CONFIDENTIAL QUESTIONNAIRE
for

The purpose of this financial questionnaire is to assemble a summary view of your financial situation which we will use to ensure the best use of our time together. It is important to be thorough and list all your information to ensure that any options we discuss are appropriate for your unique situation. **All information is strictly confidential.**

Personal and Family Information

Your Full Name	Date of Birth	Spouse (Full Name)	Date of Birth
Child	Date of Birth	Child	Date of Birth
Child	Date of Birth	Child	Date of Birth
Primary Residence Street & No.	City	State	Zip

Home Telephone	Cell Phone	Email Address

Income

Occupation, Income, and Income Tax Rates

Yours (Position)	Employer		Work Phone
	Current Base Salary $	Annual Increase %	Annual Bonus $
Spouse (Position)	Employer		Work Phone
	Current Effective Income Tax Rate %	Retirement Effective Tax Rate %	Expected Inflation Rate %
	Current Base Salary $	Annual Increase %	Annual Bonus $
			Approximate Credit Score

Defined Benefits (Social Security, PERs, Railroad Pension, etc.)

Benefit Provider	Annual Benefit	COLA	Percent Taxable	Benefit Start Age	Benefit End Age	Owner
	$	%	%			
	$	%	%			
	$	%	%			
	$	%	%			

Other Future Income or Assets (Inheritance, Sale of Business, etc.)

Description	Anticipated Value	Event Age / Year	Owner/Payee
	$		
	$		
	$		

©MoneyTrax, Inc. All Rights Reserved

Assets

Real Estate and Mortgages

Purchase Date	Purchase Price	Current Market Value	Down Payment	Loan Origination Date	Original Loan Amount	Original Loan Term	Annual Interest Rate (%)	Loan Balance Remaining	Monthly Principal & Interest Payment
Primary Residence	$	$	$		$		%	$	$
2nd Residence	$	$	$		$		%	$	$
Other Real Estate	$	$	$		$		%	$	$

Qualified Retirement Accounts (IRA, Roth, 401k, SEP, deferred comp, pension balances, etc.)

Name / Type	Institution	Contributions or Withdrawals (/year)	Employer Match	Account Balance	Annual Return %	Owner
		$	$	$	%	
		$	$	$	%	
		$	$	$	%	
		$	$	$	%	
		$	$	$	%	
		$	$	$	%	

Savings and Investment Accounts (cd's, securities, bonds, mutual funds, ETF's, annuities, etc.)

Name / Type	Institution	Contributions or Withdrawals (year)	Account Balance	Cost Basis	Annual Return (%)	Owner
		$	$	$	%	
		$	$	$	%	
		$	$	$	%	
		$	$	$	%	
		$	$	$	%	
		$	$	$	%	

©MoneyTrax, Inc. All Rights Reserved

Liabilities

Installment Loans (auto, boat, RV, student/parent college, HELOC, etc.)

Type of Loan	Purpose	Monthly Payment	Interest Rate (%)	Months Remaining	Unpaid Balance
		$	%		$
		$	%		$
		$	%		$
		$	%		$

Revolving Credit Lines (credit cards, store charge cards, checking credit lines, etc.)

Type of Card / Issuer	Monthly Payment	Monthly New Charges	Interest Rate (%)	Unpaid Balance	Grace Period on New Charges
	$	$	%	$	☐Yes / ☐ No
	$	$	%	$	☐Yes / ☐ No
	$	$	%	$	☐Yes / ☐ No
	$	$	%	$	☐Yes / ☐ No

Protection

Life Insurance (term, cash value)

Company / Policy Type	Purchase Date	Annual Premium	Outstanding Loans	Current Cash Value	Death Benefit	Named Insured	Beneficiary
		$	$	$	$		
		$	$	$	$		
		$	$	$	$		
		$	$	$	$		

Other Insurance (auto, homeowners, renters, umbrella, health, disability, long term care, etc.)

Company / Policy Type	Purchase Date	Annual Premium	Deductible	Named Insured	Benefit/Coverages
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		

Wills and/or Living Trust? ☐Yes / ☐ No	Date Last Reviewed:

©MoneyTrax, Inc. All Rights Reserved

Expenses

Future Expenses (college, weddings, etc.)

Description of Future Expense	Expense	Year	Payor
	$		
	$		
	$		

Additional Comments: *(Other factors that could be important to your financial position.)*

Please bring to your first meeting:

- ☐ Paycheck Stubs
- ☐ Statements on all Investments / Securities
- ☐ Bank Statements
- ☐ Tax Return – most recent two years
- ☐ Insurance Policies
  - ☐ Medical ☐ Car ☐ Home ☐ Other:
  - ☐ Life ☐ Umbrella ☐ Disability Income ☐ Other:
- ☐ Company Benefit Statement or Summary
- ☐ Company Benefit Booklet
- ☐ Social Security Earnings Statement
- ☐ Wills & Trust Documents

DOCUMENT RECEIPT:

I have received the above checked documents for review and they will be kept confidential in a place of safe keeping.

Representative Signature: _____ Date Received: _____

Representing:_____

©MoneyTrax, Inc. All Rights Reserved