CONFIDENTIAL INFORMATION FORM

FAMILY INFORMATION **Date** ______________________________

You: **Spouse:**

Name ______________________________ Name ______________________________

Address ____

Phone __________________ Fax ______________ Mobile ______________ Internet ________________

Birth date ______________ Birth date ______________

Tobacco User? *Yes*☐ *No*☐ Health: *Excellent/Good/Fair* Tobacco User? *Yes*☐ *No*☐ Health: *Excellent/Good/Fair*

Money Management Skills: (please circle) *Excellent / Fair / Poor* Money Management Skills: *Excellent / Fair / Poor*

Dependents' Names:

________________________ Relationship ____________ Birth date ______________ # Yrs to Support _____

________________________ Relationship ____________ Birth date ______________ # Yrs to Support _____

________________________ Relationship ____________ Birth date ______________ # Yrs to Support _____

Your Parents' Names:

____________________________________ Age _______ Health ______________________________
if living
____________________________________ Age _______ Health ______________________________

Financial Status: (please circle) *Wealthy / Financially Secure / Making Ends Meet / May Need Assistance*

Spouse's Parents' Names:

____________________________________ Age _______ Health ______________________________
if living
____________________________________ Age _______ Health ______________________________

Financial Status: (please circle) *Wealthy / Financially Secure / Making Ends Meet / May Need Assistance*

Are you a known beneficiary of any wills or trusts? *Yes* ☐ *No* ☐

OCCUPATIONAL INFORMATION

Client: **Spouse:**

Employer ________________________ Yrs. _______ ____________________________ Yrs. _________

Title ______________________________ ______________________________

Address ______________________________ ______________________________

Phone ______________________________ ______________________________

Fax ______________________________ ______________________________

Income $______________________________ $______________________________

ADVISORS/FINANCIAL INFORMATION

Attorney ______________________________ Phone ______________________________

Accountant ______________________________ Phone ______________________________

Trust Officer ______________________________ Phone ______________________________

Insurance Agent ______________________________ Phone ______________________________

Stock Broker ______________________________ Phone ______________________________

Other Advisor ______________________________ Phone ______________________________

Will/Trust Executed? You: *Yes*☐ *No*☐ *Dated*_________ Type ______________________________
Spouse: *Yes*☐ *No*☐ *Dated*_________ Type ______________________________

FINANCIAL AND PERSONAL GOALS

SAVINGS

Are you satisfied with the amount you have saved thus far? *Yes* ☐ *No* ☐
Do you have an Emergency Reserve Fund? *Yes* ☐ *No* ☐
Do you have a regular monthly savings plan? *Yes* ☐ *No* ☐
What percentage of income do you currently save? ___________%
Where is this money normally saved?______________________________

Education: Do your goals include providing educational funds for your children/grandchildren? *Yes*☐ *No*☐

If so, how much are you currently saving? $______________
Are these savings in tax advantaged, UGMA or 529 accounts? *Yes*☐ *No*☐

Retirement: At what age do you wish to retire? __________

In today's dollars, what level of monthly (after-tax) income would you want during retirement? $___________
Are you covered by a retirement plan? *Yes*☐ *No*☐ Your Spouse? *Yes*☐ *No*☐

Accumulation: Are there any additional goals (car replacement, home, major purchases) you want to accumulate funds for? *Yes* ☐ *No* ☐

If so, what and how much? ______________________________
____

Investment Return: Check the statement that best expresses your attitude toward financial risk:

☐ A. I prefer to take almost no financial risk.
☐ B. I'll take average risks when the occasion presents itself.
☐ C. I invest aggressively and seek maximum reward for taking above-average risks.

TAXES

What is your marginal income tax bracket? ________%
How do you feel about the level of income taxes you pay? ____

____

What steps have you taken to minimize your income taxes? ____

____

Estate: Do you have a written estate plan? *Yes* ☐ *No* ☐ Date last updated __________________

Do you have charitable estate goals? *Yes* ☐ *No* ☐
Do you have beneficiaries with special needs or considerations? *Yes* ☐ *No* ☐

RISK MANAGEMENT

Disability: Continuing an Income to You. What percentage of your present income would you require if you or your spouse became disabled tomorrow? (Guideline Minimum 65%)

	You: ____________%	Spouse: ____________%
Do you have disability insurance?	*Yes* ☐ *No* ☐	*Yes* ☐ *No* ☐
If so, what is the monthly benefit?	$___________	$____________

Death: Continuing an Income to Your Family. In the event of your deaths, would you desire for your family to continue in their current financial lifestyle? *Yes* ☐ *No* ☐

What percentage of your total income would you wish to provide to your family? ________%
(Guideline: 60% for two-income families, otherwise a minimum of 70% is suggested)
Do you have life insurance? You: *Yes* ☐ *No* ☐ Spouse: *Yes* ☐ *No* ☐
If so, how much? Term $________ Permanent $_________ Term $________ Permanent $_________

Long Term Care: Are you concerned about possible long term health care expenses? *Yes* ☐ *No* ☐
How will you pay these expenses? ___from assets, ___ insurance, ___other sources

Do you have long term care insurance? You: *Yes* ☐ *No* ☐ Spouse: *Yes* ☐ *No* ☐
If so, how much? Total Benefit $__________ Total Benefit $____________
Is it a "Partnership" policy You: *Yes* ☐ *No* ☐ Spouse: *Yes* ☐ *No* ☐

OTHER GOALS

What special items should be considered for your financial/ estate plan? (i.e. charitable, family needs)?______

____

If you were not able to properly manage your assets, what level of assistance would be needed? _____________

____

What is the most important financial goal for you to accomplish? ______________________________________

____

How involved do you want to be in your financial decisions? ____

____

What do you love or hate about your experiences with prior advisers? __________________________________

____

____

For our relationship to be a good experience for you, what three things would need to happen?

