



***CONFIDENTIAL  
QUESTIONNAIRE  
for***

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The purpose of this form is to help you in gathering the basic information about your current financial situation which we will need in order to make the best use of our time together. Without knowing everything one is doing financially it is next to impossible to discuss options available because what may be right in one set of circumstances may be harmful in another. Please bring this questionnaire along with the documents listed on the back of this form to our next interview. **All information provided will be strictly confidential.**

## A. FAMILY STATUS

Your Full Name	Date of Birth	Birth Place	Social Security Number	
Spouse (Full Name)	Date of Birth	Birth Place	Social Security Number	
Child	Date of Birth	Birth Place	Social Security Number	
Child	Date of Birth	Birth Place	Social Security Number	
Child	Date of Birth	Birth Place	Social Security Number	
Your Residence	Street & No.	City	State	Zip
Home Telephone	Emergency Telephone	Name		
Cell Phone	Email Address			

## B. OCCUPATION / INCOME

Yours (title)	Employer		
Employer Address	City	State	Telephone
Length of Service (years)	Current Base Salary \$	Bonus \$	
Spouse (title)	Employer		
Employer Address	City	State	Telephone
Length of Service (years)	Current Base Salary \$	Bonus \$	

## C. MORTGAGES

	Interest Rate	Monthly Payment (including taxes)	Principal	Interest	Months Remaining	Mortgage Unpaid Balance
Your Residence	%	\$	\$	\$		\$
Other Home	%	\$	\$	\$		\$
Other Real Estate	%	\$	\$	\$		\$

## D. REAL ESTATE

	Purchased Year Price	Ownership (jointly, etc.)	Improvements Capital Expenditures	Current Market Value (estimate)
Your Residence	\$			\$
Other Home	\$			\$
Other Real Estate	\$			\$

### E. SAVINGS (List each account separately, by ownership and amount)

Item	Institution	Jointly Held	Yourself	Spouse	Child
Savings Account		\$	\$	\$	\$
Savings Bonds (type)		\$	\$	\$	\$
Single Premium Deferred Annuity		\$	\$	\$	\$
IRA		\$	\$	\$	\$
401K / Annual Contribution		\$	\$	\$	\$
Company Match		\$	\$	\$	\$
Personal Profit Sharing Plan		\$	\$	\$	\$
How much are you saving on a monthly basis?		\$	\$	\$	\$

### F. INVESTMENTS

Number of Shares	Item	Name	Jointly Held	Current Market Values		
				Yourself	Spouse	Child
Stocks / Bonds			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Mutual Funds			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

### G. OTHER ASSETS (Auto, Boats, Etc.)

Name	Item	Jointly Held	Current Market Values		
			Yourself	Spouse	Child
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

### H. DEBTS (Includes personal loans, college loans, home improvement loans, passbook loans, car loans, credit cards, store charges, checking credit lines, etc.)

Type of Loan	Monthly Payment	Months Remaining	Loans Unpaid Balance	Insured Yes / No
Bank Cards (Visa, Mastercard, Discover, American Express, Other)				
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
Store Charges (Sears, JCPenney, Other)				
	\$		\$	
	\$		\$	
	\$		\$	
Other				
	\$		\$	
Bank Loans (other than mortgage, e.g., auto, home improvement, home equity, education, etc.)				
	\$		\$	
	\$		\$	
	\$		\$	

**I. INSURANCE** (Includes car, homeowners or renters policies, life insurance policies for all members of your family, disability, hospitalization & major medical, and other insurance policies.)

Name of Company	Family Member Insured	Premium Amount	Cash Value	Policy Loans	Amount of Coverage
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Additional Comments: *(Other factors that could be important to your financial position.)*

Please bring to your first meeting:

- Paycheck Stubs
- Company Benefit Booklet
- Company Benefit Statement or Summary
- Statements on all Investments / Securities, plus accompanying prospectus
- Wills & Trust Documents
- Bank Statements
- Tax Return – most recent
- Insurance Policies
  - Medical       Car       Home       Other \_\_\_\_\_
  - Life       Umbrella       Disability Income       Other \_\_\_\_\_

**DOCUMENT RECEIPT:**

*I have received the above checked documents for review and they will be kept confidential in a place of safe keeping.*

Planner Signature: James R. Graziosi Date Received \_\_\_\_\_  
 Representing: COMPRENSIVE FINANCIAL GROUP INC.