

Client Questionnaire

General Information:

	Client 1 (Primary Client)	Client 2 (Spouse/Partner)
First Name		
Last Name		
Birthday		
Retired?	Yes/No	Yes/No
If Not Retired, Age When You Plan to Retire		
Gross Income From Salary + Bonus (\$)		
Annual Raise (%)		
Ending Age		

Investment Assets:

	Client 1 (Primary Client)		Client 2 (Spouse/Partner)	
	Value (\$)	Contributions/Yr (\$)	Value (\$)	Contributions/Yr (\$)
Taxable				
Tax-Free				
Traditional IRAs				
Roth IRAs				
Tax-Deferred				

Annual Recurring Expenses (Expenses that will recur each year such as utility bills, groceries, property taxes, etc.):

	Amount (Today's \$)
Projected Annual Recurring Expenses in Retirement	

Goals & Non-Recurring Expenses (Not Included in Annual Recurring Expenses above):

Description	Amount (Today's \$)	Age of Client 1 When Expense Starts	Duration of Expense (Years)
College for Children			
Wedding			
Car			
Second Home			
Vacations			
Gift or Donation			

Medical Expenses

Long-Term Care Insurance

Life Insurance

Other Insurance

Mortgage Payments

Loan Payments

Other-

Other-

Other-

Other-

Social Security:

	Client 1 (Primary Client)	Client 2 (Spouse/Partner)
Estimated Annual Payment (\$)		
Already Receiving Payments?	Yes/No	Yes/No
If No Above, Age When You Will Begin Receiving Payments		

Client 1 Pensions:

	Pension 1	Pension 2	Pension 3	Pension 4
Annual Payment (\$)				
Already Receiving Payments?	Yes/No	Yes/No	Yes/No	Yes/No
If No Above, Age When You Will Begin Receiving Payments				
Annual Growth Rate Of Pension (%)				
% Of Payment That Passes To Spouse/Partner				

Client 2 Pensions:

	Pension 1	Pension 2	Pension 3	Pension 4
Annual Payment (\$)				
Already Receiving Payments?	Yes/No	Yes/No	Yes/No	Yes/No
If No Above, Age When You Will Begin Receiving Payments				
Annual Growth Rate Of Pension (%)				
% Of Payment That Passes To Spouse/Partner				

Assets:

Name/Description	Current Value (\$)
Home	
Business	
Property	
Second Home	
Personal Asset	
Future Asset- Inheritance	
Future Asset- Gift	
Lump Sum Pension	
Cash Value Life Insurance	
Other Insurance	
Other-	
Other-	
Other-	
Other-	
Other-	
Other-	

Liabilities:

Name/Description	Current Balance (\$)
Mortgage	
Second Mortgage	
Equity Line	
Business Loan	
Auto Loan	
Personal Loan	
School Debt	
Taxes Owed	
Other-	
Other-	
Other-	