

# ASSET AND DATA QUESTIONNAIRE

*Personal and Confidential*

Client: \_\_\_\_\_

Date: \_\_\_\_\_

**Please read before you begin...**

Completing this questionnaire is the first step in assembling a financial plan. This questionnaire is designed to be easy to complete. The confidentiality of your information will be respected.

**Instructions for this Questionnaire:**

Please complete the questionnaire to the best of your ability – more information is better than less. However, if something doesn't apply to your situation, skip it – and if something in your situation is not addressed, just make a note at the end (you can add extra pages, if necessary). Please call or email if any item needs clarification or if you have any questions.

**Documents to Assemble:**

We will be able to work more effectively when you provide documents along with this completed questionnaire. You can be assured your documents will be professionally safeguarded under strict, confidential control while we prepare your analysis. If you prefer, copies of your financial papers are acceptable.

**Please check the box as you gather each document:**

- |  |  |
|--|--|
| <input type="checkbox"/> Personal Income Tax Returns   | <input type="checkbox"/> Company-provided group benefits for you and your spouse – please provide a printout of specific coverages, if available |
| <input type="checkbox"/> Paycheck stubs for you and your spouse showing deductions from gross income | <input type="checkbox"/> Current account statements (brokerage, banks, retirement plans, etc.)   |
| <input type="checkbox"/> Wills and Trust documents   |  |
| <input type="checkbox"/> All Personal Insurance Policies   |  |
| <input type="checkbox"/> Automobile Policies (include declarations of coverage)                      |  |
| <input type="checkbox"/> Homeowner's or Renter's Policy (include declarations of coverage)           |  |
| <input type="checkbox"/> Life Insurance Policies (for all members of your family)                    |  |
| — Annual Statements  |  |
| — Loan Statements  |  |
| <input type="checkbox"/> Disability Income Policies  |  |
| <input type="checkbox"/> Hospitalization and Major Medical Policies                                  |  |
| <input type="checkbox"/> Any other type of insurance policies  |  |
| <input type="checkbox"/> Most recent Social Security Statements                                      |  |
| <input type="checkbox"/> Most recent Mortgage Statements   |  |

**For Business Owners only:**

- Business life insurance policies
- Business income tax returns
- Business financial statements
- Buy-Sell Agreements
- Business Agreements

# I. Background Information

## Family Data:

	Date of Birth	Birth Place
Your Full Name		
Spouse's Full Name		
Child		
Child		
Child		
Child		

## Residence:

Street Address		City, State	Zip
Telephone	Fax	Email Address	

## Employment Data:

Client Occupation	Employer	How Long
Work Address		Work Telephone
Spouse's Occupation	Employer	How Long
Work Address		Work Telephone
Client Email Address		Spouse Email Address

	Base Salary	Estimated Bonus	Estimated Commissions	Estimated Stock Options
Client Primary Income				
Spouse Primary Income				

<b>Other Income:</b>	<b>Source 1 Amount</b>	<b>Source 2 Amount</b>	<b>Source 3 Amount</b>	<b>Source 4 Amount</b>
Rentals				
Royalties				
Fees and/or Commissions				
Trust Income				
Secondary Business Income	\$	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation

## II. Current Assets

**List each account separately, by ownership and amount**

### NON-INTEREST/ LOW-INTEREST BEARING ACCOUNTS

<b>Account</b>	<b>Client</b>	<b>Spouse</b>	<b>Jointly Held</b>	<b>Children</b>
Savings #1	\$	\$	\$	\$
Savings #2	\$	\$	\$	\$
Savings #3	\$	\$	\$	\$
Checking #1	\$	\$	\$	\$
Checking #2	\$	\$	\$	\$
Checking #3	\$	\$	\$	\$

### INTEREST-BEARING ACCOUNTS

<b>Account</b>	<b>Interest Rate</b>	<b>Client</b>	<b>Spouse</b>	<b>Jointly Held</b>	<b>Children</b>
Money Market #1	%	\$	\$	\$	\$
Money Market #2	%	\$	\$	\$	\$
Money Market #3	%	\$	\$	\$	\$
CD #1	%	\$	\$	\$	\$
CD #2	%	\$	\$	\$	\$
CD #3	%	\$	\$	\$	\$
Other	%	\$	\$	\$	\$

