



Confidential Questionnaire

<b>CLIENT INFORMATION</b>	
CLIENT NAME _____	D/O/B _____ S.S.# _____
Home Address _____	Other Address _____
City, State, Zip _____	_____
Home Phone _____	Email _____
Cell Phone _____	U.S. Citizen: Y N
<p>Currently Married? Y N</p> <p>Previously Married? Y N Divorced / Widowed Date of Marriage: _____</p> <p>Date of Death _____ Date of Divorce _____ Other S.S. # _____</p> <p>Other Relevant Information _____</p>	
<p>Occupation _____</p> <p>Employer _____ Number of Years w/Current Employer _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone _____ Email _____</p>	
<p>Approximate net worth \$ _____</p> <p>Approximate income \$ _____</p>	
<b>CHILDREN</b>	
_____	D/O/B _____ S.S.# _____
_____	D/O/B _____ S.S.# _____
_____	D/O/B _____ S.S.# _____
_____	D/O/B _____ S.S.# _____
<b>PARENTS Living/Ages?</b>	
Mother _____	Father _____
<b>INSURANCE / ESTATE PLANNING</b>	
Long-term Care Insurance Y N	Will Y N Date: _____
Long-term Disability Insurance Y N	Durable Power of Attorney Y N
Life Insurance Y N	Advanced Directive for Health Care Y N
Umbrella Liability Insurance Y N	
CLIENT SIGNATURE _____	DATE _____
ADVISOR ACKNOWLEDGEMENT _____	DATE _____

19-Oct-09