

Client Questionnaire

Please print and fill out this questionnaire and fax or mail the completed form to our office.

CONFIDENTIAL - Your information will be kept confidential and never be given or sold to any other company or individual.

Full Name: _____	Spouse's Full Name: _____
Date of Birth: _____ U.S. Citizen: <input type="checkbox"/>	Date of Birth: _____ U.S. Citizen: <input type="checkbox"/>
Place of Birth: _____	Place of Birth: _____
Home Address: _____	Home Address: _____
Home Telephone: _____	Home Telephone: _____
Pager: _____	Pager: _____
E-mail: _____	E-mail: _____
Occupation: _____	Spouse's Occupation: _____
Company Name: _____	Company Name: _____
Company Address: _____	Company Address: _____
Business Phone: _____	Business Phone: _____
Business Fax: _____	Business Fax: _____
Years with Company: _____	Years with Company: _____
Date when Married: _____	Spouse's Prior Marriages: None <input type="checkbox"/> Date of divorce final: _____
Prior Marriages: None <input type="checkbox"/> Date of divorce final: _____	Special requirements of decree: _____
Special requirements of decree: _____	

Children

Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Dependent: _____	Dependent: _____
Address/City/State/Zip: _____	Address/City/State/Zip: _____
Occupation: _____	Occupation: _____
Married: _____	Married: _____
Health Condition: _____	Health Condition: _____
Any problems (disabilities, drugs, learning disorders, spendthrifts, etc.) with current children? YES <input type="checkbox"/> NO <input type="checkbox"/>	Any problems (disabilities, drugs, learning disorders, spendthrifts, etc.) with current children? YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please explain: _____	If Yes, please explain: _____
_____	_____

Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Dependent: _____	Dependent: _____
Address/City/State/Zip: _____	Address/City/State/Zip: _____
Occupation: _____	Occupation: _____
Married: _____	Married: _____
Health Condition: _____	Health Condition: _____
Any problems (disabilities, drugs, learning disorders, spendthrifts, etc.) with current children? YES <input type="checkbox"/> NO <input type="checkbox"/>	Any problems (disabilities, drugs, learning disorders, spendthrifts, etc.) with current children? YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please explain: _____	If Yes, please explain: _____
_____	_____

Other Dependents

YES NO Relationship: _____

Grandchildren

Number of Grandchildren: _____ Ages: _____

Will you provide for education? YES NO

If Yes, how much? _____

Health Problems

Does any family member or dependent have health problems? YES NO

If Yes, please explain: _____

Advisors

Attorney: _____

Address: _____

Phone: _____

Insurance Agent: _____

Address: _____

Phone: _____

Stockbroker: _____

Address: _____

Phone: _____

Insurance Agent: _____

Address: _____

Phone: _____

Current Annual Income

TYPE	SELF	SPOUSE
Salary: _____		
Bonus: _____		
Commissions: _____		
Interest (Taxable): _____		
Interest (Non-taxable): _____		
Dividends (Individual securities, mutual funds): _____		
Capital gains/losses Short Term: _____		
Capital gains/losses Long Term: _____		
Previous year loss carryover: _____		
1099 Self Employment Income: _____		
Real Estate Rentals: _____		
Non-qualified Annuities: _____		
Pension Plan: _____		

TYPE	SELF	SPOUSE
401k, 403b, 501c3, Keogh distributions: _____		
IRA distributions: _____		
Life Insurance loans: _____		
Child Support (Taxable): _____		
Alimony (Taxable): _____		
Social Security: _____		
Gifts: _____		
Trusts: _____		
Disability Income: _____		
Other Income (partnerships, mortgages, etc.): _____		
Sale of Assets: _____		
Other (please describe): _____		
Other (please describe): _____		

Estimated income for the next 3 years: _____ / _____ / _____

Tax bracket (Federal & State combined): _____

Assets

TYPE	SELF	SPOUSE	TRUSTS	JOINT TENANCY	COMMUNITY PROPERTY
Cash: _____					
Checking: _____					
Savings: _____					
CD's: _____					
Money Market: _____					
Treasury Bills: _____					
U.S. Savings Bonds: _____					

Securities Owned: Individual Ownership of Stocks or Bonds (either held directly or in street name. Do not include company stock.)

NAME OF SECURITY	DATE PURCHASED	NUMBER OF SHARES	CURRENT VALUE	OWNERSHIP

Securities Owned: Mutual Funds

NAME OF SECURITY	DATE PURCHASED	NUMBER OF SHARES	CURRENT VALUE	OWNERSHIP

Employer Retirement Accounts

TYPE / DESCRIPTION	VESTED VALUE	SELF	SPOUSE	BENEFICIARY
IRA Standard: _____				
Roth IRA: _____				
401(k): _____				
Keogh: _____				
Pension Plan: _____				
Profit Sharing: _____				
Employee Stock Plan: _____				
Standard Annuity: _____				
Tax Sheltered Annuity: _____				
403(b): _____				
501(c)3: _____				

401(k) company contribution: _____ Monthly Pension from employer at Retirement Age: _____
 Monthly Pension from others at Retirement Age: _____ Projected Retirement Age: _____
 Pension Lump Sum (if available or indicate #): _____ Monthly Pension from employer at Retirement Age: _____

Annuities: (non-employer)

TYPE	\$ INVESTED	CURRENT VALUE	INTEREST RATE	SURRENDER CHARGE	ANNUAL PAYMENT
Fixed: _____					
Variable: _____					
Combination: _____					

Any deferred compensation plans with employer? YES NO If Yes, please provide documents.

