

Funding Questionnaire

(See page 6 for instructions.)



Anderson Business Advisors, PLLC

Total Business Solutions

CLIENT INFORMATION

1. Client Name:

2. Spouse Name (if applicable):

3. Home Address:

4. Contact Info:

LIVING TRUST INFORMATION

5. Name of Living Trust:

6. Date Trust Signed & Notarized:

7. Initial Trustee(s):

8. Successor Trustee(s):

NOTE: Please provide a copy of your notarized "Assignment of Personal Property" and "Certification of Trust" located in the tab titled "Privacy Affidavit."

PERSONAL CASH ACCOUNTS

9. Bank/Credit Union Accounts:

Bank/Credit Union Name: _____ Type of Account: _____
Address: _____ Account Number: _____
Account Owner: _____ Balance: \$ _____

Bank/Credit Union Name: _____ Type of Account: _____
Address: _____ Account Number: _____
Account Owner: _____ Balance: \$ _____

Bank/Credit Union Name: _____ Type of Account: _____
Address: _____ Account Number: _____
Account Owner: _____ Balance: \$ _____

Please attach additional sheet if necessary.

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SAFE DEPOSIT BOX(ES)

10. Please List Safe Deposit Box(es) Below: *Check here if not applicable.*

<i>Bank/Credit Union Name:</i> _____	<i>Box Number:</i> _____
<i>Address:</i> _____	<i>Owner:</i> _____

<i>Bank/Credit Union Name:</i> _____	<i>Box Number:</i> _____
<i>Address:</i> _____	<i>Owner:</i> _____

Please attach additional sheet if necessary.

PERSONAL INVESTMENT ACCOUNTS (other than retirement accounts)

11. Please List All Personal Investment Accounts Below: *Check here if not applicable.*

<i>Name of Brokerage or Investment Firm:</i> _____	<i>Account Number:</i> _____
<i>Address:</i> _____	<i>Balance: \$</i> _____
<i>Account Owner:</i> _____	

<i>Name of Brokerage or Investment Firm:</i> _____	<i>Account Number:</i> _____
<i>Address:</i> _____	<i>Balance: \$</i> _____
<i>Account Owner:</i> _____	

Please attach additional sheet if necessary.

RETIREMENT PLANS & ACCOUNTS

12. Please List All Retirement Plans & Accounts Below: *Check here if not applicable.*

<i>Type of Plan:</i> _____	<i>Death Beneficiary:</i> _____
<i>Employer or Institution:</i> _____	<i>Value: \$</i> _____
<i>Owner:</i> _____	

<i>Type of Plan:</i> _____	<i>Death Beneficiary:</i> _____
<i>Employer or Institution:</i> _____	<i>Value: \$</i> _____
<i>Owner:</i> _____	

<i>Type of Plan:</i> _____	<i>Death Beneficiary:</i> _____
<i>Employer or Institution:</i> _____	<i>Value: \$</i> _____
<i>Owner:</i> _____	

Please attach additional sheet if necessary.

LIFE INSURANCE POLICIES

13. Please List All Life Insurance Policies Below: *Check here if not applicable.*

<i>Company:</i> _____	<i>Beneficiary:</i> _____
<i>Type of Policy:</i> _____	<i>Whose Life is Insured?:</i> _____
<i>Owner:</i> _____	<i>Face Value: \$</i> _____

<i>Company:</i> _____	<i>Beneficiary:</i> _____
<i>Type of Policy:</i> _____	<i>Whose Life is Insured?:</i> _____
<i>Owner:</i> _____	<i>Face Value: \$</i> _____

<i>Company:</i> _____	<i>Beneficiary:</i> _____
<i>Type of Policy:</i> _____	<i>Whose Life is Insured?:</i> _____
<i>Owner:</i> _____	<i>Face Value: \$</i> _____

<i>Company:</i> _____	<i>Beneficiary:</i> _____
<i>Type of Policy:</i> _____	<i>Whose Life is Insured?:</i> _____
<i>Owner:</i> _____	<i>Face Value: \$</i> _____

Please attach additional sheet if necessary.

ANNUITIES

14. Please List All Annuities Below: *Check here if not applicable.*

<i>Whose Life is Insured?:</i> _____	<i>Payments Only for Life?:</i> _____
<i>Company:</i> _____	<i>Death Beneficiary if Applicable:</i> _____
<i>Owner:</i> _____	_____

<i>Whose Life is Insured?:</i> _____	<i>Payments Only for Life?:</i> _____
<i>Company:</i> _____	<i>Death Beneficiary if Applicable:</i> _____
<i>Owner:</i> _____	_____

<i>Whose Life is Insured?:</i> _____	<i>Payments Only for Life?:</i> _____
<i>Company:</i> _____	<i>Death Beneficiary if Applicable:</i> _____
<i>Owner:</i> _____	_____

Please attach additional sheet if necessary.

CORPORATE, LLC OR LIMITED PARTNERSHIP INTERESTS

15. Please List All Corporate, LLC or LP Interests Below: *Check here if not applicable.*

Name of Entity: _____	Percent Owned: _____
Type: _____	Value: \$ _____
Owner: _____	

Name of Entity: _____	Percent Owned: _____
Type: _____	Value: \$ _____
Owner: _____	

Name of Entity: _____	Percent Owned: _____
Type: _____	Value: \$ _____
Owner: _____	

Please attach additional sheet if necessary.

