

CLIENT QUESTIONNAIRE

Today's Date: _____

Type of Case: _____

1. CLIENT 1

CLIENT 2

First Name: _____ M.I. _____

Last Name: _____

Other Names Used: _____

Date of Birth: _____

Gender: _____

Preferred Pronoun: _____
(i.e. he/him, she/her, they/them)

Social Security No. _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____

Home E-Mail: _____

Please let us know your preferred method of contact: _____

Health Status: _____

United States citizen? YES ___ NO ___

Are you a United States Veteran? YES ___ NO ___

If married, date of marriage _____

First marriage? YES ___ NO ___

If no, first marriage terminated by: ___ Death ___ Divorce ___ Death ___ Divorce

2. HOW DID YOU HEAR ABOUT US?

___ Personal Referral ___ Professional Referral (i.e. attorney, accountant, financial advisor, etc.)

Please share who we have to thank for your referral _____

___ Other Please specify (i.e. Google, newspaper article, attorney presentation) _____

Family/Friends who may be interested in our newsletter? E-mail: _____

3. **EMPLOYMENT AND INCOME INFORMATION** – if retired, please list place of last employment

CLIENT 1

Working Retired

CLIENT 2

Working Retired

Occupation: _____

Employer: _____

Bus. Address: _____

Bus. Phone: _____

Bus. Fax: _____

Work E-Mail: _____

Employment Income
(if working): _____

Pension Income: _____

Soc. Sec. Retirement Benefits: _____

Other Income: _____
(i.e. Trust income, Disability, Rental income)

Are you receiving:

Supplemental Security Income (SSI)? YES ___ NO ___

YES ___ NO ___

Social Security Disability Insurance (SSDI)? YES ___ NO ___

YES ___ NO ___

Health Insurance Information:

4. **FAMILY INFORMATION**

a. **Children**

Name: _____

Birthdate: _____ Health: _____ Gender: _____

Preferred Pronoun: _____
(i.e. he/him, she/her, they/them)

Spouse: _____

Address: _____

Marital Status: _____

E-mail: _____

Phone Number(s): _____

Names and Ages of Children: _____

Occupation: _____

Child of: This marriage Prior marriage

Name: _____

Birthdate: _____ Health: _____ Gender: _____

Preferred Pronoun: _____
(i.e. he/him, she/her, they/them)

Spouse: _____

Address: _____

Marital Status: _____

E-mail: _____

Phone Number(s): _____

Names and Ages of Children: _____

Occupation: _____

Child of: This marriage Prior marriage

Name: _____

Birthdate: _____ Health: _____ Gender: _____

Preferred Pronoun: _____
(i.e. he/him, she/her, they/them)

Spouse: _____

Address: _____

Marital Status: _____

E-mail: _____

Phone Number(s): _____

Names and Ages of Children: _____

Occupation: _____

Child of: This marriage Prior marriage

Name: _____

Birthdate: _____ Health: _____ Gender: _____

Preferred Pronoun: _____
(i.e. he/him, she/her, they/them)

Spouse: _____

Address: _____

Marital Status: _____

E-mail: _____

Phone Number(s): _____

Names and Ages of Children: _____

Occupation: _____

Child of: This marriage Prior marriage

Name: _____

Birthdate: _____ Health: _____ Gender: _____

Preferred Pronoun: _____
(i.e. he/him, she/her, they/them)

Spouse: _____

Address: _____

Marital Status: _____

E-mail: _____

Phone Number(s): _____

Names and Ages of Children: _____

Occupation: _____

Child of: This marriage Prior marriage

Do you have a child who has died leaving children? YES: ____ NO: ____

Do any children or grandchildren above have special needs? YES: ____ NO: ____

Do any children or grandchildren above receive ____ Supplemental Security Income (SSI)
 ____ MassHealth ____ Social Security Disability Insurance (SSDI)

b. Partners/Significant Others/Parents/Siblings/Other Significant Relatives

Name: _____

Relationship: _____

Address: _____

5. OTHER ADVISORS

Do you have any of the following advisors?	Name/Phone	May SSB speak with and share information with this advisor?
Accountant	YES ____ NO ____ _____	YES ____ NO ____
Investment Advisor	YES ____ NO ____ _____	YES ____ NO ____
Insurance agent	YES ____ NO ____ _____	YES ____ NO ____
Business or other Attorney	YES ____ NO ____ _____	YES ____ NO ____

6. FINANCIAL INFORMATION

a. Real Estate (primary residence, vaca. home, timeshare, vacant land - give address and indicate value and ownership)

