

Family Information

Date: _____

Name	DOB	Retirement Age	Social Security Number	US Citizen
Client:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Client #2: <i>Maiden Name:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No

Minor Children

Child's Name	DOB	Social Security Number	US Citizen
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Adult Children, Grandchildren or Other Dependents

Child/Grandchild/Dependent's Name	DOB	Social Security Number	Occupation	US Citizen
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Do your children or grandchildren have any financial and/or health concerns?

Address: (Street Code)		(City)	(State)	(Zip)
Telephone:	How Long:	Previous Address: (5 years)		
Client's Occupation: (Job Function)		Client #2's Occupation:		
Client's Business Address:			Business Telephone Number:	
Client #2's Business Address:			Business Telephone Number:	
E-mail address(s):				
Client #1 Cell Phone Number:		Client #2 Cell Phone Number:		

Previous Marriages:	Children: (Alimony, child support, adopted, etc.)
Living Parents:	Living In-Laws:
Other Family:	Other Family:

Advisors

Tell me about your professional advisors? How did you begin working with your attorney, accountant, and insurance agent?	
ATTORNEY: FIRM: ADDRESS: PHONE:	ACCOUNTANT: FIRM: ADDRESS: PHONE:
What area of law does your attorney specialize in? When was the last time your attorney recommended you review your estate or business owner planning?	
Do you see your accountant as someone who gives you proactive tax advice and ideas (tax planner), or more as a historian (tax preparer)? What is the largest decision your accountant has ever made for you?	
Are you happy with your attorney/accountant relative to fees, timeliness and work quality?	
INSURANCE AGENT: FIRM: ADDRESS: PHONE:	INVESTMENT COUNSELOR: FIRM: ADDRESS: PHONE:
What impact did your insurance agent or investment counselor have on your current financial plan?	
Affiliations: Social Charitable Professional	

Planning Concerns

What does financial planning mean to you?
What are your three most important financial goals in order of importance? 1. 2. 3.
What planning have you started toward these goals?
What do you see as the main obstacles to meeting your goals?
What do you hope to gain by completing this financial plan?
Please describe any significant financial decisions you are facing in the next couple of years.
As you look into your financial future, which things concern you the most?
What charities do you give to currently? How much? Why:

NOTES:

Income

What do you estimate your highest tax bracket to be? Fed. _____ % State _____ %	What do you foresee as the general long-term rate of inflation? _____ %
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Current Income Sources (Documents)

Description (Salary, Rental Income, etc)	Source	Amount	Expected Inflation
1.	<input type="checkbox"/> Client <input type="checkbox"/> Client #2	\$ _____	_____ %
2.	<input type="checkbox"/> Client <input type="checkbox"/> Client #2	\$ _____	_____ %
3.	<input type="checkbox"/> Client <input type="checkbox"/> Client #2	\$ _____	_____ %
4. Rental Income (Please indicate taxable/non-taxable portion)	Taxable \$ _____	Non-Taxable \$ _____	_____ %

Future Income Sources (Documents)

Description (Pension, Social Security etc)	Source	Begin/End Date	Amount	Expected Inflation
1.	<input type="checkbox"/> Client <input type="checkbox"/> Client #2		\$ _____	_____ %
2.	<input type="checkbox"/> Client <input type="checkbox"/> Client #2		\$ _____	_____ %
3.	<input type="checkbox"/> Client <input type="checkbox"/> Client #2		\$ _____	_____ %

Expenses

Housing

Monthly Annually

	Monthly	Annually
Rent/Mortgage		
Homeowner's Insurance		
Property Taxes		
Maintenance/Repairs		
Cleaning/Yard		
Utilities		
Electric/Gas		
Cable TV		
Telephone		
Water/Sewer		
Garbage Collection		

Discretionary Expenses

Monthly Annually

	Monthly	Annually
Charity		
Personal Care		
Club Dues		
Dining Out/Entertainment		
Gifts		
Pets		
Recreation		
Subscriptions		
Vacation		
Other		

