



CLIENT QUESTIONNAIRE



Client Name

Advisor Name

Date

FAMILY & FRIENDS

Name

Spouse Name

Date of Birth

Desired Age of Retirement

Date of Birth

Desired Age of Retirement

How many children do you have?

Age(s) of Children

FINANCIAL PRIORITIES

Please place a number next to your top 6 priorities from the list below:

Client

___ Creating Retirement Income

___ Saving for Major Purchases

___ Minimizing Taxes

___ Insuring your assets

___ Caring for Parents

___ Planning for a Business

___ Saving For College

___ Managing a Budget

___ Insuring your Life

___ Providing a Legacy

___ Contributing to Charity

Spouse

___ Creating Retirement Income

___ Saving for Major Purchases

___ Minimizing Taxes

___ Insuring your assets

___ Caring for Parents

___ Planning for a Business

___ Saving For College

___ Managing a Budget

___ Insuring your Life

___ Providing a Legacy

___ Contributing to Charity

RETIREMENT ASSUMPTIONS

Current Living Expenses

Retirement Living Expenses

MISCELLANEOUS ASSUMPTIONS

Are you expecting any large lump sum payment in the future? (e.g. Sale of Business, Inheritance, etc.)

Year

Amount

GOALS

Retirement \$ _____

Weddings/Celebrations \$ _____

Purchase of Property \$ _____

Education \$ _____

Travel \$ _____

Home Improvements \$ _____

Miscellaneous \$ _____

Duration

Short Term/Long Term

NET WORTH

	Joint	Client	Spouse
Real Estate/Property	\$ _____	\$ _____	\$ _____
Retirement Investments	\$ _____	\$ _____	\$ _____
Personal Investments	\$ _____	\$ _____	\$ _____
Other Investments	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Total Mortgage Debt	\$ _____	\$ _____	\$ _____
Total Credit Card Debt	\$ _____	\$ _____	\$ _____
All Other Debt	\$ _____	\$ _____	\$ _____

INCOME & SAVINGS

Salary	_____	Spouse Salary	_____
Other Income	_____	Spouse Other Income	_____
Savings (Qualified)	_____	Savings (Qualified)	_____
Savings (Non-Qualified)	_____	Savings (Non-Qualified)	_____
Social Security Benefits	_____	Social Security Benefits	_____

PROTECTION

Client Death Benefit \$	_____	Spouse Death Benefit \$	_____
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What other types of insurance policies do you have?

ADDITIONAL REMARKS

Is there any information you would like us to know which was not covered in this questionnaire?

VAULT CHECKLIST

LEGAL DOCUMENTS

- Wills
- Deeds
- Revocable & Irrevocable Trusts
- Power of Attorney
- Codicils (Supplements made to a Will)
- Living Wills/Health Directives
- Prenuptial Agreements
- Buy/Sell Agreements
- Contracts

BENEFITS

- Social Security Info
- Veteran's Administration Info
- Employment Benefits

INSURANCE POLICIES

- (Life, LTD, Disability, Medical, Car, Property)

BANK & INVESTMENT STATEMENTS

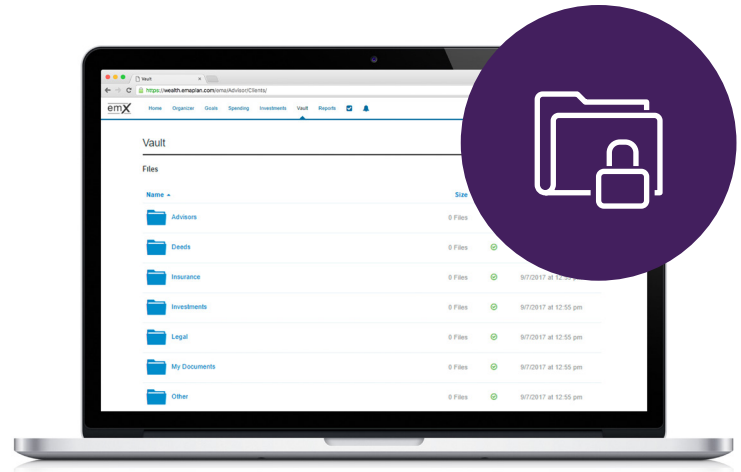
- Pensions, IRAs, Annuities, etc.
- Investment Accounts
- Stock Options/Certificates

LIABILITIES

- List of Credit Cards with Contact Information
- Mortgages
- Loans

TAXES

- Tax Returns
- W-2 Forms



IDENTIFICATION

- Birth Certificates
- Drivers Licenses
- Passports
- Social Security Cards

FAMILY

- Adoption Papers
- Medical Records
- Marriage License
- Pictures
- Audio Files
- Video Clips

PROPERTY

- Titles to Homes, Autos, Boats, etc.
- Warranties

PROFESSIONAL CONTACTS

Name _____ Relationship _____

Phone _____ Email _____

Name _____ Relationship _____

Phone _____ Email _____