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CLIENT PLANNING QUESTIONNAIRE

Please complete the following questionnaire to the best of your abilities. This information is most helpful to us so that we may properly plan for you and it will be held in the strictest confidence. The client(s) is/are the person(s) who is/are implementing planning. PLEASE DO NOT BE UPSET IF YOU CANNOT ANSWER ALL OF THE QUESTIONS.

A. PERSONAL INFORMATION

Client #1 Name: ______________________________
Date of Birth: ______________ Social security #:______________
Client #2 Name: ______________________________
Date of Birth: ______________ Social security #:______________
Address: ______________________________
____
Telephone: H:______________ Cel/Work:______________
Email: ______________________________

Military Service: Yes/No Citizenship: ______________________________

Status of Health: (Client #1)______________________________
____
____
(Client #2)______________________________
____

Client's Objectives: ______________________________
____

Contact Person: ______________Relationship: ______________
Address: ______________________________
Telephone: ______________________________
Email: ______________________________

NOTE: Also, please bring the following Documents to our meeting, if available and applicable: (a) Will(s), (b) Durable Power(s) of Attorney, (c) deed to residence and other properties, (d) last two years tax returns, (e) life and health insurance policies and (f) any other documents or information you deem relevant. Such as copies of bank account, brokerage accounts, stock certificates, etc.

B. MARITAL INFORMATION

Date and Place of Marriage:

____

Has either of you been married previously?

____

If yes, give each prior spouse's name and address; date of death, or divorce from prior spouse; the title, location, and case number of probate or divorce court:

____

____

C. CHILDREN AND GRANDCHILDREN

Children of present marriage (living and deceased). Indicate if adopted, and give the date adopted and the court granting adoption order. (Indicate if deceased by putting "D" and give date of death next to name.) Please indicate whether any deceased child left any surviving children.

Name	Address	Birthdate	Spouse

Children of a prior marriage of Client #1 or #2:

____

____

____

Grandchildren:

Name	Address	Birthdate	Spouse

Please list parents, brothers, sisters, grandparents, and others (if relevant). Please note if any of those listed are dependent on you for support.

____
____

D. GENERAL INFORMATION

(Indicate Yes or No)

	Client #1	Client #2
* Do you receive Social Security?	______	______
Is the ck. directly deposited by Social Security?	______	______
Where is your ck. deposited? (Bank Name)	______	______
* Are you self-employed?	______	______
* Have you been appointed to a fiduciary status (executor, trustee, attorney-in-fact, etc.) under any legal documents?	______	______
If so, please describe said documents ..... …..	______	______

____

	Client #1	Client #2
* Are you involved in a lawsuit?	______	______
If so, please explain ....….	______	______

____

* Do any family members require special attention? (Explain; use back page, if necessary). Think, for example, about their health and general financial status, including needs and prospects.

____
____
____

	Client #1	Client #2
* Is anyone in your family disabled?	______	______
* Is anyone at risk because of medical condition or family history for becoming seriously ill or disabled?	______	______
* If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult with about your care (in priority order)?	______	______
* If you were unable to carry out your financial business, whom would you want to pay bills, make investment decisions and carry out other transactions for you? ....….	______	______

E. HEALTH CARE INFORMATION	Client #1	Client #2
(Indicate Yes or No)		

* Do you have Medicare? .... Part A ________ ________
Part B ________ ________
Part C ________ ________
Part D ________ ________

* Supplemental Insurance .... ________ ________

* Long Term Care Insurance .... ________ ________

* Do you receive Medicaid Benefits? .... ________ ________
* Do you receive Veterans Benefits? .... ________ ________

F. DOCUMENTS Client #1 Client #2

Do you have a Will? .... ________ ________
Date of Will? .... ________ ________
Do you have a Durable Power of Attorney? .... ________ ________

Do you have a Health Care Proxy? .... ________ ________
Do you have a Living Will? .... ________ ________
Do you have a Living Trust? .... ________ ________

G. GIFTS YOU HAVE MADE

Have you ever filed a Gift Tax Return? ________ ________
(If Yes, provide a copy)

List all gifts in excess of $3,000 made within the past 5 years?

Donor	Donee	Date Given	Return filed?	Value

H. PROFESSIONAL ADVISORS:

Tax Preparer:
Name: ____

Address: ____
Telephone: ____
Fax: ____

Investment Advisor:
Name: ____
Address: ____
Telephone: ____
Fax: ____

Insurance Agent:
Name: ____
Address: ____
Telephone: ____
Fax: ____

How Were you referred to us?____
____

I. INCOME AND EXPENSES

Please list your estimated income and expenses this year from the following sources.

	Monthly Amounts		
INCOME:	Client #1	Client #2	Total
Social Security	________	________	________
Interest	________	________	________
Dividends	________	________	________
Pension Benefits	________	________	________
Pension Benefits	________	________	________
IRA Benefits	________	________	________
Rental Income	________	________	________
Capital Gains (Losses)	________	________	________
Other Taxable Income	________	________	________
Other Non-Taxable Income	________	________	________
Total Income	$	$	$
	=========	=======	========

	Monthly Amounts		
EXPENSES:	Client #1	Client #2	Total
HOUSING	________	________	________
NON-HOUSING	________	________	________
HEALTH CARE COSTS			

Home Care	________	________	________
Insurance Premiums	________	________	________
Prescription drugs	________	________	________
Nursing Home	________	________	________
Other	________	________	________
MISCELLANEOUS	________	________	________
Total Expenses	$ ==========	$ ==========	$ ==========

J. ASSETS: Fill in the current fair market value of your assets. Specify the owner of each asset or state that it is owned jointly ("JT").

