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Date of Completion: _____

CONFIDENTIAL QUESTIONNAIRE

PART I: PERSONAL INFORMATION

	Client (1)	Client (2)
Name		
Home Address		
City, State Zip		
Home Phone		
Work Phone		
Fax: (Home or Work)		
Email		
Preferred Contact Method		
Date of Birth (mm/dd/yy)		

DEPENDENT INFORMATION

Name	Relationship	Place of Residence (City & State)	Date of Birth	College (number of years) (a)	Target School or Type of School (state or private) (b)	Amount saved To this point (c)

- (a) Indicate number of years of college education you plan to finance. (i.e., 4, 5, 6, 7)
- (b) Indicate whether you plan to finance a state-sponsored or a private school education.
- (c) Amount currently set aside in child's name.

PART 2: EMPLOYMENT INFORMATION

	Client (1)	Client (2)
Current Employer		
Work Address		
City, State Zip		
Title/Job		
Number Years with Employer		
Base Salary		
Average Bonus/Commissions		
Self-Employment Income		
Other Earned Income		
Covered by Pension Plan at Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 3: BASIC ASSUMPTIONS AND PROJECTIONS

	Client (1)		Client (2)	
	Default	Override	Default	Override
Retirement Age	65		65	
Life Expectancy (a)	95		95	
Inflation Rate	3.0%		3.0%	
Wages Inflation Rate	4.0%		4.0%	
Investment Rate of Return	8.0%		8.0%	
Annual Pension Income				
Pension Start Date				
Pension Payment Type (b)				
Is Pension Inflation-Adjusted?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Inheritance				
Inheritance – Approx. Date				
Other Income (Attach List with description, receipt date(s), and probability of receipt)				

- (a) Consider any health issues or family history that might impact life expectancy.
 (b) Single life, 50% joint and survivor, other (specify).

PART 4: ASSETS

Bank Account Name	Account Type	Ownership	Avg. Balance
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market		

CD's – Where held?	Interest Rate	Maturity Date	Ownership	Apx. Value
	%			
	%			
	%			

Tax Deferred Plans	Client (1)	Client (2)
401(k) Plan (Balance)		
401(k) Plan (After-Tax contributions included above)		
SEP-IRA		
IRA (Total Balance)		
IRA (After-Tax contributions included above)		
Roth IRA		
Nonqualified Plan		
Annual Plan Contributions		
401(k) Contribution Amount		
401(k) Company Match or Contribution Amount		
IRA Contribution Amount		
Roth IRA Contribution Amount		

Taxable Assets	Value	Ownership (a)
Private Business Value		
- Cost Basis		
Other Assets		
- Cost Basis		
Investment Account #1(b)		
- Cost Basis		
Investment Account #2(b)		
- Cost Basis		
Investment Account #3(b)		
- Cost Basis		

(a) Ownership – (client, spouse, joint, community property, other form of ownership (please specify).)

(b) Please provide most recent account statements.

PART 5: ASSET PROTECTION INFORMATION

Estate Planning Documents: Indicate date prepared and which State's laws govern	Client (1)	Client (2)
Wills		
Living Trusts		
Power of Attorney		
Living Will		
Other (Please describe)		