Are you receiving an exemption or abatement on your real estate taxes for your primary residence? YES ____ NO ____

Property Address	Client 1	Client 2	Joint
i) _____	\$ _____	\$ _____	\$ _____
Outstanding Mortgages/Lines of Credit	(\$ _____)	(\$ _____)	(\$ _____)
ii) _____	\$ _____	\$ _____	\$ _____
Outstanding Mortgages/Lines of Credit	(\$ _____)	(\$ _____)	(\$ _____)

b. Cash

i) Checking/Savings

1) Name(s) on Account _____
Institution Name _____
Account No. _____
Balance \$ _____
POD/TOD Beneficiary? Y / N If yes, who? _____

2) Name(s) on Account _____
Institution Name _____
Account No. _____
Balance \$ _____
POD/TOD Beneficiary? Y / N If yes, who? _____

3) Name(s) on Account _____
Institution Name _____
Account No. _____
Balance \$ _____
POD/TOD Beneficiary? Y / N If yes, who? _____

ii) CD's

1) Name(s) on Account _____
Institution Name _____
Account No. _____
Balance \$ _____
POD/TOD Beneficiary? Y / N If yes, who? _____

2) Name(s) on Account _____
Institution Name _____
Account No. _____
Balance \$ _____
POD/TOD Beneficiary? Y / N If yes, who? _____

3) Name(s) on Account _____
Institution Name _____
Account No. _____
Balance \$ _____
POD/TOD Beneficiary? Y / N If yes, who? _____

c. Investments (Non-retirement, see next page for IRA and 401k)

i) Mutual Funds/Investment Accounts

- 1) Name(s) on Account _____
Institution Name _____
Account No. _____
Balance \$ _____
POD/TOD Beneficiary? Y / N If yes, who? _____

- 2) Name(s) on Account _____
Institution Name _____
Account No. _____
Balance \$ _____
POD/TOD Beneficiary? Y / N If yes, who? _____

- 3) Name(s) on Account _____
Institution Name _____
Account No. _____
Balance \$ _____
POD/TOD Beneficiary? Y / N If yes, who? _____

ii) Stocks/Bonds

- 1) Name(s) on Account _____
Institution Name _____
Account No. _____
Value \$ _____
POD/TOD Beneficiary? Y / N If yes, who? _____

- 2) Name(s) on Account _____
Institution Name _____
Account No. _____
Value \$ _____
POD/TOD Beneficiary? Y / N If yes, who? _____

- 3) Name(s) on Account _____
Institution Name _____
Account No. _____
Value \$ _____
POD/TOD Beneficiary? Y / N If yes, who? _____

d. IRA Account(s)

i) Owner(s) _____
Institution Name _____
Account No. _____
Value \$ _____
Primary Beneficiary(ies) _____
Contingent Beneficiary(ies) _____

Inherited IRAs?
Yes [] No []

If so, what is the date of the
initial account owner's date of
death?

ii) Owner(s) _____
Institution Name _____
Account No. _____
Value \$ _____
Primary Beneficiary(ies) _____
Contingent Beneficiary(ies) _____

Inherited IRAs?
Yes [] No []

If so, what is the date of the
initial account owner's date of
death?

iii) Owner(s) _____
Institution Name _____
Account No. _____
Value \$ _____
Primary Beneficiary(ies) _____
Contingent Beneficiary(ies) _____

Inherited IRAs?
Yes [] No []

If so, what is the date of the
initial account owner's date of
death?

e. Pension/401K/Profit Sharing/403B

i) Owner(s) _____
Institution Name _____
Account No. _____
Value \$ _____
Primary Beneficiary(ies) _____
Contingent Beneficiary(ies) _____

ii) Owner(s) _____
Institution Name _____
Account No. _____
Value \$ _____
Primary Beneficiary(ies) _____
Contingent Beneficiary(ies) _____

iii) Owner(s) _____
Institution Name _____
Account No. _____
Value \$ _____
Primary Beneficiary(ies) _____
Contingent Beneficiary(ies) _____

iv) Owner(s) _____
Institution Name _____
Account No. _____
Value \$ _____
Primary Beneficiary(ies) _____
Contingent Beneficiary(ies) _____

f. Annuities

i) Owner(s) _____
Institution Name _____
Account No. _____
Value \$ _____ Qualified _____ Non-qualified _____
Primary Beneficiary(ies) _____
Contingent Beneficiary(ies) _____

ii) Owner(s) _____
Institution Name _____
Account No. _____
Value \$ _____ Qualified _____ Non-qualified _____
Primary Beneficiary(ies) _____
Contingent Beneficiary(ies) _____

