



# Client Questionnaire

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*Client Name*

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*Spouse Name*

Laurence M. Sobin, CLU, ChFC - Sobin Financial Group

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*Advisor Name*

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*Date*

# Family Information

## Client

Name (First/Last)			
Date of Birth:		Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Marital Status: <small>(single, married, separated, divorced, domestic partnership, widow, widower)</small>		Previous Marriages?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Citizenship: <small>(U.S. Citizen, Resident Alien, Non-Resident Alien)</small>		Special Needs?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tax Mode: <small>(Form 1040, Flat Tax)</small>		In Good Health?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Flat Tax Rate:			
Tax Exemptions (#):			
Capital Loss Carry Forwards:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Core Cash Account Growth Rate:			

## Spouse

Name (First/Last)			
Date of Birth:		Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Citizenship: <small>(U.S. Citizen, Resident Alien, Non-Resident Alien)</small>		Previous Marriages?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
In Good Health?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Special Needs?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

## Contact Info

Address Line 1:			
Address Line 2:			
City:		State:	
Zip:			
Home Phone:			
Cell Phone:			
Spouse Cell Phone:			
Fax:			
E-mail:			
Spouse E-mail:			

## Employment – Client

Employer Name			
Employer Address Line 1:			
Employer Address Line 2:			
City:		State:	
Zip:			
Work Phone:			
Work Fax:			
Work Email Address:			
Title/Position:			
Years Employed:			

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## Family Information

Previous Employer:	
Previous Title/Position:	
Years Employed (Previous):	

### Employment – Spouse

Employer Name			
Employer Address Line 1:			
Employer Address Line 2:			
City:		State:	
Zip:			
Work Phone:			
Work Fax:			
Work Email Address:			
Title/Position:			
Years Employed:			
Previous Employer:			
Previous Title/Position:			
Years Employed (Previous):			

### Children

First Name	Last Name	Date of Birth	Gender	Special Needs? (Yes / No)	Marital Status (single, married, separated, divorced, domestic partnership, widow, widower)	Parent	From Previous Marriage? (Yes / No)	Citizenship (U.S. Citizen, Resident Alien, Non-Resident Alien )	Flat Tax Rate	Core Cash Account Growth Rate	In Good Health ?	Is Financially Dependent ?

# Family Information

## Grandchildren

First Name	Last Name	Date of Birth	Gender	Special Needs? (Yes / No)	Marital Status (single, married, separated, divorced, domestic partnership, widow, widower)	Parent	Citizenship (U.S. Citizen, Resident Alien, Non-Resident Alien )	Skip Person? (Yes / No)	Flat Tax Rate	Core Cash Account Growth Rate	In Good Health ?	Is Financially Dependent ?

## Great Grandchildren

First Name	Last Name	Date of Birth	Gender	Special Needs? (Yes / No)	Marital Status (single, married, separated, divorced, domestic partnership, widow, widower)	Parent	Citizenship (U.S. Citizen, Resident Alien, Non-Resident Alien )	Skip Person? (Yes / No)	Flat Tax Rate	Core Cash Account Growth Rate	In Good Health ?	Is Financially Dependent ?

## Advisors

Advisor Type (Accountant, Attorney, etc.)	First Name	Last Name	Company	Address	Phone, Fax, Email

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## Family Information

### Family Information - Notes:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Entities

## Individuals

[illegible]

## Charities

Name	Core Cash Account Growth Rate	AGI Contribution Limits (50% / 30% Public Charity, 30% / 20% Non-Public Charity)	Treat Gifts As (Cash Donation, Appreciated Assets)

### Entities - Notes:

[illegible]

# Assumptions

## Model Portfolios

Model Portfolio	Client Growth Rate:	Default Growth Rate:
Inflation:		
Asset Preservation:		
Income:		
Enhanced Income:		
Growth and Income:		
Growth:		
Aggressive Growth:		

## Miscellaneous

### Retirement and Death

	Client	Spouse
Semi-Retirement Age:		
Retirement Age:		
Advanced Age:		
Assumed age of Death:		
Monte Carlo Affects Mortality (Yes / No):		
Probate Rate:		
Final Expenses:		

Illustrate Reports With Split Death? (Yes / No):	
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## Tax Mode

Tax Mode (Form 1040, Flat Tax):	
Flat Tax Rate:	
Tax Exemptions:	
Capital Loss Carry Forwards:	

# Assumptions

## Tax Rates

### State and Local Taxes

State Income Tax Rate:				%
Apply State Income Tax to:	Non-Taxable Income from Taxable Investments? (Yes / No):	Qualified Retirement Plans? (Yes / No):	Deferred Compensation Plans? (Yes / No):	
Use State Death Tax Credit Table? (Yes, No):				
Client's State Death Tax Rate:				%
Spouse's State Death Tax Rate:				%
Additional State Death Tax Amount:				
State Death Tax Exemption Amount:				
Local Income Tax Rate:				%

### Other Rates

Heirs Income Tax Rate (IRD):		%
IRC Sec. 7520:		%
Present Value Discount:		%
Default Income Tax Rate for Entities:		%

## Intestacy

Is State of Residence a Community Property State? (Yes, No):	
Percent of Estate to Spouse:	%
1st Dollar Amount of Estate to Spouse:	
Percent of Community Property to Spouse:	%

## Gifting

### Past Gifting

	Client	Spouse
Taxable Gifts (Post-1976):		
Federal Gift Tax Paid (Post-1976):		
GST Exemption Used:		

### Split Gifting

Split Gifts? (Yes, No):		
Except for Years:	Starting (Never, Calendar Year, When Client is (Age), Client's Retirement, Client's Death, When Spouse is (Age), Spouse's Retirement, Spouse's Death, First Death):	Ending (Never, Calendar Year, When Client is (Age), Client's Retirement, Client's Death, When Spouse is (Age), Spouse's Retirement, Spouse's Death, First Death):



# Property

## Real Estate

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Address 1:				
Address 2:				
City:				
State:				
Zip:				
Property Type: <i>(Residence, Non-Residence)</i>				
Purchase Year:				
Purchase Amount:				
Current Value:				
Home Value:				
Tax Basis:				
Pre-Retire Gross Growth:				
Post-Retire Gross Growth:				
Owner: <i>(Client, Spouse, Joint, etc.)</i>				
Discount Percent:				

