State Zip
Advisor Phone
Advisor Fax
Advisor eMail

Please complete this Client Questionnaire so we can begin to organize, analyze and help you prepare for your financial journey!

◆Personal Data ◆

**Family Information**

Client Name:	Date of Birth:    /    /	Marital Status
Spouse Name:	Date of Birth:    /    /	
Address:		
City:	State:	Zip:
Home Phone:	Fax:	
Client Cell Phone:	Spouse Cell Phone:	
Client Email:		

**Children**

Name	DOB	Marital Status	Spouse	DOB

**Grandchildren**

Name	DOB	Parent	Marital Status	Spouse	DOB

! " # \$ % & ' ( ) \$ \* & # + % % , # - \$


**Age Assumptions**

Client/Spouse	Retirement Age	Assumed Life Expectancy

◇ **Entities** ◇

**Charities**

Name	
Name	
Name	

**Individuals**

Name	Gender	Relationship(Mother, Father, Aunt, Uncle, Business Partner, Other, etc)

**Real Estate & Personal Property**

Name	Current Value	Owner

**Notes -**

---



---



---

**Non-Qualified Assets (Taxable and Cash)**

Name	Type (Cash, Checking, Brokerage, Bonds, CDs, etc)	Current Value	Owner

**Retirement Assets**

Name	Type (401k, IRA,Roth IRA, Deferred Comp, 403b, Pension, Annuities, etc)	Current Value	Owner	Beneficiary

◇ Stock Options ◇

Do you own any Stock Options? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\*If Yes, Please attach or send in a statement of your stock options so we can enter them into your Fact Finder

	◇1◇	◇2◇	◇3◇	◇4◇	◇5◇
Name					
Ticker Symbol					
Shares					

❖ **Business and Insurance** ❖

**Business Interests**

Name	Type(Sole Proprietorship, Partnership, S-Corp, C-Corp, LLC, etc)	Owner	Value

**Life Insurance**

	Life Policy 1	Life Policy 2	Life Policy 3
Policy Name			
Purchase Date or Year			
Policy Type(Term, Whole Life, Variable, Universal, etc)			
Insured			
Beneficiary			
Current Death Benefit			
Current Cash Value			
Annual Premium			
Premium Term			

**Long Term Care Insurance**

	Long Term Care 1	Long Term Care 2
Policy Name		
Insured		
Benefit Amount / Frequency		

Annual Premium		
----------------	--	--

**Disability Insurance**

	Disability 1	Disability 2
Policy Name		
Policy Type(Group Short Term, Group Long Term, Personal Short Term, Personal Long Term etc)		
Insured		
Benefit Type		
Benefit Amount/Frequency		
Annual Premium		
Benefit is Taxable?		

✧ **Financial Data** ✧

**Liabilities**

Mortgage/Loan	Property	Original Loan Amount	Current Balance	Interest Rate	Loan Term

**Income**

Name	Annual Amount	Owner	Starts	Ends
Social Security Client				
Social Security Spouse				

**Expenses**

Current	Retirement	Desired Income in the Event of Death:	
		Client's Premature Death	Spouse's Premature Death

✧Goals✧

**Education Goals**

Child/Grandchild	Annual Amount	Starts	Ends	Monthly Savings

**529 Plans**

Name	Current Value	Beneficiary	Monthly Savings

**Other Goals**

Name	Annual Amount	Type	Starts	Ends	Monthly Savings

**Savings and Growth Assumptions**

	Pre-Retirement Growth Rate	Post Retirement Growth Rate	Monthly Savings
Non-Qualified Assets			
Qualified Assets			

**Tax Rate**

Tax Rate	
----------	--

◇ Estate Planning ◇

**Estate Assumptions**

State Death Tax Rate		Probate Rate		Estate Tax Law (Sunset/Fixed)	
----------------------	--	--------------	--	-------------------------------	--

**Revocable Trusts**

	Client	Spouse
Assets Pass through Revocable Trusts to avoid Probate(Y/N)		
If Yes, what %		

**Irrevocable Life Insurance Trust**

	Client	Spouse	Survivorship
Death Benefit			
Premium Gift			
Beneficiary			

**Wills**

	Client	Spouse
Credit Shelter Trust Utilized for Client (Y/N)		
Charitable Bequest (\$)		
Specific Bequest to Heirs (\$)		
Remaining Estate Goes to: (Spouse/Heirs)		

**Annual Exclusion Gifting**

Name	Recipient	Gift Amount	Start Year	End Year	Suspend at First Death(Y/N)

**Lifetime Non-Exclusion Gifts**

Recipient	Gift Amount	Start Year	End Year	Suspend at First Death (Y/N)







---

---

---

Submit Form By Clicking Green Button