

Client Questionnaire

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Client Questionnaire

General Information: Self

Contact Information

Mr.
 Ms.
 Mrs.
 Dr.

 First Name Middle Last

Address Line 1

Address Line 2

 City State Zip Code Country

 Home Phone Work Phone Mobile Phone Pager

 Fax E-mail

Personal Information

Male
 Female

 Date of Birth SSN State in Which You File Your Taxes

 Marital Status Wedding Anniversary Expected Retirement Age

 Driver's License Number Driver's License Expiration Date State in Which Driver's License Issued

Professional Information

 Employment Status Number of Years at Current Job Employer Name

 Occupation Job Description

Client Questionnaire

General Information: Partner

Contact Information

Mr.
 Ms.
 Mrs.
 Dr.

 First Name Middle Last

Address Line 1

Address Line 2

 City State Zip Code Country

 Home Phone Work Phone Mobile Phone Pager

 Fax E-mail

Personal Information

Male
 Female

 Date of Birth SSN State in Which You File Your Taxes

 Expected Retirement Age Driver's License Number Driver's License Expiration Date State in Which Driver's License Issued

Professional Information

 Employment Status Number of Years at Current Job Employer Name

 Occupation Job Description

Client Questionnaire

General Information: Other Members of Your Household

General Information

Mr. Ms. Mrs. Dr. _____
First Name Middle Last

Address _____

City State Zip Code Country Phone Number

Relation to Self Dependent (Yes/No) Date of Birth SSN

Marital Status Occupation

Mr. Ms. Mrs. Dr. _____
First Name Middle Last

Address _____

City State Zip Code Country Phone Number

Relation to Self Dependent Date of Birth SSN

Marital Status Occupation

Mr. Ms. Mrs. Dr. _____
First Name Middle Last

Address _____

City State Zip Code Country Phone Number

Relation to Self Dependent Date of Birth SSN

Marital Status Occupation

Client Questionnaire

General Information: Other Members of Your Household

General Information

Mr. Ms. Mrs. Dr. _____
First Name Middle Last

Address _____

City State Zip Code Country Phone Number

Relation to Self Dependent (Yes/No) Date of Birth SSN

Marital Status Occupation

Mr. Ms. Mrs. Dr. _____
First Name Middle Last

Address _____

City State Zip Code Country Phone Number

Relation to Self Dependent Date of Birth SSN

Marital Status Occupation

Mr. Ms. Mrs. Dr. _____
First Name Middle Last

Address _____

City State Zip Code Country Phone Number

Relation to Self Dependent Date of Birth SSN

Marital Status Occupation

Client Questionnaire

Assets: Taxable

Accounts

Account Name	Ticker Symbol	Investment Type (Bank Account, Mutual Fund, Stock, etc.)		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal (Accumulation, Retirement, Education, etc.)			

Account Name	Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal			

Account Name	Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal			

Account Name	Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal			

Account Name	Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal			

Client Questionnaire

Assets: Taxable

Accounts

Account Name	Ticker Symbol	Investment Type (Bank Account, Mutual Fund, Stock, etc.)		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal (Accumulation, Retirement, Education, etc.)			

Account Name	Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal			

Account Name	Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal			

Account Name	Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal			

Account Name	Ticker Symbol	Investment Type		
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner	Account Goal			

Client Questionnaire

Assets: Tax-Deferred

Employer-Sponsored Retirement Plans

	_____		_____		
	Plan Name		Investment Company		
<i>Employee Contribution</i>	_____	_____	_____	_____	_____
	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount \$	Start Date	End Date
	_____	_____	_____		
	Annual Contribution %	% of Company Stock	Portion of Guaranteed Investment Contract (GIC) \$		
	Match _____% of first _____%, then _____% of _____%				
<i>Company Stock</i>	_____		_____		
	Publicly Traded (Yes/No)	Balance (\$ or Shares)			
<i>Current Loan</i>	_____		_____		
	Frequency of Payment	Payoff Year	Payment		
<i>Future Loan</i>	_____		_____		
	Length	Start Year	Loan Amount		