## Mortgages

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Mortgage Name:				
Institution Name:				
Institution Website Address:				
Loan Type <i>(Mortgage, Home Equity Loan):</i>				
Property Name:				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
as of Date <i>(Current Balance):</i>				
Interest Rate:				
Loan Term (Years):				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually):</i>				
Repayment Type <i>(Principal and Interest, Interest Only):</i>				
Payment:				
Balloon Period (years):				

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## Property

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Is Interest Deductible? <i>(Yes / No)</i>				
Insured for Life?: <i>(Yes / No)</i>				
Paid off at Death of <i>(Client, Spouse, First to Die)</i> :				

## Personal Property

	(1)	(2)	(3)	(4)
Asset Name:				
Current Value:				
Tax Basis:				
Pre-Retire Gross Growth:				
Post-Retire Gross Growth:				
Owner: <i>(Client, Spouse, Joint, etc.)</i>				
Discount Percent:				

**Property - Notes:**[illegible]

# Investments

## Taxable

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Holdings Value:					
Cash Value:					
Margin Balance:					
Total Value:					
Tax Basis:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Realization Model: <i>(By Portfolio/Growth Rate, Tax-Free Income, Income Only, Enhanced Income, Growth &amp; Income, Growth, Aggressive)</i>					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
Discount Percent:					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					
% is Qualified Dividends:					
% is Investment Income subject to Ordinary Income Tax:					
% is Capital Gains (short or long term):					
% is Non-Taxable:					
% Turned over Annually:					
% Distributed Annually – Pre-Retire:					
% Distributed Annually – Post-Retire:					

## Cash

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					

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# Investments

	(1)	(2)	(3)	(4)	(5)
Asset Type <small>(Cash, CDs, T-Bills, Checking, Savings, Money Market, Cash Management Account)</small>					
Holdings Value:					
Cash Value:					
Margin Balance:					
Total Value:					
Tax Basis:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Is this Asset Tax Free? <small>(Yes / No):</small>					
Owner: <small>(Client, Spouse, Joint, etc.)</small>					
Under Our Management?: <small>(Yes / No)</small>					
Exclude from Planning?: <small>(Yes / No)</small>					

## Qualified Retirement

### (401(k), IRA, Money Purchase, Profit Sharing, 403(b), Pension, SEP, Other)

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Type <small>(Traditional 401(k), Roth 401(k), IRA, Money Purchase, Profit Sharing, Traditional 403(b), Roth 403(b), Pension, SEP, Other)</small>					
Holdings Value:					
Cash Value:					
Margin Balance:					
Total Value:					
Established Year:					
Roth Value:					
Roth Cost Basis:					
Non-Roth Post-tax Cost Basis:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Owner: <small>(Client, Spouse)</small>					

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# Investments

Beneficiary:					
Contingent Beneficiary:					
Beneficiary at Second Death:					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					
Apply IRD Tax?: <i>(Yes / No)</i>					
Apply RMD?: <i>(Yes / No)</i>					
Delay RMD Until Post 70-1/2 Retirement? : <i>(Yes / No)</i>					

## Contributions

### General Contribution Information

Contributions Based On: <i>(All Earned Income, Salary)</i>	
Apply Contribution Limits: <i>(Yes / No)</i>	

### Employee Contributions (For 401(k) or 403(b))

Type: <i>(None, Percent of Salary, Fixed Amount, Maximum, Maximum After Matching)</i>	
Percent:	
Dollar Amount:	

### Employer Contributions (For 401(k), Money Purchase, 403(b), SEP, or Profit Sharing)

Type: <i>(None, Percent of Salary, Match Percent, Fixed Amount, Maximum)</i>	
Employer Percent Match of Employee Contribution:	
Maximum Employer Contribution Percent of Employee Salary:	
Amount:	

### Non-Roth Post-Tax Contributions

Type: <i>(None, Percent of Salary, Fixed Amount, Maximum After Matching)</i>	
Percent:	
Amount:	

## Roth IRAs

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Holdings Value:					
Cash Value:					
Margin Balance:					

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# Investments

Total Value:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Owner: <i>(Client, Spouse)</i>					
Beneficiary:					
Contingent Beneficiary:					
Beneficiary at Second Death:					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					

## 529 Plans

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Holdings Value:					
Cash Value:					
Margin Balance:					
Total Value:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Grantor:					
Beneficiary:					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					

## Stock Options / Grants

	(1)	(2)	(3)	(4)	(5)
Asset Name					
Institution Name:					
Institution Website Address:					
Ticker Symbol:					
Description:					
Asset Class:					

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# Investments

Sector:					
Current Stock Price:					
Growth Rate:					
Vest at Death? <i>(Yes / No)</i>					
Owner:					
Cash Account:					
Exclude from Planning? <i>(Yes / No)</i>					
Exclude from Asset Allocation? <i>(Yes / No)</i>					

## Grants

	(1)	(2)	(3)	(4)	(5)
Grant Number:					
Grant Date:					
Grant Type <i>(NQ, ISO, DQ, Restricted, Restricted 83(b))</i> :					
Shares Granted:					
Exercise Price:					
Exercise Price Discount:					
FMV at Purchase <i>(Restricted / Restricted 83(b) only)</i>					
First Vest Date:					
Vesting Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually)</i>					
Vesting Periods:					
Expiration Date:					
Shares Sold:					

## Option Lots (1)

	(1)	(2)	(3)	(4)	(5)
Date Purchased:					
Shares Purchased:					
FMV per share at Purchase:					
Shares Sold? <i>(Yes/No)</i> :					
Sale Price:					
Date Sold:					

## Option Lots (2)

	(1)	(2)	(3)	(4)	(5)
Date Purchased:					

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# Investments

Shares Purchased:					
FMV per share at Purchase:					
Shares Sold? (Yes/No):					
Sale Price:					
Date Sold:					

## Option Lots (3)

	(1)	(2)	(3)	(4)	(5)
Date Purchased:					
Shares Purchased:					
FMV per share at Purchase:					
Shares Sold? (Yes/No):					
Sale Price:					
Date Sold:					

## Strategy

### Plan Strategy

Exercise: (As soon as possible, As late as possible, Calendar Year, When client is (age), Client's Retirement, When spouse is (age), Spouse's Retirement)	
Sell: (As soon as possible, Hold # of Years, Never, Calendar Year, When client is (age), Client's Retirement, When spouse is (age), Spouse's Retirement)	

