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CONFIDENTIAL QUESTIONNAIRE

CLIENT NAME(1): ______________________________________ **DOB:** ___________________

SSN: __________________________________

CLIENT NAME(2): ______________________________________ **DOB:** ___________________

SSN: __________________________________

ADDRESS: ____

HOME PHONE: __________________________________ **CELL:** _________________________

WORK PHONE: _________________________ **OTHER PHONE:** _________________________

EMAIL ADDRESS: ____

FAMILY MEMBERS (CHILDREN / OTHER DEPENDENTS LIVING WITH YOU):

Name	Relationship	DOB	SSN

CLIENT (1): **Employed** **(circle one)** **Retired**

Profession: ____________________________ Pension Income: __________________

Employer/How long?: ____________________________ SS Income: _______________

Anticipated job changes? *Yes* *No* Other Income:______________________

When do you plan to retire? _______________

Current Salary: _________________________ Tax Bracket: _______________________

Other Income: ___________________________

Do you contribute to an employer plan? *Yes* *No* - If so, how much: ______________
Employer Matching? *Yes* *No* If yes, how much: _________________
Notes: ____

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<u>CLIENT (2):</u> **<u>Employed</u>** **(circle one)** **<u>Retired</u>**

Profession: ________________________ Pension Income: ________________

Employer/How long?: ________________________ SS Income: ____________

Anticipated job changes? *Yes* *No* Other Income:___________________

When do you plan to retire? _____________

Current Salary: ______________________ Tax Bracket: _________________

Other Income: _______________________

Do you contribute to an employer plan? *Yes* *No* - If so, how much: ____________
Employer Matching? *Yes* *No* If yes, how much: _______________
Notes: ____

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INSURANCE **CLIENT (1)** **CLIENT (2)**

Type	Coverage / Cost	Coverage / Cost
Health		
Disability		
Life		
Life		
Home / Auto		
Long Term Care		
Other:		
Other:		

Have you ever been turned down for Insurance: *Yes* *No*

Notes: ____

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ASSETS (Mutual Funds, Annuities, Stocks, Bonds, CD's, Checking, Saving, Money Market, REIT)
(Including any personal property: real estate, furnishings, jewelry, etc.)

Description:	Value:	Maturity Date:	IRA?:	Annuitant/Insured:

LIABILITIES (Mortgage, Auto, Credit Cards, School loans, etc.)

Debt:	Payment:	Balance:	Date to Payoff:

Who prepares your Tax Return: ____ Self ____ Paid Preparer Name: ___________________________
Phone: ___________________________

Do you have estate planning documents? Do you have an estate planner (lawyer)? Yes No

Wills: Y N If so, who?___________________________________
Trusts: Y N _______________________________________
Power of Attorney: Y N _______________________________________
Living Will: Y N
Other: ______________________________

What would you like to discuss today? Please check next to any fields that you are interested in discussing with us.

- ☐ Develop a retirement income strategy (Cash flow planning)
- ☐ Retirement planning and analysis
- ☐ Tax planning
- ☐ Education Planning/Advice for your children or grandchildren
- ☐ Investment analysis*
- ☐ Estate Planning
- ☐ Legacy planning
- ☐ Asset allocation
- ☐ Insurance – Life insurance, Long Term Care insurance
- ☐ Review and provide education on your 401k or retirement plan at work
- ☐ Social Security Analysis
- ☐ Medicare Planning
- ☐ Coordinate/schedule Required Minimum Distributions
- ☐ Identify savings shortfalls
- ☐ Financial Organization
- ☐ Budget Analysis
- ☐ Facilitate transfer or retitling of assets
- ☐ Building assets
- ☐ Establish goals
- ☐ Other: ____

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Charles L. Thompson, Jr. has been helping clients prepare for and transition into retirement since 1986. Our goal is to develop a holistic relationship with our clients that goes beyond conventional financial planning. Putting our client's needs first is our core philosophy.

Items to bring with you:

All Account Statements (IRA, 401k, etc.), Legal Documents (Power of Attorney, Driver's License, Marriage/Divorce Certificate, Will, etc.) & Questionnaire