	Loan Owner				

	_____		_____		
	Plan Name		Investment Company		
<i>Employee Contribution</i>	_____	_____	_____	_____	_____
	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount	Start Date	End Date
	_____	_____	_____		
	Annual Contribution	% of Company Stock	Portion of Guaranteed Investment Contract (GIC)		
	Match _____% of first _____%, then _____% of _____%				
<i>Company Stock</i>	_____		_____		
	Publicly Traded	Balance			
<i>Current Loan</i>	_____		_____		
	Frequency of Payment	Payoff Year	Payment		
<i>Future Loan</i>	_____		_____		
	Length	Start Year	Loan Amount		

	Loan Owner				

Client Questionnaire

Assets: Tax-Deferred

Employer-Sponsored Retirement Plans

	_____		_____		
	Plan Name		Investment Company		
<i>Employee Contribution</i>	_____	_____	_____	_____	_____
	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount \$	Start Date	End Date
	_____	_____	_____		
	Annual Contribution %	% of Company Stock	Portion of Guaranteed Investment Contract (GIC) \$		
	Match _____% of first _____%, then _____% of _____%				
<i>Company Stock</i>	_____		_____		
	Publicly Traded (Yes/No)	Balance (\$ or Shares)			
<i>Current Loan</i>	_____		_____		
	Frequency of Payment	Payoff Year	Payment		
<i>Future Loan</i>	_____		_____		
	Length	Start Year	Loan Amount		

	Loan Owner				

	_____		_____		
	Plan Name		Investment Company		
<i>Employee Contribution</i>	_____	_____	_____	_____	_____
	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount	Start Date	End Date
	_____	_____	_____		
	Annual Contribution	% of Company Stock	Portion of Guaranteed Investment Contract (GIC)		
	Match _____% of first _____%, then _____% of _____%				
<i>Company Stock</i>	_____		_____		
	Publicly Traded	Balance			
<i>Current Loan</i>	_____		_____		
	Frequency of Payment	Payoff Year	Payment		
<i>Future Loan</i>	_____		_____		
	Length	Start Year	Loan Amount		

	Loan Owner				

Client Questionnaire

Assets: Tax-Deferred

IRAs

IRA Name		Ticker Symbol	IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal (e.g., Retirement)		Beneficiary		
IRA Owner				

IRA Name		Ticker Symbol	IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal		Beneficiary		
IRA Owner				

IRA Name		Ticker Symbol	IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal		Beneficiary		
IRA Owner				

IRA Name		Ticker Symbol	IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal		Beneficiary		
IRA Owner				

Client Questionnaire

Assets: Tax-Deferred

Personal Property, Businesses, and Other Assets

Asset Name		Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner	

Asset Name		Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner	

Asset Name		Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner	

Asset Name		Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner	

Asset Name		Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner	

Asset Name		Asset Type	Beneficiary
Current Market Value	Cost Basis	Asset Owner	

Client Questionnaire

Liabilities

Liability

Name		Type	Collateralized (Yes/No)
Principal/Balance	APR %	Original Amount	Current Market Value
Start Date	End Date	Payment Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Lender Name		Borrower	

Name		Type	Collateralized
Principal/Balance	APR %	Original Amount	Current Market Value
Start Date	End Date	Payment Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Lender Name		Borrower	

Name		Type	Collateralized
Principal/Balance	APR %	Original Amount	Current Market Value
Start Date	End Date	Payment Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Lender Name		Borrower	

Client Questionnaire

Income: Present

Employment, Investment Income, Alimony, Child Support, and Other Income

Income Name			Income Type	
Start Date	End Date	Tax Status (Taxable, Tax-Deferred, Tax-Free)	Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Recipient			Annual Adjustment (% or \$)	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum

Income Name			Income Type	
Start Date	End Date	Tax Status	Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Recipient			Annual Adjustment	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum

Income Name			Income Type	
Start Date	End Date	Tax Status	Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Recipient			Annual Adjustment	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum

Income Name			Income Type	
Start Date	End Date	Tax Status	Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Recipient			Annual Adjustment	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum

Income Name			Income Type	
Start Date	End Date	Tax Status	Amount	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum
Recipient			Annual Adjustment	<input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Lump Sum

