

Personal Review

Client Name



Client Questionnaire

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

Marital Status: _____

Date of Birth: _____

Spouse D.O.B. : _____

Occupation: _____

Spouse Occupation: _____

Part Time Full Time

Part Time Full Time

Retirement Date: _____

Retirement Date: _____

Number of Children: _____ Number of Dependents _____ Number of Grandchildren _____

What is your Federal Income Tax Bracket? _____ %

Household annual income? (you) _____ + (spouse) = _____ Total Income

+ (child support) _____ = _____ Total Income

Do you have funds available in case of emergencies? Yes No Amount _____

Do you anticipate any large expenses out of the ordinary in the next few years? _____

Do you anticipate any inheritances? _____

Do you have a pension plan program? Yes No Spouse: Yes No

Your annual pension income: _____ Spouse annual pension income: _____

VALUE OF RETIREMENT ACCOUNTS

Ira(s): His value: _____ Invested in: _____ Her value: _____ Invested in: _____

Roth IRA(s): His value: _____ Invested in: _____ Her value: _____ Invested in: _____

SEP IRA(s): His value: _____ Invested in: _____ Her value: _____ Invested in: _____

401(k)'s: His value: _____ Invested in: _____ Her value: _____ Invested in: _____

Keogh(s): His value: _____ Invested in: _____ Her value: _____ Invested in: _____

TSA(s): His value: _____ Invested in: _____ Her value: _____ Invested in: _____

INSURANCE

Life Insurance	Ann Prem	Face Amt.	Type	Cash Value	Year Issued	Company
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Self _____

Spouse _____

Child _____

Child _____

Long Term Care _____

Critical Illness _____

Disability _____

Current Asset Allocation

	Cash	Rate
Checking	_____	_____
Savings	_____	_____
Money Market	_____	_____
Other	_____	_____
Total Cash	\$ _____	_____ %

	Income	Firm/Maturity/Rate
CDs (> 1 year)	_____	_____
Fixed Annuities	_____	_____
Bonds	_____	_____
Bond MFs	_____	_____
Other	_____	_____
Total Cash	\$ _____	_____ %

	Growth	Details
Stocks	_____	_____
Stock MFs	_____	_____
Variable Annuities	_____	_____
Other	_____	_____
Total Growth	\$ _____	_____

	Other	Details
Real Estate	_____	_____
Business Ventures	_____	_____
Other	_____	_____
Other	_____	_____
Other	\$ _____	_____

Total Assets \$ _____

	Liabilities	Details
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	\$ _____	_____

Liabilities \$ _____

Are you using the income from these assets or reinvesting it? _____

Other sources of income? _____

Are you paying income taxes on your Social Security? _____

Are any of your assets growing tax deferred? _____

Describe your feeling toward the current rate and performance of your savings and investments? _____

Financial Objectives

Primary Financial Objectives? (Check all that apply)

- Preserve Principal Current Income Tax Savings Retirement College Savings
 Other _____

Primary areas of concern: (Check all that apply)

- Home Health Care Social Security Taxes Inflation
 Long Term Care Outliving your Money Helping your Children & Grandchildren
 Return on Assets Liquidity of your Assets Loss of Principal
 Income Taxes Avoid Dependence on Others Other _____

What experience do you have with the following? (Check all that apply)

- Money Markets, CD's, Savings Municipal/Government Bonds Common Stock Mutual Funds
 Treasury Bills Variable Annuities International Funds
 Fixed Annuities Growth Mutual Funds Other _____
 Corporate Bonds Bond Mutual Funds Other _____

What is your most important financial goal?

- _____ Safety
_____ Income
_____ Growth

Do you need the income that will be generated?

- _____ Yes
_____ No – I can reinvest for a few years
_____ No – I can reinvest for more than 5 years

When will you begin using your principal?

- _____ 0 – 4 Years
_____ 5 – 9 Years
_____ 10 Years or Longer

To what degree will you risk principal in pursuit of higher returns?

- _____ None
_____ Low
_____ Moderate
_____ High
_____ Very High

What questions or concerns do you have for me? _____

Notes: _____

Signature

Date