



PRELIMINARY QUESTIONNAIRE

PERSONAL INFORMATION		
Last Name	First Name	Middle Initial
Address		
City	State	Zip Code
Home #	Email	

FAMILY INFORMATION		
	Client	Spouse
Full name		
Date of birth		
Employer		
Position		
Total Compensation		
Business phone		

DEPENDENTS		
	Name	Birthday
Children		
Parents		
Other		

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

REAL ESTATE				
	Market Value	Mortgage Balance	Pre-Payment	Annual Income
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 Date Signed: _____ Power of Attorney Date Signed: _____ Medical Directive 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

Long-Term concerns

Questions you would like to address in our first meeting.

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? _____