Transportation

Monthly Annually

	Monthly	Annually
Car Payments/Lease		
Fuel		
Car Insurance		
Taxes/Registration/License		
Repairs/Maintenance		

Taxes

Monthly Annually

	Monthly	Annually
Client Federal Taxes		
Client #2 Federal Taxes		
Client State Income Taxes		
Client #2 State Income Taxes		
Client Local Taxes		
Client #2 Local Taxes		

Living Expenses

Monthly Annually

	Monthly	Annually
Groceries		
Childcare		
Child Support/Alimony		
Clothing		
Education		
Medical/Dental		
Other		

Savings

Monthly Annually

	Monthly	Annually
Client Retirement Plan Savings		
Client #2 Retirement Plan Savings		
Other		
Other		

Insurance

Monthly Annually

	Monthly	Annually
Client Life Insurance		
Client #2 Life Insurance		
Client Disability Insurance		
Client #2 Disability Insurance		
Health Insurance		
Long Term Care Insurance		

Debt

Monthly Annually

	Monthly	Annually
Home Equity Loan		
Credit Card Payments		
Student Loan		

What are your estimated Net Annual Living Expenses? \$ _____	What is your estimated Net Discretionary Income? \$ _____
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Objectives

ACCUMULATION				
Do you wish to fund private elementary and/or high school for your children? _____				
Do you wish to fund college education for your children? _____				
	Need in Today's Dollars	When? / How Long?	Income or Principal?	OTHER NOTES
Primary Education				
College Education	Need in Today's Dollars	When? / How Long?	Income or Principal?	OTHER NOTES
How much of your children's college education expenses do you plan to cover? _____%				
Retirement	Need in Today's Dollars			OTHER NOTES
Do you plan to retire? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Client _____ Client #2 _____				
Post Retirement Income? <input type="checkbox"/> Yes <input type="checkbox"/> No How much? _____ How Long? _____				
Disability Income	Need in Today's Dollars			
Survivor Income	Need in Today's Dollars			
With Kids				
No Kids				
Pay off mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Pay Education? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other Debts: \$ _____				
Final Expenses: \$ _____				
Other: \$ _____				
Other				
How do you expect to meet these needs?				
Long Term Care	Need in Today's Dollars			
Are you concerned about depleting your assets due to the need for in home or nursing care? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How important is it to preserve your assets?				
Do you want to rely on your family or Medicaid to pay for long term care?				

Estate Considerations

What Estate Planning Documents do you & your spouse currently have in place?			
	Client	Client #2	When was it last reviewed?
Last Will & Testament	<input type="checkbox"/>	<input type="checkbox"/>	_____
AB Credit Shelter Trust	<input type="checkbox"/>	<input type="checkbox"/>	_____
Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____
Healthcare Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____
Living Will	<input type="checkbox"/>	<input type="checkbox"/>	_____
Life Insurance Trust	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you concerned about reducing estate taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How important is it to you to leave an inheritance for your heirs?			
Children	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not at All
	How much _____ % or \$ _____		
Grandchildren	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not at All
	How much _____ % or \$ _____		
Others	<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not at All
	How much _____ % or \$ _____		
Again, share with me your vision of your legacy. That is, share with me what you would like to leave your heirs and other beneficiaries – financially and philosophically.			
What have you done so far to achieve these objectives?			
Prioritize the importance of these goals and objectives:			
Where will the money come from to pay for income and estate taxes?			
Do you know what your estate taxes and related costs would be if both you and your spouse passed away now? What have you done to provide for the payment of these expenses?			
\$ _____			

Gifts

In order to achieve the objectives for your family/children/grandchildren, how would you feel about giving some of your assets for meeting that objective?			
Have you made gifts in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, how much and when? \$ _____	
Was the gift tax return filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	By whom?	When?	
Do you make charitable contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you plan to continue charitable donations? (death/life) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you could shift tax dollars to charitable dollars would you be interested in exploring other options such as foundations or charitable trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Favorite Charities 1. 2. 3.		Have you ever considered using life insurance for charitable gifting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you could shift tax dollars to charitable dollars would you be interested in exploring other options such as foundations or charitable trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Asset Inventory

