



— FINANCIAL SERVICES, INC. —

603 B Southwest Drive, Jonesboro, AR 72401

Name(s): \_\_\_\_\_

Telephone: \_\_\_\_\_

**Write the Date and Time  
of Your Free Consultation Here:**

\_\_\_\_\_

# Client Questionnaire

Based upon the confidential information you provide, we are confident you will benefit from this complimentary meeting. For maximum value, please bring the following items with you:

- Your spouse, if applicable.
- The completed client questionnaire. Please have it completed as much as possible so we can make your appointment as valuable as possible. We'll go over it at our meeting. Note: I realize that much of the information requested is personal and private. It will be treated as such. If you feel anything is unnecessary, just leave it blank, and if helpful, we can talk about it when we meet. Regardless, all information is treated as strictly confidential and private.
- All estate planning documents – wills, trusts, power of attorney, etc.
- Your most recent, detailed account statements on all investments, CDs, IRAs, mutual funds, annuities, life insurance policies, and retirement plans.
- Copies of all insurance policies, especially life insurance and long-term care.

To schedule an appointment, please call: 870-935-6681 or toll-free 800-955-0891

## Personal and Confidential

**NOTICE: Jack Sharp solely provides generic information to the general public and business-owners through presentations and workshops, newsletters on investments, tax and other financial subjects, and published reports on economic tax, and other topics. Jack does NOT provide any personal advice on specific investment, tax, estate or financial strategies at his public workshops or in newsletters. Personal advice and recommendations on specific financial strategies and/or products will only be given after a complete data gathering and assessment is completed. Jack provides Retirement and Estate Planning services primarily in the states of Arkansas, Missouri, Tennessee and Mississippi. Any information you provide Jack will be treated as private and confidential, and will be released only upon authorization by you. Thank you for allowing us to be of service to you.**

## General Information

Please provide information for each spouse, if applicable. Throughout the questionnaire, where different information is requested from each spouse, it will be helpful to understand each spouse's personal attitudes, risk tolerance level, and concerns independently. By taking just a moment to complete this questionnaire thoroughly, you will be helping us in our ability to help you and to make your consultation most valuable to you. We promise it will be worth your while. The better the diagnosis, the better the prescription.

Date completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Client 1

### Client 2

Name: \_\_\_\_\_

Your Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation, or former occupation: \_\_\_\_\_

Work Phones: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you use email periodically? If so, please complete the following for you and your spouse:

Email address: \_\_\_\_\_

My health is (excellent, fair, poor): \_\_\_\_\_

Ages of parents at death, and cause:

Mother: \_\_\_\_\_, \_\_\_\_\_

Father: \_\_\_\_\_, \_\_\_\_\_

Names and birthdates of all children (if children of one spouse, please designate): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 1. Bank Accounts

**Bank (A):** \_\_\_\_\_

Checking Account: \$ \_\_\_\_\_  
Savings Account: \$ \_\_\_\_\_  
CD Account: \$ \_\_\_\_\_ (IRA or Non-Qualified?)  
CD Account: \$ \_\_\_\_\_ (IRA or Non-Qualified?)

**Bank (B):** \_\_\_\_\_

Checking Account: \$ \_\_\_\_\_  
Savings Account: \$ \_\_\_\_\_  
CD Account: \$ \_\_\_\_\_ (IRA or Non-Qual)  
CD Account: \$ \_\_\_\_\_ (IRA or Non-Qual)

**Bank (C):** \_\_\_\_\_

Checking Account: \$ \_\_\_\_\_  
Savings Account: \$ \_\_\_\_\_  
CD Account: \$ \_\_\_\_\_ (IRA or Non-Qual)  
CD Account: \$ \_\_\_\_\_ (IRA or Non-Qual)

### 2. Qualified Funds (IRA's, 401(k), 403(b), 457, Roth IRA)(s):

	CURRENT CUSTODIAN	AMOUNT
1.	_____	\$ _____ (his/hers)
2.	_____	\$ _____ (his/hers)
3.	_____	\$ _____ (his/hers)
4.	_____	\$ _____ (his/hers)
5.	_____	\$ _____ (his/hers)
6.	_____	\$ _____ (his/hers)

