



MAPSTONE | VERITAS

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COMPREHENSIVE WEALTH MANAGEMENT

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# FINANCIAL QUESTIONNAIRE

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**Date:** \_\_\_\_\_ **Advisors:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_

Name:		Name:		
DOB:                      Citizenship:		DOB:                      Citizenship:		
<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Partner <input type="radio"/> Divorced <input type="radio"/> Widowed		Home Phone:		
Home E-mail:		Home E-mail:		
Home Address:		Alternative Address:		
Cell Phone:		Cell Phone:		
Employer:                                      Years:		Employer:                                      Years:		
Position:		Position:		
Address:		Address:		
Work Phone:		Work Phone:		
Work Email:		Work Email:		
Prior Employer:                                      Years:		Prior Employer:                                      Years:		
Military Service:		Military Service:		
Contacting Preference:		Contacting Preference:		
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:

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

Have you been previously married? Y N If yes, do you have any obligations to or are receiving benefits from a former spouse? \_\_\_\_\_

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

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

Notes: \_\_\_\_\_

**Planning Objectives**

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

What are your near term and long term financial goals? \_\_\_\_\_

Notes: \_\_\_\_\_

**Education Planning**

Do you have any current child care or education expenses? \_\_\_\_\_

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: _____	\$ _____	\$ _____

Notes: \_\_\_\_\_

**Pension and Income Annuities**

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





**Life Insurance Policies & Survivor Needs**

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

*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:

**Client 1**

**Client 2**

Child Dependency (including child care expenses):

\$ / % \_\_\_\_\_

\$ / % \_\_\_\_\_

Pre-Retirement:

\$ / % \_\_\_\_\_

\$ / % \_\_\_\_\_

Retirement:

\$ / % \_\_\_\_\_

\$ / % \_\_\_\_\_

Survivor's Immediate Cash Needs / Final Expenses:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Have you set up any pre-paid final expenses? \_\_\_\_\_

Upon a pre-mature death of you or your spouse, would you want to fund your education goals? Y N

Survivor's details:

**Client 2 Survives:**

**Client 1 Survives:**

Retirement Age:

\_\_\_\_\_

\_\_\_\_\_

Death Age:

\_\_\_\_\_

\_\_\_\_\_

Annual Wage (What income will survivor make?):

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Upon pre-mature death of your spouse, would you want to move or downsize? \_\_\_\_\_

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

Smoker: Y N Type:	Frequency: Date of Last Use:	Smoker: Y N Type:	Frequency: Date of Last Use:
Height:	Weight:	Height:	Weight:

**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/ SS?	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 your income was to stop, 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			
			\$	%	%			\$

What is your eldercare plan? \_\_\_\_\_

Would you prefer to stay at home? \_\_\_\_\_

If you need care, who would you want to take care of you? \_\_\_\_\_

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

Have you ever had a family member in a nursing home or assisted living facility, or receive home health care? \_\_\_\_\_

Do you have a plan to pay for this care? \_\_\_\_\_

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

Notes \_\_\_\_\_

**Review and Recap**

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

**Referrals**

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

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

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

Occupation: \_\_\_\_\_

\_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Notes**

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**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: \_\_\_\_\_

**Tasks**

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

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

**Other items needed:** \_\_\_\_\_

**Assigned To:** \_\_\_\_\_ **To be completed by (date):** \_\_\_\_\_ **Tier:** \_\_\_\_\_

**Add to Salesforce:** Y N **eRelationship:** Y N **Review Schedule Beg.:** \_\_\_\_\_ **CFP Disclosure:** Y N

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

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