Real Estate (Documents)

Description	Owner	Purchase Price	Current Market Value	Mortgage Balance Original/Current	Monthly Principal & Interest	Interest Rate	Remaining Years of Mortgage
Residence	C S J L M CP I K O U						
Home Equity Line of Credit	C S J L M CP I K O U						
Other Home	C S J L M CP I K O U						
Business	C S J L M CP I K O U						
(¹)Rental Property	C S J L M CP I K O U						
Undeveloped Land	C S J L M CP I K O U						
What are your specific goals/objectives for these assets (including estate distribution if applicable)?							

Other Personal Property (Documents)

Description	Owner	Purchase Price	Current Market Value	Current Liability	Monthly Principal & Interest	Interest Rate	Remaining Years of Liability
Auto	C S J L M CP I K O U						
Auto	C S J L M CP I K O U						
Boats	C S J L M CP I K O U						
Art & Collectibles, Jewelry, Furs, Etc	C S J L M CP I K O U						
Personal Property	C S J L M CP I K O U						
Personal Notes	C S J L M CP I K O U						
Credit Cards	C S J L M CP I K O U						
Has any property been refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is this a consideration?			
Anticipated real estate purchases in next year:	Estimated date of purchase		Estimated Price		Desired Down Payment	Desired Years For Mortgage	
Source of funds for the down payment and closing costs:							

Owner Codes: (C) Client, (S) Client #2 / Spouse, (J) Joint, (L) Client Living Trust (M) Spouse Living Trust, (CP) Community Property (I) Irrevocable Trust (K) Children, (O) Other, (U) UTMA

(1) If multiple rental properties are owned, please list values, taxable & non-taxable income and other pertinent information on separate sheet

Asset Inventory (continued)

Savings & Cash Accounts (Documents)

Check (√) the left column to verify you have statements for each account listed.

(√)	Description	Owner	Current Value	Yield %	Purchase Date	Maturity Date	Additional Contributions/Comments
	Checking	C S J LM CP I K O U					
	Checking	C S J LM CP I K O U					
	Savings	C S J LM CP I K O U					
	Savings	C S J LM CP I K O U					
	Money Market	C S J LM CP I K O U					
	Money Market	C S J LM CP I K O U					
	CD	C S J LM CP I K O U					
	CD	C S J LM CP I K O U					
		C S J LM CP I K O U					
		C S J LM CP I K O U					
		C S J LM CP I K O U					
		C S J LM CP I K O U					

Marketable Securities (stocks, bonds, mutual funds, etc)

NOTE: List marketable securities that are held in client's possession. Check (√) the left column to verify you have statements for investment accounts.

(√)	Description	Owner	Current Value	No. of Shares	Yield %	Growth %	Purchase Date	Maturity Date	Cost Basis
		C S J LM CP I K O U							
		C S J LM CP I K O U							
		C S J LM CP I K O U							
		C S J LM CP I K O U							
		C S J LM CP I K O U							
		C S J LM CP I K O U							
		C S J LM CP I K O U							
		C S J LM CP I K O U							
		C S J LM CP I K O U							

Owner Codes: (C) Client, (S) Client #2 / Spouse, (J) Joint, (L) Client Living Trust (M) Spouse Living Trust, (CP) Community Property (I) Irrevocable Trust (K) Children, (O) Other, (U) UTMA

Asset Inventory (continued)

Qualified Plan Assets (Documents)

NOTE: Please check (✓) the left column to verify you have a statement to accompany the information.

