

KEYSTONE FINANCIAL PLANNING
FEE-ONLY FINANCIAL PLANNING
ASSET MANAGEMENT

330 EAST MAIN STREET
MACUNGIE, PA 18062

TEL: (610) 965-4537
FAX: (484) 229-0202

SHORT CONFIDENTIAL QUESTIONNAIRE

Name: _____ Spouse's Name: _____

Address : _____

City, State & Zip Code : _____

Home Phone # : _____ - _____ - _____ Primary E-mail Address: _____

Birth Date : _____ - _____ - _____ Spouse's Birth Date : _____ - _____ - _____

Employer : _____ Spouse's Employer: _____

Occupation: _____ Spouse's Occupation: _____

Work Phone # : _____ - _____ - _____ Spouse's Work Phone # : _____ - _____ - _____

Gross Income: \$ _____ Spouse's Gross Income: \$ _____

Expected Retirement Age: _____ Spouse's Expected Retirement Age: _____

Marital status: _____ Marriage Date: _____ - _____ - _____

Children's Names & Ages: _____

Asset Values: Total of Cash/Savings: \$ _____ Total of Taxable Investments: \$ _____

Total of IRAs & SEP IRAs: \$ _____ Total of 401k & 403b Plans: \$ _____

Total of All Other Retirement Plans: \$ _____ Primary Home: \$ _____

Other Real Estate: \$ _____ Business Value: \$ _____ Personal Assets: \$ _____

Face Value of Life Insurance (on who?): \$ _____

Debt Values: Mortgage on Primary Home: \$ _____ All Other Debt: \$ _____

Total Annual Living Expenses (including taxes): \$ _____

Estate Planning (**circle** completed items): Wills Durable Powers of Attorney Health Care Directives

NOTES: _____

Please answer all items the best that you can. All information will be kept confidential. Please read our Privacy Policy.