



MAPSTONE | VERITAS

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COMPREHENSIVE WEALTH MANAGEMENT

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# FINANCIAL QUESTIONNAIRE

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EOE M/F/D/V

AGE – 96810(08/14)(exp.08/16)

**Client Information Sheet** Date: \_\_\_\_\_ Advisors: \_\_\_\_\_

Name:		Name:		
DOB:		DOB:		
<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Partner <input type="radio"/> Divorced <input type="radio"/> Widowed		Citizenship: USA / Other (specify):		
Home E-mail:		Home E-mail:		
Home Address:		Alternative Address:		
Home Phone:		Alternative Phone:		
Cell Phone:		Cell Phone:		
Employer:	Years:	Employer:	Years:	
Position:		Position:		
Address:		Address:		
Work Phone:		Work Phone:		
Work Fax:		Work Fax:		
Work Email:		Work Email:		
Prior Employer:	Years:	Prior Employer:	Years:	
Contacting Preference:		Referred By:		
Will: Y N Dated:		Attorney:		
Date of Durable Power of Attorney:		Accountant:		
Health Care Proxy: Y N Dated:		Other Advisor:		
Children:	DOB:	Spouse:	Children:	Other info:
Please include any information you would like for us to have including concerns or recent changes:				

**Planning Objectives**

What is most important to you today? \_\_\_\_\_

What are your near term financial and investment objectives? \_\_\_\_\_

What are your long term objectives? \_\_\_\_\_

What are your plans, if any, for having additional children? \_\_\_\_\_

If your parents are living, do you expect to become financially responsible for them at some point? \_\_\_\_\_

Other family considerations \_\_\_\_\_

Have you been previously married? \_\_\_\_\_

Do you have any obligations to a former spouse? \_\_\_\_\_

**Education Planning**

How do you feel about saving for your children's (grandchildren's) education? \_\_\_\_\_

Do you have any long term financial obligations for supporting dependents or children? \_\_\_\_\_

How much of the college cost would you like to cover (in today's dollars) \$ \_\_\_\_\_

Child	Balance	Additions	College	# of Yrs	Funding Goal (\$ / %)

**Income Information**

**Client 1**

**Client 2**

Base income:	\$ _____	\$ _____
Commissions:	\$ _____	\$ _____
Bonus:	\$ _____	\$ _____
Overtime:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Pension Income:	\$ _____	\$ _____
Other Income: _____	\$ _____	\$ _____
Other Income: _____	\$ _____	\$ _____

**Assets**

Non Qualified Assets	Owner	Total Value	Cost Basis	Purchase Date	Due Date	Rate of Return	Additions
		\$	\$			%	

*1. Savings/Checking; 2. Money Market; 3. CDs; 4. Savings Bonds; 5. Bonds; 6. NQ Annuities; 7. Education Funds (529s, ESAs); 8. Brokerage Accounts; 9. Mutual Funds; 10. Stocks; 11. Residence; 12. Other Real Estate (rental properties, land); 13. Stock Option, 14. HSAs*

Qualified Assets	Owner	Total Value	Purchase Date	Rate of Return	Additions	Employer Contributions
		\$		%		

*1. IRA; 2. Roth IRA; 3. Qualified Plan (401k, 403b, 457, SEP, SIMPLE, Owner's 401k,...)*

Have you lived in or acquired assets in any other states? \_\_\_\_\_  
 \_\_\_\_\_

Do you expect to receive any gifts or inheritances? \_\_\_\_\_  
 \_\_\_\_\_

What methods are you currently using to reduce taxes today and in the future? \_\_\_\_\_  
 \_\_\_\_\_

With whom do you consult before making important money decisions? \_\_\_\_\_  
 \_\_\_\_\_

What is the best investment you have ever made (if any?) \_\_\_\_\_  
 \_\_\_\_\_

What is the worst investment you have ever made (if any?) \_\_\_\_\_  
 \_\_\_\_\_

**Pension and Income Annuities**

Description	Type	Owner	Annual Benefit	Form of Benefit	Period Certain (# Yrs)	COLA %	Joint & Survivor %	Start Age	Basis
			\$			%	%		\$

**Liabilities**

Liability	Owner	Current Balance	Interest Rate	Payment Amount	Extra Payment ?	Payments per Year	Start Year	Original Duration	Balloon Payment
		\$	%	\$	\$				\$

1. Mortgage; 2. HELOC; 3. Car loan; 4. Education loan; 5. Credit card; 6. Personal loan; 7. Other

**Inflation Assumptions**

Cost of Living Adjustment:      Pre-Retirement: \_\_\_\_%      Post Retirement: \_\_\_\_%      Education: \_\_\_\_%

**Retirement Planning Information**

**Client 1**

**Client 2**

Retirement Age: \_\_\_\_\_

Death age: \_\_\_\_\_

Retirement Income Needs Beginning at Retirement:      \$ \_\_\_\_\_      Survivor \_\_\_\_\_%

Additional Income to Offset Retirement Need. (Part time work, such as consulting, during retirement for income generating purposes.)