✓	Description	Owner	Amount	Annual Contribution \$ or % of Salary	Company Match \$ or % of Salary	Beneficiary Primary / Contingent	Additional Comments
	401(k) / 403(b)	C S				/	
	401(k) / 403(b)	C S				/	
	Profit Sharing / SEP	C S				/	
	Profit Sharing / SEP	C S				/	
	ESOP	C S				/	
	IRA	C S				/	
	IRA	C S				/	
	IRA	C S				/	
	IRA	C S				/	
	Roth IRA	C S				/	
	Roth IRA	C S				/	
	Defined Benefit Lump Sum	C S				/	
	Defined Benefit Lump Sum	C S				/	
	457	C S				/	
		C S				/	

Annuities (Documents)

NOTE: Please check (✓) the left column to verify you have a statement to accompany the information.

✓	Description	Owner	Basis	Account Value	Death Benefit	Purchase Date / Fixed ROR	Annuitant	Beneficiary Primary / Contingent
		C S J LM CP I K O U					C S J K O	/
		C S J LM CP I K O U					C S J K O	/
		C S J LM CP I K O U					C S J K O	/

Comments

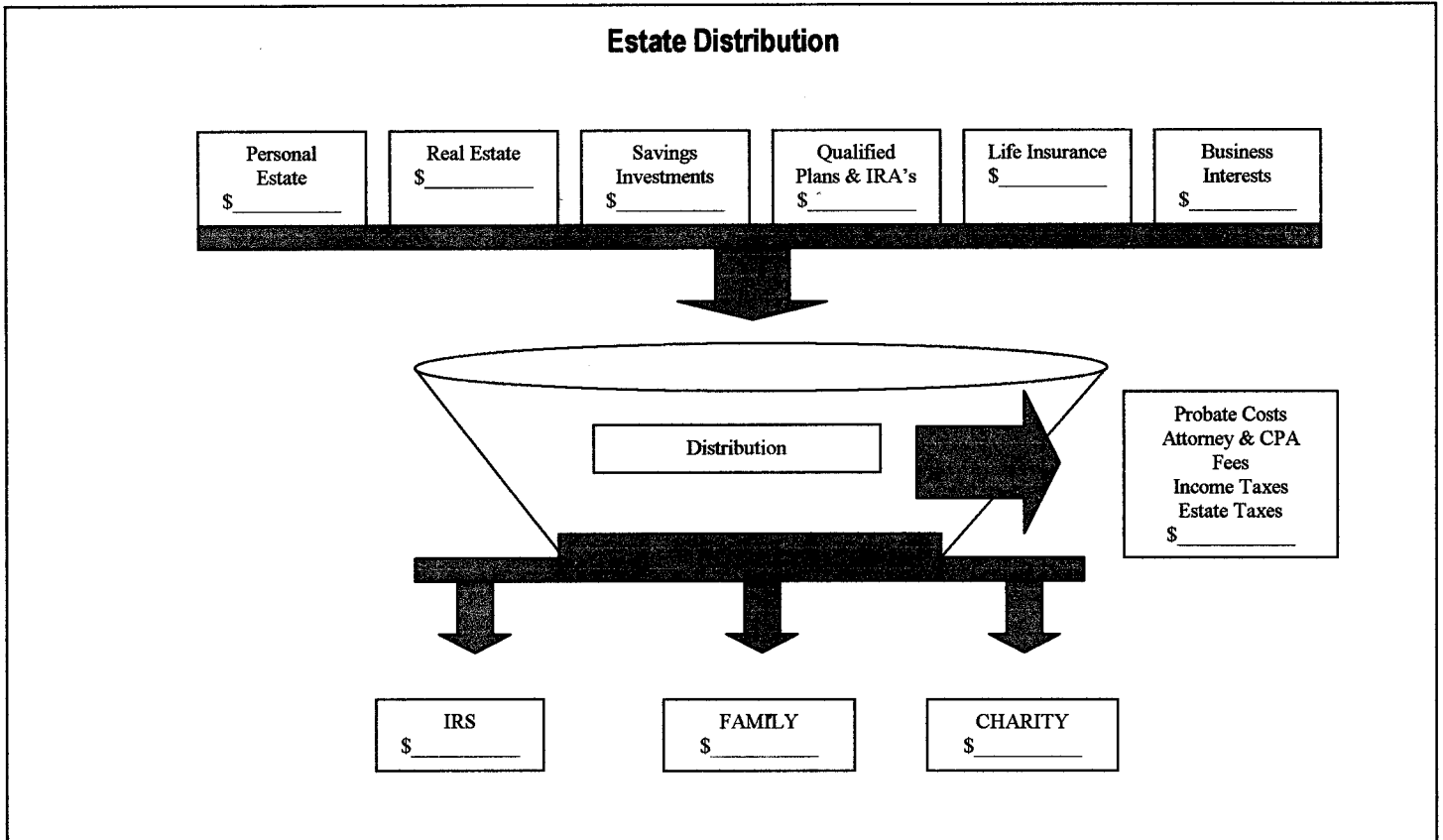
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Owner Codes: (C) Client, (S) Client #2 / Spouse, (J) Joint, (L) Client Living Trust (M) Spouse Living Trust, (CP) Community Property (I) Irrevocable Trust (K) Children, (O) Other, (U) UTMA

