

## Fit Meeting Questionnaire

### Section 1: Personal Information

Primary Client: _____	Secondary Client: _____
Date of Birth: _____	Date of Birth: _____
Email: _____	Email: _____
Preferred Phone: _____	Preferred Phone: _____
Address: _____	
Dependents: _____	
Employer: _____	Employer: _____
Job Title: _____	Job Title: _____
Annual Income: _____	Annual Income: _____

### Section 2: Relevant Topics

*Please indicate topics that are relevant for our discussion:*

Financial Organization	Asset Management	Cashflow Management
Retirement Planning	Legacy Planning	Education Planning
Risk Management	Tax Planning	Charitable Giving
Business Ownership	Executive Compensation	Life Transitions
Other: _____		

### Section 3: Financial Information

#### Assets

Bank Accounts: \_\_\_\_\_

Employer Plans: \_\_\_\_\_

IRAs: \_\_\_\_\_

Company Stock: \_\_\_\_\_

Investments: \_\_\_\_\_

Home(s): \_\_\_\_\_

Life Insurance (CV): \_\_\_\_\_

Business Value: \_\_\_\_\_

Collectibles: \_\_\_\_\_

Other: \_\_\_\_\_

#### Liabilities

Mortgage(s): \_\_\_\_\_

Auto Loans: \_\_\_\_\_

Student Loans: \_\_\_\_\_

Credit Cards: \_\_\_\_\_

Other: \_\_\_\_\_

#### Other

Estate Documents:

Will	Trust	POA	H.C. Dir. Other

Insurance:

Life	DI	LTC	Umbrella Other