

Confidential Questionnaire

Client Information

Date of Completion: _____

Client Name (1) _____ **Client Name (2)** _____

Home Address _____

City, State, ZIP _____

Home Phone () - _____

Work Phone () - _____

Work Phone () - _____

Mobile Phone () - _____

Mobile Phone () - _____

Fax (Hm or Wk) () - _____

Fax (Hm or Wk) () - _____

E-mail _____

E-mail _____

Date of Birth _____

Date of Birth _____

Primary Contact Person during business hours? _____

Contact me/us by (circle one) E-mail or Phone (Home Work Cell)

Family Members (please list children and other dependents)

| Name | Relationship | Date of Birth | Dependent | Resides (City & State) |
|-------|--------------|---------------|-----------|------------------------|
| _____ | _____ | / / | Y N | _____ |
| _____ | _____ | / / | Y N | _____ |
| _____ | _____ | / / | Y N | _____ |
| _____ | _____ | / / | Y N | _____ |

Employment

Client Employer (1) _____ **Client Employer (2)** _____

Title/Job _____

Title/Job _____

Years with this employer _____

Years with this employer _____

Anticipated employment changes _____

Anticipated employment changes _____

Age you plan to retire _____

Age you plan to retire _____

Salary \$ _____

Salary \$ _____

Self Employment Income \$ _____

Self Employment Income \$ _____

Bonus/Commissions \$ _____

Bonus/Commissions \$ _____

Other Earned Income \$ _____

Other Earned Income \$ _____

TOTAL (Current Year) = \$ _____

TOTAL (Current Year) = \$ _____

Your retirement contributions \$ _____

Your retirement contributions \$ _____

Employer's retirement contributions (\$ or %) _____

Employer's retirement contributions (\$ or %) _____

Confidential Questionnaire, Continued

Other Income

| Source: Pension/Annuity/Rental Property/Trust Income | Ownership | Annual Amount |
|--|-----------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

| Anticipated future pension benefits | Monthly Amount | At Age | COLA? |
|-------------------------------------|----------------|--------|-------|
| _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ |

Expenditures

Not including taxes, savings, retirement plan contributions, and loan payments, what are your monthly living expenses? \$ _____

Estate Planning Documents

- Wills
- Living Trusts
- Powers of Attorney
- Living Wills
- Other Documents

Year Drafted

State Drafted

Insurance

| | <u>Client (1) Coverage</u> | <u>Group</u> | <u>Individual</u> | <u>Client (2) Coverage</u> | <u>Group</u> | <u>Individual</u> |
|------------------------|--------------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
| Health | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Life | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Life | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Life | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Homeowners | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Auto | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Auto | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Umbrella Liability | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Liability | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Long Term Care | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Do you participate in a health savings account? Yes No

Confidential Questionnaire, Continued

Assets – Please bring the most recent statements of the following accounts to our meeting. Bank, brokerage, mutual fund, retirement, college savings, annuities, cash value life insurance, and any other investment accounts. If you have this information in a format of your own, please feel free to bring that also.

| Personal Property | Estimated Value |
|-------------------|-----------------|
| Primary Residence | \$ _____ |
| Second Home | \$ _____ |
| Furnishings | \$ _____ |
| Vehicle _____ | \$ _____ |
| Vehicle _____ | \$ _____ |
| Other _____ | \$ _____ |
| Other _____ | \$ _____ |

Non-Retirement Accounts

(Checking, Savings, CDs, Money Market, Brokerage, Mutual Fund, etc.)

| Account | Type of Account | Ownership (Indiv, Joint) | Balance |
|---------|-----------------|-----------------------------|----------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

Retirement Accounts

(401K, 403B, IRA, Roth IRA, etc.)

| Account | Type of Account | Owner | Balance |
|---------|-----------------|-------|----------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

Confidential Questionnaire, Continued

Please list below an estimate of the value for any other investment assets not appearing on the list above:

How were your current investment assets selected? _____

Liabilities

Personal Liabilities

| <u>Credit Cards</u> | <u>Interest Rate</u> | <u>Avg. Monthly Payment*</u> | <u>Current Balance</u> |
|---------------------|----------------------|------------------------------|------------------------|
| _____ | _____ % | \$ _____ | \$ _____ |
| _____ | _____ % | \$ _____ | \$ _____ |
| _____ | _____ % | \$ _____ | \$ _____ |
| _____ | _____ % | \$ _____ | \$ _____ |
| _____ | _____ % | \$ _____ | \$ _____ |

(*If not paid in full each month)

| <u>Debts</u> (Residence, Auto, Business, School) | <u>Term*</u> | <u>Interest Rate</u> | <u>Payment</u> | <u>Approximate Balance</u> |
|---|--------------|----------------------|----------------|----------------------------|
| _____ | _____ | _____ % | \$ _____ | \$ _____ |
| _____ | _____ | _____ % | \$ _____ | \$ _____ |
| _____ | _____ | _____ % | \$ _____ | \$ _____ |
| _____ | _____ | _____ % | \$ _____ | \$ _____ |
| _____ | _____ | _____ % | \$ _____ | \$ _____ |
| _____ | _____ | _____ % | \$ _____ | \$ _____ |
| _____ | _____ | _____ % | \$ _____ | \$ _____ |

(*Years and months remaining to pay off loan.)

Does your mortgage payment include real estate tax? Yes No

Does your mortgage payment include homeowner's insurance? Yes No

Confidential Questionnaire, Continued

Please comment on the advice you seek. _____

Additional Information

These items, as well as others, may be needed should you engage our services:

- Prior year tax returns
- Brokerage account statements
- Mutual Fund account statements
- Retirement plan account statements
- Loan documents
- Most recent paycheck stubs
- Social Security benefit statements
- Employee Benefits booklet
- Legal documents
- Insurance policies

For your financial consultation,

- if you will be coming to our office, please bring this completed form with you.
- if we will be teleconferencing with you, please keep a copy of your completed form AND send us a copy at:

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