

CONFIDENTIAL
QUESTIONNAIRE
for

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The purpose of this form is to help you in gathering the basic information about your current financial situation which we will need in order to make the best use of our time together. Without knowing everything one is doing financially, it is next to impossible to discuss options available because what may be right in one set of circumstances may be harmful in another. Please bring this questionnaire along with the documents listed on the back of this form to our next interview. **All information provided will be strictly confidential.**

A. FAMILY STATUS				
	Date of Birth	Birth Place	Social Security Number	
Your Full Name				
Spouse (Full Name)				
Child				
Child				
Parent (Mother)				
Parent (Father)				
Spouse's Parent (Mother)				
Spouse's Parent (Father)				
Your Residence	Street Number	City	State	Zip
Home Telephone	Emergency Telephone	Name Place	Social Security Number	
Cell Phone	Email Address			

B. OCCUPATION / INCOME				
Yours (Title)	Employer			
Employer Address	City	State	Telephone	
Length of Service (years)	Current Base Salary	Bonus		
	\$	\$		
Spouse (Title)	Employer			
Employer Address	City	State	Telephone	
Length of Service (years)	Current Base Salary	Bonus		
	\$	\$		

C. MORTGAGES						
	Interest Rate	Monthly Payment (including taxes)	Principal	Interest	Months Remaining	Mortgage Unpaid Balance
Your Residence #C1	%	\$	\$	\$		\$
Your Residence #C2	%	\$	\$	\$		\$
Your Residence #C3	%	\$	\$	\$		\$
Your Residence Home Equity Line of Credit	%	\$	\$	\$		\$

D. REAL ESTATE				
	Purchased	Ownership (jointly, etc.)	Improvements Capital Expenditures	Current Market Value (estimate)
Your Residence	\$			\$
Other Home	\$			\$
Other Real Estate	\$			\$

E. SAVINGS (List each account separately, by ownership and amount)

Item	Institution	Jointly Held	Yourself	Spouse	Child
Savings Account		\$	\$	\$	\$
Savings Bond (type)		\$	\$	\$	\$
Single Premium Deferred Annuity		\$	\$	\$	\$
IRA		\$	\$	\$	\$
401K / Annual Contribution / Company Match		\$	\$	\$	\$
Personal Profit Sharing Plan		\$	\$	\$	\$
Checking Account(s)					

F. INVESTMENTS

Number of Shares	Item Name	Jointly Held	Yourself	Current Market Value Spouse	Child
Stocks / Bonds		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Mutual Funds		\$	\$	\$	\$
529 Plans		\$	\$	\$	\$
		\$	\$	\$	\$

G. OTHER ASSETS (Art, Collectibles, Etc.)

Name	Item	Jointly Held	Yourself	Current Market Value Spouse	Child
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

H. INSURANCE (Includes car, homeowners or renters policies, life insurance policies for all members of your family, disability, hospitalization & major medical, and other insurance policies)

Name of Company	Family Member Insured	Premium Amount	Cash Value	Policy Loans	Amount of Coverage
Auto #1		\$	\$	\$	\$
Auto #2		\$	\$	\$	\$
Auto #3		\$	\$	\$	\$
Home Owners #C1		\$	\$	\$	\$
Other		\$	\$	\$	\$
Name of Insured	Type of Coverage(term / permanent)	\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

I. DEBTS (Includes personal loans, college loans, home improvement loans, passbook loans, car loans, credit cards, store charges, checking credit lines, etc.)

Type of Loan	Monthly Payment	Interest Rate	Months Remaining	Loans Unpaid Balance	Insured Yes/No
Bank Cards (Visa, MasterCard, Discover, American Express, Other)	\$	%		\$	
	\$	%		\$	
	\$	%		\$	
	\$	%		\$	
	\$	%		\$	
Store Charges (Sears, JCPenny, Home Depot, Other)	\$	%		\$	
	\$	%		\$	
	\$	%		\$	
	\$	%		\$	
	\$	%		\$	
Bank Loans (other than mortgage, e.g., auto, education, etc.)	\$	%		\$	
	\$	%		\$	
	\$	%		\$	
	\$	%		\$	
Other	\$	%		\$	
	\$	%		\$	

Additional Comments: *(Other factors that could be important to your financial position.)*

Please bring to our next meeting:

- Paycheck Stubs
- Company Benefit Booklet
- Wills & Trust Documents
- Statements on all Investments / Securities, plus accompanying prospectus (most recent)
- Insurance Policies
 - Medical
 - Life
 - Car
 - Umbrella
 - Home
 - Disability Income
 - Other _____
 - Other _____
- Bank Statements (last 3 months)
- Tax Returns (last 3 years)
- Social Security Statement

DOCUMENT RECEIPT

I have received the above checked documents for review and they will be kept confidential in a place of safe keeping.

Planner Signature: _____ Date Received: _____
 Representing: _____