

**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: _____