SOLE PROPRIETORSHIP BUSINESS INTERESTS

16. Please List All Sole Proprietorship Business Interests Below: *Check here if not applicable.*

Name of Business: _____	Owner: _____
Description of Business: _____	Value: \$ _____

Name of Business: _____	Owner: _____
Description of Business: _____	Value: \$ _____

Please attach additional sheet if necessary.

UNEXERCISED EMPLOYEE STOCK OPTIONS

17. Please List All Unexercised Employee Stock Options Below: *Check here if not applicable.*

Company: _____	Type: _____
Grant Date: _____	Owner: _____
Number Granted: _____	Current Value: \$ _____
Vest Date: _____	

Company: _____	Type: _____
Grant Date: _____	Owner: _____
Number Granted: _____	Current Value: \$ _____
Vest Date: _____	

Please attach additional sheet if necessary.

REAL PROPERTY INTERESTS

18. Please List All Real Property Interests Below: *Check here if not applicable.*

<i>Address of Property:</i> _____	<i>Owner:</i> _____
<i>County:</i> _____	<i>Mortgage:</i> \$ _____
<i>Type:</i> _____	<i>Value:</i> \$ _____

<i>Address of Property:</i> _____	<i>Owner:</i> _____
<i>County:</i> _____	<i>Mortgage:</i> \$ _____
<i>Type:</i> _____	<i>Value:</i> \$ _____

<i>Address of Property:</i> _____	<i>Owner:</i> _____
<i>County:</i> _____	<i>Mortgage:</i> \$ _____
<i>Type:</i> _____	<i>Value:</i> \$ _____

<i>Address of Property:</i> _____	<i>Owner:</i> _____
<i>County:</i> _____	<i>Mortgage:</i> \$ _____
<i>Type:</i> _____	<i>Value:</i> \$ _____

<i>Address of Property:</i> _____	<i>Owner:</i> _____
<i>County:</i> _____	<i>Mortgage:</i> \$ _____
<i>Type:</i> _____	<i>Value:</i> \$ _____

Please attach additional sheet if necessary.

*****ATTACH A COPY OF YOUR MOST RECENT DEED AND TAX STATEMENT FOR EACH PROPERTY*****

**NOTE: This Questionnaire does not cover property transfers in the following states:
Hawaii, Louisiana, New York, South Carolina and Pennsylvania.**

CARS, BOATS & AIRPLANES

19. Please List All Cars, Boats and Airplanes Below: *Check here if not applicable.*

<i>Asset Description:</i> _____
<i>Owner:</i> _____
<i>Estimated Value:</i> \$ _____

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<i>Owner:</i> _____
<i>Estimated Value:</i> \$ _____

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<i>Owner:</i> _____
<i>Estimated Value:</i> \$ _____

<i>Asset Description:</i> _____
<i>Owner:</i> _____
<i>Estimated Value:</i> \$ _____

Please attach additional sheet if necessary.

OTHER ASSETS

20. Please Describe All Other Assets So That We Understand the Nature of Each: *Check here if not applicable.*

Asset Description: _____
Does it Have Title?: _____
Owner: _____
Estimated Value: \$ _____

Asset Description: _____
Does it Have Title?: _____
Owner: _____
Estimated Value: \$ _____

Asset Description: _____
Does it Have Title?: _____
Owner: _____
Estimated Value: \$ _____

Asset Description: _____
Does it Have Title?: _____
Owner: _____
Estimated Value: \$ _____

Please attach additional sheet if necessary.

INSTRUCTIONS

- Question 1: The name of the client who contracted with Anderson.
- Question 2: The name of your spouse (if applicable).
- Question 3: Your residential address.
- Question 4: Contact information in case we have questions.
- Question 5: Name designated for your living trust.
- Question 6: The date your living trust was signed and notarized.
- Question 7: The name(s) of the initial trustee(s) of the living trust.
- Question 8: The name(s) of the successor trustee(s) of the living trust.
- Question 9: Information regarding your personal cash accounts. For type of account please indicate whether the account is a checking, savings or money market account.
- Question 10: Information regarding your safe deposit box(es). If you do not have a safe deposit box please check "not applicable."
- Question 11: Information regarding your personal investment accounts. Please note that these are personal and not retirement accounts. If you do not have a personal investment account please check "not applicable."
- Question 12: Information regarding your retirement accounts. If you do not have a retirement account please check "not applicable." For the type of plan please indicate whether this is a Traditional IRA, Roth IRA, 401(k), 401(a), 403(b) or 457 Plan.
- Question 13: Information regarding your life insurance policies. If you do not have life insurance policies please check "not applicable." For the type of policy please indicate whether the policy is Term, Whole Life, Universal, or Variable.
- Question 14: Information regarding your annuities. If you do not have annuities please check "not applicable." Please indicate whether the payments terminate upon your death. If not, please list the annuity's beneficiary upon your death.
- Question 15: Information regarding your formal business interests. Please indicate whether the business is a corporation, limited liability company or limited partnership. If you do not have ownership in any formal business entities please check "not applicable."
- Question 16: Information regarding any sole proprietorship that you operate. If you do not have a sole proprietorship please check "not applicable."
- Question 17: Information regarding unexercised employee stock options. If you do not have unexercised stock options please check "not applicable."
- Question 18: Information regarding your interests in real property. If you do not hold an interest in real property please check "not applicable." Under "Type" of property please indicate whether the property is a residence or an investment property. Under "Mortgage" please indicate the current amount of the mortgage on the property.
It is essential that you attach a copy of your most recent recorded deed and tax statement for each property that you hold personally.
- Question 19: Information regarding any cars, boats or airplanes that you personally hold title to.
- Question 20: Please list if you have additional assets that are held in title, certificate or account form.