



**CLIENT DATA QUESTIONNAIRE
FOR**

Date: _____

CLIENT DATA QUESTIONNAIRE

DATE: _____

CLIENT I

Name: _____

Home Address: _____

Home Phone: _____

Mobile: _____

Pager: _____

Birth Date: _____

Drivers License #: _____

SS #: _____

Expiration Date: _____

Citizenship: _____ Residency: _____

Mother's Maiden Name: _____

Occupation: _____

Employer: _____

Office Phone: _____

Office Address: _____

E-mail: Home: _____

Office: _____

Where do you prefer to have USPS mail sent? Home Office Other: _____

Where do you prefer to have e-mail sent? Home: Office Other: _____

REFERRAL: How did you hear about our firm? _____

CLIENT II

Name: _____

Home Phone: _____

Mobile: _____

Birth Date: _____

Drivers License #: _____

SS #: _____

Expiration Date: _____

Citizenship: _____ Residency: _____

Mother's

Maiden Name: _____

Occupation: _____

Employer: _____

Office Phone: _____

Office
Address: _____

E-mail: Home: _____

Office: _____

Where do you prefer to have USPS mail sent? Home Office Other: _____

Where do you prefer to have e-mail sent? Home: Office Other: _____

PARENTS OF CLIENT I

Father

Mother

Name: _____

Age: _____

Residence: _____

Health: _____

No. of Client I's Brothers/Sisters: _____

Comments: _____

PARENTS OF CLIENT II

Father

Mother

Name: _____

Age: _____

Residence: _____

Health: _____

No. of Client II's Brothers/Sisters: _____

Comments: _____

CLIENTS' OTHER ADDRESSES (cottage, condo, etc.)

Period of Residing
During Year

1. _____ to _____

Phone: _____ Registration: _____

2. _____ to _____

Phone: _____ Registration: _____

HEALTH

Do you have any current health problems or any history of health problems?

Client I _____

Client II _____

Have you been married before? Client I Yes No Client II Yes No

If yes, do you have children from the marriage? Client I #: _____ Client II #: _____

Do you have a prenuptial agreement? Yes No

If yes, what are the terms of the agreement? _____

CLIENTS' CHILDREN (one for each child)

Name: _____ Child of: Client I Client II Both

Address (if living away) _____

Birth date: _____ Social Security #: _____

School Year: _____ HS Graduation Date: _____

College Plans: _____

College Financing Plans: _____

Assets held in child's name: _____

IF CHILD IS AN ADULT:

Occupation _____ Address: _____

Employer _____

CHILD'S FAMILY:

Spouse: _____ Occupation: _____

Children:	<u>Name</u>	<u>Birth date</u>
	_____	_____
	_____	_____
	_____	_____

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Name: _____ Child of: Client I Client II Both

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Birth date: _____ Social Security #: _____

School Year: _____ HS Graduation Date: _____

College Plans: _____

College Financing Plans: _____

Assets held in child's name: _____

IF CHILD IS AN ADULT:

Occupation _____ Address: _____

Employer _____

CHILD'S FAMILY:

Spouse: _____ Occupation: _____

Children:	<u>Name</u>	<u>Birth date</u>
	_____	_____
	_____	_____
	_____	_____

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Occupation _____ Address: _____

Employer _____

CHILD'S FAMILY:

Spouse: _____ Occupation: _____

Children:	<u>Name</u>	<u>Birth date</u>
	_____	_____
	_____	_____
	_____	_____

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Occupation _____ Address: _____

Employer _____

CHILD'S FAMILY:

Spouse: _____ Occupation: _____

Children:	<u>Name</u>	<u>Birth date</u>
	_____	_____
	_____	_____
	_____	_____

ADVISORS

	<u>NAME</u>	<u>COMPANY</u>
ATTORNEY:		
ACCOUNTANT:		
STOCKBROKER:		
LIFE INSURANCE AGENT:		
GENERAL INSURANCE BROKER (auto/homeowners):		

CONFIDENTIALITY

In the process of providing you with investment and financial planning assistance, we may need to confer with your accountant, attorney, and/or insurance agent. Do we have your permission to consult with them?

Yes No

ESTATE PLAN

Do you have a will? If so, when was it last updated?

Client I: Yes No Updated _____

Client II: Yes No Updated _____

Who is the personal representative of your will?

Client I: _____

Client II: _____

Do you have a living trust? If so, who is (are) the trustee(s)?

Client I: _____

Client II: _____

Have the trusts been funded? Yes No

Attorney who drew up the estate plan: _____

ANTICIPATED INHERITANCES

Client I: _____

Comments: _____

Client II: _____

Comments: _____

GIFTS

Since January 1 of this year, have either of you made any gifts to anyone?
(List recipients and amounts)

Have you ever made gifts to anyone in a single year of more than \$13,000?

Do you have a policy regarding future gifts?

NON-INVESTMENT ASSETS

Home: Market Value \$
Mortgage
Original Amount \$
Year Loan Made
Rate %
Term in Years
Amount Outstanding \$
Monthly Payment \$

Have you owned and occupied your home for three out of the last five year?

