

**Pre-Meeting Client Questionnaire** Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Information

Client A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Client B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Current Marital Status (please circle): Single, Divorced, Married or Widowed

Household’s Legal Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address if Different from Legal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client A Client B

Social Security # (optional)

Home Phone

Work Phone

Cell Phone

Primary e-mail Address

Employment & Income Information

Client A Client B

Employer and Position

# of years with this Employer

Annual salary

Annual bonus/commissions

Other earned income

*Anticipated retirement date*

*Projected retirement income needs*

**Worksheet for Assets**

Please list your ***Non-Retirement*** bank and investment accounts in detail or the combined total. Include your checking, savings, CDs, money markets, stocks, bonds, and mutual funds. If you have attached your account statements you can skip this section.

Firm or Bank Type Owner Current Value Monthly Savings % Return

**Gorham Savings Checking Joint $3,200 $400 .06%**

**Worksheet for Retirement Planning**

Please list your ***Retirement*** accounts in detail or the total saved for retirement. Include any current or old 401-K and 403(b) plans, IRAs, Roths, SEP or SIMPLE plans, Inherited IRAs, and variable annuities. If you have attached your account statements you can skip this section.

**Account Type Owner Current Value Monthly Savings Employer Match % Return**

Trad. IRA Mary $128,500 $400 - 0 - 6%

**Additional Retirement Questions**

Does either spouse have a defined benefit pension plan through a previous employer?

Is selling your current home and downsizing part of your proposed retirement plan?

Will your current mortgage be paid-off prior to entering into retirement?

Will you be changing your state of residence upon retirement?

Do you anticipate continuing to work full or part-time during retirement?

Are there any substantial one-time future expenses that should be factored into your retirement income needs? (i.e. paying for a wedding, purchasing a new vehicle, taking a cruise, helping an adult child purchase a home, etc.)

**Real Estate**

Please list any Real Estate you own including your primary residence, vacation home(s), and investment properties plus their mortgage balances and interest rates. Or you can attach copies of your most recent mortgage statement(s) and skip this section.

Property Location & Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lender Balance Owed Monthly Payment Interest Rate

Property Location & Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lender Balance Owed Monthly Payment Interest Rate

Property Location & Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lender Balance Owed Monthly Payment Interest Rate

**Please indicate if you own a Business**

Business Name?

Are you an Owner or Partner?

Type of Business or Tax Structure?

Number of Employees?

Does the Business have a Retirement Plan?

Current Business Valuation, if known?

Is there a Business Succession Plan in place?

**Worksheet for Insurance**

**LIFE INSURANCE** (types\* = group, term, whole life, universal life, other)

Name of Insured Benefit Insurance Company Type\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\_\_\_\_ *I/we have no Life Insurance policies at this time.*

**DISABILITY INSURANCE** (types\* = group or personal)

Name of Insured Monthly Benefit Insurance Company Type\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\_\_\_\_ *I/we have no Disability Insurance at this time.*

**LONG-TERM CARE INSURANCE**

Name of Insured Daily Benefit Insurance Company

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ *I/we have no Long-Term Care Insurance at this time.*

**Worksheet for Education Planning**

Complete this section only if you would like to review education planning for your children or grandchildren.

Child’s Name Date of Birth Private or Public College

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT EDUCATION SAVINGS**

Please list any savings set aside for children’s educations. Remember to include all custodial investment accounts, bank accounts, education trusts, Coverdell Savings Accounts, and 529 Plans you are aware of that are earmarked for each child – or attach statement copies.

Name Plan Type Total Saved to Date Monthly Additions

John Jr. Fidelity 529 $11,800 $215

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ $ $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ $ $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ $ $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ $ $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ $ $

**Additional Discussion Questions to cover during the meeting:**

Do you receive any stock options or restricted stock awards from your employer?

Are you the beneficiary of a trust or will not addressed in an earlier section of this questionnaire?

Who is your current tax professional?

Do you have any tax loss carry-forwards from previous years?

Who is your estate planning attorney and when was your will last reviewed?

Have you established a living will, health care directives, and/or durable powers of attorney, in case of serious illness or disability?

Who is your current insurance agent and do you feel you are adequately insured?

Do you maintain an Umbrella Policy?

Do you continue to hold any Series I, Series HH, or Series EE U.S. Savings Bonds (or any stock or bond certificates) in a safe deposit box?

Are they any legacy goals/objectives (assets you would like to leave for children or grandchildren)?

Are you currently funding (or plan to fund) any philanthropic interests or charitable causes?

Are there any other topics you would like to cover during your visit?