Beneficiary Codes: Primary / Contingent: (C) Client, (S) Spouse, (K) Children, (D) Grandchildren, (E) Estate, (F) Family Trust, (M) Marital Trust, (S) Sibling, (P) Parent, (O) Other

Annuitant Codes: (C) Client, (S) Spouse, (J) Joint, (K) Children, (O) Other

Estate Planning – “Funnel”



Estate Taxes

Calendar Year	Credit Exemption	Tax Rates
2002	\$1.0 Million	50%
2003	\$1.0 Million	49%
2004	\$1.5 Million	48%
2005	\$1.5 Million	47%
2006	\$2.0 Million	46%
2007	\$2.0 Million	45%
2008	\$2.0 Million	45%
2009	\$3.5 Million	45%
2010	Taxes Repealed	Top Income Tax Rate (Gift Tax Only)
2011	\$1.0 Million	55%

Investments

Portfolio Objectives

Do you have a written Investment Policy Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when was it last reviewed? <i>(If yes, please provide a copy)</i>		
What is the value of your total investable assets (liquid net worth)? \$	What is the amount to be considered for this proposal? \$	
What are the objectives for the assets considered for this proposal? (Retirement, college funding, etc.)		
Will you make additional contributions to these assets? <input type="checkbox"/> Yes <input type="checkbox"/> No	When will these contributions begin?	What is the expected amount of contributions per year? \$
Other than periodic withdrawals, are there any liquidity needs from this portfolio over the next two years, such as money needed for a home renovation, vacation house, boat, or new car?		
List any limitations to holding specific asset classes in the portfolio, such as no more than 50% stocks.		
List any legal, social, or other limitations to holding specific securities in the portfolio, such as no tobacco stocks, no foreign stocks, etc.		

Investment Planning Questionnaire

Please complete the following questions. Choose the best response to each question by circling the most appropriate number based on how you feel toward the question.

1) Which of the following best describes your investment objectives?

1) Grow assets substantially; 2) Balance between generating income and growing assets; or 3) Conserve principal and generate current income

1 2 3 4 5 6 7 8 9 10
conserve balance grow

2) What do you intend to do with the current income (interest plus dividends) generated by your portfolio?

1) Reinvest all or most income; 2) Receive some and reinvest some; or 3) Receive all or most income

1 2 3 4 5 6 7 8 9 10
receive all receive some reinvest all

3) What annual rate of return do you expect your portfolio to earn on average?

1 2 3 4 5 6 7 8 9 10
1% 5%-6% 9%+

What types of investments do you think you'll need to achieve that return?

4) What allocation do you prefer between the two primary asset classes (equity and fixed income)?

