



Financial Futures

achieving your goals through financial planning

Personal Data Questionnaire

Client Name: _____
Today's Date: _____

Co-Client Name: _____

<u>Any New Dependent's?</u> <u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>SSN</u>	<u>Provide Support</u>
_____	_____	___ / ___ / ___	___ - ___ - ___	Y / N
_____	_____	___ / ___ / ___	___ - ___ - ___	Y / N

Please describe your financial goals and objectives (in priority order):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

INCOME		
<u>Income Sources</u>	<u>Client</u>	<u>Co-Client</u>
Annual Salary	_____	_____
Annual Bonus	_____	_____
Alimony Received	_____	_____
Child Support Received	_____	_____
Net Self-Employment	_____	_____
Rental Income	_____	_____
Other Income	_____	_____

NEW ASSETS

<u>Asset Description</u>	<u>Date Acquired</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEW LIABILITIES

<u>Description</u>	<u>Lender</u>	<u>Balance / Interest Rate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PURCHASE ANY NEW INSURANCE POLICIES?

Life Insurance Policy #1

Company _____	Insured _____	Owner _____	Death Benefit \$ _____	Beneficiary _____
Term _____ years	Year Began _____		Annual Premium \$ _____	

Life Insurance Policy #2

Company _____	Insured _____	Owner _____	Death Benefit \$ _____	Beneficiary _____
Term _____ years	Year Began _____		Annual Premium \$ _____	

Long-Term Care Insurance Policy #1

Company _____	Insured _____	Daily Benefit \$ _____	Elimination Period _____ days
Duration of Benefit Period (choose one)		Inflation Option (choose one)	
_____ yrs or _____ lifetime		None CPI Fixed at _____%	
Who Pays Premium _____	Annual Premium \$ _____	Premium: Pre-tax or After-Tax	

Other Insurance:

	Company	Annual Premium	Deductible	Coverage Amount
Homeowners	_____	\$ _____	\$ _____	\$ _____
Renters	_____	\$ _____	\$ _____	\$ _____
Auto	_____	\$ _____	\$ _____	\$ _____
Umbrella	_____	\$ _____	\$ _____	\$ _____
Professional Liability	_____	\$ _____	\$ _____	\$ _____

ESTATE DOCUMENTS				
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	Y / N	Ownership	When Drafted?	What State?
Will #1	Y / N	_____	_/_/____	_____
Will #2	Y / N	_____	_/_/____	_____
Living Will #1	Y / N	_____	_/_/____	_____
Living Will #2	Y / N	_____	_/_/____	_____
Power of Attorney #1	Y / N	_____	_/_/____	_____
Power of Attorney #2	Y / N	_____	_/_/____	_____
Revocable Trust	Y / N	_____	_/_/____	_____
Irrevocable Trust	Y / N	_____	_/_/____	_____

Please provide **COPIES** of the following information:

Check

- | | |
|---|--------------------------|
| 1. Investment Statements other than TD Ameritrade | <input type="checkbox"/> |
| 2. Bank Statements | <input type="checkbox"/> |
| 3. Retirement Plan Statements | <input type="checkbox"/> |
| 4. Mortgage & Loan Statements | <input type="checkbox"/> |
| 5. Social Security Statements | <input type="checkbox"/> |
| 6. Insurance Contracts (Declaration pages) | <input type="checkbox"/> |
| 7. Employee Benefit Information | <input type="checkbox"/> |
| 8. Will | <input type="checkbox"/> |
| 9. Living Will | <input type="checkbox"/> |
| 10. Power of Attorney | <input type="checkbox"/> |
| 11. Health Care Directive | <input type="checkbox"/> |
| 12. Any other document pertinent to your financial life | <input type="checkbox"/> |