

# Basic Data Questionnaire



## Personal Data

Your Full Name	Date of Birth	Social Security Number
Spouse's Full Name	Date of Birth	Social Security Number
Address	Phone Number	
City	State	Zip
Email Address	Business Phone Number	

## Children, Dependents, and other Relatives:

Name	Relationship	Date of Birth

## Employment Data:

Client	Occupation Title	Employer Name
Spouse	Occupation Title	Employer Name

## Income Sources:

Client's Primary Income	Base Salary	Estimated Bonus	Est. Commissions	Est. Stock Options
Spouse's Primary Income	Base Salary	Estimated Bonus	Est. Commissions	Est. Stock Options

## Other Income:

Source/Amount
Source/Amount

## Area(s) of Interest:

Comprehensive Financial Planning       Investment Planning       Retirement Planning

Effective Tax Planning       Estate Planning       Charitable Giving Techniques

Business Succession Planning       Other \_\_\_\_\_

(See other side)

Please provide us with a copy of your financial statement or complete the following:

<b>Assets</b>	<b>Value</b>	<b>Comments</b>
Residence		
Vehicles		
Cash Accounts		
Securities Accounts		
Investment/Real Estate		
Partnerships		
Business		
Pension		
Profit Sharing		
401(k)		
IRA		
ROTH IRA		
<b>Life Insurance</b>	<b>Cash Value</b>	<b>Face Amount</b>
<b>Liabilities</b>	<b>Amount</b>	<b>Comments</b>
Residence/Mortgage		
Real Estate Debt		
Other Debt		