Amount (in today's dollars):      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Start Age:      \_\_\_\_\_

Duration (Years):      \_\_\_\_\_

Describe the retirement lifestyle you want. \_\_\_\_\_  
\_\_\_\_\_

How much (\$ or %) of your retirement income do you want guaranteed? \_\_\_\_\_

Will you be moving or downsizing your home in retirement? \_\_\_\_\_  
\_\_\_\_\_

Are you taking any steps to make sure your savings and investments remain diversified and provide for some level of downside protection? \_\_\_\_\_  
\_\_\_\_\_

**Life Insurance Policies & Survivor Needs**

Company	Coverage Type	Issue Date	Insured	Owner	Beneficiary	Death Benefit	Cash Value	Premium
						\$	\$	\$

Group; Whole Life; Universal Life; Variable Life; YRT; Level Term

How did you arrive at the amount of life insurance you own? \_\_\_\_\_  
 \_\_\_\_\_

Annual Pre-tax Survivor's Income Needs at Death of:	<b>Client 1</b>	<b>Client 2</b>
Child Dependency (including child care expenses):	\$ _____	\$ _____
Pre-Retirement:	\$ _____	\$ _____
Retirement:	\$ _____	\$ _____
Rate for present valuation:	_____ %	_____ %
Survivor's Immediate Cash Needs / Final Expenses:	\$ _____	\$ _____

All debt obligations and mortgages are assumed to be paid off in survivorship. Additionally, it is assumed that education costs are funded at either death. Is this consistent with your goals? \_\_\_\_\_

Survivor's details:	<b>Client 2 Survives:</b>	<b>Client 1 Survives:</b>
Retirement Age:	_____	_____
Annual Wage (What income will survivor make?):	\$ _____	\$ _____

How long do you want your life insurance to remain in force? \_\_\_\_\_

Why? \_\_\_\_\_

Would you like to learn more about how permanent life insurance can provide you with tax advantaged cash value accumulation opportunities? \_\_\_\_\_

**Property & Casualty Insurance**

Who is your property & casualty insurance agent? \_\_\_\_\_ Company \_\_\_\_\_

Do you have a personal liability (umbrella) policy? \_\_\_\_\_

Have you recently done a review? \_\_\_\_\_

Notes \_\_\_\_\_  
 \_\_\_\_\_

**Disability Income**

Company	Coverage Type	Integrate w/ Soc. Sec. ?	Insured	Monthly Benefit	COLA	Elimination Period	Benefit Period	Benefit Taxable?	Premium
				\$	%				\$

In the event you are unable to work due to an accident or sickness, what amount of income would be required to run your household? \_\_\_\_\_

If disabled, how long would your savings and investments last? \_\_\_\_\_

How would disability affect your savings for your retirement? \_\_\_\_\_

**Long Term Care**

Company	Insured	Partnership Plan? Y/N	Daily Benefit	COLA		Elimination Period	Benefit Period	Premium
				Simple	Compound			
			\$	%	%			\$

Are you familiar with the cost of eldercare? \_\_\_\_\_

Have you thought about the potential impact of a nursing home stay on a spouse's finances? \_\_\_\_\_

Do you currently have, or have you in the past had, any family members in a nursing home or assisted living facility, or receive home health care? \_\_\_\_\_

What plans have you made to remain independent in retirement and avoid being a burden to your children? \_\_\_\_\_

Is protecting against the cost of long-term care important to you? \_\_\_\_\_

**Net Worth / Tax Bracket / Investment Experience / KYC**

Net Worth: \_\_\_\_\_ Investment Experience (# of years) Total: \_\_\_\_\_

Liquid Net Worth: \_\_\_\_\_ Stocks: \_\_\_\_\_ Bonds: \_\_\_\_\_ Mutual Funds: \_\_\_\_\_ Margin: \_\_\_\_\_

Federal Tax Bracket: \_\_\_\_\_ Annuities: \_\_\_\_\_ Partnerships: \_\_\_\_\_ Options: \_\_\_\_\_ Other: \_\_\_\_\_

Assets as % of Net Worth: Real Estate: \_\_\_\_\_% Mutual Funds: \_\_\_\_\_% Checking/Savings: \_\_\_\_\_% Annuities: \_\_\_\_\_%

Insurance: \_\_\_\_\_% Stocks: \_\_\_\_\_% Alternative Inv: \_\_\_\_\_% Bonds: \_\_\_\_\_% Other: \_\_\_\_\_% Specify: \_\_\_\_\_

**Review and Recap**

Of everything we have covered so far, what are the most important issues to you? \_\_\_\_\_  
\_\_\_\_\_

In the next five years, what has to happen for you to have financial success? \_\_\_\_\_  
\_\_\_\_\_

If I could show you ways toward reaching your goals and objectives you have stated are important to you, would there be any reason you would delay implementing my recommendations? \_\_\_\_\_  
\_\_\_\_\_

What are your investment return expectations? \_\_\_\_\_

How much of your portfolio are you willing to lose? \_\_\_\_\_

Who do you know who might be a good candidate to enter into our industry? \_\_\_\_\_  
\_\_\_\_\_

**Referrals**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

**Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tasks**

**Profiles Forecaster:** Y N  Cash Flow  Survivorship  College  Retirement  Disability  Long-Term Care

**Naviplan:** Y N  Asset Allocation  Survivorship  College  Retirement  Disability  Long-Term Care

**Other:** \_\_\_\_\_ **To be completed by:** \_\_\_\_\_

**Tier** \_\_\_\_\_ **Birthday Card** Y N **Holiday Card** Y N **Newsletter** Y N

**eRelationship** Y N **Review schedule** A SA Qtr Beginning \_\_\_\_\_ **CFP Disclosure** Y N

**Risk Tolerance Score:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Risk Tolerance Score:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Risk Tolerance Score:** \_\_\_\_\_ **Dated:** \_\_\_\_\_