

Preliminary Client Questionnaire

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|------------------|-------------------|-------------------|
| Client Name: | DOB: | US Citizen: Y N |
| Spouse Name: | DOB: | US Citizen: Y N |
| Address: | City, State, Zip: | |
| Client Phone: | Spouse Phone: | |
| Email Addresses: | | |

Family Data:

| Children Names | DOB | Marital Status |
|----------------|-----|----------------|
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Salary/Bonus and Social Security:

| | Annual amount | Indexed at | Owner | Guaranteed | Starts | Ends |
|-----------------|---------------|------------|-------|------------|--------|------|
| Salary/Bonus | | | | | | |
| Salary/Bonus | | | | | | |
| Social Sec. 1 | | | | | | |
| Social Sec. 2 | | | | | | |
| Other | | | | | | |
| Rental Income 1 | | | | | | |
| Rental Income 2 | | | | | | |

Annual Expenses:

| Current | Semi-Retirement | Retirement |
|---------|-----------------|------------|
| | | |

Property:

| Real Estate / Personal | Current Value | Tax Basis | Owner | Liquidation Date? |
|------------------------|---------------|-----------|-------|-------------------|
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Preliminary Client Questionnaire

Liability:

| Mortgage/Loans | Current Balance | Initial Balance | Interest Rate | Loan Term | Monthly Payment |
|----------------|-----------------|-----------------|---------------|-----------|-----------------|
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Retirement/Investments:

| Type / Institution Name | Owner | Current Value | Annual Personal Contributions | Annual Employer Contributions | Annual Withdrawals |
|-------------------------|-------|---------------|-------------------------------|-------------------------------|--------------------|
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Business Assets:

| Business Name | Business Type | Base Value | Tax Basis | Owner | Liquidation Date | Buy/Sell Agreement |
|---------------|---------------|------------|-----------|-------|------------------|--------------------|
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Insurance - Life:

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

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Insurance - Long Term Care and Disability:

| | Long Term Care | Disability |
|--|----------------|------------|
| Institution Name | | |
| Policy Number | | |
| 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? Y N | | |
| Do you work closely with a life insurance agent? Y N | | |

Current Estate Plans:

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

Attorney/CPA Questions:

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|--|---|
| 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:

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| 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 If Y, who? |
| What are your plans to deal with Estate Taxes? |
| What is your largest obstacle in achieving your goals? |