iii) Owner(s) _____
Institution Name _____
Account No. _____
Value \$ _____ Qualified _____ Non-qualified _____
Primary Beneficiary(ies) _____
Contingent Beneficiary(ies) _____

g. UTMA/UGMA/529 accounts

- i) Owner(s) _____
Institution Name _____
Account No. _____
Value \$ _____
Primary Beneficiary _____
- ii) Owner(s) _____
Institution Name _____
Account No. _____
Value \$ _____
Primary Beneficiary _____
- iii) Owner(s) _____
Institution Name _____
Account No. _____
Value \$ _____
Primary Beneficiary _____

h. Tangible Personal Property (Automobiles, collections, jewelry, and other personal items of value)

- i) Description _____
Value\$ _____
- ii) Description _____
Value\$ _____
- iii) Description _____
Value\$ _____
- iv) Description _____
Value\$ _____
- v) Description _____
Value\$ _____

i. Other (specify)

- i) Held in the name of _____
Institution Name _____
Account No. _____
Value\$ _____

ii) Held in the name of _____
 Institution Name _____
 Account No. _____
 Value\$ _____

iii) Held in the name of _____
 Institution Name _____
 Account No. _____
 Value\$ _____

7. LIABILITIES

	Client 1	Client 2	Joint
a. Car Loan(s)	\$ _____	\$ _____	\$ _____
b. Credit Cards	\$ _____	\$ _____	\$ _____
c. Other	\$ _____	\$ _____	\$ _____

8. LIFE INSURANCE

a. Client 1:

	Policy (1)	Policy (2)	Policy (3)
Owner:	_____	_____	_____
Insured:	_____	_____	_____
Beneficiary:	_____	_____	_____
Contingent Bene:	_____	_____	_____
Death Benefit/ Face Value:	\$ _____	\$ _____	\$ _____
Cash Value:	\$ _____	\$ _____	\$ _____
Type:	_____ Term _____ Whole Life	_____ Term _____ Whole Life	_____ Term _____ Whole Life
Company:	_____	_____	_____
Policy No.:	_____	_____	_____

b. Client 2:

	Policy (1)	Policy (2)	Policy (3)
Owner:	_____	_____	_____
Insured:	_____	_____	_____
Beneficiary:	_____	_____	_____
Contingent Bene:	_____	_____	_____
Death Benefit/ Face Value:	\$ _____	\$ _____	\$ _____
Cash Value:	\$ _____	\$ _____	\$ _____
Type:	_____ Term _____ Whole Life	_____ Term _____ Whole Life	_____ Term _____ Whole Life
Company:	_____	_____	_____
Policy No.:	_____	_____	_____

9. BUSINESS INTERESTS

Name of Business: _____

Address: _____

Taxpayer ID No. _____

Date of Formation: _____

State of Formation: _____

Type of Business: _____ Sub-S Corp. _____ C Corp.
_____ Partnership _____ Sole Proprietorship
_____ Limited Liability Company (LLC)
_____ Limited Liability Partnership (LLP)

Description of Business: _____

Name of Business Owner(s):	Age	% Of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a Buy-Sell Agreement? YES _____ NO _____

Do you have life insurance funding this agreement? YES _____ NO _____

Names of Key Personnel:

1) _____ 3) _____

2) _____ 4) _____

Fiscal Period Ending? _____

Accountant's Name _____

Address: _____

Value of Business \$ _____

10. OTHER INFORMATION

a. Existing Legal Documents

Client 1

Client 2

Do you have a Will? YES ___ NO ___ YES ___ NO ___

Do you have a Health Care Proxy? YES ___ NO ___ YES ___ NO ___

Do you have a Living Will? YES ___ NO ___ YES ___ NO ___

Do you have a Revocable Trust? YES ___ NO ___ YES ___ NO ___

Do you have a Power of Attorney? YES ___ NO ___ YES ___ NO ___

Do you have any Realty Trusts? YES ___ NO ___ YES ___ NO ___

If married, do you have:
pre-marital agreement? YES ___ NO ___ YES ___ NO ___

post-nuptial agreement? YES ___ NO ___ YES ___ NO ___

If divorced/single, do you have:
divorce agreement? YES ___ NO ___ YES ___ NO ___

