

## INDIVIDUAL PLANNING QUESTIONNAIRE

## **Personal Information**

Name:		Your D.O.B.:	
Address:			
Phone Number:	E-Mail:	_Marital Status:	
Spouse Name, if any:	Spouse's D.O.B		
Please list the names and ages of marriages, clearly identifying each.			revious
Children:			
Corresponding Grandchildren:			
List Husband's sources and amount	s of annual income:		
List Wife's sources and amounts of	annual income:		
What is your current lifestyle? Wh	at is your combined annual sp		
List up to 3 of your most important	concerns about your financial	l situation at this time:	
1			
2			
3			
Please describe any health issues, resources that would have an effect	1 0 1	1 0 1	ur cash

## **Asset Information**

Real Estate Holdings: Please attach a list showing, for each parcel of real estate you own:

Type of Property, how titled, approx. current value, approx. cost (tax) basis, mortgage amount

<u>Other Investments:</u> Please attach a copy of a recent statement for each investment asset you own. <u>If a</u> <u>statement is not available</u>, please provide the following information:

- *IRA*, 403(b) and qualified annuity investments Company or Bank where held, type of investment, current value to nearest \$5,000
- *Non-qualified annuities* Owner, company where held, fixed or variable, if variable % in stocks and bonds, invested amount, current value
- *Other Investments* Owner, company where held, name (kind) of investment, cost, current value
- *Retirement Benefits* Amount of guaranteed income at retirement <u>or</u> current value, % stocks and bonds
- *Life Insurance* Owner, beneficiary, whose life, face amount, cash value (if applicable), type of contract, annual premiums

## **Estate Planning Information**

For estate planning advice, please provide the following:

Current Wills Financial Powers of Attorney Marital Property Agreements Revocable and/or Irrevocable Trust Agreements Health Care Powers of Attorney Buy/Sell Agreements on any Business Interests