

ADVANTAGE PATHWAY™ QUESTIONNAIRE
SECURE FUTURE**Personal Information:**HusbandWife

Full Name _____

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

Social Security Number _____

Phone: Work (____)____ - _____

Home (____)____ - _____

Cell (____)____ - _____

Citizenship U.S. Other _____

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 AttorneyDeclaration to Physicians (Living Will) Financial Power of AttorneyPrenuptial 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

Jointly

Husband

Wife

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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. (Mortgages, land contracts
or promissory notes. Indicate debtor, collateral and amount)

_____	_____	_____	_____
_____	_____	_____	_____

Business interests. (Partnerships, corporations,
LLC's or sole proprietorships)

_____	_____	_____	_____
_____	_____	_____	_____

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

Face/Issue Value

Cash Value

_____	_____	_____
_____	_____	_____
_____	_____	_____

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)

	<u>Amount</u>	<u>Collateral</u>
_____	_____	_____
_____	_____	_____

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

_____	_____	_____
_____	_____	_____

Income

	<u>Husband</u>	<u>Wife</u>
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:

- Who's name is on the policy? _____
- Insurance Company Name _____
- Daily Benefit _____
- Term of Years for Policy _____
- Is the policy a Wisconsin Partners Program policy? Yes No

Assisted Living/Nursing Home Care

Are you or your spouse 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____