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CONFIDENTIAL Client Questionnaire for: _____

Please fill in the information requested, so we can conduct a thorough review.

- Please check off each document on this list that you will be providing.
- All your documents and information that you submit is secure and will be returned to you in the same condition as given to us.
- If you prefer, you may provide copies of the originals for our review.

Personal Income Tax Returns – 2 years

Paycheck stub(s) for you and your spouse that indicate what deductions are being taken.

Employer provided group benefits information for both you and your spouse.

Retirement Plan Statements: Pension & 401 K.

Most Current Investment Statements.

All Insurance Policies:

Life Insurance statements.

Disability Policies

Hospitalization & Major Medical Policies

Long Term Care Policy

Automobile, Boat, RV Policy

Homeowners' Policy

Umbrella (Excess Liability) Policy

Personal Information

Your Family Info:

Your Full Name	Date of Birth	U.S. Citizen(Y/N)	Social Security #
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Spouse's Name	Date of Birth	U.S. Citizen(Y/N)	Social Security #
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Child or Dependent	Date of Birth	U.S. Citizen(Y/N)	Social Security #
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Child or Dependent	Date of Birth	U.S. Citizen(Y/N)	Social Security #
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Child or Dependent	Date of Birth	U.S. Citizen(Y/N)	Social Security #
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Child or Dependent	Date of Birth	U.S. Citizen(Y/N)	Social Security #
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Where You Reside:

Street Address	City, State, Zip	Own/Rent?-Y/N
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
Telephone (Land)	Cell Phone (Mobile)	E-Mail Address
_____	_____	_____
Spouse's Telephone (Land)	Spouse's Cell Phone (Mobile)	Spouse's E-Mail Address
_____	_____	_____

Second Home:

Street Address	City, State, Zip	Own?-Y/N
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

Employment Information

Check this box if RETIRED

Former Occupation: _____ How Long Retired? _____

Pension Gross Amount per month: _____ Social Security-Other Income-Gross/month _____

\$ _____ \$ _____

Your place of employment Occupation Employer How Long?

_____ | _____ | _____ | _____

Your employer's address City, State, Zip Phone #, Indicate if Ok to call

_____ | _____ | _____

Your spouse's place of employment Occupation Employer How Long?

_____ | _____ | _____ | _____

Your spouse's employer's address City, State, Zip Phone #, Indicate if Ok to call

_____ | _____ | _____

Your work email address [Indicate if Ok to contact you] Spouse's work email address

_____ | _____ | _____

Income

Your primary income: Gross amount Estimated Bonus/Commissions

\$ _____ | \$ _____ | \$ _____

Your spouse's primary income: Gross amount Estimated Bonus/Commissions

\$ _____ | \$ _____ | \$ _____

Other Income Amount

Rentals: \$ _____

Fees or Commission: \$ _____

Trusts \$ _____

Other Business Income \$ _____ Type of business: _____

Savings (Assets) [Please, list each account separately and check appropriate box.]

Type of Account Institution Joint If Individual:(Yours|Spouse|Children|Other) Market Value

Savings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Savings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Savings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Checking Account		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Checking Account		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Money Market		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Money Market		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Certificate of Deposit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Certificate of Deposit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Single Premium Deferred Annuity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Individual Retirement Account (IRA)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Individual Retirement Account (IRA)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
401K Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
401K Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Vested Pension		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Vested Pension		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Vested Profit Sharing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Vested Profit Sharing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Investment (Assets)

Type of Account	# of Shares	Joint?	Individual?				Market Value
			Yours*	Spouse*	Children*	Other	

Stocks

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Mutual Funds

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Municipal Bonds

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Corporate Bonds

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Government Securities

GNMA, CMO, etc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
T.Bills, Notes, Bonds		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Partnerships

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
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Other Investments

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
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Insurance Coverages

Life Insurance

<u>Company Name</u>	<u>Insured Name</u>	<u>Annual Premium</u>	<u>Annual Dividend</u>	<u>Policy Loan</u>	<u>Market Value</u>
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Disability Insurance (Personally-owned policies only)

<u>Company Name</u>	<u>Insured Name</u>	<u>Annual Premium</u>	<u>Annual Dividend</u>	<u>Policy Loan</u>	<u>Market Value</u>
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Real Estate (Assets)

Property

	Purchase Year	Purchase Price	Improvements Capital Exp.	Policy Loan	Market Value
Primary Residence		\$	\$	\$	\$
Vacation Home		\$	\$	\$	\$
Rental Property		\$	\$	\$	\$
Land		\$	\$	\$	\$
Land		\$	\$	\$	\$
Other		\$	\$	\$	\$
Other		\$	\$	\$	\$

Miscellaneous Personal Property

Description Of Items	Insured ? Y/N	Insurance Company	<i>Estimate of Today's</i> Market Value
Household Furnishings & Appliances	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
Artwork, Antiques, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
Jewelry, Yours	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
Jewelry, Your spouse's	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
Automobile #1	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
Automobile #2	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
Automobile #3	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
Boat, trailer, RV	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
Collectibles	<input type="checkbox"/> Y <input type="checkbox"/> N		\$
Other	<input type="checkbox"/> Y <input type="checkbox"/> N		\$

Loans & Other Debt

Type of Loan	Monthly Payment	Unpaid Balance	Insured ? Y/N
First Mortgage	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Second Mortgage	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Third Mortgage	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Equity Line of Credit	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Home Improvement	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Personal Loan	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Automobile Loan #1	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Automobile Loan #2	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Automobile Loan #3	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Boat Loan	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Student Loans	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Passport Loan	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Credit Card #1	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Credit Card #2	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Credit Card #2	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Other	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Other	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

