



SHORT FORM FINANCIAL QUESTIONNAIRE

Client Name(s): _____ Date: _____

Home Address: _____ Phone Number(s): _____

Email Address(es): _____

FAMILY							
	First Name	DOB	Age		First Name	DOB	Age
Client 1		/ /		Child 3		/ /	
Client 2		/ /		Child 4		/ /	
Child 1		/ /		Child 5		/ /	
Child 2		/ /		Child 6		/ /	

EARNED INCOME				
Name	Occupation	Salary	Commissions & Bonuses	Total Income

AUTO / HOME / UMBRELLA INSURANCE				
	Liability Limits	Un-/Under-insured Limits	Deductible	Annual Premium
Auto				
Home				
Umbrella				

LIFE INSURANCE					
Name	Year Purchased	Type / Company	Death Benefit	Annual Premium	Cash Value

DISABILITY AND/OR LONG TERM CARE INSURANCE					
Name	Type / Source	Annual Premium	Benefit Amount or %	Benefit Period	Waiting Period

SAVINGS & INVESTMENTS: TYPES OF ACCOUNTS				
Checking	Fixed Annuities	403b / TSA	Corporate Bonds	Businesses
Savings	401k	Profit Sharing Plan	Stocks	Home
Money Markets	Roth 401k	Deferred Comp.	Variable Annuities	Real Estate
CDs	IRA	Government Bonds	Indexed Annuities	Tax Shelters
Savings Bonds	Roth IRA	Municipal Bonds	Mutual Funds	Other

SAVINGS & INVESTMENTS						
Model No.	Owner-ship (H/W/J)	Account Type	Current Value	Annual Personal Contribution	Annual Employer or Other Contribution	Additional Information for Account

LOANS & DEBTS LOANS & DEBTS				
Type	Unpaid Balance	Monthly Payment	Interest Rate %	Months Left to Pay

Will(s) or Trust(s)? Yes / No **Year Established:** _____ **Up to date?** Yes / No

Additional Notes: _____
