

Please help us by filling out this form for your consultation.

For Office Use Only	
FU/C	_____ @ _____
X	_____ @ _____
File No.	_____

### CONFIDENTIAL PLANNING SURVEY

We recognize that this information is of a personal nature. All information provided by you will be treated confidentially and will not be disclosed to anyone outside of this office without your permission.

#### I. GENERAL INFORMATION

Date \_\_\_\_\_

Your Name (for legal documents) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Children (Last, First, MI)	Address and Telephone No.	Age
----------------------------	---------------------------	-----

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My/our primary planning concerns are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please turn over)

**II. ESTATE PLANNING QUESTIONS**

	You	Spouse
1. Do you presently have a WILL?	Yes - No	Yes - No
-TRUST?	Yes - No	Yes - No
-POWER OF ATTORNEY?	Yes - No	Yes - No
-HEALTH PROXY & LIVING WILL?	Yes - No	Yes - No
2. Are you a U.S. CITIZEN?	Yes - No	Yes - No
3. Are you expecting to receive an INHERITANCE?	Yes - No	Yes - No
4. Is this your FIRST MARRIAGE?	Yes - No	Yes - No
5. Do you have any dependents with SPECIAL NEEDS?	Yes - No	Yes - No
6. Would any of your heirs CONTEST your wishes?	Yes - No	Yes - No
7. Do you have LONG-TERM CARE INSURANCE?	Yes - No	Yes - No
8. Do you need FINANCIAL PLANNING?	Yes - No	Yes - No

**III. DOCUMENTS TO BRING WITH YOU**

In addition to the information requested, please provide copies of these documents:

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| -Wills and Trusts                 | -Deeds and real estate tax bills    |
| -Powers of Attorney               | -Statements from brokerage accounts |
| -Health Care Proxies/Living Wills | -Long-term care insurance policies  |

**IV. FINANCIAL INFORMATION**

1. Do you own a HOME or any other REAL ESTATE?

Address	Name(s) on Title	Mortgage Amount	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do you own any other TITLED PROPERTY (car, boat, etc.)?

	Market Value
_____	_____
_____	_____
_____	_____

3. Do you have any BANK ACCOUNTS? (please indicate if account is a C.D.)

Name of Bank	Name(s) on Title	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Do you have any RETIREMENT FUNDS (IRA's, 401K's, etc.)?

Account Owner	Beneficiary	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you own any STOCKS, BONDS or MUTUAL FUNDS?

Name of Institution	Name(s) on Title	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Do you have any LIFE INSURANCE POLICIES and/or ANNUITIES?

Policy Owner	Insured	Beneficiary	Death Benefit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Please turn over)

7. Do you have any other BUSINESS INTEREST/OWNERSHIP?

Market Value

---

---

8. Do you have any COLLECTIBLES (antiques, coins, jewelry, etc.)?

Market Value

---

9. Does anyone OWE YOU money (mortgage, personal loan, etc.)?

Description

---

---

10. Do you have a SAFE DEPOSIT box?

Title on Box

---

11. What is your MONTHLY INCOME?

Source

Amount

---

---

**TOTAL GROSS ESTATE \$** \_\_\_\_\_

Please let us know if someone referred you to us that we may thank.

Referred by: \_\_\_\_\_

Do you have any specific questions?

---

---

---

---

