

Confidential Questionnaire



Please fill out as much as you can—don't worry about the rest!

Client Information

Client Name (1) _____	Client Name (2) _____
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	
If applicable, are you <input type="checkbox"/> married? <input type="checkbox"/> domestic partners?	

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

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

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

Client Employer (1) _____	Client Employer (2) _____
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 _____
TOTAL (Current Year) = _____	TOTAL (Current Year) = _____

Social Security & Retirement Benefits

If you are not currently collecting Social Security Benefits, please go to 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 _____%

salary _____%

Employer match _____%

match _____%

Current value \$ _____

Current value \$ _____

Do you have a Roth IRA or Traditional IRA?

Roth Traditional Rollover Inherited

Roth Traditional Rollover Inherited

Amount of Roth: \$ _____

Amount of Roth: \$ _____

Amount of IRAs \$ _____

Amount of IRAs \$ _____

If inherited, year inherited _____

If inherited, year inherited _____

Tax & Estate Planning Documentation

Who prepares your tax return?

Self Preparer Name _____ Phone () - _____
 Paid Preparer Address _____ Fax () - _____
City, State, ZIP _____
May I contact them? Yes No

Do you have estate planning documents?

Wills

Year Drafted

State Drafted

Living or Revocable Trusts

Powers of Attorney

Advanced Healthcare Directive

Insurance

	<u>Client (1)</u>			<u>Client (2)</u>		
	<u>Coverage</u>	<u>Group</u>	<u>Individual</u>	<u>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

	Original purchase price	Current market value	Remaining balance	Interest rate	Term	Date mortgage began
Primary residence						
Vacation home						
Rental property						

Number of units: _____

Gross rental income: _____

How were your current investments selected? _____

Vehicles	<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 (if you track these on an Excel spreadsheet, I'd appreciate it in that format)

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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What are you financial planning and investment concerns?

Date of questionnaire completion _____

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 upload to our secure file share service or email a copy of this questionnaire 48 hours before your appointment if possible.
- if upload 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