### Grant and Vesting Period Strategies (1)

	(1)	(2)	(3)	(4)	(5)
Grant Strategy – Exercise: (Use plan strategy, As soon as possible, As late as possible, Calendar Year, When client is (age), Client's Retirement, When spouse is (age), Spouse's Retirement)					
Grant Strategy – Sell: (Use plan strategy, As soon as possible, Hold # of Years, Never, Calendar Year, When client is (age), Client's Retirement, When spouse is (age), Spouse's Retirement)					
Change Strategies (1) – Exercise: (Use grant strategy, As soon as possible, As late as possible, Calendar Year, When client is (age), Client's Retirement, When spouse is (age), Spouse's Retirement)					
Change Strategies (1) – Sell: (Use grant strategy, As soon as possible, Hold # of Years, Never, Calendar Year, When client is (age), Client's Retirement, When spouse is (age), Spouse's Retirement)					

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# Investments

Change Strategies (2) – Exercise: (Use grant strategy, As soon as possible, As late as possible, Calendar Year, When client is (age), Client's Retirement, When spouse is (age), Spouse's Retirement)					
Change Strategies (2) – Sell: (Use grant strategy, As soon as possible, Hold # of Years, Never, Calendar Year, When client is (age), Client's Retirement, When spouse is (age), Spouse's Retirement)					
Change Strategies (3) – Exercise: (Use grant strategy, As soon as possible, As late as possible, Calendar Year, When client is (age), Client's Retirement, When spouse is (age), Spouse's Retirement)					
Change Strategies (3) – Sell: (Use grant strategy, As soon as possible, Hold # of Years, Never, Calendar Year, When client is (age), Client's Retirement, When spouse is (age), Spouse's Retirement)					
Change Strategies (4) – Exercise: (Use grant strategy, As soon as possible, As late as possible, Calendar Year, When client is (age), Client's Retirement, When spouse is (age), Spouse's Retirement)					
Change Strategies (4) – Sell: (Use grant strategy, As soon as possible, Hold # of Years, Never, Calendar Year, When client is (age), Client's Retirement, When spouse is (age), Spouse's Retirement)					

## Annuities (Fixed/Variable)

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website:					
Asset Type (Fixed / Variable):					
Type of Funds (Qualified, NQ, Tax Free):					
Holdings Value:					
Cash Value:					
Margin Balance:					
Total Value:					
Tax Basis:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Owner: (Client, Spouse, Joint, etc.)					
Beneficiary:					
Contingent Beneficiary:					

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# Investments

	(1)	(2)	(3)	(4)	(5)
Beneficiary at Second Death:					
Annuitization Begins <i>(Never, Retirement, at Death, Calendar Year, etc.)</i> :					
Annuitization Type: <i>(Life, Term Certain)</i>					
Based on the Lifetime of <i>(Client, Spouse, Survivorship)</i> :					
Guaranteed Years of Payout:					
Term (years):					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					
Apply IRD Tax?: <i>(Yes / No)</i>					
Apply RMD?: <i>(Yes / No)</i>					

## Deferred Compensation

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Holdings Value:					
Cash Value:					
Margin Balance:					
Total Value:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Owner: <i>(Client, Spouse)</i>					
Beneficiary:					
Contingent Beneficiary:					
Beneficiary at Second Death:					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					
Apply IRD Tax?: <i>(Yes / No)</i>					

## Investments

## Contributions

## General Contribution Information

Contributions Based On: <i>(All Earned Income, Salary)</i>	
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## Employee Contributions

Type: <i>(None, Percent of Salary, Fixed Amount)</i>	
Percent:	
Amount:	

## Employer Contributions

Type: <i>(None, Percent of Salary, Match Percent, Fixed Amount)</i>	
Employer Percent Match of Employee Contribution:	
Maximum Employer Contribution Percent of Employee Salary:	
Amount:	

## Investments – Notes:

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# Business Interests

## Business Interests

	(1)	(2)	(3)
Business Name:			
Base Value:			
Pre-Retire Gross Growth:			
Post-Retire Gross Growth:			
Business Tax Basis:			
Owner: (Client, Spouse, Joint, etc.)			
Business Type (Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp):			
Discount Percent:			
Pass Thru Enabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Cash Flow

Income:			
Income Indexed At (No Growth (0.00%), Inflation (3.25%), Custom):			
Expenses:			
Expenses Indexed At (No Growth (0.00%), Inflation (3.25%), Custom):			
Distribution Type (None, Fixed Amount, Income):			
Distribution Amount:			
Distribution (% of Income):			

## Related Questions

Client active in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse active in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
# of Children Active in the Business:			
Future Plans for Business (Retain with Family, Sell to Employees, Sell to 3 <sup>rd</sup> Party, Liquidate, Unsure)			
Relatives active in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shareholder, Partnership or Operating Agreement?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does current agreement permit gifting?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Buy / Sell Agreement among owners?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Buy / Sell Agreement funded with life insurance?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much coverage (If applicable):			

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## Business Interests

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## Life Insurance

	(1)	(2)	(3)	(4)
Policy Name:				
Policy Number:				
Institution Name:				
Institution Website Address:				
Purchase Date:				
Policy Type <i>(Whole Life, VWL, Term, UL, VUL, Group, Other):</i>				
Term Ends at Retirement <i>(Group Life Only) (Yes / No):</i>				
Term (years) <i>(Term Life Only):</i>				
Insured <i>(Client, Spouse, Survivorship, etc.):</i>				
Owner <i>(Client, Spouse, Joint, etc.):</i>				
Beneficiary <i>(Client, Spouse, Survivorship, etc.):</i>				
Contingent Beneficiary:				
Under Our Management?: <i>(Yes / No)</i>				
Exclude from Planning?: <i>(Yes / No)</i>				
Current Death Benefit:				
Current Cash Value:				
Basis:				
Cash Value Growth Rate:				
Annual Premium:				
Premium Term <i>(Years):</i>				
Premium Payer <i>(Client, Spouse, Joint, etc.):</i>				
Exclusion Amount:				
Proceeds Reinvested at:				
Proceeds Realization Model:				

## Long Term Care

### Long Term Care Policy

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Institution Name:			
Institution Website Address:			
Purchase Date:			
Insured <i>(Client, Spouse, Joint):</i>			
Owner <i>(Client, Spouse, Joint, Community):</i>			
Elimination Period <i>(0, 20, 30, 45, 50, 60, 90, 100, 120, 180 Days, 1 Year):</i>			