1) Mostly all equity; 2) A balance between equity and fixed income; or 3) All or mostly fixed income

1 2 3 4 5 6 7 8 9 10
fixed income balanced equity

12) **How much extra annual return do you expect to earn on average by using active management?**

1 2 3 4 5 6 7 8 9 10
less than 1% 1% - 2% more than 2%

13) **For your most aggressively managed active portfolios, how much diversification would you like to see?**

- Highly Concentrated - I want only the very best ideas of my investment managers to help capture the highest possible return.
- Diversified - I am interested in getting returns that are meaningfully better than the benchmark, but I don't want to take too much risk in the process.
- Very diversified - A lot. I am happy getting the index return and perhaps a little bit more, but I do not want to risk under performing the index by very much, or for very long.

1 2 3 4 5 6 7 8 9 10
Very diversified Highly concentrated

14) **Three months after you bought a new equity fund, it is down 5% while the market is up 5%. There have been no material changes in the portfolio management team. Would you:**

- Keep the fund, unless there is a material change in the portfolio management team because the fund has a good long-term track record.
- Monitor the fund, but give it at least a year to recover before seeking a better performing fund.
- Sell the fund immediately and replace it with an index fund or another actively managed fund with better historical information.

1 2 3 4 5 6 7 8 9 10
sell the fund monitor the fund keep the fund

15) **One of your investment managers has out performed its benchmark by 4% a year for the last three years, but is under performing the benchmark by 10% this year. There has been no material change in the portfolio management team. Would you:**

- Stay invested with the manager because they have performed well for you in the past and you have seen good managers go through periods like this before.
- Reduce the investment, and be concerned with the magnitude of the under performance and reduce the amount of money invested with the manager.
- Replace the manager immediately.

1 2 3 4 5 6 7 8 9 10
replace the mgr reduce the investment stay invested

Client Signature & Date

RISK TOLERANCE & ACTIVE vs. PASSIVE RISK ASSESSMENT

These scores help determine the asset allocation and the level of active risk which may be most appropriate for you. They are based on your investment objectives, time horizon and investment risk profile. The final recommendations will be fine tuned to meet your unique needs.

Investor's Total Score	Recommended Asset Allocation Portfolio
10-15	Principal Stability (10% Equity / 90% Fixed)
16-26	Current Income (25% Equity / 75% Fixed)
27-43	Income with Moderate Growth (40% Equity / 60% Fixed)
44-60	Balanced (50% Equity / 50% Fixed)
61-77	Growth and Moderate Income (65% Equity / 35% Fixed)
78-88	Growth (80% Equity / 20% Fixed)
89-100	Aggressive Growth (98% Equity / 2% Fixed)

ACTIVE vs. PASSIVE RISK ASSESSMENT

5-15	Low
16-40	Moderate
41-50	High

Total Score: _____
Sum of Questions 10 - 15

Total Score: _____
Sum of Questions 1- 10

Supplemental Investment Planning Questions

We've identified several key areas that are important to investors. The following questions will allow us to analyze your current investment strategy in greater detail in these areas.

Why are you investing? What is important about money to you?		
If you could create the ideal investment portfolio, what features would it have or not have? What would it look like? What investments would it contain or not contain?		
What are your expectations for annual gross returns?	What do you think fair return would be over the next 3 years? _____ % 5 years? _____ % 10 years? _____	What do you base this on?
Have you analyzed the actual probability that your portfolio will meet your goals for income during your lifetime and wealth preservation at your death?		
How quickly do you expect success to occur?	How much of your financial assets do you consider to be: "Serious money"? "Play/mad" money"?	
Do you feel you have the temperament to make the decisions necessary to manage your own money?	In the future, do you see yourself becoming more or less conservative? When? Why?	
What level of investment oversight do you prefer to retain? 1 2 3 4 5 6 7 8 9 10 minimal involvement significant involvement	How much time do you allocate to managing your investments?	

As an investor, where would you place yourself on following scale?