Client Questionnaire

Income: Future

Pensions

Pension Name		Annual Pension Income
Start Year	Tax Status (Taxable, Tax-Deferred, Tax-Free)	Cost of Living Adjustment (COLA) Benefit (Yes/No)
Owner		

Pension Name		Annual Pension Income
Start Year	Tax Status	Cost of Living Adjustment (COLA) Benefit
Owner		

Pension Name		Annual Pension Income
Start Year	Tax Status	Cost of Living Adjustment (COLA) Benefit
Owner		

Social Security

Annual Amount	Age to Collect	Recipient
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Annual Amount	Age to Collect	Recipient
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Annual Amount	Age to Collect	Recipient
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Client Questionnaire

Income: Future

Working During Retirement, Expected Windfalls, etc.

Income Name	Start Year	End Year
-------------	------------	----------

Annual Income Dollars Before Tax	Annual Adjustment(% or \$)	Income Owner
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Income Name	Start Year	End Year
-------------	------------	----------

Annual Income Dollars Before Tax	Annual Adjustment	Income Owner
----------------------------------	-------------------	--------------

Income Name	Start Year	End Year
-------------	------------	----------

Annual Income Dollars Before Tax	Annual Adjustment	Income Owner
----------------------------------	-------------------	--------------

Income Name	Start Year	End Year
-------------	------------	----------

Annual Income Dollars Before Tax	Annual Adjustment	Income Owner
----------------------------------	-------------------	--------------

Income Name	Start Year	End Year
-------------	------------	----------

Annual Income Dollars Before Tax	Annual Adjustment	Income Owner
----------------------------------	-------------------	--------------

Income Name	Start Year	End Year
-------------	------------	----------

Annual Income Dollars Before Tax	Annual Adjustment	Income Owner
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Client Questionnaire

Expenses

Retirement Expenses

_____	_____	_____
% of Salary or Dollar Amount	Retirement Year	Retirement Age

Recipient		

_____	_____	_____
% of Salary or Dollar Amount	Retirement Year	Retirement Age

Recipient		

Education Expenses

_____			_____	
Student Name			School Name	
_____	_____	_____	_____	_____
Birth Year	College Start Year	College End Year	Current Cost (Tuition/Board)	Annual Growth Rate Above Inflation

_____			_____	
Student Name			School Name	
_____	_____	_____	_____	_____
Birth Year	College Start Year	College End Year	Current Cost	Annual Growth Rate Above Inflation

_____			_____	
Student Name			School Name	
_____	_____	_____	_____	_____
Birth Year	College Start Year	College End Year	Current Cost	Annual Growth Rate Above Inflation

_____			_____	
Student Name			School Name	
_____	_____	_____	_____	_____
Birth Year	College Start Year	College End Year	Current Cost	Annual Growth Rate Above Inflation

Client Questionnaire

Expenses

Miscellaneous Expenses

Description

Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
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Description

Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
------------	----------	--------	------------	---------------------------

Description

Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
------------	----------	--------	------------	---------------------------

Description

Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
------------	----------	--------	------------	---------------------------

Description

Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
------------	----------	--------	------------	---------------------------

Description

Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
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Client Questionnaire

Insurance: Life

Life Insurance

Policy Name		Policy Type	
Beneficiary	Contingent Beneficiary	Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability (Yes/No)	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

Policy Name		Policy Type	
Beneficiary	Contingent Beneficiary	Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

Policy Name		Policy Type	
Beneficiary	Contingent Beneficiary	Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

Client Questionnaire

Insurance: Life

Life Insurance

Policy Name		Policy Type	
Beneficiary	Contingent Beneficiary	Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability (Yes/No)	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

Policy Name		Policy Type	
Beneficiary	Contingent Beneficiary	Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

Policy Name		Policy Type	
Beneficiary	Contingent Beneficiary	Cash Surrender Value	<input type="radio"/> Life Annuity <input type="radio"/> Lump Sum
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency
Waived at Disability	Premium Amount	Premium Cease at Age	Beneficiary
Policy Owner			

Client Questionnaire

Insurance: Medical

Medical, Long-Term Care, and Disability

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Client Questionnaire

Insurance: Property

Auto, Homeowners, and Umbrella Liability Insurance

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	

