## — Introductory — QUESTIONNAIRE

## INTRODUCTORY QUESTIONNAIRE Please complete by filling in your information below.

| FAMILY INFORMA                             | TION        |                      |                                     |               |      |    |
|--|-------------|----------------------|-------------------------------------|---------------|------|----|
| Name:                                      |             |                      | Name:                               |               |      |    |
| Date of Birth:                             |             |                      | Date of Birth:                      |               |      |    |
| How many children do you have?             |             |                      | Age(s) of children:                 |               |      |    |
| Parents:                                   |             |                      | Spouse Parents:                     |               |      |    |
| Do they have special needs? Yes No         |             | No                   | Do they have special ne             | al needs? Yes |      |    |
| Are they in good health?                   | Yes         | No                   | Are they in good health?            |               | Yes  | No |
| Are they financially dependent? Yes        |             | No                   | Are they financially dependent? Yes |               |      | No |
| INCOME & ANNUA                             | AL SAVINGS  |                      |                                     |               |      |    |
| Salary:                                    |             |                      | Spouse Salary:                      |               |      |    |
| Other Income:                              |             |                      | Spouse Other Income:                |               |      |    |
| Savings (Qualified):                       |             | Savings (Qualified): |                                     |               |      |    |
| Savings (Non-Qualified):                   |             |                      | Savings (Non-Qualified):            |               |      |    |
| ASSETS                                     |             |                      |                                     |               |      |    |
|  | JOINT:      |                      | CLIENT:                             | SPOU          | JSE: |    |
| Real Estate/Property                       | \$ \$       |                      | \$                                  | \$            | \$   |    |
| Retirement Investments                     |             |                      | \$                                  | \$            | \$   |    |
| (IRA, 401(k) etc.) Personal Investments \$ |             |                      | \$                                  | \$            | \$   |    |
| Other Investments                          | \$          |                      | \$                                  | \$            | \$   |    |
| Business Interests                         | \$          |                      | \$                                  | \$            |      |    |
| SHODT TEDM (26                             | \ CASII N   | MEEDS                |                                     | _             | _    |    |
| SHORT TERM (36                             | mo.) CASH N | NEED2                | ,                                   |               |      |    |
| Weddings:                                  |             |                      | \$                                  |               |      |    |
| Purchase of Property:                      |             |                      | \$                                  |               |      |    |
| Education:                                 |             |                      | \$                                  |               |      |    |
| Misc.:                                     |             |                      | \$                                  |               |      |    |
| LIABILITIES                                |             |                      |                                     |               |      |    |
|  | JOINT:      |                      | CLIENT:                             | SPOU          | JSE: |    |
| Total Mortgage Debt:                       | \$          |                      | \$                                  | \$            |      |    |
| Total Credit Card Debt:                    | \$          |                      | \$                                  | \$            |      |    |
| All Other Debt:                            | \$          |                      | \$                                  | \$            | \$   |    |

| LIFE INSURANCE                                     |   |  |  |  |
|--|---|--|--|--|
| ON CLIENT LIFE:                                    | ON SPOUSE LIFE:                                     |  |  |  |
| Death Benefit \$                                   | Death Benefit \$                                    |  |  |  |
| PRIORITIZE YOUR GOALS                              |   |  |  |  |
| <b>CLIENT</b> - Rank your top 6 goals from 1-6     |   |  |  |  |
| ☐ Planning for Retirement                          | ☐ Creating Retirement Income                        |  |  |  |
| ☐ Saving for College                               | Saving for Major Purchase                           |  |  |  |
| ☐ Managing a Budget                                | ☐ Maximizing Investments                            |  |  |  |
| ☐ Minimizing Taxes                                 | ☐ Insuring Your Life                                |  |  |  |
| ☐ Insuring Your Income                             | ☐ Insuring Your Assets                              |  |  |  |
| Providing a Legacy                                 | ☐ Caring for Parents                                |  |  |  |
| ☐ Contributing to Charity                          | ☐ Planning for a Business                           |  |  |  |
| <b>SPOUSE</b> - Rank your top 6 goals from 1-6     |   |  |  |  |
| ☐ Planning for Retirement                          | ☐ Creating Retirement Income                        |  |  |  |
| ☐ Saving for College                               | Saving for Major Purchase                           |  |  |  |
| ☐ Managing a Budget                                | ☐ Maximizing Investments                            |  |  |  |
| ☐ Minimizing Taxes                                 | ☐ Insuring Your Life                                |  |  |  |
| ☐ Insuring Your Income                             | ☐ Insuring Your Assets                              |  |  |  |
| ☐ Providing a Legacy                               | ☐ Caring for Parents                                |  |  |  |
| ☐ Contributing to Charity                          | ☐ Planning for a Business                           |  |  |  |
| RETIREMENT ASSUMPTIONS                             | MISC. ASSUMPTIONS                                   |  |  |  |
| Current Living Expenses:                           | Are you expecting any large lump sum payment in the |  |  |  |
| Retirement Living Expenses:                        | future? (E.g. Sale of business, Inheritance, etc.)  |  |  |  |
| Desired age of Retirement (Client):                | Year:   |  |  |  |
| Desired age of Retirement (Spouse):                | Amount:   |  |  |  |
| ADDITIONAL REMARKS                                 |   |  |  |  |
| Is there any information you would like us to know | w which was not covered in this questionnaire?      |  |  |  |
|  |   |  |  |  |
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