

## Financial Analysis Questionnaire

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I. Are you  working  retired

II. Do you have:

- Pension       Stock Options       401(k)/IRA Account Balance \$ \_\_\_\_\_  
 Life Insurance     Health Insurance     Disability Insurance     Long Term Care Insurance

III. What is your expected retirement date/age? \_\_\_\_\_

IV. Do you own a home?  Yes  No (if no, skip to V)

If yes, what is the value? \_\_\_\_\_ Mortgage balance? \_\_\_\_\_ Interest rate? \_\_\_\_\_

V. Place a check by any concerns you may have:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adequate Retirement         | <input type="checkbox"/> Home Purchase           | <input type="checkbox"/> Investment Risk / Safety |
| <input type="checkbox"/> Risk Coverage               | <input type="checkbox"/> Investment Performance  | <input type="checkbox"/> Reducing Insurance Costs |
| <input type="checkbox"/> Estate Plan                 | <input type="checkbox"/> Tax Reduction           | <input type="checkbox"/> Mortgage Protection      |
| <input type="checkbox"/> Developing a Financial Plan | <input type="checkbox"/> Reduce Mortgage Payment | <input type="checkbox"/> Business Planning        |

Other concerns: \_\_\_\_\_

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