MACRO ASSET PERSPECTIVE®

A wealth accumulation strategy

Personal Financial Questionnaire

CONFIDENTIAL

Family Information

About You:

Name: ______________________ Date of Birth: ______________

Address: ____

Home Telephone #: ______________ Work Telephone # ______________

Employer: ______________ Job Title: ______________

Work Address: ____

Salary: $ ______________ Other Income $ ______________

Your Spouse:

Name: ______________________ Date of Birth: ______________

Employer: ______________ Job Title: ______________

Work Address: ______________________ Telephone # ______________

Salary: $ ______________ Other Income $ ______________

Children:

Name: ______________________ Date of Birth: ______________

Name: ______________________ Date of Birth: ______________

Name: ______________________ Date of Birth: ______________

Miscellaneous Items:

Do you have a will?: ______________ Living Trust: ______________ Year Drafted: ______________

Name of executor/trustee: ______________ Guardian: ______________

Do you have an accountant? ______________ If "yes", Name: ______________

Do you have an attorney? ______________ If "yes", Name: ______________

Do you own your home? ________ Market Value: ________ Mortgage Balance: ________ Interest Rate: ________

Loans and Debts: Car ________ Personal Loans: ________ Credit Cards: ________ Other: ________

Financial Goals/Priorities:

Your most important financial goals? ______________________________

Please circle your priorities: Retirement Estate Transfer Wealth Accumulation

Education Family Security Other: ______________

Is there anything about your current finances that you would change? ______________

How much more could you save on a regular basis? ______________

Are you expecting a change in your current financial situation? ________ If "yes", amount: ______________

Financial Data

About You:

Auto Insurance: Comprehensive? ____ Yes ____ No Deductible ________________________________

Liability Amount: ______________ Uninsured Motorist Amount: ______________________

Homeowners Insurance: Full Replacement Value? _______ Yes _____ No

Do you carry an umbrella liability policy: _______________ If "yes" amount: ____________________________

Long Term care Insurance? _____ Yes _____ No Amount: ______________________________________

Disability Income Insurance:

Family Members Insured	Company	Annual premium	Coverage Amount

Life Insurance:

Insured	Type	Company	Annual premium	Coverage Amount

Pre-Tax Financial Products & Qualified Plans:

	Current Value	Current Interest Rate	Annual Deposit	Comments
401(k) or 403(b)				
Company Retirement Plans				
Deferred Compensation Plans				
IRAs (except ROTH)				

After Tax Financial Products:

	Current Value	Description	Annual Deposit	Comments
Stocks				
Stock Options				
Real Estate (except residence)				
Mutual Funds				
ROTH IRAs				
Life Insurance Cash Values				
Municipal Bonds				
Bonds				
Annuities				
Certificates of Deposit				
Money Market Funds				
Savings Accounts				

This section to be completed by MAP Agent:

Accumulation Case:

Desired Vertical Diversification:

Above the Line - %

Below the Line - %

Additional Annualized Deposits: $

Retirement Income Case:

Retirement Income Diversification:

Variable - %

Fixed - %

Lifetime Income - %

Desired Retirement Annual Income: $

Expected Social Security Income: $

Other Income: $

Notes: