



Confidential Personal Planning Questionnaire

Prepared for:

Provided by:

Table of Contents

| | |
|--|---|
| Personal Information | 2 |
| Children | 2 |
| Residence Information | 2 |
| Professional Advisor Information | 2 |
| Employment/Income Information | 2 |
| Financial Information | 3 |
| Insurance Information | 3 |
| Planning Priorities | 3 |
| Important Information | 4 |

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

Savings _____
 Investments _____
 IRA(s) _____
 Real Estate _____
 Business Interests _____
 Personal Property _____
 Other _____
 Total Assets _____
 Current Monthly Systematic Savings: _____

Liabilities

Installment Loans _____
Mortgage(s) _____
 Charge Accounts _____
 Credit Cards _____
 Personal Notes _____
 Business Debt _____
 Other _____
 Total Liabilities _____

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.

© VSA, LP All rights reserved (VSA ff-01 ed. 01-12)