

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

PERSONAL INFORMATION

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	_____	_____

Name: Relationship: Phone #:

EMPLOYMENT INFORMATION

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

	Client One	Client Two
Annual Savings		
Annual Retirement Plan Contributions:	\$ <hr/>	\$ <hr/>
Company Match:	<hr/> %	<hr/> %
➤ 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):	<hr/>	<hr/>
Other Annual Savings:	\$ <hr/>	\$ <hr/>
Savings Vehicle (e.g. brokerage, CDs):	<hr/>	<hr/>

ASSETS

Employer-sponsored pension – defined benefit plan

(monthly amount at age 65 or other planned retirement age)

Client One

Client Two

\$ _____ @ age _____

\$ _____ @ 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: _____

LIABILITIES

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