Insurance	Client (1)		Client (2)	
	Coverage \$	Group or Individual	Coverage \$	Group or Individual
Health		<input type="checkbox"/> group <input type="checkbox"/> ind.		<input type="checkbox"/> group <input type="checkbox"/> ind.
Disability (employer provided)		<input type="checkbox"/> group <input type="checkbox"/> ind.		<input type="checkbox"/> group <input type="checkbox"/> ind.
Disability (client-owned)		<input type="checkbox"/> group <input type="checkbox"/> ind.		<input type="checkbox"/> group <input type="checkbox"/> ind.
Life – Permanent		<input type="checkbox"/> group <input type="checkbox"/> ind.		<input type="checkbox"/> group <input type="checkbox"/> ind.
Life – Permanent		<input type="checkbox"/> group <input type="checkbox"/> ind.		<input type="checkbox"/> group <input type="checkbox"/> ind.
Life – Term		<input type="checkbox"/> group <input type="checkbox"/> ind.		<input type="checkbox"/> group <input type="checkbox"/> ind.
Long-Term Care		<input type="checkbox"/> group <input type="checkbox"/> ind.		<input type="checkbox"/> group <input type="checkbox"/> ind.
Homeowners		<input type="checkbox"/> group <input type="checkbox"/> ind.		<input type="checkbox"/> group <input type="checkbox"/> ind.
Auto		<input type="checkbox"/> group <input type="checkbox"/> ind.		<input type="checkbox"/> group <input type="checkbox"/> ind.
Auto		<input type="checkbox"/> group <input type="checkbox"/> ind.		<input type="checkbox"/> group <input type="checkbox"/> ind.
Umbrella Liability		<input type="checkbox"/> group <input type="checkbox"/> ind.		<input type="checkbox"/> group <input type="checkbox"/> ind.
Professional Liability		<input type="checkbox"/> group <input type="checkbox"/> ind.		<input type="checkbox"/> group <input type="checkbox"/> ind.

Have you ever been turned down for insurance? Yes No Yes No
Do you have a family history of Alzheimer's? Yes No Yes No

PART 6: RESIDENCE INFORMATION

	Principal Residence	Second Residence
Fair Market Value		
Tax Basis (original cost plus improvements)		
Do you plan to sell this home and purchase a smaller home to help finance your retirement expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <u>yes</u> , please indicate the approximate year that you would plan to replace your residence, and the value of the replacement residence (In today's dollars - -don't inflate)		

PART 7: LIABILITY INFORMATION

Primary Residence -Mortgage Liabilities		
	1st Mortgage	2nd Mortgage
Loan Origination Date		
Initial Mortgage Amount		
Current Principal Balance		
Monthly Payment (P& I only)		
Interest Rate		
Mortgage Type	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM
If ARM, next adjustment date		

Second Residence -Mortgage Liabilities		
	1st Mortgage	2nd Mortgage
Loan Origination Date		
Initial Mortgage Amount		
Current Principal Balance		
Monthly Payment (P& I only)		
Interest Rate		
Mortgage Type	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM
If ARM, next adjustment date		

Auto Loans		
	1st Auto	2nd Auto
Loan Origination Date		
Current Principal Balance		
Monthly Payment (P& I only)		
Interest Rate		
Loan Term (i.e. 3yr., 5yr.)		

Credit Cards			
Card Name	Interest Rate*	Avg. Monthly Payment	Current Balance (if not paid in full monthly)

Other Loans (School, Business, Personal)				
Lender	Purpose of Loan	Interest Rate*	Payment	Current Balance

Have you received a copy of your credit report within the past year? Yes No

PART 8: RECURRING EXPENSES

Calculate your recurring annual living expenses by category (excluding income taxes):

Primary Residence Mortgage Payment (First)

Primary Residence Mortgage Payment (Second)

Second Residence Mortgage Payment

Charitable Contributions

Property Taxes (Primary Residence)

Property Taxes (Second Residence)

Other Expenses* _____

Total Recurring Expenses: _____

*Please include an allowance for car payments and home maintenance/improvements. These are items that are often overlooked in expense projections. You may wish to use Appendix 1 as a guide to determine this “other expense” amount.

NON-RECURRING EXPENSES OR FINANCIAL GOALS

Please list below your non-recurring expenses, or identified financial goals. (Examples: Children’s wedding expenses, special vacations, future auto downpayments, home remodeling, second home, etc.)

