Preliminary Client Questionnaire

FA:	Agency:	Date:
Client Name:	DOB:	US Citizen: Y N
Spouse Name:	DOB:	US Citizen: Y N
Address:	City, State, Zip:	
Home Phone:	Fax:	E-mail:
Client Cell Phone:	Spouse Cell Phone:	

Family Data:

Children	DOB	Marital Status	US Citizen	Spouse	DOB	Marital Status	US Citizen
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
Grandchildren				Grandchildren			
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
Great Grandchildren				Great Grandchildren			
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N

Property:

Real Estate/ Personal	Current Value	Tax Basis	Pre-Retire Gross Growth	Post-Retire Gross Growth	Owner

Investments:

Type/Institution Name	Current Value	Tax Basis	Pre-Retire Gross Growth	Post-Retire Gross Growth	Owner

Retirement:

Type/ Institution Name	Current Value	Pre-Retire Gross Growth	Post-Retire Gross Growth	Owner	Beneficiary	Employee Contribution	Employer Contribution

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Business Assets:

Business Name	Base Value	Tax Basis	Pre-Retire Gross Growth	Post-Retire Gross Growth	Owner	Business Type

Insurance:

	Life 1	Life 2
Policy Number		
Institution Name		
Purchase Date		
Policy Type		
Person Insured		
Owner		
Beneficiary		
Death Benefit		
Cash Value		
Cash Value Growth Rate		
Annual Premium		
Premium Term		
Premium Payer		
Reinvested At		

	Long Term Care	Disability
Policy Number		
Institution Name		
Purchase Date		
Insured		
Benefit Amount		
Owner		
Annual Premium		
Premium Term		
Premium Payer		
Elimination Period		
Benefit Period		
COLA		

Does your Insurance continue to fill a need?	
Do you work closely with a life insurance agent?	

Liability:

Mortgage/Loans	Institution Name	Current Balance	As of Date	Interest Rate	Loan Term

Salary/Bonus and Social Security:

	Annual Amount	Indexed At	Owner	Destination Account	Guaranteed	Starts	Ends
Salary/Bonus							
Salary/Bonus							
Social Sec.							

Expenses:

Current	Semi-Retirement	Retirement	Advanced Years	Desired income in the Event of Death: Client's Death: ________ Spouse's Death: ________

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Current Estate Plans:

	Simple Will	RLT	Funded	Gifts	ILIT	FLP	CLT	CRT	Bus. Succession	Other
Client										
Spouse										

Attorney/CPA Questions:

Do you have an Estate Planning Attorney? Y N	Would you like us to recommend someone? Y N
Is your Attorney a key decision maker for you? Y N	Is your CPA a key decision maker for you? Y N

Personal Questions:

Do you feel you have achieved financial security through retirement? Y N
Do you have any potential inheritances? Y N
How would you like to pass your estate?
Do you plan to leave any portion of your estate to charity? Y N
Do you need to make any special financial provisions for any member of your family? Y N Who?
What are your plans to deal with Estate Taxes?
What is your largest obstacle in achieving your goals?
Are you willing to invest effort/money, if plan serves to reduce/eliminate tax? Y N
Financial Risk Tolerance: ☐ Conservative ☐ Moderate ☐ Aggressive

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