

RAMSEY & ASSOCIATES, INC.

PERSONAL QUESTIONNAIRE

Date: _____

Name _____	Name _____
Date of Birth _____	Date of Birth _____
Citizenship _____	Citizenship _____
Home Address _____	Home Address _____
_____	_____
_____	_____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Home Email _____	Home Email _____
Home Fax _____	Home Fax _____
Work Phone _____	Work Phone _____
Work Email _____	Work Email _____
Work Fax _____	Work Fax _____
Employer _____	Employer _____
Years with Employer _____	Years with Employer _____
Work Address _____	Work Address _____
_____	_____
Position/Title _____	Position/Title _____
Social Security # _____	Social Security # _____

Which phone # or email address would you prefer we use to contact you? _____

CHILDREN AND DEPENDENTS

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	
			<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you currently setting money aside for your children's (or minor dependents) college education? _____

If yes, how much per year? _____

How much have you saved so far? _____

RAMSEY & ASSOCIATES, INC.

INCOME SOURCE

Include wages, commissions, business interests, social security, alimony, child support, interest and dividends, pensions, trusts, and gifts

<u>Name</u>	<u>Source of Income</u>	<u>Actual for 2006</u>	<u>Estimated for 2007</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your income fluctuate on an annual basis (due to commissions, bonuses, etc.)? _____

If yes, by what amount? _____

Reason: _____

Do you expect your annual income to change in the next five years beyond a normal cost of living adjustment? _____

If yes, by what amount? _____

Reason: _____

PERSONAL USE PROPERTY

Include residence, second home, automobiles, boats, household and personal items, etc.

<u>Description</u>	<u>Owner</u>	<u>Date of Purchase</u>	<u>Purchase Price</u>	<u>Current Market Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIABILITIES

Include mortgages, credit cards, automobile loans, education loans, personal loans, and lines of credit, etc
(For mortgage payments, please include principal and interest portion only)

<u>Creditor</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Monthly Payment</u>	<u>Balance Owed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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PENSION PLANS

Include employer-sponsored pension plans that will or do provide a monthly pension payment.

<u>Owner</u>	<u>Name of Employer</u>	<u>Years in Retirement Plan</u>	<u>Current Value</u>	<u>Monthly Contribution</u>	<u>Estimated Monthly Benefit & at what age</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER ASSETS

Include real estate, business interests, gold and precious metals, closely-held stock, antiques, etc.

<u>Description</u>	<u>Owner</u>	<u>Current Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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INSURANCE COVERAGE

Life Insurance

Insured	Insurance Company	Beneficiary	Type of Policy	Face amount and Cash Value if any	Annual Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Disability Insurance

Insured	Insurance Company	Benefit	Period of time for benefit	Annual Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Health/Medical Insurance

Insured	Insurance Company	Annual Premium
_____	_____	_____
_____	_____	_____

Long Term Care Insurance

Insured	Insurance Company	Type of Policy	Annual Premium
_____	_____	_____	_____
_____	_____	_____	_____

Homeowners/Renters Insurance

Insured	Insurance Company	Liability Limits	Type of Policy	Annual Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Automobile Insurance

Insured	Insurance Company	Liability Limits	Annual Premium
_____	_____	_____	_____
_____	_____	_____	_____

Casualty and Excess Liability Insurance (Umbrella Policy)

Insured	Insurance Company	Amount of Coverage	Annual Premium
_____	_____	_____	_____
_____	_____	_____	_____

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CASH RESERVES

How much cash would you like available for emergencies and peace of mind? _____

RETIREMENT PLANNING

At what age do you wish to retire? Name: _____ Age: _____

Name: _____ Age: _____

ESTATE PLANNING

Do you have a will? _____

If yes, when was it made? _____

By an attorney? _____

Have you signed a durable power of attorney? _____

Do you have a Health Care Directive to Physician document? _____

Do you have a Medical Durable Power of Attorney? _____

INVESTMENT CONSIDERATIONS

Is there anyone providing you with investment advice at this time? _____

Who? _____

Are there areas of investment that hold special appeal to you? _____

Are there areas of investment that you would prefer not to consider? _____

Investment Experience (please mark one):

- None _____
- Limited _____
- Good _____
- Extensive _____

Please check investments you have used in the past:

<input type="checkbox"/>	<u>Type of Investment</u>	<u>Number of Years</u>
<input type="checkbox"/>	Individual Stocks	_____
<input type="checkbox"/>	Individual Bonds	_____
<input type="checkbox"/>	Mutual Funds	_____
<input type="checkbox"/>	Hedge Funds	_____

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EXPECTED CHANGES

Do you anticipate a change in your employment or income status? If yes, describe:

Are you planning any major expenditures? If yes, describe:

Are there any relatives or friends for whom you may be financially responsible in the future? If yes, describe:

Are there any health problems to consider in the planning process? If yes, describe:

Do you expect any inheritance? If yes, describe:

Are there any other expected changes? If yes, describe:
