



Client Questionnaire

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Client Information

Today's Date:

First Name	MI	Last Name	Date of Birth	Citizenship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security #	Drivers License #	State of Issue	Expiration Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone #	Cell Phone #	Business Phone #	State/Country of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Contact Preference (Email/Phone/Text)			
<input type="text"/>	<input type="text"/>			
Home Address: Street	City	State	Zip Code	How Long At Home Address?
<input type="text"/>				<input type="text"/>
Employer Name	Title	Occupation		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Employer Address: Street	City	State	Zip Code	How Long?
<input type="text"/>				<input type="text"/>
Annual Earned Income	Bonus	Other Income (Dividends, rental, etc.)	Approx. Net Worth (Indiv./Joint)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Do you currently have life insurance? Y/N <input type="text"/>		If yes, are you applying for insurance to replace it? Y/N <input type="text"/>		
Insurance Provider: <input type="text"/>		Type: <input type="text"/>		
Face Amount: <input type="text"/>		Is this a 1035 Exchange? Y/N <input type="text"/>		

Parent's Information

<p>Father: Age and health status —or— age at death and cause</p> <input type="text"/>
<p>Mother: Age and health status —or— age at death and cause</p> <input type="text"/>
<p>Siblings: Age and health status —or— age at death and cause</p> <input type="text"/>

Spouse Information

First Name	MI	Last Name	Date of Birth	Citizenship
Social Security #		Drivers License #	State of Issue	Expiration Date
Home Phone #	Cell Phone #	Business Phone #	State/Country of Birth	
Email			Contact Preference (Email/Phone/Text)	
Home Address: Street		City	State	Zip Code
How Long At Home Address?				
Employer Name		Title	Occupation	
Employer Address: Street		City	State	Zip Code
How Long?				
Annual Earned Income	Bonus	Other Income (Dividends, rental, etc.)	Appr. Net Worth—Individual or Joint?	
Do you currently have life insurance? Y/N		If yes, are you applying for insurance to replace it? Y/N		
Insurance Provider:		Type:		
Face Amount:		Is this a 1035 Exchange? Y/N		

Parent's Information

Father: Age and health status —or— age at death and cause

Mother: Age and health status —or— age at death and cause

Siblings: Age and health status —or— age at death and cause

How did you hear about us?

If referred, who should we thank for the pleasure of meeting you?



Children (Or Dependent) Information—Even If Not Living At Home

First & Last Name	Date of Birth	Relationship	Married?	Health:
First & Last Name	Date of Birth	Relationship	Married?	Health:
First & Last Name	Date of Birth	Relationship	Married?	Health:
First & Last Name	Date of Birth	Relationship	Married?	Health:
First & Last Name	Date of Birth	Relationship	Married?	Health:
First & Last Name	Date of Birth	Relationship	Married?	Health:
Notes (Please include any special needs, etc.)				

Advisors

CPA Name	Firm Name	Contact Phone #	Contact Email
Insurance Agent Name	Firm Name	Contact Phone #	Contact Email
Banker Name	Firm Name	Contact Phone #	Contact Email
Attorney Name	Firm Name	Contact Phone #	Contact Email
Other Financial Advisor	Firm Name	Contact Phone #	Contact Email
Anyone Else You Utilize	Firm Name	Contact Phone #	Contact Email



RETIREMENT—DO YOU HAVE THE “5 HOW’S” ANSWERED?

How soon do you plan on retiring?

How long do you expect to live?

How much income do you want each year in retirement?

How many “buckets” will you have from which to draw income? IRAs/401(k)s/Life insurance/Annuities

How will your life leave a positive impact on the world?

ESTATE & TAX PLANNING—WHAT COMES NEXT?

Do you have a will? Y/N

A living trust? Y/N

If so, when did you last update it?

If so, when did you last update it?

What major life changes have you had since then?

Do you need to plan for estate taxes? Y/N

What about income taxes? Y/N

Does your planning protect your heirs from: Predators? Divorce? IRS? Y/N

Have you set up a durable power of attorney? Y/N

Is it a General POA? Y/N

Financial POA? Y/N

Medical POA? Y/N

Do you have a specific, written plan for the transition of your business? Y/N

What are your goals for your estate during your lifetime? Upon death? (And your business, if any?)

