



# CLIENT QUESTIONNAIRE



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Client Name

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Advisor Name

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Date

## FAMILY & FRIENDS

\_\_\_\_\_  
Name

\_\_\_\_\_  
Spouse Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Desired Age of Retirement

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Desired Age of Retirement

\_\_\_\_\_  
How many children do you have?

\_\_\_\_\_  
Age(s) of Children

## FINANCIAL PRIORITIES

Please place a number next to your top 6 priorities from the list below:

### Client

\_\_\_ Creating Retirement Income

\_\_\_ Saving for Major Purchases

\_\_\_ Minimizing Taxes

\_\_\_ Insuring your assets

\_\_\_ Caring for Parents

\_\_\_ Planning for a Business

\_\_\_ Saving For College

\_\_\_ Managing a Budget

\_\_\_ Insuring your Life

\_\_\_ Providing a Legacy

\_\_\_ Contributing to Charity

### Spouse

\_\_\_ Creating Retirement Income

\_\_\_ Saving for Major Purchases

\_\_\_ Minimizing Taxes

\_\_\_ Insuring your assets

\_\_\_ Caring for Parents

\_\_\_ Planning for a Business

\_\_\_ Saving For College

\_\_\_ Managing a Budget

\_\_\_ Insuring your Life

\_\_\_ Providing a Legacy

\_\_\_ Contributing to Charity

## RETIREMENT ASSUMPTIONS

\_\_\_\_\_  
Current Living Expenses

\_\_\_\_\_  
Retirement Living Expenses

## MISCELLANEOUS ASSUMPTIONS

Are you expecting any large lump sum payment in the future? (e.g. Sale of Business, Inheritance, etc.)

\_\_\_\_\_  
Year

\_\_\_\_\_  
Amount

## GOALS

Retirement \$ \_\_\_\_\_

Weddings/Celebrations \$ \_\_\_\_\_

Purchase of Property \$ \_\_\_\_\_

Education \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Home Improvements \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

Duration

Short Term/Long Term

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## NET WORTH

	Joint	Client	Spouse
Real Estate/Property	\$ _____	\$ _____	\$ _____
Retirement Investments	\$ _____	\$ _____	\$ _____
Personal Investments	\$ _____	\$ _____	\$ _____
Other Investments	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Total Mortgage Debt	\$ _____	\$ _____	\$ _____
Total Credit Card Debt	\$ _____	\$ _____	\$ _____
All Other Debt	\$ _____	\$ _____	\$ _____

## INCOME & SAVINGS

Salary	Spouse Salary
Other Income	Spouse Other Income
Savings (Qualified)	Savings (Qualified)
Savings (Non-Qualified)	Savings (Non-Qualified)
Social Security Benefits	Social Security Benefits

## PROTECTION

Client Death Benefit \$ \_\_\_\_\_ Spouse Death Benefit \$ \_\_\_\_\_

What other types of insurance policies do you have?

## ADDITIONAL REMARKS

Is there any information you would like us to know which was not covered in this questionnaire?

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# VAULT CHECKLIST

## LEGAL DOCUMENTS

- Wills
- Deeds
- Revocable & Irrevocable Trusts
- Power of Attorney
- Codicils (Supplements made to a Will)
- Living Wills/Health Directives
- Prenuptial Agreements
- Buy/Sell Agreements
- Contracts

## BENEFITS

- Social Security Info
- Veteran's Administration Info
- Employment Benefits

## INSURANCE POLICIES

- (Life, LTD, Disability, Medical, Car, Property)

## BANK & INVESTMENT STATEMENTS

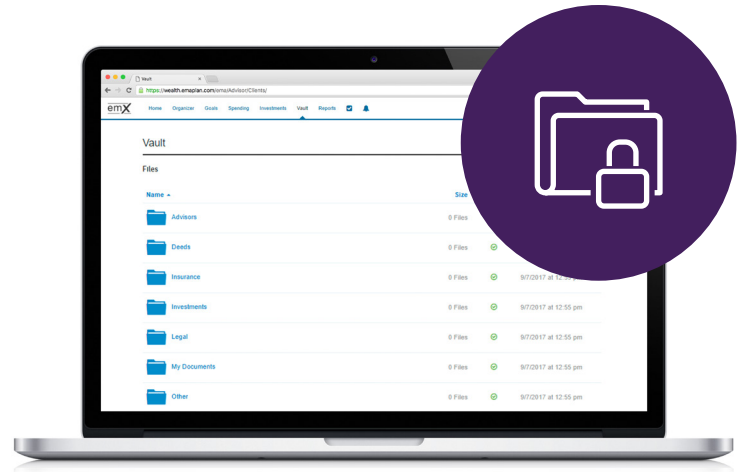
- Pensions, IRAs, Annuities, etc.
- Investment Accounts
- Stock Options/Certificates

## LIABILITIES

- List of Credit Cards with Contact Information
- Mortgages
- Loans

## TAXES

- Tax Returns
- W-2 Forms



## IDENTIFICATION

- Birth Certificates
- Drivers Licenses
- Passports
- Social Security Cards

## FAMILY

- Adoption Papers
- Medical Records
- Marriage License
- Pictures
- Audio Files
- Video Clips

## PROPERTY

- Titles to Homes, Autos, Boats, etc.
- Warranties

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## PROFESSIONAL CONTACTS

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_