

# *Personal Financial Questionnaire*

**CONFIDENTIAL**

# Family Information

## About You:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_

## Your Spouse:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_

## Children:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Miscellaneous Items:

Do you have a will?: \_\_\_\_\_ Living Trust: \_\_\_\_\_ Year Drafted: \_\_\_\_\_  
Name of executor/trustee: \_\_\_\_\_ Guardian: \_\_\_\_\_  
Do you have an accountant? \_\_\_\_\_ If "yes", Name: \_\_\_\_\_  
Do you have an attorney? \_\_\_\_\_ If "yes", Name: \_\_\_\_\_  
Do you own your home? \_\_\_\_\_ Market Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_ Interest Rate: \_\_\_\_\_  
Loans and Debts: Car \_\_\_\_\_ Personal Loans: \_\_\_\_\_ Credit Cards: \_\_\_\_\_ Other: \_\_\_\_\_

## Financial Goals/Priorities:

Your most important financial goals? \_\_\_\_\_  
Please circle your priorities: Retirement Estate Transfer Wealth Accumulation  
Education Family Security Other: \_\_\_\_\_  
Is there anything about your current finances that you would change? \_\_\_\_\_  
How much more could you save on a regular basis? \_\_\_\_\_  
Are you expecting a change in your current financial situation? \_\_\_\_\_ If "yes", amount: \_\_\_\_\_

# Financial Data

## About You:

Auto Insurance: Comprehensive? ☐ Yes ☐ No Deductible \_\_\_\_\_

Liability Amount: \_\_\_\_\_ Uninsured Motorist Amount: \_\_\_\_\_

Homeowners Insurance: Full Replacement Value? ☐ Yes ☐ No

Do you carry an umbrella liability policy: \_\_\_\_\_ If "yes" amount: \_\_\_\_\_

Long Term care Insurance? ☐ Yes ☐ No Amount: \_\_\_\_\_

## Disability Income Insurance:

Family Members Insured	Company	Annual premium	Coverage Amount
_____	_____	_____	_____
_____	_____	_____	_____

## Life Insurance:

Insured	Type	Company	Annual premium	Coverage Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Pre-Tax Financial Products & Qualified Plans:

	Current Value	Current Interest Rate	Annual Deposit	Comments
401(k) or 403(b)				
Company Retirement Plans				
Deferred Compensation Plans				
IRAs (except ROTH)				

## After Tax Financial Products:

	Current Value	Description	Annual Deposit	Comments
Stocks				
Stock Options				
Real Estate (except residence)				
Mutual Funds				
ROTH IRAs				
Life Insurance Cash Values				
Municipal Bonds				
Bonds				
Annuities				
Certificates of Deposit				
Money Market Funds				
Savings Accounts				



1. Is there anything from a financial standpoint on your mind?

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2. Who are your 3 most trusted advisors and have you ever worked with a financial professional before?

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3. How do you think I may be of service to you?

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4. What is the most important thing in the world to you?

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5. What does retirement mean to you?

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6. Are you currently doing any "gifting"?

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7. Do you take care of anyone who has special needs issues?

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8. Has anyone talked to you about long-term care? Do you know anyone who has had a long-term care need?

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## In-force policy illustration request-force policy

Policy # \_\_\_\_\_ Insured \_\_\_\_\_

- ☐ As is
- ☐ No further premiums
- ☐ Premium search to maturity: Minimum Endow

***Please provide other policy information below***

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Requestor \_\_\_\_\_

Requestor \_\_\_\_\_

Phone # \_\_\_\_\_

Mail or fax # \_\_\_\_\_

Date Time \_\_\_\_\_

Check one:

- ☐ Policyowner
- ☐ Advisor
- ☐ Other/relationship