



**PRELIMINARY QUESTIONNAIRE**

<b>PERSONAL INFORMATION</b>		
Last Name	First Name	Middle Initial
Address		
City	State	Zip Code
Home #	Email	

<b>FAMILY INFORMATION</b>		
	<b>Client</b>	<b>Spouse</b>
Full name		
Date of birth		
Employer		
Position		
Total Compensation		
Business phone		

<b>DEPENDENTS</b>		
	<b>Name</b>	<b>Birthday</b>
Children		
Parents		
Other		

<b>ASSETS</b>		
	<b>Balance</b>	<b>Monthly/Annual contribution</b>
CD's, Money Market, Savings		
Non-retirement investments		
Retirement plans		

<b>REAL ESTATE</b>				
	<b>Market Value</b>	<b>Mortgage Balance</b>	<b>Pre-Payment</b>	<b>Annual Income</b>
Residence				
Second home				
Investment property				

**BUSINESS**

Ownership%	Type-S, C, or LLC	Market Value

**LIABILITIES**

	Balance	Payoff date
Credit cards		
Equity Line of credit/loan		
Car loans		
Student Loans		

**RISK MANAGEMENT**

**Health Insurance Type:**  Employer       Personally Owned       Medicare/Medicaid

Premium: \_\_\_\_\_ Details: \_\_\_\_\_

**Disability Insurance:**

	Short Term Disability	Long Term Disability
Monthly Benefit		
Premium		
Individually Owned or Employee Provided?		

**Life Insurance:**

	Client	Spouse
Obtained Through Employer, Association or Individual?		
Type: Whole Life, Term, Universal?		
Death Benefit		
Premium		

**Legal Documents:** Check all that apply

Wills       Power of Attorney       Medical Directive  
 Date Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Trusts Type: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**MONTHLY CASH FLOW**

**Check one**       Income > Expenses       Break-Even       Expenses > Income

**FINANCIAL CONCERNS**

**In a few concise sentences please explain your:**

Immediate financial concerns

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Long-Term concerns

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Questions you would like to address in our first meeting.

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**Return completed questionnaire by fax (410) 929-7252. Once your completed questionnaire is received, we will contact you for an appointment.**

Who may we thank for referring you? \_\_\_\_\_