

Asset Questionnaire

Internal Use Only

Date/Time Consult: _____ Consultant: _____ H.N.W. Dept:

BASIC INFORMATION

Date & Location:

Client Name: Age:

Spouse Name: Age:

Phone Number: *Home:* *Mobile:*

Fax Number: Email:

Address:

FAMILY INFORMATION

Marital Status: *Single* *Married* *Widowed* *Divorced*

Children:
(include names
and ages)

<input type="text"/>	<input type="text"/>
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If you, your spouse, or children are non-U.S. citizens, please list below:

EMPLOYMENT INFORMATION

Occupation & Wage: (For Client, indicate source as W-2 or 1099.)

Other Income Sources: (List source and annual amount.)

Occupation & Wage: (For Spouse, indicate source as W-2 or 1099.)

Are you self-employed? Yes No

Is your spouse self-employed? Yes No

RETIREMENT PLAN INFORMATION

Types of Plans and Amounts in Each Plan:

<i>Client:</i>	<i>Spouse:</i>
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REAL ESTATE INFORMATION

Primary Residence:	Value \$	Equity \$	State
2nd Residence:	Value \$	Equity \$	State

INVESTMENT REAL ESTATE

Property	State	Value \$	Equity \$	% Owned	Flip/ Hold	SFR/ Multi	Ownership

Definitions:

FLIP: Properties you are holding for less than 2 years, rehabs, new builds.
 HOLD: Investment property, land, other properties to be held longer than 2 years.
 SFR: Single family residences.
 MULTI: Duplexes and above.
 OWNERSHIP: How is it titled? — In an entity, co-tenants, joint tenancy, etc.

Do you have additional properties? Yes No

Please attach additional schedule of properties if answer is "yes."

LIQUID ASSETS (Do Not Include Retirement Accounts)

Checking Accounts:

Value \$

Savings Accounts:

Value \$

Brokerage Accounts:

Value \$

Other Liquid Assets: *(include asset value and description)*

PRIVATE BUSINESS INTERESTS

Business Description:

Form of Business:

State Where it is Filed:

List Additional Businesses: *(attach schedule if necessary)*

LIFE INSURANCE

Client:

Spouse:

ESTATE PLAN

Do you have a Will?:

If yes, when was it created?:

Do you have a Living Trust?:

If yes, when was it created?:

STRUCTURE DIAGRAM