1 2 3	4 5 6 7	8 9 10	11
Minimize losses and fluctuations as much as possible	A balanced investment mix with some fluctuation and some growth, potential for some losses	Maximize growth of assets with tolerance for risk or fluctuation – greater than potential for gain/losses	Speculation – high potential gain or loss

The table shows annual, five year average, and cumulative returns of four hypothetical investment portfolios (A, B, C and D) having varying degrees of risk. "A" represents the highest and "D" the lowest risk. Indicate the portfolio that most suits your own investment profile. This question is hypothetical. You are being asked to indicate your risk/reward profile, not to select an actual portfolio.

Portfolio	Year 1	Year 2	Year 3	Year 4	Year 5	5-Yr Avg. Annual Return	Cumulative 5-Yr. Total Return
A	15%	(12%)	39%	35%	(3%)	13%	84%
B	14%	(4%)	28%	23%	(2%)	11%	69%
C	11%	(1%)	15%	16%	5%	9%	54%
D	8%	3%	6%	10%	8%	7%	40%

What criteria did you/your managers use to select your investments and manage your portfolio?	
Are there any restrictions on assets you currently hold?	Are there asset classes that should be excluded from your investment portfolio?
Are you open to considering alternative or additional managers in your situation?	Is investment tax management important?
If you are not utilizing professional or private management currently, would you consider developing a policy that would take advantage of professional management?	

Supplemental Investment Planning Questions

Rate each of the following services at 1 = very important; 2=somewhat important; 3=not important. Also, which of these services do you currently receive?

SERVICES	IMPORTANCE			CURRENTLY OFFERED		
	1	2	3	Y	N	?
Evaluation of your objectives	1	2	3	Y	N	?
Objective performance evaluation	1	2	3	Y	N	?
Consolidated reporting/tracking	1	2	3	Y	N	?
Asset allocation design	1	2	3	Y	N	?
Independent monthly auditing	1	2	3	Y	N	?
Independent Quarterly reviews	1	2	3	Y	N	?
Tax planning of gains and losses	1	2	3	Y	N	?
Income/Cash flow flexibility	1	2	3	Y	N	?
Money manager due diligence	1	2	3	Y	N	?
Multiple manager choices	1	2	3	Y	N	?
Meet personally with managers	1	2	3	Y	N	?
Comprehensive fee structure	1	2	3	Y	N	?
Ease of changing managers	1	2	3	Y	N	?

Do you actively harvest gains and losses each year in your portfolio to reduce taxable income?	Is investment tax management important?
Do you have investments you would like to sell but won't because of large capital gain? _____ What? _____ Gain? _____	
How much investment education, training, experience or knowledge do you feel you have currently?	How much would you like to receive?
What types of investments are you familiar with/comfortable with?	Are you familiar with the features and benefits of private, institutional investment management?
Have you ever attended investment seminars? Would you like to?	
How did you choose your current investment advisors?	Why did you buy what you currently own?
What one thing would you do to improve your portfolio?	Have you considered investments that offer a minimum interest rate and/or participation of some of a stock market index?
What has been your best investment? Why?	What has been your worst investment? Why?
How have your managers performed against benchmarks you have established?	Are these benchmarks relevant to your goals?
How do you account for risk when assessing your investment performance?	
How important is account aggregation to you? Do you presently have it or desire it? If you presently have it, how much do you pay for the service?	
What services do you want from your advisor?	What do you feel would be a fair charge for the services provided?
What form of compensation do you prefer for your advisors --- commission /fee/ combination?	