Client Questionnaire cont'd (pg. 4)

Real Estate: Describe all loans on property (1st, 2nd, Home Equity Lines of Credit), maturity dates, balloon payments and if possible, the mortgages expressed as part principal and interest.

ADDRESS	COST	CURRENT VALUE	MORTGAGE	WHEN PURCHASED
Home: _____				
Vacation Home: _____				
Multi-Family: _____				
Commercial: _____				
Raw Land: _____				

Limited Partnerships:

TYPE	COST	CURRENT VALUE	WHEN PURCHASED
Real Estate: _____			
Oil and Gas: _____			
Equipment Leasing: _____			
Other: _____			

Personal Property: Estimate

TYPE	COST	CURRENT VALUE
Furniture: _____		
Jewelry and Furs: _____		
Autos/Campers/Trailers: _____		
Boats/Aircrafts: _____		
Collections: _____		
Clothes: _____		
Computer System: _____		
Stereo/TV System: _____		
Other: _____		

Life Insurance

Are you currently smoking? YES NO

Is and has your health been?: Excellent Average Fair or Poor

If not excellent at all times, please explain: _____

Have you smoked in the past? YES NO

If Yes, when did you quit? _____

Have you ever been denied coverage? YES NO

If Yes, please explain: _____

Life Insurance Coverage Personal - SELF: Describe all loans on property (1st, 2nd, Home Equity Lines of Credit), maturity dates, balloon payments and if possible, the mortgages expressed as part principal and interest.

TYPE	FACE VALUE	ANNUAL PREMIUM	BENEFICIARY	CASH VALUE	LOAN	SURRENDER VALUE
Term: _____						
Whole: _____						
Universal: _____						
Variable: _____						
Other: _____						

Life Insurance Coverage Personal - SPOUSE

TYPE	FACE VALUE	ANNUAL PREMIUM	BENEFICIARY	CASH VALUE	LOAN	SURRENDER VALUE
Term: _____						
Whole: _____						
Universal: _____						
Variable: _____						
Other: _____						

Extra Coverage (accidental death, term riders, etc.): _____

Life Insurance Coverage by Employer - SELF

TYPE	FACE VALUE	ANNUAL PREMIUM	BENEFICIARY	CASH VALUE	LOAN	SURRENDER VALUE
Term: _____						
Whole: _____						
Universal: _____						
Variable: _____						
Other: _____						

Life Insurance Coverage by Employer - SPOUSE

TYPE	FACE VALUE	ANNUAL PREMIUM	BENEFICIARY	CASH VALUE	LOAN	SURRENDER VALUE
Term: _____						
Whole: _____						
Universal: _____						
Variable: _____						
Other: _____						

Extra benefits on any of the above policies (waiver of premium, accidental death, term riders, split dollar): Also, if employer does not pay all premiums, indicate percentage contributed _____

General Insurance

TYPE	COVERAGE	PERSONAL - SELF	PERSONAL - SPOUSE	EMPLOYER - SELF	EMPLOYER - SPOUSE
Hospital & Major Medical: _____					
Short Term Disability: _____					
Long Term Disability: _____					
Home Owner's: _____					
Umbrella: _____					
Personal Contents: _____					
Professional Liability: _____					
Automobile: _____					

Liabilities: Describe any unique characteristics such as balloon payments, variable rates, etc.(excluding real estate mortgages & Home Equity Loans)

TYPE	AMOUNT OWED	MONTHLY PAYMENT	INTEREST RATE	SELF or SPOUSE
Bank Loan: _____				
Student Loan: _____				
Insurance Policy Loan: _____				
Personal: _____				
Installment Debt: _____				
Credit Cards: _____				
Broker/Margin Accounts: _____				
Church Charity: _____				
Alimony/Child Support: _____				
Auto Loans: _____				
Other: _____				

Did you recently received a TRW credit rating report? YES NO Have you ever declared bankruptcy? YES NO
 Any problems with credit history - i.e. judgments? YES NO If Yes, please provide circumstances and date(s): _____

Estate Issues:

Do you have a current will? YES NO Last review: _____ Is your spouse capable of handling money? YES NO
 Do you have a living trust? YES NO Last review: _____ If No, are co-trustees capable? YES NO
 Who are the trustees or executors? _____ Are there separate trusts for beneficiaries? YES NO
 _____ If Yes, provide details _____

 How were they selected? _____
 Who selected them? _____
 What are their backgrounds? _____

Provide copies of all trust documents.

Are you aware that your life insurance will be taxed as part of your estate? YES NO Are you currently gifting any assets to anyone? YES NO
 If Yes, to who and how much? _____
 Are you aware that joint tenancy and contractual agreements bypass wills and trusts? YES NO
 Are you considering or would you consider a charitable gift? YES NO
 Do any members of your family expect to receive major inheritances? YES NO
 If Yes, to who and how much? _____

 Are you familiar with charitable remainder/lead trusts? YES NO