

CONFIDENTIAL QUESTIONNAIRE FOR:

The purpose of this financial questionnaire is to am objective assemble a summary view of your financial situation. Is 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)

Mortgage Statements (2 months)

Tax Return most recent years (Personal and Business)

Drivers License

Insurance - Outline 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 advisers for any additional information needed to complete the planning process on my behalf.

Andrew Windham may NOT contact the above referenced advisers for any 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

What age would you like to obtain financial independence?

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

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

1st Child's Name	Date of Birth	Contact Phone #	
Email	SS#	School	Graduation Date

2nd Child's Name	Date of Birth	Contact Phone #	
Email	SS#	School	Graduation Date

3rd Child's Name	Date of Birth	Contact Phone #	
Email	SS#	School	Graduation Date

4th Child's Name	Date of Birth	Contact Phone #	
Email	SS#	School	Graduation Date

Special needs for any child: