



# CONFIDENTIAL QUESTIONNAIRE

All information current as of: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

## PERSONAL INFORMATION

Name  Birthdate

Spouse  Birthdate (Spouse)

Home Address, City, ST, Zip

Cell Phone Number  Email

Children <input type="text"/>	Age <input type="text"/>	Children <input type="text"/>	Age <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"/>

## INCOME

Annual Salary

Self:  Spouse:

Are you currently participating in Social Security?  Yes  No

Income Desired at Retirement

List any retirement benefits currently in place

Outstanding Loan Balance of Home  Time Remaining  Approximate Value of Home

## LIFE INSURANCE

Please list any existing personal life insurance and annuities:

Primary Insured	Insurance Company	Coverage Amount	Type: Permanent, Variable, or Term	Start Date	Ownership Agreement	Annual Premium

Please prioritize the following concerns (1 through 6, 1 being the highest):

- Life Insurance to protect my family
- Deferred tax benefits
- Protect salary in the event of disability
- Income Replacement
- Long Term Care
- Maintaining my standard of living at retirement