NCH
WEALTH ADVISORS

QUESTIONS?
(866) 729-6425

TWO PAGE QUESTIONNAIRE

Please complete prior to your appointment. *Approximated amounts are acceptable.*

Date ____________________ *Please remember to provide copies of your last* ***two (2) years' tax returns.***

Please print clearly. *Thank you.*

Primary Full Name ____________________ *Nickname* ____________

Soc Sec # ______-______-______ Date of Birth ____/____/______ Retirement ________ US Citizen? YES

Work Phone (_____) ____________ Mobile Phone (_____) ____________ Home Phone (_____) ____________

Partner Full Name ____________________ *Nickname* ____________

Soc Sec # ______-______-______ Date of Birth ____/____/______ Retirement ________ US Citizen? YES

Work Phone (_____) ____________ Mobile Phone (_____) ____________ Home Phone (_____) ____________

Legal Address	Mail Box or Mail Stop
Street ____________________	____________________
____________________	____________________
City ____________ ST______ Zip________	City ____________ ST______ Zip________

Preferred Email ____________________ Fax (_____) ____________

Which of the following do you have?

☐Will ☐Living Trust ☐Life Ins ☐Health Ins ☐Disability Ins ☐Long-Term Care Ins ☐Tax Credits

☐Medicare Supplement ☐Limited Partnership ☐General Partnership ☐Promissory/Note Receivable

☐Family Business *(Please provide copies of past* ***two (2) years' tax returns*** *and recent financials.)*

NON-RETIREMENT ASSETS

Banks, Savings and Loans and/or Credit Unions

(Checking, Savings, Money Market and CD accounts)

	NAME OF INSTITUTION	ACCOUNT TYPE	MATURITY DATE	INTEREST RATE	APPROXIMATE BALANCE
1.					$
2.					$
3.					$
4.					$
5.					$
6.					$

Residence and Other Real Estate Owned

(Use another sheet if more entries are needed.)

	PROPERTY ADDRESS	ORIGINAL COST	APPROX VALUE	DEBT	NET CASH FLOW (If a rental.)
1.		$	$	$	$
2.		$	$	$	$

Investment Assets *(Non-Retirement)*

(Please provide copies of your most current statements.)

	MUTUAL FUND / BROKERAGE FIRM / INVESTMENT COMPANY	NAME ON ACCOUNT	APPROXIMATE MARKET VALUE
1.			$
2.			$
3.			$
4.			$
5.			$
6.			$

RETIREMENT ASSETS

IRA and Other Retirement Accounts

(401K, IRA, Roth IRA, SEP, TSA, Annuity, etc.)

(Please provide copies of your most current reports or statements.)

	ACCOUNT TYPE	NAME ON ACCOUNT	WHERE HELD (i.e. Name of Bank, Broker, Employer, etc)	APPROXIMATE MARKET VALUE
1.				$
2.				$
3.				$
4.				$
5.				$
6.				$

OTHER FINANCIAL INFORMATION

Other Investments Held

(Please provide copies of your most current reports or statements.)

	ACCOUNT TYPE (Mutual Fund, Brokerage)	NAME ON ACCOUNT	WHERE HELD (Name of Bank, Broker, Employer, etc)	APPROXIMATE MARKET VALUE
1.				$
2.				$
3.				$
4.				$
5.				$
6.				$

Life Insurance

(Please bring in policies and most recent statements.)

	COMPANY	NAME OF INSURED	TYPE OF INSURANCE (Whole Life, Term)	APPROX DEATH BENEFIT	LOANS AGAINST?
1.				$	$
2.				$	$
3.				$	$

Other Liabilities / Expenses

AUTOMOBILE LOANS	$	OTHER	$	APPROXIMATE ANNUAL
PERSONAL LOANS	$		$	EXPENSES
CHARGE ACCOUNTS	$		$	$

Financial Goals Summary

(Please check those goals that are important for you to achieve.)

- A ☐ Plan for my financial security in retirement
- B ☐ Professional management of my investment portfolio
- C ☐ Professional help analyzing and managing my employer's retirement benefits programs
- D ☐ Plan for my children's education
- E ☐ Analyze my insurance needs and costs
- F ☐ Analyze my tax return and reduce my tax liability
- G ☐ Analyze my income stream for potential increases
- H ☐ Mitigate taxes and increase my income on highly appreciated assets
- I ☐ Analyze my estate plan
- J ☐ Other: ______

- Which **three** listed above are most important to you at this time? 1. _____ 2. _____ 3. _____ *(Please list in order of importance)*
- If you were to accomplish the above, what would it mean to you personally?

______

- What changes do you see happening in your future that cause you concern?

______

When Completed Please Fax To: (714) 459-7020

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