### III. Investment Assets

List each account separately, by ownership and amount

#### TAX-DEFERRED/QUALIFIED INVESTMENT ACCOUNTS

Account	Client	Spouse	Jointly Held	Children
Deferred Annuity	\$	\$	\$	\$
IRA	\$	\$	\$	\$
Roth IRA	\$	\$	\$	\$
401(k)	\$	\$	\$	\$
Roth 401(k)	\$	\$	\$	\$
Keogh	\$	\$	\$	\$
Work-sponsored investment plan*	\$	\$	\$	\$
Employer Contribution? _____	% Employer Contribution Limit? \$ _____			
Work-sponsored investment plan*	\$	\$	\$	\$
Employer Contribution? _____	% Employer Contribution Limit? \$ _____			
Vested Pension	\$	\$	\$	\$
Vested Profit Share	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$

\*Includes 401(k), Roth 401(k), 457(b), SEP, or other Employer-sponsored plans.

**TAXABLE/NON-QUALIFIED INVESTMENT ACCOUNTS (Includes Partnerships, business interests, trusts, etc.)**

<b>Account</b>	<b>Current Market Value</b>			
	<b>Client</b>	<b>Spouse</b>	<b>Jointly Held</b>	<b>Children</b>
Brokerage Acct. #1	\$	\$	\$	\$
Brokerage Acct. #2	\$	\$	\$	\$
Brokerage Acct. #3	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$

## IV. Real Estate

### Property

	Year Purchased	Purchase Price	Capital Improvements	Estimated Market Value
Primary Residence		\$	\$	\$
Other Home		\$	\$	\$
Other Home		\$	\$	\$
Land		\$	\$	\$
Land		\$	\$	\$
Land		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$

### Mortgages/Equity Lines of Credit

	Monthly Payment (P&I Only)	Interest Rate	Months Remaining	Unpaid Balance
Primary Residence	\$	%		\$
Other Home	\$	%		\$
Other Home	\$	%		\$
Land	\$	%		\$
Land	\$	%		\$
Land	\$	%		\$
Other	\$	%		\$
Other	\$	%		\$
Other	\$	%		\$
Other	\$	%		\$

## V. Loans, Debt & Personal Property

### Loans Receivable to You

Description	Monthly Payment	Interest Rate	Months Remaining	Unpaid Balance
	\$	%		\$
	\$	%		\$
	\$	%		\$
	\$	%		\$
	\$	%		\$
	\$	%		\$

**Debts Owed by You (include personal, college, home improvement, vehicle, loans, credit card balances, checking account overdraft protection, etc.)**

Description	Monthly Payment	Interest Rate	Months Remaining	Unpaid Balance
	\$	%		\$
	\$	%		\$
	\$	%		\$
	\$	%		\$
	\$	%		\$
	\$	%		\$
	\$	%		\$
	\$	%		\$
	\$	%		\$
	\$	%		\$



## **VI. Other Personal Property**

**Show estimated market value of what you own today.**

<b>Item</b>	<b>Current Market Value</b>
General Household Furnishings & Appliances	\$
Artwork, Antiques, etc.	\$
Jewelry – Client	\$
Jewelry – Spouse	\$
Vehicle #1	\$
Vehicle #2	\$
Vehicle #3	\$
Vehicle #4	\$
Vehicle #5	\$
Collections	\$
Other	\$

## VII. Insurance Coverages

### Life Insurance

Name of Insurance Company	Family Member Insured	Annual Premium	Cash Value	Policy Loan	Amount of Coverage
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Client – Smoker?    Y   N

Spouse – Smoker?   Y   N

### Disability Income Insurance (personal and group)

Name of Insurance Company	Family Member Insured	Employer Paid?	Annual Premium	Amount of Coverage
		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$

## VIII. Additional Information

Do you have a safety deposit box?   Y   N

Do you Have an Attorney?   Y   N

Do you have valid, executed wills?   Y   N

Do you have an Accountant?   Y   N