### 3. Non-Qualified Accounts (after tax savings and investments):

	Investment (brokerage, first deeds, bonds, etc.)	AMOUNT
1.	_____	\$ _____ (his/hers/joint)
2.	_____	\$ _____ (his/hers/joint)
3.	_____	\$ _____ (his/hers/joint)
4.	_____	\$ _____ (his/hers/joint)

5. \_\_\_\_\_ \$ \_\_\_\_\_ (his/hers/joint)  
 6. \_\_\_\_\_ \$ \_\_\_\_\_ (his/hers/joint)

**Please bring copies of all most recent brokerage account statements and mutual fund statements.**

**4. Annuities:**

1. Company: \_\_\_\_\_  
 Product Name: \_\_\_\_\_  
 Fixed or Variable: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_  
 How many years have you owned it? \_\_\_\_\_

2. Company: \_\_\_\_\_  
 Product Name: \_\_\_\_\_  
 Fixed or Variable: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_  
 How many years have you owned it? \_\_\_\_\_

**5. Real Estate:**

1. Market Value of Personal Residence: \$ \_\_\_\_\_  
 Amount of mortgage, if any: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

2. Rental or Investment Real Estate:

1. \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 2. \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 3. \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 4. \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 5. \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 6. \_\_\_\_\_ Value: \$ \_\_\_\_\_

Total net monthly income from all properties above, net of all expenses, taxes, etc.: \$ \_\_\_\_\_

**6. Current Sources of Monthly Income:**

- |                               |          |                                   |
|-------------------------------|----------|-----------------------------------|
| 1. Social Security, Client 1: | \$ _____ | If not, when will it begin? _____ |
| 2. Social Security, Client 2: | \$ _____ | If not, when will it begin? _____ |
| 3. Pension Income:            | _____    | Any \$ to survivor? _____         |
| 4. Pension Income:            | _____    | Any \$ to survivor? _____         |
| 5. Net Income from Rentals    | _____    |                                   |
| 6. Part-time work income?     | _____    |                                   |
| 7. Other: _____               | _____    | (Please describe) _____           |
| 8. Other: _____               | _____    | _____                             |

9. Total Income, all sources: \$ \_\_\_\_\_
10. Any future change in your income? \_\_\_\_\_ When? \_\_\_\_\_ How much? \_\_\_\_\_
11. Any anticipated inheritance? \_\_\_\_\_ When? \_\_\_\_\_ How much? \_\_\_\_\_

**7. Analysis of Your Emergency Cash Needs:**

\$ \_\_\_\_\_ (The total of all your monthly expenses, incl. mortgage, auto, utilities, insurance food, clothing, gifts, travel, entertainment, holidays, taxes, charity, etc.)

Multiply by 3 months

= \$ \_\_\_\_\_ (The total of all your expenses for three months.)

Multiply by 150% (This is “unknown factor”...to factor in unknown emergencies.)

= \$ \_\_\_\_\_

+ \$ \_\_\_\_\_ (The average cost of your vacation each year.)

+ \$ \_\_\_\_\_ (The average cost that you invest into your home annually.)

= \$ \_\_\_\_\_ This is your Recommended Emergency Cash Reserves. This is the sum that needs to be set aside from the Value of All Liquid Assets sum on line 10 above. It may be reduced if you rely on stable monthly income from a retirement plan, or, perhaps it should be increased if you are highly dependent on the stock market. It is important that this amount is adequate for you to “sleep well.” Is this amount adequate for you to “sleep well?” If not, please adjust accordingly.

**My Estate Plan and Legacy**

**8. Please check if you have the following:**

	<u>Client 1</u>	<u>Client 2</u>
1. Simple Wills (no trust or other documents)	_____	_____
2. Pour-Over Wills (in association with a trust)	_____	_____
3. Revocable Living Trust	_____	_____
If yes, are most all your assets owned by the trust?	_____	_____
If yes, who are the current trustees? _____		
4. Living Will, or Physicians Directive	_____	_____
5. Durable Power of Attorney (healthcare & financial)	_____	_____
6. Return to Residence Declaration.	_____	_____
7. Other (please describe): _____		

**Please bring your estate plan documents. You may want to do an analysis, and we may be able to provide some quick observations or recommendations, or answer questions.**