Middle America Planning
Confidential Questionnaire

Date of Completion: ____________________

CLIENT NAME (1):		**CLIENT NAME (2):**	
Home Address:		Home Address:	
City, State, Zip:		City, State, Zip:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
E-mail:		E-mail:	
Birthdate:		Birthdate:	
Citizenship:		Citizenship:	

Income Tax Filing Status:
Single   Married Filing Jointly   Married Filing Separately
Head of Household   Qualifying Widower

Contact me by (circle one)
E-mail or Phone

FAMILY MEMBERS (Please list children and other dependants.)

Name	Relationship	Date of Birth	Dependent	Resides? (City & State)
		/ /	**Y N**	
		/ /	**Y N**	
		/ /	**Y N**	
		/ /	**Y N**	

Client Employer (1):		**Client Employer (2):**	
Title/Job:		Title/Job:	
Number of years with this employer?		Number of years with employer?	
Anticipated employment changes?		Anticipated employment changes?	
At what age do you plan to retire?		At what age do you plan to retire?	
Salary:		Salary:	
Self Employment Income:		Self Employment Income:	
Bonus/Commissions:		Bonus/Commissions:	
Other Earned Income:		Other Earned Income:	
TOTAL (Current Yr) =		**TOTAL (Current Yr) =**	

Who prepares your tax return?

☐ Self
☐ Paid Preparer

Do you have estate planning documents? What State & Year?

Wills	Y N	____________
Living Will	Y N	____________
Durable POA	Y N	____________
Medical POA	Y N	____________

How were your current investments selected? ______________________________

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Generally speaking, please indicate your attitudes toward risk and investment experience.

	Client 1		Client 2
Attitudes toward risk:			
Aggressive			
Moderate/ Aggressive			
Moderate			
Conservative/ Moderate			
Conservative			
Investment Experience/ Knowledge:			
High			
Medium			
Low			

Rate your working relationships with each of the following advisors that apply:

Satisfaction Rating

Adviser	Dissatisfied		-		Very Satisfied	Not Applicable
Financial Planner	1 ___	2 ___	3 ___	4 ___	5 ___	X ___
Broker	1 ___	2 ___	3 ___	4 ___	5 ___	X ___
Accountant	1 ___	2 ___	3 ___	4 ___	5 ___	X ___
Tax Preparer	1 ___	2 ___	3 ___	4 ___	5 ___	X ___
Attorney	1 ___	2 ___	3 ___	4 ___	5 ___	X ___
Insurance Agent	1 ___	2 ___	3 ___	4 ___	5 ___	X ___

INSURANCE

	Client (1) Coverage/Cost	Group	Individual	Client (2) Coverage/Cost	Group	Individual
Life		☐	☐		☐	☐
Life		☐	☐		☐	☐
Life		☐	☐		☐	☐
Health		☐	☐		☐	☐
Disability		☐	☐		☐	☐
Long Term Care		☐	☐		☐	☐
Umbrella Liability		☐	☐		☐	☐
Professional Liability		☐	☐		☐	☐

Please note that we do not provide specific advice for homeowners or auto insurance. Please see a licensed agent to ensure that you are properly insured in those areas.

Have you ever been turned down for Insurance? ☐ Yes ☐ No

ASSETS

(If you have this information in a format of your own design please feel free to omit this section and attach necessary documentation.)

Bank Accounts

Bank Name	Checking [C], Savings [S], or Money [MM]	Ownership	Avg. Balance
			$
			$
			$

CD's

Where Held?	Interest Rate	Maturity Date	Ownership	Apx. Value
	%			**$**
	%			**$**
	%			**$**

Please list below any other investment assets not appearing on the list above or the statements provided. This includes retirement plans and IRA's. When appropriate, indicate your employer's matching formula:

PERSONAL PROPERTY

Item	Market Value
Primary Residence	$
Secondary Residence	$
Auto 1	$
Auto 2	$
Other major asset (please specify)	$

LIABILITIES

Debts (incl. home(s), autos, loans, etc.)	Term (yrs.)	Interest Rate	Payment	Current Balance	Original Balance
Home		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$

Credit Cards	Interest Rate*	Average Monthly Payment	Current Balance
	%	$	$
	%	$	$
	%	$	$
	%	$	$
	%	$	$

Have you received a copy of your credit report recently? ☐ **Yes** ☐ **No**

EARNING/ SPENDING

Current average monthly household take home pay	$
Current average monthly household expenses	$
Projected avg. monthly household expenses (in retirement – if applicable)	$

PENSIONS (IF APPLICABLE)

	Individual 1	Individual 2
Estimated monthly pension at retirement	$	$
Age pension benefits will begin	$	$
Will benefits increase with inflation? (yes / no)	$	$

What would you like to accomplish by working with a financial planner? (check all that apply)

________ Plan for education/ college funding.

________ Reduce/ eliminate debt.

________ Get control of spending.

________ Review investments.

________ Review life insurance needs/ coverage.

________ Review retirement savings.

________ Get basic estate planning advice.

________ Save for a specific goal – please specify ____. >

________ Get an overall evaluation of my financial picture.

________ Other – please specify ____. >

Please comment on the advice you seek.

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Please return this document by faxing, e-mailing or mailing it.

Fax: (412) 774-2116

E-mail: Bob@MiddleAmericaPlanning.com Or Kathryn@MiddleAmericaPlanning.com

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Thank you very much for taking the time to complete this information. We very much look forward to meeting you.

Bob & Kathryn