

Questionnaire Update Client: _____ Date: _____

Planning and Record keeping

Have you established short and long term goals? Yes No
Please describe: _____

Are savings objectives met according to budget? Yes No
If No, please indicate any areas needing attention: _____

Insurance

Do you have sufficient Life Insurance? Yes No Amt _____ Term _____
Does spouse have sufficient Life Insurance? Yes No Amt _____ Term _____

Do working members have non-cancelable disability insurance? Yes No
If yes, describe coverage _____

Do you have Long-Term Care Insurance? Yes No
If yes, describe coverage _____

Savings and Investment

Do you save regularly? Yes No
Do you have at least a 3-month emergency fund? Yes No
Do you periodically review overall portfolio? Yes No
Do your children have savings/education accounts? Yes No Type _____

Retirement Planning

Do you make IRA payments each year? Yes No
Does spouse make IRA payments each year? Yes No
Do you have a Keogh or a SEP? Yes No N/A
Does employer offer savings/retirement plan? Yes No
What is your projected retirement age? Husband ____ Wife ____
Is estimated retirement income sufficient? Yes No Not sure
Please provide details _____

Estate Planning

Do you have a will? Dated? Yes No Date _____
Do you have a durable power of attorney? Yes No Date _____
Do you have a living will? Yes No Date _____

General Comments

