



DISCOVERY QUESTIONNAIRE

In addition to completing this questionnaire, please provide the following important documents for an accurate analysis of your present situation.

- Recent brokerage and other savings account statements
- Employment pay stubs, company benefit summaries and recent plan statements
- Insurance policies including declaration pages for auto and homeowners
- If available, personal and business (if applicable) financial statements
- Wills and trusts
- Recent personal and business (if applicable) federal income tax returns
- Other relevant financial documents

Thank you

DISCOVERY QUESTIONNAIRE

PERSONAL INFORMATION

Client One

Full Name: _____

Familiar Name: _____

Home Address: _____

City, State Zip: _____

Home Phone: _____

E-mail: _____

Soc. Sec. #: _____

Birth date: _____

Birthplace: _____

Marital Status: Married Single Widow(er)

Anniversary Date: _____

Education (years): 12 14 16 more than 16

U.S. Citizen: Yes No

Client Two

Married Single Widow(er)

12 14 16 more than 16

Yes No

Children:	Gender:	Date of Birth:	Soc. Sec. #:
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____

Emergency Contact

Name: _____ Relationship: _____ Phone #: _____

Preferred Location and Method of Contact

Location: Work Home Method: Phone U.S. Mail E-mail Fax

EMPLOYMENT INFORMATION

	Client One	Client Two
Profession:	_____	_____
Title/Position:	_____	_____
Employer:	_____	_____
Employer Address:	_____	_____
City, State Zip:	_____	_____
Years of Service	_____	_____
Business Phone:	_____	_____
Business E-mail:	_____	_____
Annual Salary:	\$ _____	\$ _____
Bonus:	\$ _____	\$ _____
Marginal Tax Rate:	_____	_____

	Client One	Client Two
Annual Savings		
Annual Retirement Plan Contributions:	\$ _____	\$ _____
Company Match:	_____ %	_____ %
➤ In Co. Stock?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retirement Vehicle (e.g. 401k, IRA, SEP):	_____	_____
Other Annual Savings:	\$ _____	\$ _____
Savings Vehicle (e.g. brokerage, CDs):	_____	_____

ASSETS

Employer-sponsored pension – defined benefit plan (monthly amount at age 65 or other planned retirement age)

Client One		Client Two
\$ _____/month @ age _____		\$ _____/month @ age _____

Client One

Client Two

Employer Stock Options

Shares Granted:	_____	_____	_____	_____
Option Price:	\$ _____	\$ _____	\$ _____	\$ _____
Date Granted:	_____	_____	_____	_____
Expiration Date:	_____	_____	_____	_____

Client One

Client Two

Account Values

401K/profit sharing:	_____	_____
IRA/SEP/Keogh:	_____	_____
Roth IRA:	_____	_____
Cash Balance Plan:	_____	_____
Bank/Credit Union Savings:	_____	_____
Certificate of Deposits:	_____	_____
Savings Bonds:	_____	_____
Money Markets:	_____	_____
Municipal Bonds:	_____	_____
Annuities:	_____	_____
Life Insurance Cash Value:	_____	_____
Brokerage Accounts:	_____	_____
Receivables:	_____	_____
Direct Investments (LPs):	_____	_____
Personal Residence:	_____	_____
Rental Property:	_____	_____
Other Real Estate:	_____	_____
Business Ownership:	_____	_____

LABILITIES

Credit Card Debt

	Card _____	Card _____	Card _____	Card _____
Amount:	\$ _____	\$ _____	\$ _____	\$ _____
Monthly Payment:	\$ _____	\$ _____	\$ _____	\$ _____
Interest Rate:	_____ %	_____ %	_____ %	_____ %

Auto Debt

	Vehicle _____	Vehicle _____	Vehicle _____	Vehicle _____
Amount:	\$ _____	\$ _____	\$ _____	\$ _____
Months Remaining:	_____	_____	_____	_____
Monthly Payment:	\$ _____	\$ _____	\$ _____	\$ _____
Interest Rate:	_____ %	_____ %	_____ %	_____ %

Residence Mortgage

Balance: \$ _____

Remaining Months: _____

Interest Rate: _____ %

Principal and Interest Payment: \$ _____

Annual Property Taxes: \$ _____

Home Equity Loan

Balance: \$ _____

Remaining Months: _____

Interest Rate: _____ %

Principal and Interest Payment: \$ _____

Other Rental/Real Estate Mortgage

Balance: \$ _____

Remaining Months: _____

Interest Rate: _____ %

Principal and Interest Payment: \$ _____

INSURANCE

Client One

Client Two

Long Term Disability

% of Income:	_____ %	_____ %
Insured:	_____	_____
Waiting Period:	_____ days	_____ days
Period Benefit:	_____	_____

Term Life provided by employer

Face Amount:	\$ _____	\$ _____
Insured:	_____	_____

Supplemental Term Life

Face Amount:	\$ _____	\$ _____
Premium Amount:	\$ _____	\$ _____
Insured:	_____	_____

Permanent Whole Life

Amount:	\$ _____	\$ _____
Premium Amount:	\$ _____	\$ _____
Insured:	_____	_____

Permanent Universal Life

Amount:	\$ _____	\$ _____
Premium Amount:	\$ _____	\$ _____
Insured:	_____	_____

Variable Life

Amount:	\$ _____	\$ _____
Premium Amount:	\$ _____	\$ _____
Insured:	_____	_____

INSURANCE (continued)

Client One

Client Two

Survivorship (second-to-die)

Amount:

\$ _____

\$ _____

Premium Amount:

\$ _____

\$ _____

Policy Loans

Amount:

\$ _____

\$ _____

ESTATE and OTHER

Do you have a will?

Yes No

Yes No

Are you a beneficiary of a trust?

Yes No

Yes No

Are you the trustee of a trust?

Yes No

Yes No

Investment Experience

Stocks

_____ years

_____ years

Bonds

_____ years

_____ years

Mutual Funds

_____ years

_____ years

What age would you like us to use as a target retirement age for modeling purposes?

_____ years

_____ years