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

		Duration	Short Term/Long Term
Retirement	$ ______	______	______
Weddings/Celebrations	$ ______	______	______
Purchase of Property	$ ______	______	______
Education	$ ______	______	______
Travel	$ ______	______	______
Home Improvements	$ ______	______	______
Miscellaneous	$ ______	______	______

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 $

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

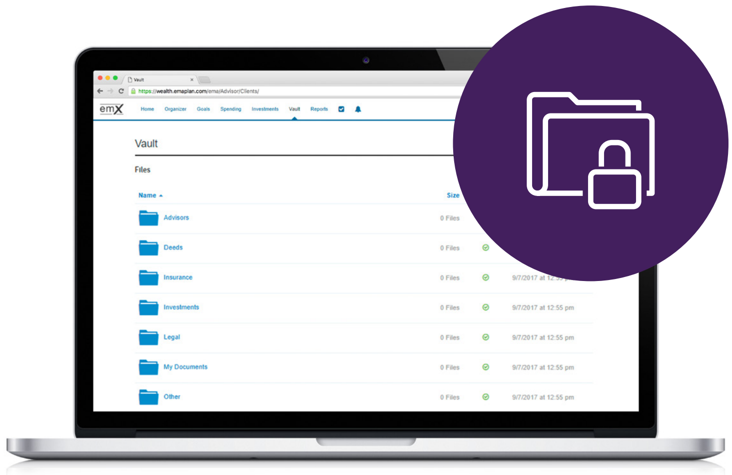
- [ ] Pensions, IRAs, Annuities, etc.
- [ ] Investment Accounts
- [ ] Stock Options/Certificates

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