### Premium

	(1)	(2)	(3)
Annual Premium:			
Premium Term (Years):			
Premium Payer <i>(Client, Spouse, Joint, Community, Employer Paid):</i>			

### Benefit

	(1)	(2)	(3)
Benefit Amount:			
Period for Benefit Amount <i>(Annually, Quarterly, Monthly, Weekly, Daily):</i>			
Benefit is Taxable? <i>(Yes / No):</i>			
Benefit Type <i>(Indemnity / Reimbursement):</i>			
Benefit Period <i>(2, 3, 4, 5, 6, 7, 10 Years, Lifetime):</i>			
COLA % <i>(No Growth, Inflation, Custom):</i>			
COLA Type <i>(Simple, Compound):</i>			
Simple Cola Base:			
Cola Period (years):			

# Insurance

## Disability

### Disability Policy

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Institution Name:			
Institution Website Address:			
Policy Type <i>(Group Short Term, Group Long Term, Personal Short Term, Personal Long Term, Other):</i>			
Purchase Date:			
Insured <i>(Client, Spouse):</i>			
Owner <i>(Client, Spouse, Joint, Community):</i>			
Term Ends at Retirement <i>(Yes / No):</i>			
Elimination Period <i>(0, 7, 14, 30, 60, 90, 180 Days, 1 Year, 2 Years):</i>			
Own Occupation? <i>(Yes / No):</i>			

### Premium

	(1)	(2)	(3)
Annual Premium:			
Premium Term <i>(Years):</i>			
Premium Payer <i>(Client, Spouse, Joint, Community, Employer Paid):</i>			

### Benefit

	(1)	(2)	(3)
Benefit Type <i>(Fixed Amount, Percent Of Salary):</i>			
Benefit Amount:			
Period for Benefit Amount <i>(Annually, Quarterly, Monthly, Weekly, Daily):</i>			
Benefit Percent:			
Benefit is Taxable? <i>(Yes / No):</i>			
Maximum Initial Benefit Cap:			
Maximum Annual Benefit:			
Benefit Period <i>(90, 180 Days, # Years, Age, Life):</i>			
COLA <i>(No Growth, Inflation, Custom):</i>			
COLA Type <i>(Simple, Compound):</i>			
Simple Cola Base:			
Reduce by Social Security Disability <i>(Yes / No):</i>			

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## Business Disability

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Institution Name:			
Institution Website Address:			
Purchase Date:			
Business:			
Policy Type <i>(Overhead Expense, Business Reducing Term, Disability Buy-Out)</i> :			
Term Ends at Retirement <i>(Yes / No)</i> :			
Insured <i>(Client, Spouse)</i> :			
Benefit Amount:			
Period for Benefit Amount <i>(Annually, Quarterly, Monthly, Weekly, Daily)</i> :			
Lump Sum Benefit (DBO Only):			
Owner <i>(Client, Spouse, Joint)</i> :			
Annual Premium:			
Premium Term <i>(Years)</i> :			
Premium Payer <i>(Client, Spouse, Joint)</i> :			
Elimination Period <i>(30, 60, 90, 360, 540, 720 Days)</i> :			
Benefit Period <i>(1, 2, 3, 12, 24, 36 Months)</i> :			
COLA <i>(No Growth, Inflation, Custom)</i> :			
Benefit is Taxable? <i>(Yes / No)</i> :			

# Insurance

## Property/Casualty

	(1)	(2)	(3)
Policy Name:			
Institution Name:			
Institution Website Address:			
Policy Type <i>(Auto, Homeowners, Umbrella, Flood, Rental, Condo, Boat, Other):</i>			
Policy Number:			
Purchase Date:			
Renewal Date:			
Annual Premium:			
Indexed at <i>(No Growth, Inflation, etc.):</i>			
Premium Term <i>(Years):</i>			
Insured Asset:			
Owner <i>(Client, Spouse, Joint, Default Charity, etc.):</i>			

## Medical

	(1)	(2)	(3)
Policy Name:			
Institution Name:			
Institution Website Address:			
Group Health Plan Sponsor:			
Policy Number:			
Policy Type <i>(Primary, Other):</i>			
Purchase Date:			
Plan Type <i>(Individual, Family):</i>			
Deductible Amount:			
Annual Premium:			
Indexed at <i>(No Growth, Inflation, etc.):</i>			
Premium Term <i>(Years):</i>			
Owner <i>(Client, Spouse, Joint, Default Charity, etc.):</i>			

## Insurance – Notes:

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## Notes Receivable

## Notes Receivable

	(1)	(2)	(3)	(4)
Note Name:				
Original Loan Amount:				
Date of Loan :				
Current Balance:				
Current Tax Basis:				
Balance as of date:				
Owner <i>(Client, Spouse, Joint, etc.)</i> :				
Interest Rate:				
Number of Payments:				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually)</i> :				
Repayment Type <i>(Principal and Interest, Interest Only)</i> :				
Estimated Payment:				
Balloon Period:				

### Notes Receivable - Notes:

[illegible]

# Liabilities

## Mortgages

.....see Property → Real Estate

## Loans

	(1)	(2)	(3)	(4)
Loan Name:				
Institution Name:				
Institution Website Address:				
Loan Type <i>(Auto, Personal, Business, LOC, Student Loan, Credit Card, Debt Consolidation, Other)</i>				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
Balance as of date:				
Owner <i>(Client, Spouse, Joint, etc.):</i>				
Interest Rate:				
Number of Payments:				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually):</i>				
Repayment Type <i>(Principal and Interest, Interest Only):</i>				
Payment:				
Annual Fee:				
Balloon Period (years):				
Interest Deductible? <i>(Yes / No):</i>				
Loan Collateralized? <i>(Yes / No):</i>				
Paid off at Death of <i>(Client, Spouse, First to Die):</i>				

## Liabilities - Notes:

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# Income

## Salary & Bonus

	(1)	(2)	(3)	(4)
Salary / Bonus Name:				
Annual Amount:				
Indexed at <i>(No Growth, Inflation, etc.):</i>				
Start Indexing <i>(Immediately, At Start Year):</i>				
Owner <i>(Client, Spouse, Joint):</i>				
Destination Account:				
Self-Employment? <i>(Yes / No):</i>				
Guaranteed? <i>(Yes / No):</i>				
Starts <i>(Retirement, at Death, Calendar Year, etc.):</i>				
Ends <i>(Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration):</i>				