1. Real Estate

Owner	Location	Estimated Value	Mortgage Balance	Cost Basis
________	(a)			
________	(b)	$	$	$

Do you receive a veteran's exemption on your residence? ______

Do you receive a senior citizen's exemption on your residence? ________

How much do you pay each year in real estate taxes? $________

2. Cash, Bank Accounts, Certificates of Deposit and Savings Bonds

Owner/Description	Amount
a) Cash	
_____ ________________________________	$__________
(b) Checking Accounts	
_____ ________________________________	$__________
_____ ________________________________	$__________
(c) Savings Accounts	
_____ ________________________________	$__________
_____ ________________________________	$__________
_____ ________________________________	$__________
______________________________________	$__________

(d) Savings Bonds

_____ ____$__________
_____ ____$__________
_____ ____$__________

3. Stocks and Bonds

Owner/ Description Amount
(a) Individually Held
_____ ____$__________
_____ ____$__________
_____ ____$__________

(b) Brokerage Accounts
_____ ____$__________
_____ ____$__________
_____ ____$__________

(c) Mutual Funds
_____ ____$__________
_____ ____$__________
_____ ____$__________

(d) Savings Bonds
_____ ____$__________
_____ ____$__________
_____ ____$__________

4. Life Insurance

Owner	Company	Face Amount	Cash Value	Insured	Beneficiary
_______	______________________	$________	$_________	_______	_________
_______	______________________	$________	$_________	_______	_________
_______	______________________	$________	$_________	_______	_________

5. Retirement Benefits
Owner Beneficiary Value
(a) Pension
______ ___________________________________ _________________ $___________
______ ___________________________________ _________________ $___________

(b) Keogh/401K/403B
______ ___________________________________ _________________ $___________
______ ___________________________________ _________________ $___________
(c) IRA Accounts

______ ______________________________________ ___________________ $____________
_____ ____ _____________ $____________
______ ______________________________________ ___________________ $____________

6. Mortgages, Notes and Annuities

Owner	Description	Beneficiary	Value
______	______________________________________	___________________	$____________
______	______________________________________	___________________	$____________
______	______________________________________	___________________	$____________

7. Tangible Personal Property

(a) Valuable Home Furnishings

Owner Location

_____ ____ $____________
_____ ____ $____________
_____ ____ $____________

(b) Automobiles

Owner

_____ ____ $____________
_____ ____ $____________

(c) Jewels and/or Furs

Owner Location

_____ ____ $____________
_____ ____ $____________

(d) Other (Collections etc.)

Owner

_____ ____ $____________
_____ ____ $____________

(e) Safe Deposit Boxes? Yes ___ No____

Owner	Location of Box	Contents	Location of key	Estimated Value
______________	________________________	______________	___________	$_________
______________	________________________	______________	___________	$_________

8. Business Interest{s}

____
____

9. Miscellaneous

____

K. LIABILITIES: (Debt owed by you or your spouse, contractual and leasehold obligations, pending lawsuits and claims, etc.)

Description	Name of Debtor	Amount	When Due
Notes and accounts payable by you	________________	___________	___________
Loans on ins. policies	________________	___________	___________
Promissory notes	________________	___________	___________
	Name of Debtor	Amount	When Due
General obligations	________________	___________	___________
Other	________________	___________	___________
Home Mortgage	________________	___________	___________
Other Mortgages	________________	___________	___________
Total Liabilities	===========		

L. SUMMARY OF ASSETS AND LIABILITIES

ASSETS:	Client #1 Name	Joint Names	Client #2 Name	Total
1. Real Estate	_________	________	________	________
2. Cash (Average Balance)				
A. Checking accounts	_________	________	________	________
B. Savings accounts				
C. Certificates of Deposit	_________	________	________	________
D. Savings Bonds				
3. Stocks & Bonds	_________	________	________	________
A. Individually	_________	________	________	________
B. Brokerage	_________	________	________	________
C. Mutual Funds	_________	________	________	________
4. Life Insurance .... …	_________	________	________	________
5. Retirement Benefits.........	_________	________	________	________
A. Pension	_________	________	________	________
B. Keogh	_________	________	________	________
C. IRA Accounts	_________	________	________	________
6. Mortgages, Notes & Annuities	_________	________	________	________
7. Personal Property	_________	________	________	________
8. Miscellaneous	_________	________	________	________
TOTAL ASSETS:	_________	________	________	________
LIABILITIES:				
1. Debts	_________	________	________	________

2. Mortgage Payables	________	________	________	________
TOTAL LIABILITIES:	________	________	________	________
	========	=======	=======	=======
NET WORTH: …………….				
	========	=======	=======	=======

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