

# Confidential Questionnaire



Date of Completion: \_\_\_\_\_

## Client Information

<b>Client Name (1)</b> _____	<b>Client Name (2)</b> _____
Home Address _____	Home Address _____
City, State, ZIP _____	City, State, ZIP _____
Home Phone ( ) - _____	Home Phone ( ) - _____
Work Phone ( ) - _____	Work Phone ( ) - _____
Mobile Phone ( ) - _____	Mobile Phone ( ) - _____
Fax (Hm or Wk) ( ) - _____	Fax (Hm or Wk) ( ) - _____
E-mail _____	E-mail _____
Date of Birth _____	Date of Birth _____
Primary Contact Person during business hours? _____	
Contact me/us by (circle one) E-mail or Phone	

## Family members (please list children, any other dependents or anyone who may become dependent in the future)

Name	Relationship	Date of Birth	Dependant	Resides (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

## Employment (if retired, skip to Social Security & retirement section)

<b>Client Employer (1)</b> _____	<b>Client Employer (2)</b> _____
Title/Job _____	Title/Job _____
Number of years with this employer? _____	Number of years with this employer? _____
Anticipated employment changes? _____	Anticipated employment changes? _____
When do you plan to retire? _____	When do you plan to retire? _____
Salary _____	Salary _____
Self Employment Income _____	Self Employment Income _____
Bonus/Commissions _____	Bonus/Commissions _____
Other Earned Income _____	Other Earned Income _____
<b>TOTAL (Current Year) =</b> _____	<b>TOTAL (Current Year) =</b> _____

## Social Security & Retirement Benefits

If you are not currently collecting Social Security Benefits, please go to [ssa.gov/myaccount](http://ssa.gov/myaccount) and bring a copy of your full earnings history and benefit statement.

If you are currently collecting Social Security:

Client (1) benefit amount per month \$ \_\_\_\_\_

Client (2) benefit amount per month \$ \_\_\_\_\_

Spousal or on own earnings record? \_\_\_\_\_

Spousal or on own earnings record? \_\_\_\_\_

Year benefits began \_\_\_\_\_

Year benefits began \_\_\_\_\_

### Do you or will you have a pension?

Client (1) Amount per month: \$ \_\_\_\_\_

Client (2) Amount per month: \$ \_\_\_\_\_

Lump sum buyout amount \$ \_\_\_\_\_

Lump sum buyout amount \$ \_\_\_\_\_

Inflation indexed?  Yes  No

Inflation indexed?  Yes  No

### Do you contribute to an employer retirement plan?

Client (1)  Yes  No

Client (2)  Yes  No

If yes, what % of your salary do you contribute \_\_\_\_\_ %

\_\_\_\_\_ %

Employer match \_\_\_\_\_ %

\_\_\_\_\_ %

Current value \$ \_\_\_\_\_

Current value \$ \_\_\_\_\_

### Do you have a Roth IRA or Traditional IRA?

Roth  Traditional  Rollover and/or inherited

Roth  Traditional  Rollover and/or inherited

Amount of Roth: \$ \_\_\_\_\_

Amount of Roth: \$ \_\_\_\_\_

Amount of IRAs \$ \_\_\_\_\_

Amount of IRAs \$ \_\_\_\_\_

## Tax & Estate Planning Documentation

### Who prepares your tax return?

Self      Preparer Name \_\_\_\_\_ Phone (    )    - \_\_\_\_\_  
 Paid Preparer      Address \_\_\_\_\_ Fax (    )    - \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

### Do you have estate planning documents?

	Year Drafted	State Drafted
<input type="checkbox"/> Wills	_____	_____
<input type="checkbox"/> Living Trusts	_____	_____
<input type="checkbox"/> Powers of Attorney	_____	_____
<input type="checkbox"/> Living Wills	_____	_____

**Insurance**

	<u>Client (1) Coverage</u>	<u>Group</u>	<u>Individual</u>	<u>Client (2) Coverage</u>	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability (short term)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability (long term)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life (term-Amount\$)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life (whole life)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life (universal)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

If you do not have long-term care insurance, are you interested in discussing it?  Yes  No

Have you ever been turned down for insurance?  Yes  No

Has anyone in your immediate family ever served in the U.S. military?  Yes  No

**Assets**

**Bank accounts** Checking (C), Savings (S), Money Market (MM), or CD

<u>Bank Name</u>		<u>Who owns?</u>	<u>Avg. Balance</u>
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM <input type="checkbox"/> CD	_____	_____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM <input type="checkbox"/> CD	_____	_____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM <input type="checkbox"/> CD	_____	_____

**Brokerage accounts (non-retirement)**

<u>Brokerage Name</u>	<u>Who owns?</u>	<u>\$ Investments</u>	<u># of investments (funds, stocks)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please attach a copy of your most current brokerage, mutual fund and retirement statements or bring them to our first meeting.**

**Real estate**

	<u>Market value</u>	<u>Mortgage Balance</u>	<u>Term</u>	<u>Interest rate</u>	<u>Date mortgage began</u>
Primary residence	_____	_____	_____	_____	_____
Vacation home	_____	_____	_____	_____	_____
Other residences	_____	_____	_____	_____	_____
Rental property	_____	_____	_____	_____	_____
Income/month	_____	Number of units	_____	_____	_____
	_____	_____	_____	_____	_____
Income/month	_____	Number of units	_____	_____	_____

**How were your current investments selected?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Vehicles</b>	<u>Est. current value</u>	<u>Loan balance</u>	<u>Term</u>	<u>Interest rate</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Any other investments not listed above? Please list type and value below:**  
\_\_\_\_\_  
\_\_\_\_\_

**Other Liabilities**

**Student Loans**

<u>Type (subsidized, PLUS, etc.)</u>	<u>Interest Rate</u>	<u>Monthly payment</u>	<u>Current balance</u>
_____	_____	_____	_____
_____	_____	_____	_____

## Credit cards or other debts

	<u>Term</u>	<u>Interest rate</u>	<u>Monthly payment</u>	<u>Balance</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please comment on the advice you seek:**

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## Additional Information

**These items, as well as others, may be needed should you engage our services:**

- Prior year tax return
- Brokerage account statements
- Trust account statements
- Retirement plan account statements
- Loan documents
- Paycheck stubs
- Mutual Fund account statements
- Employee Benefits booklet
- Legal documents
- Insurance policies

**For your financial consultation,**

- Please fax (847-864-2761) or email a copy of this questionnaire 24 hours before your appointment
- if fax or email is not possible, please bring this copy with you to our meeting
- if we will be teleconferencing with you, please keep a copy of your completed form AND send us a copy at: **Haven Financial Solutions, Inc.**

815 Oakton St.  
Evanston, IL 60202  
Phone & fax: 847-864-2761

OR E-mail: [dschultz@havenfinancialsolutions.com](mailto:dschultz@havenfinancialsolutions.com)