Yes No

Other Residences:

1. Market Value \$
Mortgage
Original Amount \$
Year Loan Made
Rate %
Term in Years
Amount Outstanding \$
Monthly Payment \$

2. Market Value \$
Mortgage
Original Amount \$
Year Loan Made
Rate %
Term in Years
Amount Outstanding \$
Monthly Payment \$

INVESTMENT HOLDINGS

	<u>YES</u>	<u>NO</u>
BROKERAGE ACCOUNTS	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please list the locations:

MUTUAL FUND ACCOUNTS (Held at the fund)	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please list the locations:

TRUSTS (Where you are the income beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please list:

CD'S (Certificate of Deposits)	<input type="checkbox"/>	<input type="checkbox"/>
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SAVINGS BONDS	<input type="checkbox"/>	<input type="checkbox"/>
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COLLECTIBLES	<input type="checkbox"/>	<input type="checkbox"/>
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ANNUITIES	<input type="checkbox"/>	<input type="checkbox"/>
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VARIABLE LIFE INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>
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LIMITED PARTNERSHIPS	<input type="checkbox"/>	<input type="checkbox"/>
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BANK/CREDIT UNION ACCOUNTS	<input type="checkbox"/>	<input type="checkbox"/>
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OTHER:

LIVING EXPENSES

What are your annual living expenses? \$ _____

Do you maintain a budget or spending plan? Yes No

How much do you save annually? \$ _____

Comments: _____

PRESENT SOURCES AND AMOUNT OF INCOME

	<u>Client I</u>	<u>Client II</u>
SALARY	\$ _____	\$ _____
PENSION(S)	\$ _____	\$ _____
SOCIAL SECURITY	\$ _____	\$ _____
ANNUITIES	\$ _____	\$ _____
OTHER	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

SOURCE OF FUNDS IN AN EMERGENCY

What money is immediately available in an emergency?

How much money do you think you should keep liquid as a cash reserve for emergencies?

\$ _____

Do you presently have a home equity line of credit? If so, what is the amount of the line, what is the bank, what is the rate, and how much of the line is presently being used?

Yes No

Amount \$ _____

Bank _____

Rate _____ %

Present loan \$ _____

PLANS FOR RETIREMENT

Are you retired? Client I: Yes No Client II: Yes No

If no, at what age(s) would you like to retire? Client I _____ Client II _____

What will you do differently in retirement than you are doing now?

How do you think your living expenses will change following retirement?

Is there any reason to believe that you and your spouse will live longer than your normal life expectancy or less than your normal life expectancy?

Client I: _____

Client II: _____

Will both of you qualify for social security independently?

Client I: Yes No

Client II: Yes No

RETIREMENT PROGRAMS

What sources of income will be available to you upon retirement?

	<u>Client I</u>	<u>Client II</u>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>
IRA's	<input type="checkbox"/>	<input type="checkbox"/>
Pension	<input type="checkbox"/>	<input type="checkbox"/>
Savings Plans (401(k)), etc.	<input type="checkbox"/>	<input type="checkbox"/>
Annuities/Qualified	<input type="checkbox"/>	<input type="checkbox"/>
Annuities/Non-Qualified	<input type="checkbox"/>	<input type="checkbox"/>
Stock Purchase Plan	<input type="checkbox"/>	<input type="checkbox"/>
Non-Qualified Deferred Compensation Plan	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

PROTECTION AGAINST RISK

Please indicate whether you presently have some coverage in each of the following insurance areas:

	<u>Client I</u>	<u>Client II</u>
Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>
Auto	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Other Coverage	<hr/> <hr/> <hr/>	

Note: At a later date, you will be asked to provide copies of the policies currently in effect.

LIFE INSURANCE

Please list the appropriate life insurance coverage presently in effect by policy:

CLIENT I

<u>Company</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

CLIENT II

<u>Company</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Note: At a later date, you will be asked to provide copies of policies and current statements for each insurance policy currently in effect.

TAX INFORMATION

Have you realized any gain/losses in your portfolio since the beginning of the year?

Yes No If yes, how much? \$ _____

Do you have a loss carry forward from preceding tax years?

Yes No If yes, how much is it? \$ _____

Will your income be significantly higher or lower his year than last year?

Yes No If yes, by how much? \$ _____

FINANCIAL GOALS

What are your financial goals? Financial goals are objectives that require financial resources to achieve. This question provides you with an opportunity to list your financial goals over your lifetime. We have provided a list of goals that have been frequently expressed by our clients to help you get started. We have also provided space for those financial goals which you do not see listed.

- Comfortable retirement
- Purchase a second home
- Help children get started in life
- Fund children's/grandchildren's college expenses
- Start your own business
- Extensive Travel
- Not be a financial burden to anyone
- Leave an inheritance
- Charitable Giving
- _____
- _____
- _____
- _____
- _____
- _____

INVESTING

Are there any investments that you currently own that you prefer not to sell?

Yes No

If yes, please list them below:

What is there about your present investments that you like?

What is there about your present investments that you do not like?

INVESTING - CONTINUED

Have you had any unpleasant investment experiences?

What financial concerns do you have at the present time?