## Social Security

	Client	Spouse
Benefit Is <i>(Not Included (No benefits), Estimated from Income, Manually Specified):</i>		
Benefit Begins at Age:		
Indexed at <i>(No Growth, Inflation, etc.):</i>		
Start Indexing <i>(Immediately, At Start Year):</i>		
Annual Retirement Benefit:		
Annual Disability Benefit:		
Annual Surviving Child Benefit:		
Years Employed:		
Last Year Employed:		
Highest Salary Earned:		

## Deferred Income

	(1)	(2)	(3)	(4)
Deferred Income Name:				
Type <i>(Pension, Deferred Comp, Other Deferred):</i>				
Annual Amount:				
Indexed at <i>(No Growth, Inflation, etc.):</i>				
Start Indexing <i>(Immediately, At Start Year):</i>				
Owner <i>(Client, Spouse, Joint):</i>				

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# Income

	(1)	(2)	(3)	(4)
Destination Account:				
Non-Taxable? (Yes / No):				
Starts (Retirement, at Death, Calendar Year, etc.):				
Ends (Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration.):				

## Immediate Annuities

	(1)	(2)	(3)	(4)
Immediate Annuity Name:				
Annual Payments:				
Exclusion Ratio:				
Basis:				
Owner (Client, Spouse, Joint, etc.):				
Destination Account:				
Purchase Date:				
Annuitization Type: (Life, Term Certain)				
Based on Lifetime Of (Client, Spouse, Survivorship):				
Guaranteed Years of Payout:				
Term (years):				

## Other Income

	(1)	(2)	(3)	(4)
Other Income Name:				
Type (Business Distribution, Partnership Distribution, Real Estate, Trust, Other):				
Tax Treatment (Earned Income, Capital Gains, Qualified Dividends, Investment Ordinary Income, Non-Taxable):				
Annual Amount:				
Indexed at (No Growth, Inflation, etc.):				
Start Indexing (Immediately, At Start Year):				
Owner (Client, Spouse, Joint, etc.):				
Destination Account:				
Self-Employment? (Yes / No):				
Guaranteed? (Yes / No):				
Starts (Retirement, at Death, Calendar Year, etc.):				

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## Income

	(1)	(2)	(3)	(4)
Ends (Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration.):				

## Accredited Investor

**Use the following criteria to help determine if the Client is an accredited investor. If at least one condition is met, the Client should be considered an accredited investor.**

Client and Spouse have a net worth in excess of \$1,000,000	Yes <input type="checkbox"/> No <input type="checkbox"/>
- or -	
Client had an individual income in excess of \$200,000 for the past two years and has a reasonable expectation to have an income in excess of \$200,000 this year.	Yes <input type="checkbox"/> No <input type="checkbox"/>
- or -	
Client and Spouse had a joint income in excess of \$300,000 for the past two years and they have a reasonable expectation to have a joint income in excess of \$300,000 this year.	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Income - Notes:

[illegible]

# Expenses

## Living Expenses

Current Expenses:	
Retirement Expenses:	
Add Liabilities to Expenses? <i>(Liabilities Already Included in Expenses, Automatically Add Liabilities to Expenses)</i> :	

### Client's Living Expense in Event of:

Spouse's Death Before Retirement:	
Spouse's Death in Retirement:	

### Spouse's Living Expense in Event of:

Client's Death Before Retirement:	
Client's Death in Retirement:	

Expense Items Will Grow at <i>(No Growth, Inflation, etc.)</i> :	
--	--

- or -

## Living Expenses – Worksheet

Description	Type <i>(Basic, Medical, Property Taxes, Discretionary, etc.)</i>	Required? <i>(Yes / No)</i>	Current Amount	Semi-Retirement Amount	Retirement Amount	Advanced Years Amount	Custom Growth Rate

## Liquidation Strategy

Liquidation Mode <i>(Strategy or User-defined Schedule)</i> :	
Current Strategy <i>(By Type; Qualified / Non-Qualified Ratio; By Liquidity, then Lowest Performance, Highest Risk; By Liquidity, then Highest Risk, Highest Performance; By Liquidity, then Lowest Tax Impact; By Lowest Performance, then Highest Risk; By Highest Risk, then Lowest Performance; By Lowest Tax Impact, then Lowest Performance; By Lowest Tax Impact, then Highest Risk )</i> :	
Pre-Retirement Strategy <i>(By Type; Qualified / Non-Qualified Ratio; By Liquidity, then Lowest Performance, Highest Risk; By Liquidity, then Highest Risk, Highest Performance; By Liquidity, then Lowest Tax Impact; By Lowest Performance, then Highest Risk; By Highest Risk, then Lowest Performance; By Lowest Tax Impact, then Lowest Performance; By Lowest Tax Impact, then Highest Risk )</i> :	

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# Expenses

Retirement Strategy <i>(By Type; Qualified / Non-Qualified Ratio; By Liquidity, then Lowest Performance, Highest Risk; By Liquidity, then Highest Risk, Highest Performance; By Liquidity, then Lowest Tax Impact; By Lowest Performance, then Highest Risk; By Highest Risk, then Lowest Performance; By Lowest Tax Impact, then Lowest Performance; By Lowest Tax Impact, then Highest Risk )</i> :	
Senior Years Strategy <i>(By Type; Qualified / Non-Qualified Ratio; By Liquidity, then Lowest Performance, Highest Risk; By Liquidity, then Highest Risk, Highest Performance; By Liquidity, then Lowest Tax Impact; By Lowest Performance, then Highest Risk; By Highest Risk, then Lowest Performance; By Lowest Tax Impact, then Lowest Performance; By Lowest Tax Impact, then Highest Risk )</i> :	
Qualified Spending Ratio:	

## Education

Expense Name	Education For	Annual Amount	Indexed At <i>(No Growth, Inflation, Other)</i>	Start Indexing <i>(Immediately, At Start Year)</i>	Starts	Ends	Occurs Every x Years

## Education - Worksheet

State	University / Institution Name	Annual Tuition Expense	Annual Book Expense	Annual Room & Board Expense	Other Annual Expenses

## Education – Annual Funding

Grants	Scholarships	Other Outside Funds

## Expenses

## Other Expenses

[illegible]

