

CLIENT DATA QUESTIONNAIRE

GENERAL INFORMATION

Full Legal Name: _____ Spouse Full Legal Name: _____
 Date of Birth: _____ Date of Birth: _____
 Social Security Number: _____ Social Security Number: _____
 Cell Phone Number: _____ Cell Phone Number: _____
 Email Address: _____ Email Address: _____
 Home Address: _____
 Children: _____ Date of Birth: _____
 Children: _____ Date of Birth: _____
 Children: _____ Date of Birth: _____

PROFESSIONAL ADVISORS

| Name | Company | Phone Number |
|-----------------|---------|--------------|
| CPA: _____ | _____ | _____ |
| Attorney: _____ | _____ | _____ |
| Attorney: _____ | _____ | _____ |

EMPLOYMENT

Self

Spouse

| | |
|-------------------------------------|----------|
| Employer: _____ | _____ |
| Position: _____ | _____ |
| Salary/bonus: \$ _____ | \$ _____ |
| Length of service: _____ | _____ |
| Employer address: _____ | _____ |
| Are you a Business Owner? _____ | _____ |
| Length of Business Ownership: _____ | _____ |
| Share of Business Ownership: _____ | _____ |

FINANCIAL GOALS

Please identify your top five planning concerns.

- | | |
|---|--|
| <input type="checkbox"/> Protecting family in the event of death | <input type="checkbox"/> Tax planning |
| <input type="checkbox"/> Protecting family in the event of disability | <input type="checkbox"/> Estate planning (wills, trusts, etc.) |
| <input type="checkbox"/> Protecting family in the event of a long-term care event | <input type="checkbox"/> College planning |
| <input type="checkbox"/> Building an emergency fund | <input type="checkbox"/> Purchase a new or second home |
| <input type="checkbox"/> Retirement security | <input type="checkbox"/> Charitable planning |
| <input type="checkbox"/> Investment plan | <input type="checkbox"/> Other |

| Goals | Annual Cost (today's dollars) | Beginning in Year | Number of years expected |
|----------------------|--------------------------------------|--------------------------|---------------------------------|
| Retirement: | \$ _____ | _____ | _____ |
| College (per child): | \$ _____ | _____ | _____ |
| Travel: | \$ _____ | _____ | _____ |
| Wedding (per child): | \$ _____ | _____ | _____ |
| New Home: | \$ _____ | _____ | _____ |
| Long-term Care: | \$ _____ | _____ | _____ |
| Other: | \$ _____ | _____ | _____ |
| Other: | \$ _____ | _____ | _____ |

RESOURCES

If available, please provide statements for the following:

Additional Income:

| Type | Amount | Duration |
|-------------|---------------|-----------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

Retirement Income:

| Income | Beginning in Year | Joint/Survivor Option |
|----------------------------------|--------------------------|-----------------------------------|
| Social Security (Gross) \$ _____ | _____ | |
| Social Security (Gross) \$ _____ | _____ | |
| Pension (Gross) \$ _____ | _____ | Survivor 100% ___ 75% ___ 50% ___ |
| Pension (Gross) \$ _____ | _____ | Survivor 100% ___ 75% ___ 50% ___ |

| Other Assets: | Current Value | Future Sale | Year of Sale | Expected \$ Amount |
|----------------------|----------------------|--------------------|---------------------|---------------------------|
| Home | \$ _____ | Yes / No | _____ | \$ _____ |
| Second Home | \$ _____ | Yes / No | _____ | \$ _____ |
| Business | \$ _____ | Yes / No | _____ | \$ _____ |

RESOURCES (CONT.)

