Questionnaire

General	
Name:	Children Information
Date of Birth:	Name:
Retirement Age:	Date of Birth:
Life Expectancy:	Name:
Spouse Information	Date of Birth:
Name:	Name:
Date of Birth:	Date of Birth:
Retirement Age:	
Life Expectancy:	

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Investment Assets	
Asset 1	Asset 3
Name:	Name:
Value:	Value:
After-tax (cost) basis:	After-tax (cost) basis:
Annual Contributions:	Annual Contributions:
Type: (Investment, Retirement, ROTH)	Type:(Investment, Retirement, ROTH)
Asset 2	Asset 4
Name:	Name:
Value:	Value:
After-tax (cost) basis:	After-tax (cost) basis:
Annual Contributions:	Annual Contributions:
Type: (Investment, Retirement, ROTH)	Type: (Investment, Retirement, ROTH)

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Real Estate and Other Assets	
Asset 1	
Name:	Asset 3
Owner:	Name:
Purchase Price:	Owner:
Current Value:	Purchase Price:
	Current Value:
Asset 2	Asset 4
Name:	Name:
Owner:	Owner:
Purchase Price:	Purchase Price:
Current Value:	Current Value:

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

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Liabilities	
Loan 1	Origination Date:
Name:	Original Amount:
Type: Fixed Term (Mortgages, auto loans, etc.) Variable Term (Home equity, consumer	Term (in years):
debt, etc.)	Interest Rate:
Origination Date:	Loan 3
Original Amount:	Name:
Term (in years):	Type: Fixed Term (Mortgages, auto loans, etc.)
Interest Rate:	Variable Term (Home equity, consumer debt, etc.)
Loan 2	Origination Date:
Name:	Original Amount:
Type: Fixed Term (Mortgages, auto loans, etc.) Variable Term (Home equity, consumer	Term (in years):
debt, etc.)	Interest Rate:

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Income	
Salary	Start Date:
Gross Salary:	End Date:
Frequency Received: Every Years	
Self-Employed? Yes No	Other Income This includes income such as alimony, child support,
Spouse's Salary	inheritance, monetary gift, trust distributions, etc.
Gross Salary:	Name:
Frequency Received: Every Years	Amount:
Self-Employed? Yes No	Frequency Received:
Pension	One-Time Income Recurring Income
	If Recurring Income:
Recipient:	Received Every Years
Amount:	Start Date:
Frequency Received: EveryYears	End Date:
	20001

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Expenses	
Living Expense 1	
Name:	Education Expense 1
Start Date:	Whose Education:
End Date:	Begin Education Age:
Amount:	Education Duration (in years):
Frequency Paid: EveryYears	School Name (if known):
Living Expense 2	Education Expense 2
Name:	Whose Education:
Start Date:	Begin Education Age:
End Date:	Education Duration (in years):
Amount:	School Name (if known):
Frequency Paid: Every Vears	

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Expenses	
Education Expense 3	
Whose Education:	End Date:
Begin Education Age:	Paid EveryYears
Education Duration (in years):	Other Expense 2
School Name (if known):	Name:
Other Expense 1	Amount:
	One-Time Expense Recurring Expense
Name:	If Recurring Expense:
Amount:	Start Date:
One-Time Expense Recurring Expense	
If Recurring Expense:	End Date:
Start Date:	Paid EveryYear

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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:	

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Education Funding	
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Dependent 1	·
Plan Type:	Dependent 3
(529, UGMA/UTMA, Coverdale ESA, Taxable Account)	Plan Type:
After tax basis/Cost basis:	(529, UGMA/UTMA, Coverdale ESA, Taxable Account)
Current Value:	After tax basis/Cost basis:
Annual Contribution:	Current Value:Annual Contribution:
Dependent 2	
Plan Type:(529, UGMA/UTMA, Coverdale ESA, Taxable Account)	
After tax basis/Cost basis:	
Current Value:	
Annual Contribution:	

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Estate Planning Strategies	
Credit Shelter Trust	
Amount funded at first death:	Gifting 2
	Start Date:
CST Source:	End Date:
Gifting 1	Number of Recipients:
Start Date:	Total Amount:
End Date:	Source for gifting:
Number of Recipients:	
Total Amount:	Assets to Charity 1
	Name of Charity:
Source for gifting:	Date of Donation:
	Source of assets to charity:
	Percentage of asset to charity:

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