

Confidential Questionnaire For: _____

The purpose of this financial questionnaire is to am objective assemble a summary view of your financial situation. 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. Please provide the following supporting documents:

- ☒ Paycheck Stubs (2 months)
- ☐ Statements on all Investments/Securities
- ☐ Bank Statements (2 months)
- ☐ ~~Current~~ Mortgage Statements (2 months)
- ☐ Tax Return most recent years (Personal and Business)
- ☐ Drivers License
- ☐ Insurance - Outline of Policy & Coverages (Life, Auto, Home, etc.)
- ☐ Company Benefit Statement of Summary
- ☐ Company Benefit Booklet
- ☐ Social Security Earnings Statement
- ☐ Wills & Trust Documents

Current Advisers			
CPA:	Contact Number	Stock Broker:	Contact Number
Banker:	Contact Number	Attorney:	Contact Number
Insurance Agent:	Contact Number	Attorney:	Contact Number
Financial Advisor:	Contact Number	Other:	Contact Number

- ☐ Andrew Windham **may** contact the above referenced advisors for any additional information needed to complete the planning process on my behalf.
- ☐ Andrew Windham **may NOT** contact the above referenced advisors for additional information needed to complete the planning process on my behalf.

Signature: _____ Date: _____

Current Tax Rates

Current Effective Income Tax Rate %	Retirement Effective Tax Rate %	Expected Inflation Rate
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What age would you like to obtain financial independence?

At financial independence what would you want in today's dollars as a monthly income?

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Personal Information & Income			
Name	Date of Birth	Contact Phone #	
Email	SS #		
Employer	Position	Years on the job	
Current Base Salary	Annual Increase %	Annual Bonus	Approx. Credit Score
Spouse Name	Date of Birth	Contact Phone #	
Email	SS #		
Employer	Position	Years on the job	
Current Base Salary	Annual Increase %	Annual Bonus	Approx. Credit Score
Wedding/Special Anniversary Date			
1 st Child's Name	Date of Birth	Contact Phone #	
Email	SS #	School	Graduation Date
2 nd Child's Name	Date of Birth	Contact Phone #	
Email	SS #	School	Graduation Date
3 rd Child's Name	Date of Birth	Contact Phone #	
Email	SS #	School	Graduation Date
4 th Child's Name	Date of Birth	Contact Phone #	
Email	SS #	School	Graduation Date
Special needs for any child:			

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Other Income

Own a Business

Business Name		Business Address
Owner / Partner		Legal Structure ____ S Corp ____ C Corp ____ Sole Prop. ____ Partnership ____ LLC
# of Employees	% of Ownership	Tax Structure ____ S Corp ____ C Corp ____ Sole Prop. ____ Partnership ____ LLC

Business Name		Business Address
Owner / Partner		Legal Structure ____ S Corp ____ C Corp ____ Sole Prop. ____ Partnership ____ LLC
# of Employees	% of Ownership	Tax Structure ____ S Corp ____ C Corp ____ Sole Prop. ____ Partnership ____ LLC

Direct Income (Royalties, Residuals, Annuities, or Settlements? Yes or No ☐ Yes ☐ No

Source Type	Monthly Amounts	Expected Inflation Rate
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Other Future Income or Assets (Inheritance, Sale of Business, etc.)

Description	Anticipated Value	Event Age/Year	Owner/Payee

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

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

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Assets

Real Estate

Address (Primary) ↓ ↑	Current Value \$	Mortgage <input type="checkbox"/> Yes / No <input type="checkbox"/>
2 nd Residence	Current Value \$	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Investment	Current Value \$	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Other	Current Value \$	<input type="checkbox"/> Yes / No <input type="checkbox"/>

Qualified Retirement Accounts (IRA, Roth, 401k, SEP, Deferred Comp., Pension Balances, etc.)

1
2
3
4
5
6

Name/Type	Institution	Contributions/ Withdrawals (yr.)	Employer Match	Account Balance	Annual Return	Owner
401K		\$	\$	\$	%	Ja
401K		\$	\$	\$	%	
401K		\$	\$	\$	%	
401K		\$	\$	\$	%	
401K		\$	\$	\$	%	

Savings and Investment Accounts (CDs, Securities, Bonds, Mutual funds, ETF's, Annuities, etc.)

Name/Type	Institution	Contributions/ Withdrawals (yr.)	Cost Basis	Account Balance	Annual Return	Owner
Checking		\$	\$	\$	%	
Checking		\$	\$	\$	%	
Checking		\$	\$	\$	%	
Checking		\$	\$	\$	%	
Checking		\$	\$	\$	%	
Checking		\$	\$	\$	%	

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Liabilities

Mortgages

Purchase Price	Type	Origination Date	Original Loan	Down Payment	Loan Term	Interest Rate	Current Balance	Monthly P&I Payment
\$	Fixed		\$	\$		%	\$	\$
\$	Fixed		\$	\$		%	\$	\$
\$	Fixed		\$	\$		%	\$	\$

Installment Loans (Auto, Boat, RV, Student/Parent College, HELOC, etc.)

Type of Loan	Min. Payment	Actual Payment	Interest Rate	Months Remaining	Unpaid Balance
Auto	/mo.	/mo.	%		\$
Auto	/mo.	/mo.	%		\$
Auto	/mo.	/mo.	%		\$

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

Type of Card/Issuer	Min. Payment	Actual Payment	New Charges	Interest Rate	Current Balance	Grace Period
	/mo.	/mo.	/mo.	%		Yes
	/mo.	/mo.	/mo.	%		Yes
	/mo.	/mo.	/mo.	%		Yes
Credit C	/mo.	/mo.	/mo.	%		Yes
Credit C	/mo.	/mo.	/mo.	%		Yes
Credit C	/mo.	/mo.	/mo.	%		Yes

Expenses

Future Expenses (college, weddings, etc.)

Description of Future Expense	Expense	Year	Years	Payer

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Dec Page
Constant Illness

Protection

Life Insurance (Term, Cash Value)

Company	Perm/ Term	Purchase Date	Annual Premium	Current Cash Value	Death Benefit	Outstanding Loans	Coverage & Descriptions Provided
	T-20		\$	\$	\$	No	No
	T-20		\$	\$	\$	No	No
	T-20		\$	\$	\$	No	No
	T-1		\$	\$	\$	No	No

Other Insurance (Auto, Homeowners, Renters, Umbrella, Health, Disability, Long Term care, etc.)

Company/Type	Purchase Date	Annual Premium	Deductible/ Eliminator	Benefit/ Coverage Amount	Coverage & Descriptions Provided
Automotive Drop Downs	calendar ?	\$	250 \$500/1000/ \$1500/2500/5000 other	\$	No
Home/Renter		\$	\$	\$	No
Umbrella		\$	\$	\$	No
Health		\$	\$	\$	No
Disability		\$	\$	\$	No
Long Term Care		\$	\$	\$	No
Other		\$	\$	\$	No

College Savings (529, UTMA, UGMA, ESA, Education Bonds, other)

Name/Type	Institution	Contributions/ Withdrawals (yr.)	Cost Basis	Account Balance	Annual Return	Owner
529						
529						
529						
529						
529						

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