If yes, please provide a copy
continuing child support obligation? YES ___ NO ___ YES ___ NO ___

continuing alimony obligation? YES ___ NO ___ YES ___ NO ___

obligation to maintain life insurance? YES ___ NO ___ YES ___ NO ___

other obligations? YES ___ NO ___ YES ___ NO ___

b. Safe Deposit Box/Storage Facility

Do you have a safe deposit box? YES ___ NO ___ YES ___ NO ___

Location: _____

Persons with access to box: _____

Do you have a storage facility? YES ___ NO ___ YES ___ NO ___

Location: _____

Persons with access: _____

	<u>Client 1</u>	<u>Client 2</u>
c. <u>Gifts and Inheritances</u>		
Do you expect any significant gifts or inheritances in the future?	YES ___ NO ___	YES ___ NO ___
If yes, from whom and approximate size: _____		
Are you currently the beneficiary of a Trust created by someone else?	YES ___ NO ___	YES ___ NO ___
Do you make or intend to make gifts to any person?	YES ___ NO ___	YES ___ NO ___
Have you ever filed a gift tax return?	YES ___ NO ___	YES ___ NO ___
d. <u>Long Term Care Insurance</u>		
Do you have long term care insurance?	YES ___ NO ___	YES ___ NO ___
If yes, please provide us with a copy of your policy.		
e. <u>Pets</u>		
Do you have any pets?	YES ___ NO ___	YES ___ NO ___
How many pets do you have? What type of pets do you have? _____		
Do you want to provide for your pets in your estate plan?	YES ___ NO ___	YES ___ NO ___
f. <u>Frequent Flyer Miles/Points</u>		
Do you have frequent flyer miles or reward points?	YES ___ NO ___	YES ___ NO ___
If yes, what airline/company? _____		
g. <u>Digital Assets</u>		
Do you have:		
On-line business accounts including on-line revenue streams?	YES ___ NO ___	YES ___ NO ___
Domain Name Hosting and Web Hosting?	YES ___ NO ___	YES ___ NO ___
On-line File Sharing and File Storage Accounts?	YES ___ NO ___	YES ___ NO ___
Financial and E-Commerce Websites?	YES ___ NO ___	YES ___ NO ___
Social Media and Network Websites?	YES ___ NO ___	YES ___ NO ___
Email Accounts?	YES ___ NO ___	YES ___ NO ___
Computers and Other Digital Devices?	YES ___ NO ___	YES ___ NO ___
Bitcoin or other cryptocurrency	YES ___ NO ___	YES ___ NO ___
h. <u>Unique Assets (i.e. antique cars, wine collection, etc.)</u>		

i.	<u>Post-Death Instructions</u>	<u>Client 1</u>	<u>Client 2</u>
	Do you own a burial plot?	YES ___ NO ___	YES ___ NO ___
	Do you have specific burial/cremation/funeral instructions you would like to include in your estate plan?	YES ___ NO ___	YES ___ NO ___
j.	<u>Copyright/Trademark/Patents</u>	<u>Client 1</u>	<u>Client 2</u>
	Do you own or hold any copyrights, trademarks or patents?	YES ___ NO ___	YES ___ NO ___
	If yes, please provide details: _____		

k.	<u>Lawsuits/Judgements</u>	<u>Client 1</u>	<u>Client 2</u>
	Are you currently a party to a pending lawsuit?	YES ___ NO ___	YES ___ NO ___
	Do you anticipate being a party to a lawsuit in the near future?	YES ___ NO ___	YES ___ NO ___
	Is there an outstanding judgement against you?	YES ___ NO ___	YES ___ NO ___
	Do you have liability concerns?	YES ___ NO ___	YES ___ NO ___
	Do you anticipate filing for bankruptcy in the near future?	YES ___ NO ___	YES ___ NO ___

11. PLANNING GOALS

Please rate the following as to how important they are to you:

H=high concern

S=some concern

L=low concern

N/A=no concern or not applicable

Description of Concern or Goal	Level of Concern
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	
Provide for and protect spouse or significant other.	
Provide for and protect children.	
Provide for and protect grandchildren.	
Disinherit a family member.	
Provide for charities.	
Plan for the transfer of a family business.	
Avoid or reduce estate taxes.	
Avoid probate/reduce administration costs at death.	
Avoid Will contests or other disputes at death.	
Avoid involvement of the probate court in case of incapacity.	
Protect assets from lawsuits or creditors.	
Preserve your privacy in case of incapacity or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	
Plan for a child or grandchild with disabilities or special needs, such as medical or learning disabilities.	
Protect children's inheritance from the possibility of failed marriage, other creditors.	
Protect children's inheritance in the event of a surviving spouse's remarriage.	
Provide instructions for end of life care.	
Provide burial/cremation/funeral instructions.	
Plan to pay for long-term care costs and protect assets from having to be spent on care	
Other concerns or goals (please list below):	