

Life Stage Planning

Client Confidential Questionnaire

Background Info

Client Name		Street Address	
DOB / Age		City, State, Zip	
Email – Client 1		Email – Client 2	
SS#	At Application	Home #	
Marital Status		Cell #	
Spouse/SO Name		Cell #	
DOB / Age		Fax #	
Best Way To Contact		Best Time To Contact	

Children / Grandchildren

Name		<input type="checkbox"/> F <input type="checkbox"/> M	DOB		Yrs to College		Tuition \$	
Name		<input type="checkbox"/> F <input type="checkbox"/> M	DOB		Yrs to College		Tuition \$	
Name		<input type="checkbox"/> F <input type="checkbox"/> M	DOB		Yrs to College		Tuition \$	
Name		<input type="checkbox"/> F <input type="checkbox"/> M	DOB		Yrs to College		Tuition \$	

Current Financial Info

INCOME	Client 1	Client 2
Occupation / Employer		
Net Income (After taxes/other deductions)		
Pay Period (Monthly, Weekly)		
Interest / Dividend Income		
SS / Disability / VA		
Child Support		
Alimony		

Other Income		
Amount of Estimated Discretionary Income		

QUALIFIED ASSETS	Client 1	Client 2
Balance of 401k, IRA, 403b, Keogh, SEP		
Current % Contribution		
Employer Match %		
Qualified Annuities		

Notes:

NON-QUAL ASSETS	Client 1	Client 2
Checking Acct Balance (+) Average Balance		
Interest Rate		
Savings Acct Balance (+) Average Balance		
Interest Rate		
Emergency Funds Do you have at least 3-6 months + expenses incurred? Monthly Contributions Rate Current EF Poor, Fair, Good, Excel		
CDs, Savings Bonds		
Money Market Accts		
T-Bills		
NQ Annuities (carrier and Date purchased)		
Education IRA, 529, Uniform Gifts to Minors Act UGMA, The Uniform Transfers to Minors Act UTMA		
Value of NQ Stocks, Bonds, Mutual Funds		

SC 170 Plan Charitable Gift annuity		
Other		

Mortgage and Debt Info - ADD OTHER ADDRESS IF DIFFERENT FROM HOME ADDRESS

Estimated Value of Home		Purchase Price	
Lender Name		Original Loan Amount	
Current Balance of 1 st Mortgage		Monthly Payment	
Interest % Rate	<input type="checkbox"/> Fixed <input type="checkbox"/> Var	Type of Loan	
Mortgage Term – # Original Months		# Months Remaining	
Monthly Escrow Amount (Insurance / Taxes)		Is escrow included in mortgage payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a 2 nd Mortgage or HELOC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current balance?	
Lender Name		Maximum Credit Line	
2 nd Mortgage Term – # Original Months		2 nd Mortgage Payment	
Interest % Rate	<input type="checkbox"/> Fixed <input type="checkbox"/> Var	# Months Remaining	
Was the home recently refinanced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of refinance?	

Second Home Mortgage and Debt Info

Estimated Value of Home		Purchase Price	
Lender Name		Original Loan Amount	
Current Balance of 1 st Mortgage		Monthly Payment	
Interest % Rate	<input type="checkbox"/> Fixed <input type="checkbox"/> Var	Type of Loan	
Mortgage Term – # Original Months		# Months Remaining	
Monthly Escrow Amount (Insurance / Taxes)		Is escrow included in mortgage payment?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Is there a 2 nd Mortgage or HELOC?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	If yes, what is the current balance?	
Lender Name		Maximum Credit Line	
2 nd Mortgage Term – # Original Months		2 nd Mortgage Payment	
Interest % Rate	<input type="checkbox"/> Fixed <input type="checkbox"/> Var	# Months Remaining	
Was the home recently refinanced?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	If yes, date of refinance?	

Credit Card Info

Name of Card	Current Balance	Credit Limit	Minimum Payment	Interest % Rate	Fixed or Variable Rate	Amount You Pay
					<input type="checkbox"/> Fixed <input type="checkbox"/> Var	
					<input type="checkbox"/> Fixed <input type="checkbox"/> Var	
					<input type="checkbox"/> Fixed <input type="checkbox"/> Var	
					<input type="checkbox"/> Fixed <input type="checkbox"/> Var	
					<input type="checkbox"/> Fixed <input type="checkbox"/> Var	
					<input type="checkbox"/> Fixed <input type="checkbox"/> Var	
Total						

Car / Boat / RV Loans

Loan Type	Original Loan Bal	Purchase Date	Current Balance	Monthly Payment	Interest % Rate	Fixed or Var	Term	Used?	Lease?	Cash?

Other Loans

Type of Loan	Original Balance	Current Balance	Minimum Payment	Interest % Rate	Fixed or Variable	Term	Months Remain

New purchases to be considered for future wants/needs/dreams and date for that expense.

