



Abundance through discipline, knowledge, and planning ...

Date of Completion: _____

CONFIDENTIAL QUESTIONNAIRE

CLIENT NAME (1):	_____	CLIENT NAME (2):	_____
Home Address:	_____	How long married?:	_____
City, State, Zip:	_____	Previous Marriage?:	_____
Home Phone:	_____	Alimony/Child Support?:	_____
Work Phone:	_____	Work Phone:	_____
Fax: (Home or Work)	_____	Fax: (Home or Work)	_____
E-mail:	_____	E-mail:	_____
Birthdate:	_____	Birthdate:	_____
Primary Contact Person during business hours?		_____	

FAMILY MEMBERS (Please list children and other dependants.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

Client Employer (1): _____ **Client Employer (2):** _____

Title/Job: _____ Number of years with this employer? _____ Anticipated employment changes? _____ When do you plan to retire? _____ Salary: _____ Self Employment Income: _____ Bonus/Commissions: _____ Other Earned Income: _____ TOTAL (Current Yr) = _____	Title/Job: _____ Number of years with this employer? _____ Anticipated employment changes? _____ When do you plan to retire? _____ Salary: _____ Self Employment Income: _____ Bonus/Commissions: _____ Other Earned Income: _____ TOTAL (Current Yr) = _____
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Retirement Income

Source: Pension/Annuity/Rental Property/Trust Income

Name _____

Address _____

Phone (____) _____ - _____

Fax (____) _____ - _____

***Please attach most recent Social Security stmts.**

Who prepares your tax return?

- Self
- Paid Preparer

Do you have estate planning documents?	Wills	Y N	_____
	Living Trusts	Y N	_____
When and in what state were they drafted?	Power of Attorney	Y N	_____
	Living Will	Y N	_____
	Other Documents	Y N	_____

Are the documents signed, dated and witnessed? yes no

Rate your working relationships with each of the following advisors that apply:

<u>Adviser</u>	<u>Satisfaction Rating</u>					<u>Need Referral</u>
	<u>Dissatisfied</u>		-	<u>Very Satisfied</u>		
	1	2	3	4	5	
Financial Planner	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Accountant	1	2	3	4	5	X
Tax Preparer	1	2	3	4	5	X
Attorney	1	2	3	4	5	X

Insurance Agent	1	2	3	4	5	X
			Client (1)			Client (2)
INSURANCE						
	Coverage	Group	Individual	Coverage	Group	Individual
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

***Please attach declarations pages for ALL insurance policies**

Have you ever been turned down for Insurance? Yes No
 How much do you spend monthly on out of pocket on all medication combined?

Are you seeking additional health insurance coverage? Yes No
 Do you participate in a Health Savings Account? Yes No

ASSETS – PLEASE BRING MOST RECENT STMTS OF THE FOLLOWING ACCOUNTS TO OUR MEETING. BANK, BROKERAGE, MUTUAL FUND, RETIREMENT, COLLEGE SAVINGS, AND ANY OTHER INVESTMENT ACCOUNTS.
(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

PERSONAL PROPERTY *PLEASE LIST REPLACEMENT DATES AND APPROX. REPLACEMENT COSTS FOR VEHICLES.

	<u>Estimated Value*</u>	<u>Replacement Value</u>	<u>When</u>
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Primary Residence	_____	_____	_____
Furnishings (Liquidation Value)	_____	_____	_____
Vehicle _____	_____	_____	_____
Vehicle _____	_____	_____	_____

Other _____

- **UNLESS THERE ARE PLANS TO SELL PERSONAL PROPERTY TO FUND GOALS, IT IS LISTED IN NET WORTH BUT NOT CONSIDERED AVAILABLE FOR USE TOWARD STATED GOALS.**

LIABILITIES

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

*If not paid in full each month

<u>Debts (Residence, Auto, Business, School)</u>	<u>Interest Rate/Terms</u>	<u>Payment</u>	<u>Current Balance/Original Balance</u>
_____	_____ %/	\$ _____	\$ _____ /
_____	_____ %/	\$ _____	\$ _____ /
_____	_____ %/	\$ _____	\$ _____ /
_____	_____ %/	\$ _____	\$ _____ /

Have you received a copy of your credit report recently? **Yes** **No** **If yes, what was your score?**

Please comment on the advice you seek.

Copies of these items will be needed, should you engage our services:

- | | |
|------------------------------------|---------------------------------------------|
| Prior Year Tax Return –2 years | Paycheck Stubs |
| Brokerage Account Statements | Mutual Fund Account Statements |
| Trust Account Statements | Employee Benefits Booklet |
| Retirement Plan Account Statements | Legal Documents |
| Loan Documents | Insurance Policies and/or Declarations Page |

If you will be coming to our office for your financial consultation, please bring this completed form with you.

If we will be teleconferencing with you, please (1) keep a copy of your completed form,

(2) fax, email, or mail a copy to us at the following address:

A & H Financial Planning and Education, Inc. • P.O. Box 21278 • Chattanooga, TN 37424

Phone: (706) 413.1651 • Fax: (706) 413.1355

Email: ashbyandhughes@comcast.net

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