### Expenses - Notes:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# Savings & Transfers

## Transfers

	(1)	(2)	(3)	(4)	(5)
Transfer Name:					
Transfer Full Value: <small>(Yes / No)</small>					
Annual Amount:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Source Account:					
Destination Account:					
Starts:					
Ends:					

## Qualified & Guaranteed Transfers

	(1)	(2)	(3)	(4)	(5)
Exempt from Withdrawal Penalty: <small>(Yes / No)</small>					
Contribution Deductible? <small>(Traditional IRA Only): (Yes / No)</small>					
Contribution Type <small>(Traditional IRA Only): (Fixed Amount, Maximum)</small>					
Guaranteed Annuity Withdrawal?: <small>(Yes / No)</small>					
Use Roth Conversion Deferral? <small>(2010 Only): (Yes / No)</small>					

## Year-End – Savings

How should year-end savings be handled for all years?	Save 100% <input type="checkbox"/> Spend 100% <input type="checkbox"/> Custom: Save ____%    Spend ____%
---	---

## Year-End Savings Allocations (if "Save" is checked above):

Asset	Weight (%)

## Savings & Transfers

### Savings & Transfers - Notes:

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a guide for handwriting or typing. The paper itself is a clean, off-white color.

# Buy/Sell Transactions

## Buy / Sell Transactions

	(1)	(2)	(3)	(4)
Transaction Name:				
OCCURS (Calendar Year, Client or Spouse Age, Client or Spouse Retirement, Client or Spouse Death, At First Death):				

## Assets to Sell:

	(1)	(2)	(3)	(4)
Asset Being Sold:				
Percent to Sell (Must be 100% for Real Estate):				
of (Asset, Interest):				
Sell Asset for (Projected Amount, Specific Amount):				
Sale Price:				
Tax Basis:				
Qualifies for Home Sale Gain Exclusion? (Complete for Real Estate):				
Variable Transaction Costs % of Sale Price:				
Fixed Transaction Costs:				
Index Price & Costs at:				

## Assets to Buy / Loans (Real Estate):

Details	(1)	(2)	(3)	(4)
Property Name:				
Address Line 1:				
Address Line 2:				
City:				
State:				
Zip:				
Property Type (Residence, Non-residence):				
Current Value:				
Pre-Retire Gross Growth:				
Post Retire Gross Growth:				
Owner (Client, Spouse, Joint, etc.):				
State:				

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## Buy/Sell Transactions

Costs	(1)	(2)	(3)	(4)
Variable Transaction Costs % of Purchase Price:				
Fixed Transaction Costs:				
Index Purchase Price & Costs at:				

### Assets to Buy / Loans (Personal Property):

Details	(1)	(2)	(3)	(4)
Asset Name:				
Current Value:				
Pre-Retire Gross Growth:				
Post Retire Gross Growth:				
Owner <i>(Client, Spouse, Joint, etc.):</i>				

Costs	(1)	(2)	(3)	(4)
Variable Transaction Costs % of Purchase Price:				
Fixed Transaction Costs:				
Index Purchase Price & Costs at:				

### Assets to Buy / Loans (Business):

Details	(1)	(2)	(3)	(4)
Business Name:				
Base Value:				
Pre-Retire Gross Growth:				
Post Retire Gross Growth:				
Tax Basis:				
Owner:				
Business Type <i>(Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp):</i>				
Income Distribution <i>(Fixed Amount, Income):</i>				
Distribution Amount:				
Distribution (% of Income):				

Costs	(1)	(2)	(3)	(4)
Variable Transaction Costs % of Purchase Price:				
Fixed Transaction Costs:				

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# Buy/Sell Transactions

Costs	(1)	(2)	(3)	(4)
Index Purchase Price & Costs at:				

## Assets to Buy / Loans (Note Receivable / Installment Sale):

	(1)	(2)	(3)	(4)
Note Name:				
Loan Amount:				
Owner <i>(Client, Spouse, Joint, etc.)</i> :				
Interest Rate:				
Number of Payments:				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually)</i> :				
Repayment Type <i>(Principal and Interest, Interest Only with Balloon)</i> :				
Estimated Payment:				
Balloon Period (years):				
Estimated Balloon Payment:				

## Assets to Buy / Loans (Mortgages):

Details	(1)	(2)	(3)	(4)
Mortgage Name:				
Institution Name:				
Institution Website Address:				
Loan Type <i>(Mortgage, Home Equity Loan)</i> :				
Property Name:				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
Balance as of Date:				
Interest Rate:				
Loan Term (years):				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually)</i> :				
Repayment Type <i>(Principal and Interest, Interest Only)</i> :				
Payment:				
Balloon Period (years):				
Estimated Balloon Payment:				
Is Interest Deductible? <i>(Yes, No)</i> :				
Insured for Life? <i>(Yes, No)</i> :				

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# Buy/Sell Transactions

Details	(1)	(2)	(3)	(4)
Paid at Death of? <i>(Client, Spouse, First to Die)</i> :				

Costs	(1)	(2)	(3)	(4)
Variable Transaction Costs % of Purchase Price:				
Fixed Transaction Costs:				
Index Purchase Price & Costs at:				

## Assets to Buy / Loans (Loans):

Details	(1)	(2)	(3)	(4)
Loan Name:				
Institution Name:				
Institution Website Address:				
Loan Type <i>(Automobile, Personal, Business, Line of Credit, Student Loan, Credit Card, Debt Consolidation, Other)</i> :				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
Balance as of Date:				
Owner <i>(Client, Spouse, Joint, etc.)</i> :				
Interest Rate:				
Number of Payments:				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually)</i> :				
Repayment Type <i>(Principal and Interest, Interest Only)</i> :				
Payment:				
Annual Fee:				
Balloon Period (years):				
Estimated Balloon Payment:				
Is Interest Deductible? <i>(Yes, No)</i> :				
Is Loan Collateralized? <i>(Yes, No)</i> :				
Paid at Death of? <i>(Client, Spouse, First to Die)</i> :				

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## Buy/Sell Transactions

Costs	(1)	(2)	(3)	(4)
Variable Transaction Costs % of Purchase Price:				
Fixed Transaction Costs:				
Index Purchase Price & Costs at:				

### Deficit Account:

	(1)	(2)	(3)	(4)
In the event of a <b>shortage of funding</b> , draw additional funds from:				