____

____

____

What are your greatest concerns about your current investments? ______________________________________

____

____

What is your best and worst investment experience? ____

____

____

What kind of financial concerns keep you up at night? ____

____

What other areas should we address in our meeting? ____

____

____

____

____

BUSINESS DATA

Company Name ____
Address ____
Phone ______________________ Fax ______________________ Nature of Business ______________________

Legal Structure:

☐ Regular Corporation (tax bracket _____%) ☐ Sole Proprietor ☐ LLC
☐ Sub S Corporation ☐ Partnership ☐ Trust

Business Valuation:

What do you estimate the total business to be worth? $__________________

What is the method of valuation? ______________________________________

What is the book value? (Assets minus liabilities) $__________________

What are the average earnings? (Before tax and owner compensation) $__________________

Do you consider your business to be stable with relatively low risk, or does it have a high risk profile? ☐ Low Risk ☐ High Risk

Are other family members dependent on the business? *Yes* ☐ *No* ☐

Do you have an existing retirement plan? *Yes* ☐ *No* ☐

Ownership:

Name	Position/Relationship	% Owned	Wage
____________________	____________________	_____%	$__________
____________________	____________________	_____%	$__________
____________________	____________________	_____%	$__________

Management:

Key Employee	Position	"Key Man" Insurance	Wage
____________________	______________	Yes☐ No☐	$__________
____________________	______________	Yes☐ No☐	$__________
____________________	______________	Yes☐ No☐	$__________

Business Continuation: Will your business interest be retained or sold when you:

Retire: Retain ☐
Sell ☐

Die: Retain ☐
Sell ☐

Become Disabled: Retain ☐
Sell ☐

If Retained:

Who will replace you in your job? ______________________
Who will acquire your interest? ______________________
How? ______________________
____
____

If Sold:

Purchaser: ______________________
Is there a buy-sell agreement? Yes ☐ No ☐
Type: Entity ☐ Cross Purchase ☐
How is price determined?______________________
Funding arrangement ______________________

REQUEST FOR DOCUMENTS

Please list and bring to our first meeting: **✓ if attached**

Personal Documents

Tax Returns (last 2 years) _____________
Wills _____________
Trust Documents _____________
Financial Statement (current) _____________
Employee Benefit Booklets/Statements _____________
Loan/Mortgage Information (payments/balances) _____________

Business Documents

Tax Returns (last 2 years) _____________
Financial Statement (current) _____________
Buy-Sell Agreement _____________
Employment Agreement _____________
Fringe Benefit Plans _____________
Employee Benefits Booklet _____________

Other

Investment Statements _____________
Life Insurance Policies #'s _____________________________________ _____________
Most Recent Life Insurance Policy Statements _____________
Disability Insurance Policies _____________
Health Insurance Policy/Booklet _____________
Long Term Care Policy/Booklet _____________
Property/Liability Policy _____________
Copy of your Driver's License _____________
Other: ____ _____________

Date: _____________________ Received By: ____

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AUTHORIZATION FOR RELEASE OF INFORMATION

____

____

____

____

Re: ____________________________

Dear Service Representative:

Please accept this letter as your authorization to discuss all aspects of my life insurance, variable life insurance, annuity, or variable annuity products with the following individual:

Mr. Ian G. Essling, CFP®
357 East Winslow Road
Bloomington, IN 47401

I would appreciate your providing Mr. Essling with whatever information or projections he requests in regard to all policies and accounts that I have with your company.

I have engaged Mr. Essling to review all of my contracts and accounts. I release you from any liability which may arise from your disclosure of information to Mr. Essling or his associates.

Should you have any questions with regard to this authorization, please contact me in writing.

Sincerely,

____

INFORMATION FOR IMPLEMENTATION

If you decide to implement investments or insurance with us, we may need some or all of the below information

Personal Information:

Birth Place: ________________________________

Primary Beneficiary: ________________________________

Primary Care Physician: ________________________________

Physician Address/City/State/Phone: ________________________________

Driver's License Number/ Issue Date/ Exp. Date: ________________________________ ________________________________

Financial Information:

**Net Worth (Assets – Liabilities): ________________________________

**Liquid Net Worth (Excludes Equity in home): ________________________________

Years Since First Experience With: ________________________________

Money Market: ______
Certificate of Deposit: ______
Mutual Funds: ______
Stocks: ______
Bonds: ______
Variable Life/ Annuity: ______
Real Estate: ______
Margin: ______
Options: ______
Limited Partnerships: ______
General Partnerships: ______
Private Placements: ______

Complete Below Items if Establishing Trust Account:

Assets Held in Trusts: ________________________________

Trust Name and Date: ________________________________

IRA/TOD Beneficiaries:
Name(s): ____________________________
Dates(s) of Birth: ______________________
Relationship(s): ______________________
SSN: ________________________________
Address(es): __________________________ ________________________________

**Speak with us if you need help on your calculations

Room for Additional Comments is Located on the Back.

Additional Information