

# CONFIDENTIAL QUESTIONNAIRE

Please take a few moments to fill this out completely. It will ensure that your time is efficient and productive.

## PERSONAL

Last Name *First Name* *M.I.* *Age* *Date Of Birth*

Address *City* *State* *Zip*

Home Phone *Cell Phone* *Work Phone* *Email*

## DEPENDENTS

*Last Name* *First Name* *M.I.* *D.O.B.* *From previous marriage?*

*Last Name* *First Name* *M.I.* *D.O.B.* *From previous marriage?*

*Last Name* *First Name* *M.I.* *D.O.B.* *From previous marriage?*

*Last Name* *First Name* *M.I.* *D.O.B.* *From previous marriage?*

*Last Name* *First Name* *M.I.* *D.O.B.*

## PRIMARY GOALS

- |   |  |
|---|--|
| <input type="checkbox"/> Comprehensive financial strategy         | <input type="checkbox"/> Care of someone with special needs      |
| <input type="checkbox"/> Lifestyle in event of death / disability | <input type="checkbox"/> Care of an aging relative               |
| <input type="checkbox"/> Legacy for family or community           | <input type="checkbox"/> Education for children or grandchildren |
| <input type="checkbox"/> Sell or transfer a business              | <input type="checkbox"/> Financial Independence, Retirement      |

Other Goals:

## CHANGES

Please check all that have occurred recently or that you expect to occur in the near future.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Pay off a loan            | <input type="checkbox"/> Investment allocations        | <input type="checkbox"/> Retirement            |
| <input type="checkbox"/> A new child or grandchild | <input type="checkbox"/> Inheritance                   | <input type="checkbox"/> Increase savings      |
| <input type="checkbox"/> Marriage                  | <input type="checkbox"/> Purchase or sell a residence  | <input type="checkbox"/> Dependent parent      |
| <input type="checkbox"/> Graduation                | <input type="checkbox"/> Job change, loss or promotion | <input type="checkbox"/> Obtain a loan         |
| <input type="checkbox"/> A new business            | <input type="checkbox"/> Sell a business or practice   | <input type="checkbox"/> A death in the family |
| <input type="checkbox"/> Divorce                   | <input type="checkbox"/> Salary / bonus increase       | <input type="checkbox"/> Return to work        |

## CONCERNS

Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Unexpected expenses   | <input type="checkbox"/> Rate of return on cash reserves        |
| <input type="checkbox"/> Level of emergency cash reserves                                  |   |
| <hr/>  |   |
| <input type="checkbox"/> Lifestyle in event of premature death                             | <input type="checkbox"/> Lifestyle in event of disability       |
| <input type="checkbox"/> Elder care for yourself   | <input type="checkbox"/> Elder care for a relative              |
| <input type="checkbox"/> Property insurance (auto, home, business)                         | <input type="checkbox"/> Market volatility                      |
| <input type="checkbox"/> Employee benefits   | <input type="checkbox"/> Care of someone with special needs     |
| <input type="checkbox"/> Business continuation in event of death or disability of an owner |   |
| <hr/>  |   |
| <input type="checkbox"/> New or second home Weddings,                                      | <input type="checkbox"/> Purchase / sale of a business          |
| <input type="checkbox"/> Bar- or Bat-Mitzvahs  | <input type="checkbox"/> Employer stock option strategies       |
| <input type="checkbox"/> Sale of a highly appreciated asset                                | <input type="checkbox"/> Understanding your investment accounts |
| <input type="checkbox"/> Market volatility   | <input type="checkbox"/> Saving for college expenses            |
| <hr/>  |   |
| <input type="checkbox"/> Federal and / or state income tax                                 | <input type="checkbox"/> Alternative minimum tax                |
| <input type="checkbox"/> Taxation of retirement income                                     | <input type="checkbox"/> Taxation of social security            |
| <input type="checkbox"/> Passive Loss Limitations  | <input type="checkbox"/> Income tax reduction strategies        |
| <hr/>  |   |
| <input type="checkbox"/> Enough retirement income  | <input type="checkbox"/> When to take social security           |
| <input type="checkbox"/> Outliving retirement income                                       | <input type="checkbox"/> Retirement plan performance            |
| <input type="checkbox"/> Retirement income for spouse / partner                            | <input type="checkbox"/> Employee stock options                 |
| <input type="checkbox"/> Business exit strategies  | <input type="checkbox"/> Supplemental retirement plans          |
| <input type="checkbox"/> IRA distributions strategies                                      |   |
| <hr/>  |   |
| <input type="checkbox"/> Estate transfer costs - probate, death taxes                      | <input type="checkbox"/> Estate administration                  |
| <input type="checkbox"/> Keeping a business in the family                                  | <input type="checkbox"/> Charities, foundations                 |
- other concerns: \_\_\_\_\_

## I HAVE...

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> a will or trust          | _____                               |
| <input type="checkbox"/> a written financial plan | Prepared by _____ Last update _____ |
| <input type="checkbox"/> a tax professional       | Prepared by _____ Last update _____ |
| <input type="checkbox"/> a stockbroker            | Name _____ Company _____            |
| <input type="checkbox"/> a life insurance agent   | Name _____ Company _____            |
| <input type="checkbox"/> a property ins. agent    | Name _____ Company _____            |

## NEXT MEETINGS

**IMPORTANT:** If you need to reschedule your appointment, please notify us as soon as possible, preferably 48 hours in advance. Thank you!

DATA GATHERING	PRELIMINARY FINDINGS	FINAL RECOMMENDATIONS	IMPLEMENTATION
Date	Date	Date	Date
Time	Time	Time	Time

## DOCUMENTS REQUESTED

### Most Recent Payroll Stubs

- Client  Co-client

### Complete Income Tax Returns

- Client  Business  
 Co-client

### Investments and Retirement Statements and / or Plan Descriptions

- Pension / profit sharing  
 Sep / simple IRA  
 401(K) / TSA / PEDC  
 IRA / Roth IRA  
 529 College saving plan  
 Securities accounts  
 Bank statements  
 Annuities  
 Social security statements  
 Employee benefit in

### Estate Planning Documents

- Wills  
 Trusts  
 Power of Attorney  
 Health Care Directive

### Insurance Policies and / or Statements

- Life  
 Medical  
 Disability  
 Long-term care  
 Auto and home  
 Liability  
 Group insurance

### Employee Benefit Statements / Booklets

- Client  
 Co-client

### Business Documents

- Buy-sell agreement  
 Deferred compensation agreements  
 Split dollar agreements  
 Wage continuation agreements  
 Employment / consulting agreements  
 Group benefit programs  
 Other employer paid benefits

### Cash Flow Worksheet