

Date: _____



FIRM FOUNDATION
WEALTH & RETIREMENT SOLUTIONS

CONFIDENTIAL QUESTIONNAIRE

This questionnaire is the first step in the Client Pathways planning process. It is designed to be easy and quick to complete. Your cooperation and accuracy are appreciated.

REQUESTED DOCUMENTS: Your advisor will be able to work more effectively when you provide pertinent documents along with this completed questionnaire. You can be sure that your documents will be strongly safeguarded and remain confidential during and after the analysis and planning periods. If you prefer, photocopies of your documents are acceptable.

CHECKLIST OF DOCUMENTS:

- All personal insurance policies
 - Life insurance policies (for all members of your family, including inforce illustrations)
 - Property & casualty policies (including automobile, homeowners, renters, etc.)
 - Disability Policy (long-term & short-term; may be provided by your employer)
- Investment accounts statements (including 401(k) or 403(b), IRA's, Roth IRA's, individual securities, managed accounts, mutual fund accounts, college funding/minor accounts, etc.)
- Annuity statements (including any variable, fixed, or income annuities)
- Employer-provided group benefits for you and your spouse (if a print-out of specific coverages is available, please include)
- Pension estimates and/or statements (estimates can be requested from HR)
- Social Security projections (online accounts can be created through www.ssa.gov)
- Will and trust documents (if a will or trust has been created)

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** Financial advisor offering investment advisory services through Eagle Strategies, LLC, a registered investment advisor.*

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*****Neither Firm Foundation Wealth & Retirement Solutions provides tax, legal, or accounting advice. Please consult your own tax, legal, or accounting professional before making any decisions.**

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FAMILY DATA:

Date of Birth State of Birth M/F --

Primary Full Name				
Spouse's Full Name				
Child				
Child				
Child				
Child				

RESIDENCE / CONTACT:

Address		City	State	Zip
Home	Cell		Spouse's Cell	
Email Address	Spouse's Email Address		PO Box (if needed)	

EMPLOYMENT / EARNINGS:

Primary Spouse

Occupation		
Employer		
# Years		
Annual Income		
Net Worth (joint)		
Liquid Net Worth		

OTHER INCOME / PAYMENTS:

Primary Spouse

Pension		
Social Security		
Annuity Payments		
Other		

- What are your primary financial concerns? _____
- What is your desired retirement age? Your Spouse? _____
- Amount of money set aside to a "savings plan" per month? _____
- Any expected, significant financial events in the next 2-5 years? _____
- Have you completed any estate planning (Wills, Trusts, or PoA)? _____

BALANCE SHEET:

Cash Assets:

Checking / Savings Accounts.....\$ _____
Certificates of Deposit (CD's).....\$ _____ @ _____ %
Fixed Annuities.....\$ _____ @ _____ %
Cash Value Life Insurance.....\$ _____
Other.....\$ _____

Marketable Securities:

401(k) / Simple IRA / SEP IRA.....\$ _____
IRA's.....\$ _____
Roth IRA's.....\$ _____
Mutual Funds.....\$ _____
Individual Securities.....\$ _____
Variable Annuities.....\$ _____
Other.....\$ _____

Real Estate:

Home.....\$ _____
Land.....\$ _____
Other.....\$ _____
Other.....\$ _____

Loan Information:

Home Mortgage.....\$ _____ @ _____ % = monthly \$ _____
Automobile Loan(s).....\$ _____ @ _____ % = monthly \$ _____
Student Loan(s).....\$ _____ @ _____ % = monthly \$ _____
Other.....\$ _____ @ _____ % = monthly \$ _____