Description	Estimated Amount (In today’s dollars -- don’t inflate)	Estimated Year(s)

PART 9: OTHER INFORMATION / COMMENTS ON ADVICE YOU SEEK

Please list below any additional information that would be helpful in preparing your financial independence analysis. **Please also review Appendix 2 and answer the questions as best you can.**

These items may be needed, should you engage our services:

- | | |
|------------------------------------|--------------------------------|
| Prior Year Tax Return | Paycheck Stubs |
| Brokerage Account Statements | Mutual Fund Account Statements |
| Trust Account Statements | Employee Benefits Booklet |
| Retirement Plan Account Statements | Legal Documents |
| Loan Documents | Insurance Policies |

*If you will be coming to our office for your financial consultation, please bring this completed form with you.
If we will be teleconferencing with you, please (1) keep a copy of your completed form,
(2) fax or mail a copy to us at the following address:*

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APPENDIX 1

DETAILED EXPENSE INFORMATION

Use this worksheet to determine your recurring expenses (excluding expenses listed on page 6, i.e. mortgage interest expense, property taxes, charitable contributions and non-recurring expenses).

Other Expenses	For each row, enter either a monthly or annual amount	
	Monthly	Annual
Medical Expenses		
Doctor		
Dentist / Orthodontist		
Eye Exam / Glasses		
Medicine / Drugs		
Insurance		
Life (Permanent)		
Life (Term)		
Auto		
Disability		
Homeowners, Property & Casualty		
Medical		
Long-Term Care		
Umbrella, Other Liability		
Rent or Lease Payments (not mortgage)		
Food & Household Expenses		
Groceries		
Household Supplies		
Dining Out		
Utilities		
Gas/Electric		
Water / Trash		
Phone / Internet		
Auto Operating and Maintenance		
Gas/Oil		
Repair		
Parking, Tolls & Licenses		
Subtotal (enter here and on page 9)		

APPENDIX 1 (Continued)

DETAILED EXPENSE INFORMATION

Other Expenses (continued)	Monthly	Annual
Child Expenses		
School Expenses		
Lunch Money		
Special Events		
Baby Sitting / Daycare		
Gifts / Birthdays		
Holidays / Vacations		
Domestic Help		
Clothing		
Laundry / Cleaning		
Property Improvements & Upkeep		
Home Furnishings		
Child Support		
Alimony		
Entertainment		
Hobbies		
Memberships / Dues		
Association Fees		
Pet Expenses		
Books / Subscriptions		
Cable / Satellite TV		
Supplies		
Miscellaneous		
Other (1):		
Other (2):		
Other (3):		
Other (4):		
Subtotal (from page 8)		
Total Other Expenses (enter on page 6)		

APPENDIX 2

LIFE PLANS AND GOALS INFORMATION

These questions will help us jointly build a Financial Plan integrated with and supportive of the goals and aspirations of your life. Answer each question as best you can. You may want to make a copy of this Appendix so each significant other can complete it independently. In many cases, there may not be enough space to answer the questions. If you are filling this in using Microsoft Word on your computer, simply insert additional space under each question with your answers. If you are using the Adobe PDF version, please attach additional pages for each question, as necessary.

1. I consider dealing with the financial aspects of my life to be (choose one):

- a. Tasks that I dread
- b. Tasks that I enjoy
- c. Tasks that I neither dread nor enjoy

2. I consider dealing with the financial aspects of my life to be (choose one):

- a. Tasks that I often put off rather than tackling
- b. Tasks that I tackle as necessary
- c. Tasks that I look forward to working on

3. My preference is to reach financial independence at age _____. Note: we define financial independence as the age at which you have enough net worth, along with pension income, to provide for your expenses throughout the rest of your life.

4. Describe what your life might be like when you achieve financial independence.

5. If, on the last day of my life, I were to reflect back on my life from today forward, what key accomplishments would I consider to have been most important to me? Asked another way, what are the most important things you would like to achieve or accomplish from this point forward, over the rest of your life?

APPENDIX 2 (Continued)

6. What is standing between you and accomplishing the items in Question 5?

7. What gives me optimism that I can accomplish this vision of my life?

8. How can I measure successful attainment of these key accomplishments?

9. What financial decisions do you most regret?

10. Of what financial decisions are you most proud?

APPENDIX 2 (Continued)

11. What part does charitable giving play in your value system?

12. What are your beliefs about passing assets on to your heirs?

13. Assume that you engaged GABA, completed the engagement and implemented GABA’s recommendations. It is now three years later and the results of the engagement have exceeded your expectations. What has changed in your life as a result of engaging GABA? Be as specific as possible.
