

INDIVIDUAL PERSONAL QUESTIONNAIRE

Name: _____
 P.O. Box: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____
 Mobile Phone: (____) _____ - _____
 Years: _____
 Email: _____

Occupation: _____
 Duties: --- _____
 Industry/Business: _____
 Employer: --- _____
 Address: _____
 City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Birth State _____
 Social Security: _____ - _____ - _____
 Years: _____ or Ownership: _____ %
 Years: _____ Hire Date ____ - ____ - ____
 Work Phone: (____) _____ - _____
 Driver's License #: _____

Life Status: Married Single Separated Divorced Widow Domestic Partner

Spouse's Name: _____
 Occupation: _____
 Duties: --- _____
 Industry/Business: _____
 Employer: --- _____
 Address: _____
 City: _____ State: _____ Zip: _____

Wedding Date ____ - ____ - ____
 Date of Birth: ____/____/____ Birth State _____
 Social Security: _____ - _____ - _____
 Years: _____ or Ownership: _____ %
 Years: _____ Hire Date ____ - ____ - ____
 Work Phone: (____) _____ - _____
 Driver's License #: _____

Children	Married	Age	Spouse's Name	State	Grandkids	Num.
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Yes No Is your father still alive?
 If Yes: Age: _____ State of Residence: _____

Yes No Is your spouse's father still alive?
 If Yes: Age: _____ State of Residence: _____

Yes No Is your mother still alive?
 If Yes: Age: _____ State of Residence: _____

Yes No Is your spouse's mother still alive?
 If Yes: Age: _____ State of Residence: _____

Personal Questions

Do you:

- 1. have a Living Trust?
- 2. have a Will?
- 3. have financial power of attorney?
- 4. have healthcare directives?
- 5. expect to care for a:
 - a. Child
 - b. Parent
 - c. Other
 - d. Expect an inheritance?
 - e. Long Term Care protection?

Financial Future Concerns

What most concerns you about your financial future?

- Yes No Rank 1-3, with 1 as the most important.
- Yes No Accumulation of Money _____
- Yes No Preservation of Money _____
- Yes No Distribution of Money _____

- Yes No Other Concerns: _____
- Yes No _____
- Yes No _____
- Yes No _____

ADVISORS INFORMATION

Do you:

Who?

- have a property/casualty agent? Yes No _____ Years: _____
- have an investment advisor? Yes No _____ Years: _____
- have an insurance consultant? Yes No _____ Years: _____
- have a financial advisor? Yes No _____ Years: _____
- have an attorney? Yes No _____ Years: _____
- have an accountant? Yes No _____ Years: _____
- have a real estate agent? Yes No _____ Years: _____
- have a mortgage broker? Yes No _____ Years: _____
- Does anyone else help you with your financial decisions? Yes No Years: _____
- Have you ever had any problems of any kind with any advisor in the past? Yes No

If yes, please explain the situation/circumstances/outcome:

Health Questions

Client Male Female

Spouse Male Female

Height: ___ft. ___in. Weight: _____lbs.

Height: ___ft. ___in. Weight: _____lbs.

Overall Health:

Overall Health:

Excellent Good Fair Poor

Excellent Good Fair Poor

Ever rejected or rated for any insurance?

Ever rejected or rated for any insurance?

No Yes Type: _____

No Yes Type: _____

Real Estate

Estimated Value of Home _____

Remaining Mortgage _____

2nd Home _____

Mortgage _____

Land _____

Total Value of Real Estate _____

Sources of Monthly Retirement Income

Social Security

You _____

Spouse _____

Pensions

You _____

Spouse _____

Other Income

You _____

Spouse _____

Collections/Collectibles (coins, stamps, etc.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Bank & Credit Union Inventory

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Certificates of Deposit

Name of Institution	Rate	Maturity Date	Q?	Approx. Value
_____	_____	_____	<input type="checkbox"/>	\$ _____
_____	_____	_____	<input type="checkbox"/>	\$ _____
_____	_____	_____	<input type="checkbox"/>	\$ _____
_____	_____	_____	<input type="checkbox"/>	\$ _____
_____	_____	_____	<input type="checkbox"/>	\$ _____

Client Medicare Info	Date Enrolled	Spouse's Medicare Info	Date Enrolled
Medicare Part A	_____	Medicare Part A	_____
Medicare Part B	_____	Medicare Part B	_____
Part D Company	_____	Part D Company	_____
_____	_____	_____	_____

Annuities

Name of Company	Maturity Date	Original Investment	Q?	Market Value
_____	_____	_____	<input type="checkbox"/>	\$ _____
_____	_____	_____	<input type="checkbox"/>	\$ _____
_____	_____	_____	<input type="checkbox"/>	\$ _____
_____	_____	_____	<input type="checkbox"/>	\$ _____
_____	_____	_____	<input type="checkbox"/>	\$ _____

Life Insurance

Insured	Name of Company	Date Established	Death Benefit	Cash Value
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Health and Long-Term Care Insurance

Insured	Name of Company	Date Established	Deductible	Mo. Premium
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Disability Income Insurance

Insured	Name of Company	Date Established	Deductible	Mo. Premium
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Business Interests

Nature/Name of Business Interest	% Ownership	Employees	Approx. Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Investments: Stocks, Bonds, Mutual Funds, Brokerage Accounts, etc.

