Confidential Financial Questionnaire



	Name:	e: SS#:							
	Home Address:								
GENERAL INFORMATION	Current/Former Employer:		Retired: YES NO						
	Occupation:								
	Phone Number: Personal Email:								
	Spouse Name:								
	Home Address:								
¥ ¥	Current/Former Employer:								
GENE									
		Occupation: Estimated Retirement Date:							
	Phone Number:	Personal Email:							
NCOME	Please list NET MONTHLY income from each source	e:							
		Self:	Spouse:						
	Salary								
	Social Security (if receiving now)		·						
5	FERS / Pension Amount TSP / 401k Amount								
4	Income from Investments								
	Rental Income	<u>-</u>							
	Other:								
2	What is the mounth by court to surround the PC	ote do 2 /No t ! cot !!							
N L	What is the monthly cost to support your life-style? (Not just living expenses)								
EAFEN	The most accurate way to understand your true living expenses is to add what actually came out of your bank account in the last 12 months. Please consider the following: Utilities, vacations, dinners, hobbies, etc.								
\		e rollowing: Utilities,	vacations, dinners, hobbies, etc.						
4	\$								
			If you answered no, please explain:						
	Is your current cash flow sufficient and comfortable?	□ Yes □ No							
}			If you answered yes, please explain:						
2	Are you planning any major lifestyle changes?	□ Yes □ No	you answered yes, prease explain.						
ASH FLOW	Do you anticinate any significant sharper in cash for 2	□ Yes □ No	If you answered yes, please explain:						
2	Do you anticipate any significant changes in cash flow?	□ Yes □ No							
5			If you answered yes, please explain:						

The information provided on this form is kept strictly confidential and will not be copied, distributed, or shared with any third party.

Information gathered is used solely for the purpose of better understanding your financial situation and to ensure your time with us is as efficient as possible.

□ Yes

□ No

Do you foresee purchases greater than \$20,000 within the next 3 years?

LEGAL ITEMS	Which of the following do you Will Trust Power of Attorney (POA) Financial Power of Attorney (POA) Health Living Will Date last updated:	u have in pla Yes Yes Yes Yes Yes	No No No No No No No No	ADD'L INFO	□ In □ Tr	nprove a home avel ay off debt	☐ Start/Ex☐ Receive	Please check all spand a business an inheritance part-time job ducation costs for			
REAL ESTATE	PRIMARY RESIDENCE ADD'L PROPERTY #1 #2 #3 Value Existing Mtg. Amount Mtg. Monthly Payment Rental Property Income (Monthly) Rental Property Expenses (Monthly) If you own land, what is the total value of land you own: Do you plan on selling any properties you own:										
CONCERNS	What are your main retirement concerns? Check all that apply. Losing too much money in the stock market Paying too much in taxes Not having a reliable income plan for retirement Concerned about losing life savings due to a catastrophic illness Outliving nest egg Leaving a legacy to children and/or grandchildren Need direction with 401K and/or IRA accounts Exposure to Bond Bubble										
ADDITIONAL INFO	Please rank the following ite		what is <u>MOS</u>			·	Most Important, 2	2 = Important, 3 = Leas	t Important)		

The information provided on this form is kept strictly confidential and will not be copied, distributed, or shared with any third party.

Information gathered is used solely for the purpose of better understanding your financial situation and to ensure your time with us is as efficient as possible.