

**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 \_\_\_\_\_

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.** (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)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