Name of Company	Quantity	Date Acquired	Original Investment	Q?	Market Value
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____

Additional Coverage Owned:

Flood Coverage: Yes No

Dental Coverage: Yes No

Personal Umbrella: Yes No

Vision Coverage: Yes No

Renters Insurance: Yes No

Cancer Insurance: Yes No

Addtl. Critical Illness: Yes No

Business Overhead: Yes No

Prescription Coverage:
(other than Part D) Yes No

Buy/Sell Agreements: Yes No

Life Events

What is your “life event” experience? Start by going through the list and placing a “✓” in the boxes of “life events” that you feel might happen.

- | | |
|---|--|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Unemployed 90 days or longer |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Purchased a house (upsized, downsized, relocated) |
| <input type="checkbox"/> Death | <input type="checkbox"/> Purchased a second home or camp |
| <input type="checkbox"/> Family | <input type="checkbox"/> Started a business |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Close a business |
| <input type="checkbox"/> Pet | <input type="checkbox"/> Created a Partnership |
| <input type="checkbox"/> Terminal illness | <input type="checkbox"/> Dissolved a Partnership |
| <input type="checkbox"/> Family | <input type="checkbox"/> Cared for a friend or family member |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Cared for a person with special needs |
| <input type="checkbox"/> Pet | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Financially supported someone | <input type="checkbox"/> Family |
| <input type="checkbox"/> Started a family | <input type="checkbox"/> Been cared for by a friend or family member |
| <input type="checkbox"/> Raised a family | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Children in college | <input type="checkbox"/> Car accident |
| <input type="checkbox"/> Got the kids financially independent | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Short-term Disability (90 days or less) | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Long-term Disability (more than 90 days) | <input type="checkbox"/> Lawsuit |
| <input type="checkbox"/> Loss of Job (fired, resigned, relocated) | <input type="checkbox"/> Foreclosure |
| <input type="checkbox"/> Worked 2 jobs or more at one time | <input type="checkbox"/> Property Repossession |
| <input type="checkbox"/> Unemployed 90 days or less | <input type="checkbox"/> Lost money |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Received an inheritance |

Now go back through the list and place a “✗” in boxes of “life events” you have already experienced.

Other “life events” (past or future) not listed above:

Other insurance experience not listed above:

Is there anyone besides yourself whose future hinges on your financial decisions?

What is really important to you?

Hobbies

What are your hobbies? If you have no hobbies, how would you like to spend your time if money and time were not an issue? Stated differently, how would you live your life if you had no obstacles?

Values & Goals

What's valuable to you in your life? Values are "conceptual", ideals that are important to you. What do you want to accomplish? Goals are specific things you could accomplish in order to satisfy what you value so you can lead a fulfilling life. Listed below are some common values and goals. Some goals could satisfy more than one of your values. For example, if you have a goal of becoming debt free, that might help improve your values of "freedom, happiness, independence, and power". Alternatively, some values could have multiple goals, i.e. Happiness might have "ski with friends, donate to a charity, and retire with a million dollars." Here are examples of some common values and goals:

VALUES

Security
Freedom
Happiness
Peace of Mind
Fun
Excitement
Power
Family
Marriage
Friends
Making a difference
Spirituality
Independence
Growth
Creativity
Adventure
Fulfillment
Confidence
Balance
Love
Health

GOALS

Retire with a million dollars
Pay off mortgage
Be debt free
Not worry about debt
Travel
Ski with friends
Be the boss
Spend more time with the kids
Plan more date nights
Annual guys or girls trip
Donate to charity
Go to church or temple
Go to church or temple
Go back to school
Learn to paint
Take a trip
Stay married
Exercise
Plan life better
Have a great marriage
Lose weight

What are your VALUES?

What are your GOALS?

For each value, you'll need at least one goal that would help satisfy your value listed.
Values usually require several goals in order to be fulfilled in your life.

What are the top 3 values that you'd like to start focusing on in the next 12 months?

Services Desired

Below is a list of commonly requested services from our office. It is only a partial list of the service we provide. If something is not listed, please write it in the space provided. Please check of f those that apply.

