



accountants
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212 E. Highland Drive, Suite 201
Lakeland, Florida 33813
(863) 683-0708 Voice (863) 686-0799 Fax

Client Questionnaire

Personal Information

	Client One	Client Two
Full Name	<input type="text"/>	<input type="text"/>
Nickname	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	
Birthdate	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Soc. Sec. Number	<input type="text"/>	<input type="text"/>
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow(er)	
Children	Gender (M/F)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment Information

	Client One	Client Two
Profession/Title	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	<input type="text"/>
Years of Service	<input type="text"/> Years	<input type="text"/> Years
Business Phone Number	<input type="text"/> ext.	<input type="text"/> ext.
Home Phone Number	<input type="text"/> ext.	<input type="text"/> ext.

Retirement and Disability Benefits

	Client One	Client Two
Desired retirement age:	<input type="text"/>	<input type="text"/>
Are you eligible to receive Social Security in retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer-sponsored pension e.g., defined plan (monthly amount at age 65 or other projected retirement age).	\$ <input type="text"/> / mo. @ age	\$ <input type="text"/> / mo. @ age
Is this pension subject to a cost-of-living adjustment (COLA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Retirement assets (Include the total amount of employer and employee contributions in **annual contribution** columns.)

	Client One		Client Two	
	Current Balance	Annual Contribution	Current Balance	Annual Contribution
IRA accounts	\$ <input type="text"/>	\$ <input type="text"/> per yr.	\$ <input type="text"/>	\$ <input type="text"/> per yr.
Keogh-type accounts	\$ <input type="text"/>	\$ <input type="text"/> per yr.	\$ <input type="text"/>	\$ <input type="text"/> per yr.
SEP accounts	\$ <input type="text"/>	\$ <input type="text"/> per yr.	\$ <input type="text"/>	\$ <input type="text"/> per yr.
Profit sharing (e.g., 401(k) or other defined contribution plans)	\$ <input type="text"/>	\$ <input type="text"/> per yr.	\$ <input type="text"/>	\$ <input type="text"/> per yr.
Other tax-deferred accounts (e.g., employer-sponsored annuity, deferred compensations, etc.)	\$ <input type="text"/>	\$ <input type="text"/> per yr.	\$ <input type="text"/>	\$ <input type="text"/> per yr.

Current retirement asset allocation Estimate these percentages to have % Equities % Fixed Income
your retirement assets included in the recommended asset allocation. % Cash

Desired retirement lifestyle (How much annual spendable income after taxes would you need to support your desired retirement lifestyle as expressed in today's dollars? If you leave this blank, we will make an estimate based on your income.)

I would need \$ per year in today's dollars.

Client One Client Two

Long-term disability income coverage

Do not include Social Security or any benefits that last less than two years.

\$ per mo. \$ per mo.



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Estate Information

The following information impacts your estate. Any question left blank is assumed to be NO or zero.

Do you have a will?

Yes No

Yes No

Do you have a living trust? (A legal document established during your lifetime containing assets that will pass outside your will. This is NOT a living will.)

Yes No

Yes No

Life Insurance (face amounts)
Exclude accidental death policies

\$

\$

Amount provided by employer

\$

\$

Amount personally owned

\$

\$

Amount owned by others (i.e., trust)

\$

\$

Cash value (amount of equity built up in your whole or universal life policy)

\$

\$

Survivorship (Second-to-Die) Insurance (face amount) This insurance covers a married couple and pays out upon the death of the last spouse. (We will assume this insurance is owned by someone other than the insured, i.e., a trust.)

\$

Desired survivor lifestyle Excluding college costs, how much annual income after taxes in today's dollars would your survivors need to support their lifestyle?

Survivor would need a total of \$ per year in today's dollars.

Would this lifestyle change sometime in the future? (e.g., need reduces after mortgage is paid off.)

Survivor need would change to \$ per year in the year (Express this need in today's dollars.)

Ownership Below we ask you to list various assets. Please list combined assets for Client One and Client Two (if applicable).

Personal Assets (Client One and Two combined)	Current Value		Current Value
Primary Residence (Market Value)	\$	Automobile(s) (Market Value)	\$
Mortgage Balance	\$ ()	Auto Loan Balance	\$ ()
Home Equity Loan	\$ ()	Other Personal Property (jewelry, furniture, appliances, clothing, etc.)	\$
Secondary Residence (not rental property)	\$		
Mortgage Balance	\$		



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Excluding Retirement Assets, UGMA/UTMA Assets and Irrevocable Trust Assets

Professionally managed accounts and living trust assets should be divided into appropriate categories.

Cash and Cash Equivalents

Checking Accounts	\$	Term Certificates (e.g., CDs)	\$
Savings Accounts	\$	Other (e.g., Credit Union Accounts)	\$
Money Market Accounts	\$		

Securities

Common and Preferred Stock	\$	U.S. Government Issues/Funds/UITs	\$
Stock Mutual Funds	\$	Other Securities	\$
Municipal Bonds/Funds/UITs	\$	Margin Loan Balance	\$ ()
Corporate Bonds/Funds/UITs	\$		

Other

Net Rental Property (Market Value minus Mortgage Loan Balance)	\$	Business Interest You Own	\$
Other Net Real Estate (Market Value minus Mortgage Loan Balance)	\$	Other Investment Assets (not listed Above)	\$
Annuities (Excluding immediate annuities and employer-sponsored annuities)	\$	Employee Stock Option	\$
Receivables (Notes/mortgages owed to you)	\$	Other Debt (Include credit card debt and other debt not listed above)	\$ ()
Direct Investments (limited partnerships)	\$	Future Inheritance (Estimate amount)	\$

Sources of Income List annual amounts you are currently receiving. "Salary and bonus" means taxable income shown on IRS Form W-2 (i.e., income net of tax-deferred contributions). If you leave the Dividends, Taxable interest and Tax-Free income lines blank, not zero, we will assume certain returns on your assets.

	Client One	Client Two	
Salary and bonus	\$ per yr.	\$ per yr.	Total Itemized Deductions (From IRS Form 1040 Schedule A, total before reductions. If left blank we will use the standard deduction.)
Net self-employment	\$ per yr.	\$ per yr.	
Pension	\$ per yr.	\$ per yr.	\$
Social Security	\$ per yr.	\$ per yr.	Annual Savings (excluding retirement plan contributions, how much money do you plan to save annually?)
Dividends	\$ per yr.	\$ per yr.	
Taxable interest	\$ per yr.	\$ per yr.	
Tax-Free income	\$ per yr.	\$ per yr.	
Other taxable income Please specify type of other income	\$ per yr.	\$ per yr.	



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Wills and Trust

	Date of Will	Executor(s)	Have you established a Funded Trust?	Are you currently a Beneficiary of a Trust?
Yourself	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Since 1981, have you or your spouse made any gifts requiring the filing of gift tax returns? (For example, an annual gift to one person exceeding \$10,000.)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Estate Planning Concerns

Reducing Death Taxes and Estate Administration Costs	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
Avoiding Sale of Property at Death to Pay Debts, Taxes and Costs	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
Transferring Substantial Assets to my Family	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
Providing Adequate Support of Family after a Death	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
Providing Asset Management for my Family	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
Controlling Property Transferred to Beneficiaries to Avoid Waste and Depletion by Beneficiaries	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
Charitable Giving	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low

Please describe any other major concerns including any special-needs beneficiaries (such as a disabled child or elderly relative):

Current and Future Giving

List Current and Future Charities:

List Charities in which You are Currently Investing Your Time:

