Lifetime Financial Group

FOR FINANCIAL PROFESSIONAL USE WITH CLIENTS

DISCOVERY QUESTIONNAIRE

Client Name: _____ Date: _____

Part 1: Tell Us About Yourself

1. What prompted you to seek guidance and/or more information about investments or your financial plan?

_____

_____

2. What is important to you about money? Why?

_____

_____

3. What are your financial goals and objectives?

_____

_____

4. Where would you like to be five years from now?

_____

_____

5. Anything else you'd like us to know?

_____

_____

_____

Client 1

Name: _____

Driver's License Number: _____

State: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email(s): _____

Social Security Number: _____

Date of Birth: _____

Client 2

Name: _____

Driver's License Number: _____

State: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email(s): _____

Social Security Number: _____

Date of Birth: _____

Legal Address: _____ City: _____ State: _____

Zip Code: _____ Mailing Address (If Different): _____

Children/Beneficiaries:

Name: _____ Name: _____ Name: _____

SS #: _____ SS #: _____ SS #: _____

DOB: _____ DOB: _____ DOB: _____

Current Employment | Income Information:

Client 1

Employer: _____

Occupation: _____

Address: _____

Hire Date: _____

Annual Income: _____

Desired Retirement Date: _____

Client 2

Employer: _____

Occupation: _____

Address: _____

Hire Date: _____

Annual Income: _____

Desired Retirement Date: _____

Retirement Income Information:

Income Source in Retirement	Client 1 or 2	Gross Monthly Income	Annual increase	Begin at Age	Survivor Benefit
Social Security	1				
Social Security	2				
Pension					
Other:					
Other:					

Summary of Assets:

	Client 1	Client 2	Joint
	Balance | Annual Contribution	Balance | Annual Contribution	Balance | Annual Contribution
Personal Residence			
Additional Property			
CD | Money Markets			
Savings | Cash			
Fixed Annuities			
Variable Annuities			
SEP | Simple IRA's			
IRA's			
Roth IRA's			
401K | 403(b) | 457			
College Savings			
Brokerage Accounts			
Mutual Fund Accounts			
Other:			
Totals:			

Summary of Liabilities:

	Client 1	Client 2	Joint
	Balance | Rate	Balance | Rate	Balance | Rate
Home Mortgage			
Other Mortgage			
Auto Loans			
Bank Loans			
Credit Card 1			
Credit Card 2			
Business Loans			
Other:			
Totals:			

Estimated Assets: $ _____

Estimated Liabilities: $ _____

Estimated Net Worth: $ _____

Insurance Information:

Life Insurance	Policy 1	Policy 2	Policy 3
Company Name			
Type			
Owner			
Insured			
Primary Beneficiary			
Current Death Benefit			
Cash Surrender Benefit			
Outstanding Loan Value			
Annual Premium			

Long Term Care | Disability Insurance	Policy 1	Policy 2	Policy 3
Company Name			
Insured			
Annual Premium			
Monthly Benefit			
Waiting Period			
Benefit Period			

Health insurance	Policy 1	Policy 2	Policy 3
Company Name			
Group or Individual			
Annual Premium			
Amount of Lifetime Cap			

Professional Information:

Estate Attorney: _____ Phone Number: _____

Will or Trust: _____ Trustee: _____ Trustee: _____

CPA: _____ Phone Number: _____