### Surplus Account:

	(1)	(2)	(3)	(4)
In the event of an <b>excess of funding</b> , deposit excess funds into:				

# Trusts and Partnerships

## Trusts & Partnerships

### QTIPs / QDOTs

	(1)	(2)	(3)	(4)
QTIP Name:				
Trustee:				
Date Established:				
Current Value:				
Grantor <i>(Client, Spouse, Deceased*)</i> : *QTIP only				
Income Beneficiary:				
Remainder Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Sprinkle Provision? <i>(Yes, No)</i> :				
Trust Cash Growth Rate <i>(Inflation, etc.)</i> :				
Assets Owned:				

### ILITs

	(1)	(2)	(3)	(4)
ILIT Name:				
Trustee:				
Date Established:				
Current Value:				
Income Beneficiary <i>(Client, Spouse, Children, Grandchildren, Charity, etc.)</i> :				
Remainder Beneficiary <i>(Client, Spouse, Children, Grandchildren, Charity, etc.)</i> :				
Term (Years):				
Term expires at Death of <i>(Client, Spouse, Last to Die)</i> :				
Sprinkle Provision? <i>(Yes, No)</i> :				
Crummey Powers? <i>(Yes, No)</i> :				
Cash Payout Type <i>(None, Fixed Amount, Percentage, Income)</i> :				
Annuity Amount:				
Payout Rate:				

# Trusts and Partnerships

## FLPs

	(1)	(2)	(3)	(4)
FLP Name:				
Date Established:				
Current Value:				
Owner:				
Discount %:				
Trust Cash Growth Rate <i>(Inflation, etc.)</i> :				
Payout Type <i>(None, Fixed Amount, Percentage, Income)</i> :				
Annuity Amount:				
Payout Rate:				
Starts <i>(Retirement, at Death, Calendar Year, etc.)</i> :				
Ends <i>(Retirement, at Death, Calendar Year, etc.)</i> :				
Assets Owned:				

## QPRTs

	(1)	(2)	(3)	(4)
QPRT Name:				
Trustee:				
Residence:				
Date Established:				
Retained Interest:				
Remainder Interest:				
Grantor <i>(Client, Spouse, Joint)</i> :				
Remainder Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Term (Years):				
With Reversion <i>(Yes / No)</i> :				
Override IRC Rate:				

# Trusts and Partnerships

## GRTs

	(1)	(2)	(3)	(4)
GRT Name:				
Trustee:				
Date Established:				
Payout Type <i>(Fixed Amount, Percentage):</i>				
Annuity Amount:				
Payout Rate:				
Current Value:				
Income Interest:				
Remainder Interest:				
Grantor <i>(Client, Spouse, Joint):</i>				
Income Beneficiary <i>(Children, Grandchildren, Charity, etc.):</i>				
Remainder Beneficiary <i>(Children, Grandchildren, Charity, etc.):</i>				
Term (Maximum Years):				
Term expires at death of <i>(Client, Spouse, Last to Die):</i>				
With Reversion <i>(Yes / No):</i>				
Trust Cash Growth Rate <i>(Inflation, etc.):</i>				
Override IRC Rate:				
Assets Owned:				

# Trusts and Partnerships

## IDGTs

	(1)	(2)	(3)	(4)
IDGT Name:				
Trustee:				
Date Established:				
Current Value:				
Grantor <i>(Client, Spouse):</i>				
Income Beneficiary <i>(Client, Spouse, Children, Grandchildren, Charity, etc.):</i>				
Remainder Beneficiary <i>(Client, Spouse, Children, Grandchildren, Charity, etc.):</i>				
Term <i>(Years):</i>				
Term expires at death of <i>(Client, Spouse, Last to Die):</i>				
Sprinkle Provision? <i>(Yes, No):</i>				
Trust Cash Growth Rate <i>(Inflation, etc.):</i>				
Crummey Powers? <i>(Yes, No):</i>				
Note Receivable				
Payout Type <i>(None, Fixed Amount, Percentage, Income):</i>				
Annuity Amount:				
Payout Rate:				
Starts <i>(Retirement, at Death, Calendar Year, etc.):</i>				
Ends <i>(Retirement, at Death, Calendar Year, etc.):</i>				
Assets Owned:				

# Trusts and Partnerships

## CRTs

	(1)	(2)	(3)	(4)
CRT / CLT Name:				
Trustee:				
Date Established:				
Cash Payout Type <i>(Fixed Amount, Percentage):</i>				
Annuity Amount:				
Payout Rate:				
Current Value:				
Income Interest:				
Remainder Interest:				
Grantor <i>(Client, Spouse, Joint):</i>				
Income Beneficiary <i>(Children, Grandchildren, Charity, etc.):</i>				
Remainder Beneficiary <i>(Children, Grandchildren, Charity, etc.):</i>				
Term (Maximum Years):				
Term expires at death of <i>(Client, Spouse, Last to Die):</i>				
Trust Cash Growth Rate <i>(Inflation, etc.):</i>				
Override IRC Rate:				
Assets Owned:				

## CLTs

	(1)	(2)	(3)	(4)
CRT / CLT Name:				
Trustee:				
Date Established:				
Cash Payout Type <i>(Fixed Amount, Percentage):</i>				
Calculation Type:				
Annuity Amount:				
Payout Rate:				
Current Value:				
Income Interest:				
Remainder Interest:				
Grantor <i>(Client, Spouse, Joint):</i>				
Grantor Trust? <i>(Yes, No)</i>				

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# Trusts and Partnerships

	(1)	(2)	(3)	(4)
Income Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Remainder Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Term (Maximum Years):				
Term expires at death of <i>(Client, Spouse, Last to Die)</i> :				
Trust Cash Growth Rate <i>(Inflation, etc.)</i> :				
Override IRC Rate:				
Assets Owned:				

## CSTs

	Client	Spouse
CST Name:		
Trustee:		
Income Beneficiary <i>(Client, Spouse, etc.)</i> :		
Remainder Beneficiary <i>(Client, Spouse, etc.)</i> :		
Term (years):		
Term expires at death of <i>(Client, Spouse, Last to Die)</i> :		
Sprinkle Provision? <i>(Yes, No)</i> :		
Trust Cash Growth Rate <i>(Inflation, etc.)</i> :		
Payout Type <i>(Fixed Amount, Percentage)</i> :		
Annuity Amount:		
Payout Rate:		

