

***FOUNDERS GROUP***

**CONFIDENTIAL**

**CONCEPTUAL MEETING QUESTIONNAIRE**

**Planning By**

***FOUNDERS GROUP***

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**The *Founders Group* Conceptual Questionnaire is confidential and contains personal and proprietary information. Neither the Questionnaire nor any of the information contained in the Questionnaire may be reproduced or disclosed to any person under any circumstances without the prior written permission of the Client named herein and *Founders Group*.**

**GENERAL INFORMATION**

<b>YOU</b>	<b>YOUR SPOUSE</b>
Name: _____	_____
Birth Date: ____ / ____ / ____	____ / ____ / ____
Social Security #: _____	_____
Occupation: _____	_____
Salary/Bonus: _____	_____
Employer/Bus: _____	_____
Address: _____	_____
City/St/Zip: _____	_____
Bus. Phone: ____ - _____	____ - _____
<b>Home Address</b>	
Address: _____	
City/St/Zip: _____	
Home Phone: (____) ____ - _____ E-mail Address: _____	

<b>MONEY MATTERS</b>	
PREVIOUS YEAR'S TAXABLE INCOME	_____
PREVIOUS YEAR'S TAX LIABILITY	_____
ESTIMATED MONTHLY LIVING EXPENSES	_____/MO
MY CURRENT ANNUAL SAVINGS ARE:	
TO COMPANY PLANS	_____/YR
TO IRA'S/KEOGHS	_____/YR
TO PERSONAL SAVINGS	_____/YR
<b>CHILDREN'S NAMES</b>	<b>AGES</b>
_____	_____
_____	_____
_____	_____

<b>FINANCIAL INDEPENDENCE INFORMATION</b>	
Client's Retirement Age:	_____
Spouse's Retirement Age:	_____
Income Needed at Retirement (Today's Dollars):	_____/ Month

**FINANCIAL GOALS**

I. Short-term Goals (less than 1 year): AMOUNT

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II. Intermediate-term Goals (1 to 5 years): AMOUNT

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III. Long-term Goals (over 5 years): AMOUNT

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\$ Have you set up college funding for your children? Y / N; Is it a 529 Plan? Y / N; UGMA? Y / N  
Other Investment vehicle? Y / N; How much? \$\_\_\_\_\_

\$ Do you have a disability policy outside of work? Y / N; Monthly benefit \$\_\_\_\_\_; Elim. Per. \_\_\_\_\_

\$ Do you have a Long Term Care Policy (LTC)? Y / N; Monthly benefit \$\_\_\_\_\_; Elim. Per. \_\_\_\_\_

Have your parents set up a LTC policy? Y / N

\$ Do you have a \$1mm umbrella liability policy? Y / N

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FEES

We will complete a financial review for you under these conditions:

- Complete a conceptual questionnaire.
- We will do a written work-up of 10 Pages (2 hours) and then set an appointment to review this material either in person or via telephone. The hourly rate of \$250.00 per hour will be charged for all written work-up time, phone/meeting time plus out of pocket expenses.\*\*

**CONFIDENTIAL FINANCIAL DATA**

**BALANCE SHEET**

<u>ASSETS</u>	<u>LIABILITIES**</u>
<b><u>CASH</u></b>	
Checking _____	Automobile Loans _____
Savings _____	Charge Accounts _____
CD's _____	Educational Loans _____
Money Market _____	Home Mortgage _____
(A) TOTAL CASH _____	Partnership Loans _____
	Personal Bank Loans _____
	Other Real Estate Loans _____
<b><u>LOANS TO OTHERS</u></b>	
(B) TO BE REPAID _____	Second Home Mortgage _____
	Other: (Specify) _____
	_____
<b><u>INVESTMENTS</u></b>	<b>**please provide interest rate on each</b>
Stocks _____	<b>TOTAL LIABILITIES:</b> _____
Mutual Funds _____	<b>NET WORTH:</b> _____
Bonds _____	(Total Asset - Total Liabilities) _____
Other _____	
Other _____	
Other _____	
(C) TOTAL INVESTMENTS _____	<b>Check off all that apply:</b>
	Simple Will ____; When drafted _____
	No Will ____
	Living Trust ____; ILIT ____
	Family Foundation ____
<b><u>OTHER ASSETS</u></b>	*****
Residence _____	<u>Life Insurance</u>
Automobile _____	<u>Amt</u> <u>Type</u> <u>Cost/Yr.</u>
Household Goods _____	<u>You:</u>
Business Interests _____	At work \$ _____ \$ _____
Company Plans _____	Personal \$ _____ \$ _____
Vested Amount _____	
IRA/Keogh _____	<u>Your Spouse:</u>
Limited Partnerships _____	At work \$ _____ \$ _____
Other Real Estate _____	Personal \$ _____ \$ _____
Personal Property _____	
Other: (Specify) _____	
_____	
_____	
_____	
(D) TOTAL OTHER ASSETS _____	I authorize <i>FOUNDERS GROUP</i> to charge my credit card for financial consultation services (MUST BE COMPLETED)
	Visa _____ Mastercard _____
	Discover _____ Am. Exp _____
	Account #: _____
	Exp. Date _____
	Signature: _____
	Print Name: _____
<b>TOTAL ASSETS</b> _____	
(A + B + C + D)	

**\*\* FOR THOSE WHO HAVE ATTENDED THE FINANCIAL CLASS**

Financial calculations (approximately 2 hours) for the consultation as well as the actual meeting time (approximately 2 hours) will be charged at \$250.00 per hour. However, if all material is returned by \_\_\_\_\_, the hourly rate for the financial calculations will be waived and the actual meeting time will be charged at the standard hourly rate. Material returned after \_\_\_\_\_ will be charged at the standard hourly rate plus out-of-pocket expenses for all calculations and consultations.