



Introductory Questionnaire

P.O. Box 195673
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Tel. 787-240-6281

Please complete by filling in your information below:

FAMILY INFORMATION

Name:	<input type="text"/>	Name:	<input type="text"/>
Date of Birth:	<input type="text"/>	Date of Birth:	<input type="text"/>
How many children do you have?	<input type="text"/>	Age(s) of children:	<input type="text"/>
Parents:	<input type="text"/>	Spouse Parents:	<input type="text"/>
Do they have special needs?	<input type="checkbox"/> Yes	Do they have special needs?	<input type="checkbox"/> Yes
Are they in good health?	<input type="checkbox"/> Yes	Are they in good health?	<input type="checkbox"/> Yes
Are they financially dependent?	<input type="checkbox"/> Yes	Are they financially dependent?	<input type="checkbox"/> Yes

INCOME AND ANNUAL SAVINGS

Salary:	<input type="text"/>	Spouse Salary:	<input type="text"/>
Other Income:	<input type="text"/>	Spouse Other Income:	<input type="text"/>
Savings (Qualified):	<input type="text"/>	Savings (Qualified):	<input type="text"/>
Savings (Non-Qualified):	<input type="text"/>	Savings (Non-Qualified):	<input type="text"/>

ASSETS

	JOINT:	CLIENT:	SPOUSE:
Real Estate/Property:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Retirement Investments:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Personal Investments:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other Investments:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Business Interests:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SHORT TERM (36 mo.) CASH NEEDS

Weddings:	\$	<input type="text"/>
Purchase or Property:	\$	<input type="text"/>
Education:	\$	<input type="text"/>
Misc:	\$	<input type="text"/>

LIABILITIES

	JOINT:	CLIENT:	SPOUSE:
Total Mortgage Debt:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total Credit Card Debt:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
All Other Debt:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

LIFE INSURANCE**ON CLIENT LIFE:**Death Benefit \$ **ON SPOUSE LIFE:**Death Benefit \$ **PRIORITIZE YOUR GOALS****CLIENT** – Rank your top 6 goals from 1-6

<input type="checkbox"/> Planning for Retirement	<input type="checkbox"/> Creating Retirement Income
<input type="checkbox"/> Saving for College	<input type="checkbox"/> Saving for Major Purchase
<input type="checkbox"/> Managing a Budget	<input type="checkbox"/> Maximizing Investments
<input type="checkbox"/> Minimize Taxes	<input type="checkbox"/> Insuring Your Life
<input type="checkbox"/> Insuring Your Income	<input type="checkbox"/> Insuring Your Assets
<input type="checkbox"/> Providing a Legacy	<input type="checkbox"/> Caring for Parents
<input type="checkbox"/> Contributing to Charity	<input type="checkbox"/> Planning for a Business

SPOUSE – Rank your top 6 goals from 1-6

<input type="checkbox"/> Planning for Retirement	<input type="checkbox"/> Creating Retirement Income
<input type="checkbox"/> Saving for College	<input type="checkbox"/> Saving for Major Purchase
<input type="checkbox"/> Managing a Budget	<input type="checkbox"/> Maximizing Investments
<input type="checkbox"/> Minimize Taxes	<input type="checkbox"/> Insuring Your Life

PRIORITIZE YOUR GOALS

Insuring Your Income

Insuring Your Assets

Providing a Legacy

Caring for Parents

Contributing to Charity

Planning for a Business

RETIREMENT ASSUMPTIONS

MISC. ASSUMPTIONS

Current Living Expenses:

Retirement Living Expenses:

Desired age of Retirement (Client):

Year:

Desired age of Retirement (Spouse):

Amount:

Are you expecting any large lump sum payment in the future? (E.g. Sale of business, inheritance, etc.)

ADDITIONAL REMARKS

Is there any information you would like us to know which was not covered in this questionnaire?