Questionnaire

General

Name: ______________________

Date of Birth: ______________________

Retirement Age: ______________________

Life Expectancy: ______________________

Spouse Information

Name: ______________________

Date of Birth: ______________________

Retirement Age: ______________________

Life Expectancy: ______________________

Children Information

Name: ______________________

Date of Birth: ______________________

Name: ______________________

Date of Birth: ______________________

Name: ______________________

Date of Birth: ______________________

Investment Assets

Asset 1

Name: ______________________________

Value: ______________________________

After-tax (cost) basis: ______________________

Annual Contributions: ______________________

Type: ______________________________
(Investment, Retirement, ROTH)

Asset 2

Name: ______________________________

Value: ______________________________

After-tax (cost) basis: ______________________

Annual Contributions: ______________________

Type: ______________________________
(Investment, Retirement, ROTH)

Asset 3

Name: ______________________________

Value: ______________________________

After-tax (cost) basis: ______________________

Annual Contributions: ______________________

Type: ______________________________
(Investment, Retirement, ROTH)

Asset 4

Name: ______________________________

Value: ______________________________

After-tax (cost) basis: ______________________

Annual Contributions: ______________________

Type: ______________________________
(Investment, Retirement, ROTH)

Real Estate and Other Assets

Asset 1

Name: ______________________________

Owner: ______________________________

Purchase Price: ________________________

Current Value: _________________________

Asset 2

Name: ______________________________

Owner: ______________________________

Purchase Price: ________________________

Current Value: _________________________

Asset 3

Name: ______________________________

Owner: ______________________________

Purchase Price: ________________________

Current Value: _________________________

Asset 4

Name: ______________________________

Owner: ______________________________

Purchase Price: ________________________

Current Value: _________________________

*Please list any additional real estate and other assets on a separate sheet of paper.

Liabilities

Loan 1

Name: ________________________________

Type: ____ Fixed Term (Mortgages, auto loans, etc.)
____ Variable Term (Home equity, consumer debt, etc.)

Origination Date: ____________

Original Amount: ____________

Term (in years): ____________

Interest Rate: ____________

Loan 2

Name: ________________________________

Type: ____ Fixed Term (Mortgages, auto loans, etc.)
____ Variable Term (Home equity, consumer debt, etc.)

Origination Date: ____________

Original Amount: ____________

Term (in years): ____________

Interest Rate: ____________

Loan 3

Name: ________________________________

Type: ____ Fixed Term (Mortgages, auto loans, etc.)
____ Variable Term (Home equity, consumer debt, etc.)

Origination Date: ____________

Original Amount: ____________

Term (in years): ____________

Interest Rate: ____________

Income

Salary

Gross Salary:___________________

Frequency Received: Every ____ Years

Self –Employed? ___ Yes ____No

Spouse's Salary

Gross Salary:___________________

Frequency Received: Every ____ Years

Self-Employed? ___ Yes ____No

Pension

Recipient: ___________________

Amount: ___________________

Frequency Received: Every _____Years

Start Date: ___________________

End Date: ___________________

Other Income

This includes income such as alimony, child support, inheritance, monetary gift, trust distributions, etc.

Name: ___________________

Amount: ___________________

Frequency Received:

___ One-Time Income ____ Recurring Income

If Recurring Income:

Received Every ___ Years

Start Date: ___________________

End Date: ___________________

Expenses

Living Expense 1

Name: ______________________________

Start Date: ______________________________

End Date: ______________________________

Amount: ______________________________

Frequency Paid: Every ______ Years

Living Expense 2

Name: ______________________________

Start Date: ______________________________

End Date: ______________________________

Amount: ______________________________

Frequency Paid: Every ______ Years

Education Expense 1

Whose Education: ______________________________

Begin Education Age: ______________________________

Education Duration (in years): ____________________

School Name (if known): ____________________

Education Expense 2

Whose Education: ______________________________

Begin Education Age: ______________________________

Education Duration (in years): ____________________

School Name (if known): ____________________

Expenses

Education Expense 3

Whose Education: ______________________

Begin Education Age: ______________________

Education Duration (in years): ______________

School Name (if known): ______________

Other Expense 1

Name: ______________________

Amount: ______________________

___ One-Time Expense ____ Recurring Expense

If Recurring Expense:

Start Date: ______________________

End Date: ______________________

Paid Every ________ Years

Other Expense 2

Name: ______________________

Amount: ______________________

___ One-Time Expense ____ Recurring Expense

If Recurring Expense:

Start Date: ______________________

End Date: ______________________

Paid Every ________ Year

Life Insurance	Disability Insurance
Insured Life: ______	Policy Name: ______
Policy Owner: ______	Name of Insured: ______
Beneficiaries:	Purchase Date: ______
Name: ______	Annual Benefit: ______
Name: ______	Annual Benefit Change: ______
Purchase Date: ______	Expiration Date: ______
Face Value/Death Benefit: ______	Annual Premium: ______
Annual Benefit Change (if any): ______	Annual Premium Increase: ______
Does Policy Expire? ____ Yes ____ No	
If so, when?	
Annual Premium Term Portion: ______	
Accumulation Portion: ______	

Education Funding

Dependent 1

Plan Type: ______________________________
(529, UGMA/UTMA, Coverdale ESA, Taxable Account)

After tax basis/Cost basis: ________________

Current Value: ________________________

Annual Contribution: ____________________

Dependent 2

Plan Type: ______________________________
(529, UGMA/UTMA, Coverdale ESA, Taxable Account)

After tax basis/Cost basis: ________________

Current Value: ________________________

Annual Contribution: ____________________

Dependent 3

Plan Type: ______________________________
(529, UGMA/UTMA, Coverdale ESA, Taxable Account)

After tax basis/Cost basis: ________________

Current Value: ________________________

Annual Contribution: ____________________

Estate Planning Strategies

Credit Shelter Trust

Amount funded at first death: ____________________

CST Source: ____________________

Gifting 1

Start Date: ____________________

End Date: ____________________

Number of Recipients: ____________________

Total Amount: ____________________

Source for gifting: ____________________

Gifting 2

Start Date: ____________________

End Date: ____________________

Number of Recipients: ____________________

Total Amount: ____________________

Source for gifting: ____________________

Assets to Charity 1

Name of Charity: ____________________

Date of Donation: ____________________

Source of assets to charity: ____________________

Percentage of asset to charity: ____________________