What is the cost associated with the current management of your investments? Does this include: Asset management? Trading costs and fees? Administration and reporting? Personal consulting and advice?	Do you feel your advisors have been appropriately compensated?
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Insurance

Life Insurance (Documents)

How much personal life insurance do you have? Term? \$ _____ Permanent (UL, VUL, Whole Life)? \$ _____ Group Term? \$ _____						
Why did you purchase this life insurance?						
Do you feel you have enough? <input type="checkbox"/> Yes <input type="checkbox"/> No			Why?			
Do you have any outstanding loans against permanent policies? <input type="checkbox"/> Yes <input type="checkbox"/> No					How much? \$ _____	
Insured	Owner/ Beneficiary	Company Name	Issue Date	Type & Duration of Coverage	Death Benefit / Cash Value	Premium
How much life insurance does your business own on your life? \$ _____			How much life insurance does your business own on the lives of others? \$ _____			
What was the purpose of business insurance? <input type="checkbox"/> Fund Buy/Sell <input type="checkbox"/> Key Man <input type="checkbox"/> 303 Redemption <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Loan Repayment (Bank Required? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Other (explain)						
Do you feel that current coverage is adequate for the original purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No			Why?			

Disability Insurance (Documents)

Insured	Type of Coverage (Group or Personal)	Company & Issue Date	Monthly Benefit	Taxable Y / N	Elimination Period	Benefit Period	Annual Premium

SALARY CONTINUATION (DISABILITY)

If you became disabled, where would your income come from and how long would you be able to continue your current standard of living?

NOTES:

Long Term Care Insurance (Document)

	Insured	Company & Issue Date	Nursing Home Monthly or Daily Benefit	Home Care Monthly or Daily Benefit	Elimination Period	Benefit Period	Annual Premium	COLA Y/N
Personal								
Corporate								
Do you feel that current coverage is adequate for the original purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No			Why?					
Have you considered using corporate dollars to purchase Long Term Care Insurance?								

Property & Casualty Insurance (Document)

Do you have a property & casualty insurance agent? Name _____ Company _____		When was your coverage last reviewed? _____
What liability coverage do you have currently?		
<input type="checkbox"/> Homeowner's Insurance		
<input type="checkbox"/> Auto Insurance		
<input type="checkbox"/> Umbrella Coverage	How Much \$ _____	
<input type="checkbox"/> Malpractice Insurance	How Much \$ _____	
<input type="checkbox"/> Other Coverage		

NOTES

Prioritize Objectives Discussed

PRIORITIZE OBJECTIVES (1 = most important to you)

_____	Reduce Taxes – Income, Estate
_____	Maximize Estate Passing to Family
_____	Guarantee Family Income after Death
_____	Equalize Estate to Children
_____	Business Buy/Sell
_____	Business Succession
_____	Key Man
_____	Salary Continuation in Event of Disability
_____	Business Fringe Benefit Program
_____	Retirement Income/Standard of Living
_____	Children's College Education
_____	Accumulation Objectives During Life
_____	Disability Protection
_____	Other Objective(s) _____

Health History

CLIENT & SPOUSE			
Within the past two years, have either of you been treated by, or been under the care of, a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, give details:</i>			
Do you have regular physical exams? <input type="checkbox"/> Yes <input type="checkbox"/> No When was the last exam? _____ <i>Results:</i>			
Who is your personal physician?			
Within the past year, have you/spouse been admitted to a hospital or medical facility or had surgery performed or recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>			
Within the past 5 years, have either of you been treated for heart trouble, stroke or cancer, or had treatment recommended by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>			
Within the past 12 months, have either of you been absent from work for other than flu or colds? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>			
Do you or your spouse smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No How many packs a day? _____			
Condition	Client	Spouse	Do at End of Data
High Blood Pressure			# of high blood pressure (above 130/80)
Diabetes			Diabetes? If yes, get diabetes questionnaire filled out.
Chest Pain			If chest pain, complete CPA.
Hypertension			If significant history, sign inquiry.
Cancer			If rated heavily (30%), get Special Underwriting Program authorizations signed in addition to usual forms.
Do either of you take any medication prescribed by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, what for and what medication?</i>			
FAMILY HISTORY			
Have any of your natural parents, brothers or sisters died under the age of 60 as a result of cardiovascular disease or diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Age if Living	Age at Death	Cause of Death
Client: Father			
Mother			
Brothers And Sisters			
Spouse: Father			
Mother			
Brothers And Sisters			