

Bayntree Family Questionnaire

Date: _____

Contact Information	Name: _____	Nickname: _____	Date of Birth: _____
	Cell Phone: _____	Email: _____	
	Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired From: _____	Retirement Date: _____
	Employer: _____	Job Title: _____	
	Spouse Name: _____	Nickname: _____	Date of Birth: _____
	Cell Phone: _____	Email: _____	
	Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired From: _____	Retirement Date: _____
	Employer: _____	Job Title: _____	
	Address: _____		City, State, Zip: _____
	How did you hear about us? _____		

Family	Children's Names	Age	Number of Grandchildren	Grandchildren Ages
	Child 1			
	Child 2			
	Child 3			
	Child 4			
	Child 5			

Legal Items	Which of the following documents do you have?		Add'l Items	Which of the following do you have?	
	Will	Yes <input type="checkbox"/> No <input type="checkbox"/>		Umbrella Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Power of Attorney (POA) - Financial	<input type="checkbox"/> <input type="checkbox"/>		Long Term Care Insurance	<input type="checkbox"/> <input type="checkbox"/>
	Power of Attorney (POA) - Healthcare	<input type="checkbox"/> <input type="checkbox"/>		Life Insurance	<input type="checkbox"/> <input type="checkbox"/>
	Living Will	<input type="checkbox"/> <input type="checkbox"/>		Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Living Trust	<input type="checkbox"/> <input type="checkbox"/>		Life Insurance Co. _____	
Date Last Updated _____		Life Insurance Co. #2 _____			
Who are your trustees and/or executor? _____					
Do any of your children or grandchildren have special needs? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Cash Flow	Please list monthly income from each source:		Is your current cash flow sufficient and comfortable?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Husband	Wife		
	Social Security	_____	_____	Do you take any withdrawals from your retirement savings to met your current budget?	<input type="checkbox"/> <input type="checkbox"/>
	Pension	_____	_____	Do you anticipate any significant changes in cash flow?	<input type="checkbox"/> <input type="checkbox"/>
	(Survivor Options)	_____	_____	Are you planning any major lifestyle changes?	<input type="checkbox"/> <input type="checkbox"/>
	Wages	_____	_____	Do you foresee any large purchases greater than \$50,000 within the next 3 years?	<input type="checkbox"/> <input type="checkbox"/>
Other Income	_____	_____	Do you contribute to charity?	<input type="checkbox"/> <input type="checkbox"/>	
Are these amounts net or gross? <input type="checkbox"/> Gross <input type="checkbox"/> Net					
How much are your monthly expenses? _____					

Assets: Please check off the accounts you currently hold and note the approximate value.

Assets

Bank/Credit Union Accounts _____ IRAs/401(k)/403(b)/Keoghs/TSAs _____

Brokerage Accounts _____ Long Term Care Insurance _____

Business Interest(s) _____ Life Insurance _____

Annuities _____ Promissory Notes/Contract for Deed _____

CDs _____ Other Assets _____

Property:

	Balance Owed	Payment
Home Value \$ _____	_____	_____
Autos and Personal Property \$ _____	_____	_____
Rental/Add'l Properties \$ _____	_____	_____

Add'l Information

If you are not already retired, when would you like to retire?

What is your after-tax retirement income goal?

How did you acquire your wealth?

Who else do you rely on for financial advice and decisions?

What is most important to you about your money?

Please pick the top two priorities for your retirement "nest egg" money.

Why?

How would you describe your investment knowledge?

Estimated Life Expectancy _____ Spouse Estimated Life Expectancy _____

Concerns

Check all that apply:

Uncertainty about the stock market Outliving my lifestyle

Guidance on a 401(k) and/or IRA accounts Medicare / LTC concerns

Considering retirement and not sure if I/we can afford to Avoid paying too much in taxes

Leaving a legacy to children and/or grandchildren Rising healthcare costs

Not having a reliable income plan for retirement Other: _____

Objectives

Which of the following describes your risk tolerance when it comes to retirement assets?

Conservative Moderate Aggressive

What are your financial objectives? Check all that apply:

Income Now/Later Growth Potential Reduce Fees Other: _____

Reduce Risk Reduce Taxes Pass to Beneficiaries _____

Investment advice is offered through Bayntree Wealth Advisors, LLC, a registered investment adviser.
Insurance and annuity products are offered separately through Bayntree Planning Group, LLC.