

ADVANTAGE PATHWAY™ QUESTIONNAIRE
SECURE FUTURE

Personal Information:

Full Name _____

Date of Birth (*Month/Day/Year*) _____

Social Security Number _____

Phone: Work (____)____ - _____ Home (____)____ - _____

Cell (____)____ - _____

Citizenship U.S. Other _____ U.S. Other _____

Email Address: _____

Home Address: _____

Children: (*please attach extra pages if necessary*)NameAddress

Current Documents:

Do you have of the following documents in place?

- Will Trust Health Care Power of Attorney
 Declaration to Physicians (Living Will) Financial Power of Attorney
 Prenuptial or Marital Agreement

PLEASE PROVIDE A COPY OF ANY/ALL DOCUMENTS YOU HAVE IN PLACE.*(If you provide originals, be assured we will make copies and return any necessary documents to you)*

FINANCIAL INFORMATION

Assets:

Real Estate. (Indicate street address, city, state and approximate sale value)

Value & Ownership

Bank accounts and C.D.'s. (List separately, indicating institution and approximate amount of each account and maturity date for C.D.'s)

Retirement assets: (IRA's/401K/403b, Profit Sharing Plans, Deferred Compensation, Roth IRA or other Retirement Plans)

Stocks, bonds, mutual funds and Investments that are not part of retirement plan.

(Indicate company, number of shares or face value)

Money owed to you. (Do you have any mortgages, land contracts or promissory notes?)

Yes No If yes, please explain: _____

Business interests. (Do you have any partnerships, corporations, LLC's or sole proprietorships?)

Yes No If yes, please explain: _____

Life Insurance and Annuities. (Indicate company, approximate death benefit)

Face/Issue Value

Cash Value

Life Ins. Annuity _____
 Life Ins. Annuity _____
 Life Ins. Annuity _____

Vehicles (Make, model and year)

Other assets. (Personal property, collections or of significant value)

Liabilities and Debts:

Mortgages. (Indicate to whom, approximate amount and whether there is collateral)

Amount

Collateral

Other Bills and Amounts Due. (Indicate to whom, approximate amount and whether there is collateral)

Income

Social Security _____

Pension _____

Other _____

Long Term Care

Insurance

Do you own a Long Term Care Insurance Policy? Yes No

If yes, please answer the following questions:

A. Insurance Company Name _____

B. Daily Benefit _____

C. Term of Years for Policy _____

D. Is the policy a Wisconsin Partners Program policy? Yes No

Assisted Living/Nursing Home Care

Are you currently paying any bills for an Assisted Living Facility or Nursing Home ? Yes No

Monthly Cost of Care: _____

Name of Facility or Home: _____

Gifts and Transfers:

List any amounts transferred to any family member or other person during the previous 5 years. This includes gifts, loans, withdrawals from joint accounts and any other way that someone received money or something of value without paying full price.

Recipient/Description of Transfer

Date

Amount