## Revocable Trusts

	(1)	(2)	(3)	(4)
Revocable Trust Name:				
Trustee:				
Date Established:				
Current Value:				
Grantor <i>(Client, Spouse, Joint)</i> :				
Assets Owned:				

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## Trusts and Partnerships

## Irrevocable Trusts

	(1)	(2)	(3)	(4)
Irrevocable Trust Name:				
Trustee:				
Date Established:				
Current Value:				
Income Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Remainder Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Term (Years):				
Term expires at Death of <i>(Client, Spouse, Last to Die)</i> :				
Sprinkle Provision? <i>(Yes, No)</i> :				
Trust Cash Growth Rate <i>(Inflation, etc.)</i> :				
Crummey Powers? <i>(Yes, No)</i> :				
Note Receivable:				
Payout Type <i>(None, Fixed Amount, Percentage, Income)</i> :				
Annuity Amount:				
Payout Rate:				
Starts <i>(Retirement, at Death, Calendar Year, etc.)</i> :				
Ends <i>(Retirement, at Death, Calendar Year, etc.)</i> :				
Assets Owned:				

## Trusts and Partnerships - Notes:

[illegible]



# Wills and Gifting

## Wills

	Client	Spouse
Transfer Assets to Revocable Trust to Avoid Probate:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exclude Beneficiary Transfers from Unified Credit:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Bequests

	(1)	(2)	(3)	(4)	(5)
Bequest Name:					
Give <i>(dollar amount or %):</i>					
of <i>(Asset Name or Remaining Estate Value):</i>					
Execute this bequest <i>(Always, If Spouse Survives, If Spouse Predeceases):</i>					
Distribute Evenly Among All Recipients <i>(checked, unchecked):</i>					
Recipient(s):					
Recipient Percent(ages):					

## Planned Gifts

	(1)	(2)	(3)	(4)	(5)
Planned Gift Name:					
Use Maximum Annual Gift Tax Exclusion <i>(Yes, No):</i>					
Type <i>(Dollar Amount or Percent of Asset)</i>					
Dollar Amount or Percent					
Gift Funded by:					
Indexed <i>(No Growth, Inflation, Other)</i>					
Grantor <i>(Client, Spouse):</i>					
Recipient:					
Exclusion Amount:					
Starts <i>(Retirement, at Death, Calendar Year, etc.):</i>					
Ends <i>(Retirement, at Death, Calendar Year, etc.):</i>					

## Wills and Gifting

## Wills and Gifting - Notes:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# Objectives

## Retirement/ Investment

Rate the importance of each item according to the following scale:

	Low	Med	High
Your retirement goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having all of your portfolios consolidated and analyzed to make sure your overall plan is on track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matching your risk tolerance to that of your investment portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against that of an index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against your plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative retirement methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing the taxes on your investment accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing techniques to save income tax and estate taxes on deferred money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asset protection in the result of serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting assets in the event that you require long term care in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving adequate income in the event of disability during your working years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your spouse in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generating a guaranteed retirement income stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your children in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Estate

Rate the importance of each item according to the following scale:

	Low	Med	High
Distributing assets equally to your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your assets transferred to your children from creditors, divorce, and bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your insurance portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing different methods of meeting your estate tax liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable planning to your estate's planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing annually to charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifting to your children if it doesn't interfere with your financial independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for your grandchildren's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your current will structure to eliminate unnecessary taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your residence and/or vacation home from estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your estate in trust for your spouse in order to protect your children's inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# Objectives

## Business

Rate the importance of each item according to the following scale:

	Low	Med	High
Maintaining control of your business throughout your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eliminating the need to liquidate your business to pay estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner where it is sold to key employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a business planning concept to help you sell your business to key employees in an efficient manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing incentives to your key employees with non-stock compensation alternatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your key employees own stock in your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your business from the death of a key employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your key employees and their families from serious illness and disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your company from serious illness and disability of your employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key employees to the continued success of your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner that maintains family ownership and control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining family harmony after your estate has been settled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your spouse take an active/ownership role in the business plan after you pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a business planning concept that shows you how to gift/sell/bequest your business to your children/heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equalizing the inheritance for your children not active in the business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaving the business only to active children/heirs versus all children/heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your children/heirs active in the business with regards to the future success of your business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner where it is sold to a third party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your business' property and casualty coverages every two years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative sources for your existing line of credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing the efficiency of your existing long term debt structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying out a partner's interest in the event of his or her death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Client Defined

Rate the importance of each item according to the following scale:

	Low	Med	High
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# Risk Tolerance Questionnaire

If you own a home, do you have more than 30% equity?

- ☐ No  
☐ Yes

Which of the following best describes your current employment situation?

- ☐ Full-Time  
☐ Part-Time  
☐ Retired  
☐ Unemployed

From an original investment of \$15,000, your portfolio now worth \$25,000 suddenly declines \$3,750 or 15%, which best describes your response?

- ☐ I would look for a way to invest more  
☐ I would take no action  
☐ I would be somewhat concerned  
☐ I would avoid any investment that could suddenly lose 15% of its value (Choose last answer for next question)

Your portfolio, from previous question, now worth \$21,250 suddenly declines another \$2,125 or 10%, which best describes your response?

- ☐ I would look for a way to invest more  
☐ I would take no action  
☐ I would be somewhat concerned  
☐ I would probably sell  
☐ I would never have made this investment (chose last answer on previous question)

Have you invested in Equities?

- ☐ No  
☐ Yes

Have you invested in Fixed Incomes?

- ☐ No  
☐ Yes

# Risk Tolerance Questionnaire

Have you invested in Mutual Funds?

- ☐ No  
☐ Yes

Have you invested in Options, Futures, or Derivatives?

- ☐ No  
☐ Yes

How would you describe your level of investment knowledge?

- ☐ None  
☐ Limited  
☐ Good  
☐ Extensive

How much investment experience do you have?

- ☐ None  
☐ Limited (1 to 3 years)  
☐ Good (3 to 5 years)  
☐ Extensive ( > 5 years)

Do you have current income needs from this investment?

- ☐ Yes  
☐ No

When will you begin to use the money from your goal?

- ☐ Less than two years  
☐ Two to five years  
☐ Five to ten years  
☐ More than 10 years

## Risk Tolerance Questionnaire

**Additional - Notes:**

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