If available, please provide statements for the following:

| Liabilities: | Original Loan Amount | Current Value | Origination Date | Term | Monthly Payment | Interest Rate |
|---------------------|-----------------------------|----------------------|-------------------------|-------------|------------------------|----------------------|
| Mortgage - Home | \$ _____ | \$ _____ | _____ | _____ | \$ _____ | _____ % |
| Mortgage - Second | \$ _____ | \$ _____ | _____ | _____ | \$ _____ | _____ % |
| Home Equity Line | \$ _____ | \$ _____ | _____ | _____ | \$ _____ | _____ % |
| Business Loan | \$ _____ | \$ _____ | _____ | _____ | \$ _____ | _____ % |
| Other Debt | \$ _____ | \$ _____ | _____ | _____ | \$ _____ | _____ % |

ASSETS

| Insurance Policies: | Death/Daily Benefit | Insured | Cash Value | Term | Annual Premium |
|----------------------------|----------------------------|----------------|-------------------|-------------|-----------------------|
| Life Insurance | \$ _____ | _____ | \$ _____ | _____ | \$ _____ |
| Life Insurance | \$ _____ | _____ | \$ _____ | _____ | \$ _____ |
| Long-Term Care | \$ _____ | _____ | \$ _____ | _____ | \$ _____ |
| Long-Term Care | \$ _____ | _____ | \$ _____ | _____ | \$ _____ |
| Disability Policy | \$ _____ | _____ | \$ _____ | _____ | \$ _____ |
| Disability Policy | \$ _____ | _____ | \$ _____ | _____ | \$ _____ |

Investment Assets:

| Self: | | | Spouse: | |
|----------------|-------------------------|--------------------------|----------------|-------------------------|
| Balance | Annual Additions | | Balance | Annual Additions |
| \$ _____ | \$ _____ | Checking | \$ _____ | \$ _____ |
| \$ _____ | \$ _____ | Savings | \$ _____ | \$ _____ |
| \$ _____ | \$ _____ | Trust Account | \$ _____ | \$ _____ |
| \$ _____ | \$ _____ | Joint Investment Account | \$ _____ | \$ _____ |
| \$ _____ | \$ _____ | IRA | \$ _____ | \$ _____ |
| \$ _____ | \$ _____ | Roth IRA | \$ _____ | \$ _____ |
| \$ _____ | \$ _____ | 529 Plan | \$ _____ | \$ _____ |
| \$ _____ | \$ _____ | Other _____ | \$ _____ | \$ _____ |

Employer Benefits

| | | | | |
|----------|----------|-----------------------|----------|----------|
| \$ _____ | \$ _____ | 401(k), 403(b), etc. | \$ _____ | \$ _____ |
| % _____ | | Employer Match | _____ % | |
| \$ _____ | \$ _____ | Stock Options | \$ _____ | \$ _____ |
| \$ _____ | \$ _____ | Restricted Stock | \$ _____ | \$ _____ |
| \$ _____ | \$ _____ | Profit-sharing | \$ _____ | \$ _____ |
| \$ _____ | \$ _____ | ESOP | \$ _____ | \$ _____ |
| \$ _____ | \$ _____ | Deferred Compensation | \$ _____ | \$ _____ |
| \$ _____ | | Previous 401(k) Plan | \$ _____ | |
| \$ _____ | | Previous 401(k) Plan | \$ _____ | |

ESTATE PLANNING

Do you have a written estate plan? Yes / No

Do you have an annual gifting plan? Yes / No

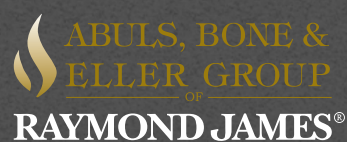
Do you have trusts or foundations in your estate plan? Yes / No

Check this box if you would like a detailed budget spreadsheet.

Are you expecting a future inheritance? Yes / No

If so, when? _____ What's the approximate dollar amount? \$ _____

Any other items we should consider in your planning? Health issues, dependent children, dependent parents, etc.



550 W. WASHINGTON BLVD., 10TH FLOOR | CHICAGO, IL 60661
P: 800.543.5304 | F: 312.869.3838 | ABEPCS.COM