Client 1	
Client 2	

Investment Properties

Type		Approx Value		Purchase Price	
Mortgage Balance		Interest % Rate	<input type="checkbox"/> Fixed <input type="checkbox"/> Var	Monthly P/I Payment	
Years Remaining		Income Producing	<input type="checkbox"/> Yes <input type="checkbox"/> NO	How Much?	
Type		Approx Value		Purchase Price	
Mortgage Balance		Interest % Rate	<input type="checkbox"/> Fixed <input type="checkbox"/> Var	Monthly P/I Payment	
Years Remaining		Income Producing	<input type="checkbox"/> Yes <input type="checkbox"/> NO	How Much?	
Type		Approx Value		Purchase Price	
Mortgage Balance		Interest % Rate	<input type="checkbox"/> Fixed <input type="checkbox"/> Var	Monthly P/I Payment	
Years Remaining		Income Producing	<input type="checkbox"/> Yes <input type="checkbox"/> NO	How Much?	

NOTES:

Retirement Plans

Anticipated Retirement Income	Client 1 – Name	Client 2 – Name
At what age?		
Amount of annual income needed for retirement?		
Source of income?		
Gap?		

Current Life Insurance

Name of Insured & Date Issued/Bene?		Type of Policy		Amount of Cash Value
Amount Premium and Frequency		Death Benefit		
Name of Insured & Date Issued/Bene?		Type of Policy		Amount of Cash Value
Amount Premium and Frequency		Death Benefit		
Name of Insured & Date Issued/Bene?		Type of Policy		Amount of Cash Value
Amount Premium and Frequency		Death Benefit		
Name of Insured & Date Issued/Bene?		Type of Policy		Amount of Cash Value
Amount Premium and Frequency		Death Benefit		

You need enough insurance to protect your family and assets against loss of income.

- ▶ **Rate** your family's ability to maintain the same standard of living in the event of the loss of the Client #1. **Poor, Fair, Good, Excellent**

- ▶ **Rate** your family's ability to maintain the same standard of living in the event of the loss of the Client #2. **Poor, Fair, Good, Excellent**

- ▶ **Rate** your current life insurance policy **Poor, Fair, Good, Excellent**

Financial Concerns, Goals & Dreams

What are your top 3 financial concerns? Rank in order of importance.

Goal	Client 1 Name	Client 2 Name	Goal	Client 1 Name	Client 2 Name
Pay off debt to creditors i.e. credit cards			Reduce Taxes Generational wealth transfer		
Reduce or Pay off mortgage			Retirement Income		
Emergency Fund			Preserve Estate		
Major Purchase			Start Biz		
Children's College			Home Remodeling		
Increase Cash Flow			Build retirement wealth		
Increase savings			Long term protection for family		
Generational gifting			Other		

Which one concerns you the most right now?

Client 1	
Client 2	

How much are you willing to commit to your banking policy on a monthly basis, out of your current cash flow and resources, before we look at ways to free up additional seed money?

Client 1	
Client 2	

Professional Advisors

	Name	Phone #
Financial Advisor		
Attorney		
CPA, Accountant, Tax		
Life Insurance Agent		

General Health Info

	Client 1 – Name	Client 2 – Name
Overall Health Rating	<input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> NO (Date Quit):	<input type="checkbox"/> Yes <input type="checkbox"/> NO (Date Quit):
Height		
Weight		
Medications		

Existing Health Insurance

	Client 1 – Name	Client 2 – Name
Type Plan		
Carrier		
Monthly Premium		
Deductibles		

Co-pay		
Supplemental Plan		

Disability/Critical Care

	Client 1 – Name	Client 2 – Name
Monthly Benefit		
Benefit Period (years)		
Elimination Period		
Annual Premium		
Carrier		
What portion of total income is needed if you become disabled?		

Rate your family's ability to maintain the same standard of living in the event of sickness/disability
Poor, Fair, Good, Excellent

Long Term Care

	Client 1 – Name	Client 2 – Name
Daily Benefit Period		
Elimination Period		
Benefit Period		
Premium		
Inflation Feature	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO

Biz Owner Info

Are you a biz owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of biz	Apex Properties, LLC (100%) Five K Properties (50%)
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> S Corp	<input type="checkbox"/> C Corp	<input type="checkbox"/> LLC <input type="checkbox"/> Other
Estimated Value of Biz		Annual Biz Income	
Key Man to cover in business?		Buy-Sell Agreement? Partnership Agreement?	

Do you lease or finance vehicles or equipment for your biz?

Vehicle Type	Purchase Price	Purchase Date	Current Balance	Monthly Payment	Interest Rate	Term	New?	Used?	Lease?	Cash ?

Preserving Your Estate

	Client 1 – Name	Client 2 – Name
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a living will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have guardianship documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a health care power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Notes: Do docs need to be updated?