- | | |
|--|--|
| <input type="checkbox"/> Optimize investment return while maintaining my comfort zone | <input type="checkbox"/> Improve positive cash flow |
| <input type="checkbox"/> Safely eliminate debt faster and without changing my lifestyle | <input type="checkbox"/> Plan for higher education |
| <input type="checkbox"/> Prepare for retirement healthcare | <input type="checkbox"/> Become Mortgage Free |
| <input type="checkbox"/> Plan for person/people important to me | <input type="checkbox"/> Reduce or eliminate taxation |
| <input type="checkbox"/> Arrange for care of a person with special needs | <input type="checkbox"/> Replace company benefits |
| <input type="checkbox"/> Examine a business (existing or proposed) opportunity | <input type="checkbox"/> Review employer benefits |
| <input type="checkbox"/> Examine a real estate opportunity | <input type="checkbox"/> Manage investments |
| <input type="checkbox"/> Plan for new addition to the | <input type="checkbox"/> Organize my estate |
| <input type="checkbox"/> Plan for retirement with reduced or zero social security benefits | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Accumulated a comfortable amount of assets and now need advice | <input type="checkbox"/> Increase retirement savings |
| <input type="checkbox"/> Begun investing outside of qualified retirement plans and need advice | <input type="checkbox"/> Plan for care of pet(s) |
| <input type="checkbox"/> Manage inheritance (expected or received) | <input type="checkbox"/> Increase net worth |
| <input type="checkbox"/> Protect assets from State healthcare recovery | <input type="checkbox"/> Gift assets properly |
| <input type="checkbox"/> Prepare for loss of company benefits | <input type="checkbox"/> Increase retirement income |
| <input type="checkbox"/> Get more involved in personal finances | <input type="checkbox"/> Reduce financial stress |
| <input type="checkbox"/> Accumulate more money for retirement | <input type="checkbox"/> Protect assets from loss |
| <input type="checkbox"/> Get kids financially independent | <input type="checkbox"/> Gift assets properly |
| <input type="checkbox"/> Get parents financially independent | <input type="checkbox"/> Charitable giving |
| <input type="checkbox"/> No longer have the time to manage my investments | <input type="checkbox"/> Protect assets from litigation |
| <input type="checkbox"/> Investment goals are more complicated | <input type="checkbox"/> Increase protection of assets |
| <input type="checkbox"/> Lost money or had disappointing results | <input type="checkbox"/> Plan for a major purchase |
| <input type="checkbox"/> Investment choices are overwhelming | <input type="checkbox"/> Plan for a vacation |
| <input type="checkbox"/> Plan for care of elderly in-law or parent | <input type="checkbox"/> Set specific financial goals |
| <input type="checkbox"/> Last Will & Testament (review, update or prepare) | <input type="checkbox"/> Improve overall financial health |
| <input type="checkbox"/> Prepare for (possible) loss of employment | <input type="checkbox"/> Establish a budget |
| <input type="checkbox"/> Financial Powers of Attorney (review, update or prepare) | <input type="checkbox"/> Start a college savings program |
| <input type="checkbox"/> Health Care Directives (review, update or prepare) | <input type="checkbox"/> Trust (review, update or prepare) |
| <input type="checkbox"/> Leave a legacy (friends, family, community) | <input type="checkbox"/> Prepare for terminal health |
| <input type="checkbox"/> Replace income due to death or disability | <input type="checkbox"/> Improve financial quality of life |
| <input type="checkbox"/> Review other advisors recommendations (request a 2 nd opinion) | |

Help me create a Life Plan

Other services you are looking for that are not listed above:

Individual

Gross Annual Income: _____

Estimated Value of all Assets: _____

Estimated Total Debt: _____

Estimated Net Worth: _____

Combined

Gross Annual Income: _____

Estimated Value of all Assets: _____

Estimated Total Debt: _____

Estimated Net Worth: _____

Let's Review!

Check off each box as you gather the necessary documents

Please bring these documents to the next appointment:

Income & Expenses

- Recent Paycheck stub(s)
- Mortgage Information (Include Refinance & Home Equity Credit Lines)
- Statements for Other Loans And Debts
- Documentation for Other Real Estate (Deeds & Debt)

Taxes

- Income Tax Returns For Last 3 Tax Years and all schedules
- 1099s, W-2s and supporting documentation

Investments

- Money Market Fund Recent Statement
- Certificate Of Deposit Recent Statement
- Savings Bonds
- Municipal Bonds, U.S. Treasury Bills, U.S. Treasury Notes, U.S. Treasury Bonds
- Tax Deferred Annuity Policies or Recent Statement
- 401K Statements (Current and/or Previous Employers)
- I.R.A. Recent Statements
- Other Retirement Accounts Recent Statements
- Educational Savings Accounts Statements
- Savings Account(s) Recent Statements
- Stocks & Mutual Fund Recent Statements

Insurance

- Disability Policies
- Health Insurance policies
- Employer Provided Group Benefits for You and Your Spouse. (If a print-out of specific coverage is available, please include.)
- Life Insurance Policies or Recent Statements (For All Members of Your Family)
- Casualty Policies (Home, auto, boat, etc.)
- Long Term Care policies
- Medicare Supplement policies

Estate

- Copies of deeds for all property owned
- Trusts
- Divorce Decrees and other legal judgments in which you were a party
- Last Will & Testament(s)

Business Interests

- Legal work (Partnership agreements, Corporate Resolution, LLC rules, Self Employment info, etc.)
- Succession plans
- Exit strategy(ies)
- Debts
- Corporate Liability Insurance Policies
- Buy/Sell Agreements
- Business Valuations, Cash flows, Net Worth
- Taxes

Other

- Other Important Financial Documents Not Listed Above