Date Form Completed: _______________

APPELMAN FINANCIAL

Financial Planning Questionnaire

We would appreciate if you could take a moment to fill out our Client Information Form. Please print clearly. If you are unsure about a question, you may leave it blank. Approximate figures are acceptable. **Please bring your spouse, last year's tax return in its entirety, this completed form, your retirement plan information and any financial policies, reports or statements to our meeting (do not bring in Internet reports).** Remember, "good information in = good information out."
Thank you for taking the time to complete this form!
Please note that all information provided is strictly confidential – it is against the law for us to provide this information to anyone without your written authorization.

Client Information

Client Name:_______________________________ Date of Birth:_________________________

Spouse Name:______________________________ Date of Birth:_________________________

Mailing Address:____

City:_________________________________ State:_________________ Zip:____________

Home Phone: (_______)____________________ Cell Phone: (_______)____________________

Client Occupation:_________________________ Spouse Occupation:_____________________

Client Employer Name, Address, Ph #:____

Spouse Employer Name, Address, Ph #:____

Client Retirement Date:_____________________ Spouse Retirement Date:__________________

Client Educational Background________________ Spouse Educational Background_____________

Primary Bank Name & Branch____

So how did you hear about us?

☐ Client Referral ______________________ ☐ Professional Referral ____________________
☐ Newspaper Ad ☐ Newspaper Article/Press Release ☐ Radio Ad ☐ Phone Book ☐ Web Search
☐ Attended one of our seminars/workshops ☐ Pass by our office ☐ Other __________________

Estate Planning

Check each item you currently have completed: ☐ Will ☐ Power of Attorney ☐ Living Will
Last time reviewed by an attorney? ____

Income Information

Income/Wages: (Client)___________________________ (Spouse)____________________________

Social Security Income: (Client)____________________ (Spouse)____________________________

Pension Income: (Client)__________________________ (Spouse)____________________________

Current Monthly Retirement Contribution (include Employer's Contribution)____________________

Monthly Retirement Income Needs (Estimated or Actual):_______________________________

Annuities

Company	Annuitant	Approximate Value

Banking, Credit Unions, and Savings & Loans (NON-IRA)

(i.e. checking accounts, savings accounts, money markets, CDs)

Institution Name	Type of Account	Maturity Date	Interest Rate	Approx. Balance

IRA Accounts & Other Retirement Accounts

Account Location (Bank, Broker, Employer)	Type (401K, IRA, TSA, Etc.)	Approximate Market Value

Life Insurance

Company	Insured Name	Whole Life or Term	Approx. Death Benefit

Limited or General Partnerships

Name of Partnership	Type of Investment	Approx. Value/Amt. Invested

Mutual Funds &/or Brokerage Accounts

Name of Brokerage Firm or Fund	Approximate Market Value

Promissory Notes & Trust Deeds
(Where Someone is Paying You on a Note)

Name of Debtor	Approximate Balance of Note

Real Estate & Residences

Amount of Homeowners Insurance Coverage: $____

Property Address	Amount Invested	Approx. Market Value	Debt Amount

Stocks & Bonds
(Where Do You Hold Certificates)

Name of Stock	Number of Shares	Approximate Market Value

Other Assets
(Approximate Value of Personal Property & Any Businesses)

Personal Property Item	Approximate Worth
Electronics	
Jewelry	
Vehicles	
Other:	

Business Name	Approx. Value	How the Business is Held

Debts & Loans
(i.e. Credit Cards, Lines of Credit, Personal Loans, etc.)

Company	Type of Loan	Debt Amount

(For Advisor Use) Discussed Risk Tolerance 1 2 3 4 5 6 7 8 9 10

Primary Financial Concerns & Goals
**** Please list on the back of this sheet what you find to be your main financial objectives. ****