

Confidential Client Questionnaire

PLEASE READ THE INSTRUCTIONS IN FINE PRINT BELOW:

Please provide the following information about Yourself and Your Spouse, or if you are Single, use the HUSBAND/SINGLE column. (Note: Persons who are not legally married should each fill out a separate form):

HUSBAND/SINGLE	WIFE
U.S. Citizen?	U.S. Citizen?
Full Legal Name:	Full Legal Name:
<i>Signature</i> Name:	<i>Signature</i> Name:
Nicknames:	Nicknames:
Birth Date:	Birth Date:
If Married, Wedding Month/Day/Year: ____/____/____ Pre-Marital Agreement? Yes No & City & State of Marriage:	
Home Address: City, County, State, Zip:	
Home Phone:	Email(s):
Other Phone: Employment: Cell:	Other Phone: Employment: Cell:

Prior Marriages

If there have been any prior marriages, fill in the following chart:

Name of Prior Spouse	Date of Marriage	Date of Divorce	Date of Death
1			
2			
3			
4			

Family Information

Please name all of your children.

FULL NAMES (of children, parents, siblings, or others as indicated)	Relationship	Whose? H/S=Husband/Single W=Wife B=Both	Birth Date	Marital Status S=Single M=Married W=Widowed D=Divorced

List any pets and attach any statement you may have of your wishes for their care:

Do any of the people identified above have any special mental, physical or educational needs? If so, please identify them and briefly describe your concerns for them.

Do you have any of the following? If so, please check yes to all that apply.

Power of Attorney
 Health Care Directives
 Last Will & Testament
 Revocable Living Trust
 Irrevocable Trust

Guardians

("Back-up Parents" for Minor Children)

Who would you want to rear your minor children (i.e. under 18 years of age) to adulthood if they were orphaned?

Description	Guardian(s)
First Alternate City/State/Phone	
Second Alternate City/State/Phone	

Alternate Financial Managers

(Successor Trustees, Personal Representatives, Etc.)

If you become unable to manage your own financial affairs, who would you want to manage things in your place?

Description	Husband/Single	Wife
First Alternate City/State/Phone		
Second Alternate City/State/Phone		
Third Alternate City/State/Phone		

Health Care Decisions

If you are unable to make your own health care decisions, who would you want to make those decisions for you?

Description	Health Agents For Husband/Single	Health Agents For Wife
First Agent City/State/Phone		
Second Agent City/State/Phone		
Third Agent City/State/Phone		

Real Estate Ownership

Street Address (list home first)	Original Purchase Price	Mortgage Balance	Current Market Value
1			
2			
3			
Totals	\$	\$	\$

Note: Enter this amount under "Real Estate" in the "Asset Summary" below

Asset Summary

Current Estate Values for Purpose of Estimating Cost of Estate Settlement / Taxation at Death:

Description	Husband/Single	Wife	Jointly-Held By Husband & Wife, Or With Others
Real Estate (Total from section above)			
Cash, Savings, Checking, Money Market Accounts			
Certificates of Deposit (Do not include IRA's [see below for "Qualified Funds"])			
Stocks and Securities			
U.S. Savings Bonds, Notes, Bills			
Mutual Funds, Municipal Bonds			
Retirement Funds: Include IRA's, Pensions, 401K Plans, TSA's, etc.			
Motor Vehicles, include boats, RV's, etc.			
Personal Property, include: household furnishings, jewelry, collectibles, recreation equipment, show animals, hobby supplies, coin collections, etc.			
Loans Receivable: This is money owed to you. Include money owed by children or other family.			
Prospective Inheritance: If parents are still living, include your proportionate share of their current estate, regardless of their age or health.			
Agricultural Assets: Include any livestock, crops, equipment, machinery, coop shares, futures, etc.			
Business Ownership: Include any professional practice, LLC, LLP, Corporation, Trade Association, or any business entity			
Business Equipment: Include any personally owned business equipment, inventory, and machinery.			
Life Insurance / Non-Qualified Annuities: List cash value in this space and/or death benefit for each company to the right. List company and policy number for each. (Use continuation pages, as needed)			
Other Assets (not included above)			
Total Assets	\$	\$	\$

LIABILITIES

Description	Husband/Single	Wife	Combined/Single
Mortgages: List any type of debt secured by a lien on real estate, including home improvement loans, etc.			
Auto Loans			
Credit Cards			
Personal Debts to Banks, Finance Companies, etc.			
Personal Debts to Individuals, Others			
Amount Borrowed on Life Insurance			
Total Liabilities			

NET WORTH

Subtract Total Liabilities from Total Assets	\$	\$	\$
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Professional Advisor Information

Do you have any of the following professional advisors? [Note: Please circle appropriate response and complete information requested.]

1. **Accountant/Tax Advisor:** Yes No Not Sure

Advisor's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

2. **Investment/Financial Advisor:** Yes No Not Sure

Advisor's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

3. **Life Insurance Agent:** Yes No Not Sure

Agent's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

4. **Property/Casualty Agent:** Yes No Not Sure

Agent's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

5. **Other Attorney:** Yes No Not Sure

Attorney's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____