



Confidential Personal Planning Questionnaire

Prepared for: _____

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Provided by:

Date:

Personal Information

| | Client | Spouse |
|-----------------|----------------------------|----------------------------|
| Name: | _____ | _____ |
| Date of Birth: | ____/____/____ | ____/____/____ |
| E-Mail Address: | _____ | _____ |
| Height/Weight: | ____ft ____inches/____lbs. | ____ft ____inches/____lbs. |
| Tobacco Use?: | __Yes __ No _____ | __Yes __ No _____ |
| Hazardous | __Yes __ No _____ | __Yes __ No _____ |
| Occupation?: | _____ | _____ |

Children

| | Child 1 | Child 2 | Child 3 | Child 4 |
|----------------|----------------|----------------|----------------|----------------|
| Name: | _____ | _____ | _____ | _____ |
| Date of Birth: | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |

Residence information

Street Address: _____
City, State, Zip: _____
Home Phone No: _____ Cell Phone No: _____
 Own? Mortgage Payment: \$_____ Mortgage Balance: \$_____
 Rent? Monthly Rent: \$_____

Professional Advisor Information

Client's Will: Date _____ Type _____
Spouse's Will: Date _____ Type _____
Attorney's Name: _____ Phone No.: _____
Accountant's Name: _____ Phone No.: _____

Employment/Income Information

| | Client | Spouse |
|--------------------------|----------|----------|
| Occupation: | _____ | _____ |
| Employer: | _____ | _____ |
| Business Street Address: | _____ | _____ |
| City, State, Zip: | _____ | _____ |
| Phone Number: | _____ | _____ |
| Fax Number: | _____ | _____ |
| E-Mail Address: | _____ | _____ |
| Annual Income: | \$ _____ | \$ _____ |
| Other Income: | \$ _____ | \$ _____ |

Financial Information

| Assets | | Liabilities | |
|-------------------------------------|----------|-------------------|----------|
| Savings | \$ _____ | Installment Loans | \$ _____ |
| Investments | _____ | Mortgage(s) | _____ |
| IRA(s) | _____ | Charge Accounts | _____ |
| Real Estate | _____ | Credit Cards | _____ |
| Business Interests | _____ | Personal Notes | _____ |
| Personal Property | _____ | Business Debt | _____ |
| Other | _____ | Other | _____ |
| Total Assets | \$ _____ | Total Liabilities | \$ _____ |
| Current Monthly Systematic Savings: | | | \$ _____ |

Insurance Information

| Life Insurance | | | | | | |
|----------------|---------|---------------|-------------|-------------|----------------|-------------|
| Insured | Company | Policy Number | Policy Date | Face Amount | Annual Premium | Beneficiary |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | _____ |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | _____ |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | _____ |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | _____ |

| Long-Term Care Insurance | | | | | | |
|--------------------------|---------|---------------|-------------|---------------|----------------|----------------|
| Insured | Company | Policy Number | Policy Date | Daily Benefit | Benefit Period | Annual Premium |
| _____ | _____ | _____ | _____ | \$ _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ | _____ | \$ _____ |

| Other Insurance | | | |
|-------------------------------------|------------|------------------|-----------------|
| Monthly Disability Benefit: | Client | \$ _____ | Spouse \$ _____ |
| Critical Illness Insurance Benefit: | Client | \$ _____ | Spouse \$ _____ |
| Health Insurance: | Client | _____ | Spouse _____ |
| P&C Expiration Dates: | Auto _____ | Homeowners _____ | Other _____ |

Planning Priorities

| | High | Medium | Low | None |
|---|-------|--------|-------|-------|
| Protecting Family's Lifestyle | _____ | _____ | _____ | _____ |
| Protecting Income | _____ | _____ | _____ | _____ |
| Providing Education Funds | _____ | _____ | _____ | _____ |
| Implementing Savings Plan | _____ | _____ | _____ | _____ |
| Planning for Retirement | _____ | _____ | _____ | _____ |
| Minimizing Estate Shrinkage | _____ | _____ | _____ | _____ |
| Planning for Business Continuation | _____ | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ | _____ |
| How much do you feel comfortable setting aside on a monthly basis?: | _____ | | | |

Important Information

This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

The information, general principles and conclusions presented in this report are subject to local, state and federal laws and regulations, court cases and any revisions of same. While every care has been taken in the preparation of this report, neither VSA, L.P. nor The National Underwriter Company is engaged in providing legal, accounting, financial or other professional services. This report should not be used as a substitute for the professional advice of an attorney, accountant, or other qualified professional.

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