

# Client Questionnaire

## Table of Contents

<b>General Information</b>	Self	Contact Information, Personal Information, Professional Information	2
	Partner	Contact Information, Personal Information, Professional Information	3
	Other Members of Your Household	General Information	4
<b>Assets</b>	Taxable	Accounts	6
	Tax-Deferred	Employer-Sponsored Retirement Plans	8
		IRAs	10
		Personal Property, Business and Other Assets	11
<b>Liabilities</b>		Liability	12
<b>Income</b>	Present	Employment, Investment, Alimony, Child Support and Other Income	13
	Future	Pensions and Social Security	14
		Working During Retirement, Expected Windfalls	15
<b>Expenses</b>		Retirement and Education Needs	16
		Miscellaneous Expenses	17
<b>Insurance</b>	Life	Life Insurance	18
	Medical	Medical, Long-Term Care, and Disability	20
	Property	Auto, Homeowners, and Umbrella Liability Insurance	21
<b>Additional Information</b>		Estate Planning and Additional Notes	22

# 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
---------------	----------------	-----------

Annual Amount	Age to Collect	Recipient
---------------	----------------	-----------

Annual Amount	Age to Collect	Recipient
---------------	----------------	-----------

# 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
----------------------------------	----------------------------	--------------

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
----------------------------------	-------------------	--------------

# 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
------------	----------	--------	------------	---------------------------

---

---

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
------------	----------	--------	------------	---------------------------

---

# Client Questionnaire

## Insurance: Life

### Life Insurance

Policy Name		Policy Type	
Beneficiary		Cash Surrender Value	
Contingent Beneficiary		<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		Cash Surrender Value	
Contingent Beneficiary		<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		Cash Surrender Value	
Contingent Beneficiary		<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		Cash Surrender Value	
Contingent Beneficiary		<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		Cash Surrender Value	
Contingent Beneficiary		<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		Cash Surrender Value	
Contingent Beneficiary		<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	

# Client Questionnaire

## Additional Information

**Estate Planning**

Current Will \_\_\_\_\_  
Date

Current Trust \_\_\_\_\_  
Date

Estate Details

---

---

---

---

---

---

---

**Additional Notes**

---

---

---

---

---

---

---

---

---

---

---

---