

PRELIMINARY QUESTIONNAIRE

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

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

	EN		
		- N	

	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				

Executive Plaza III 11350 McCormick Road, Suite 202 Hunt Valley, MD 21031 Phone: (410) 929-7250

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	□edicare/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
Trusts Type:	Date Signed Date S	

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MONTHLY CASH FLOW				
Check one	Income> Expenses	Break-Even	□ Expenses > Income	
FINANCIAL CO	INCERNS			
In a few concise	e sentences please explain yo	ur:		
Immediate financ	cial concerns			
Long-Term conce	rns			
Questions you wo	ould like to address in our first m	eeting.		
FREE TIME				
		Client	Spouse	

	Client	Spouse
Which Recreational Clubs are you		
a member of?		
Membership in what Professional		
Organization?		
Involvement in which Cultural, Ethnic		
or Charitable Organization?		

Return completed questionnaire by emailing pamela_gilmour@ffplans.com. Once your completed questionnaire is received, we will contact you for an appointment.

Who may we thank for referring you? ______

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