

# Bayntree Family Questionnaire

Date \_\_\_\_\_

## Contact Information

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Retired?  Yes  No Retired From \_\_\_\_\_ Retirement Date \_\_\_\_\_  
 Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Spouse Name \_\_\_\_\_ Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Retired?  Yes  No Retired From \_\_\_\_\_ Retirement Date \_\_\_\_\_  
 Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

## Family

Wedding Anniversary Date (Day/Month/Year) \_\_\_\_\_

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?

	Yes	No
Will	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney (POA) - Financial	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney (POA) - Healthcare	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Date Last Updated _____		

Who are your trustees and/or executor? \_\_\_\_\_

Do any of your children or grandchildren have special needs?  Yes  No

## Additional Items

Which of the following do you have?

	Yes	No
Umbrella Policy	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal		
Medicare	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental <input type="checkbox"/> Advantage		

## Cash Flow

Please list **monthly income** from each source:

	Husband	Wife
Social Security	_____	_____
Pension	_____	_____
(Survivor Options)	_____	_____
Wages	_____	_____
Other Income	_____	_____

Are these amounts net or gross?  Net  Gross

How much are your monthly expenses? \_\_\_\_\_

	Yes	No
Is your current cash flow sufficient and comfortable?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any withdrawals from your retirement savings to meet your current budget?	<input type="checkbox"/>	<input type="checkbox"/>
Do you anticipate any significant changes in cash flow?	<input type="checkbox"/>	<input type="checkbox"/>
Are you planning any major lifestyle changes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you foresee any large purchases greater than \$50,000 within the next 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you contribute to charity?	<input type="checkbox"/>	<input type="checkbox"/>

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## Assets

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

- |   |  |
|---|--|
| <input type="checkbox"/> Bank/Credit Union Accounts _____ | <input type="checkbox"/> IRAs/401(k)/403(b)/Keoghs/TSAs _____    |
| <input type="checkbox"/> Brokerage Accounts _____         | <input type="checkbox"/> Roth IRAs _____                         |
| <input type="checkbox"/> Business Interest(s) _____       | <input type="checkbox"/> Long Term Care Insurance _____          |
| <input type="checkbox"/> Annuities _____                  | <input type="checkbox"/> Life Insurance _____                    |
| <input type="checkbox"/> CDs _____                        | <input type="checkbox"/> Promissory Notes/Contact for Deed _____ |

**Property:**

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

## Additional 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.
- 1.) \_\_\_\_\_ 2.) \_\_\_\_\_
- Why? \_\_\_\_\_
- How would you describe your investment knowledge? \_\_\_\_\_
- Estimated Life Expectancy \_\_\_\_\_ Spouse Estimated Life Expectancy \_\_\_\_\_

## Concerns

Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Uncertainty about the stock market                        | <input type="checkbox"/> Outliving my lifestyle         |
| <input type="checkbox"/> Guidance on a 401(k) and/or IRA accounts                  | <input type="checkbox"/> Medicare/LTC concerns          |
| <input type="checkbox"/> Considering retirement and not sure if I/we can afford to | <input type="checkbox"/> Avoid paying too much in taxes |
| <input type="checkbox"/> Leaving a legacy to children and/or grandchildren         | <input type="checkbox"/> Rising healthcare costs        |
| <input type="checkbox"/> Not having a reliable income plan for retirement          | <input type="checkbox"/> 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

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_