

ADVANTAGE PATHWAY™ QUESTIONNAIRE
SECURE FUTURE**Personal Information:**HusbandWife

Full Name _____

Date of Birth *(Month/Day/Year)* _____

Social Security Number _____

Phone: Work (____)____ - _____

Home (____)____ - _____

Cell (____)____ - _____

Citizenship U.S. Other _____

Email Address: _____

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 AttorneyDeclaration to Physicians (Living Will) Financial Power of AttorneyPrenuptial 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:

<u>Real Estate.</u> (Indicate street address, city, state and approximate sale value)	<u>Value & Ownership</u>		
	<u>Jointly</u>	<u>Husband</u>	<u>Wife</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Bank accounts and C.D.'s.</u> (List separately, indicating institution and approximate amount of each account and maturity date for C.D.'s)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Retirement assets:</u> (IRA's/401K/403b, Profit Sharing Plans, Deferred Compensation, Roth IRA or other Retirement Plans)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Stocks, bonds, mutual funds and Investments that are not part of retirement plan.</u> (Indicate company, number of shares or face value)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Money owed to you. (Do you have any mortgages, land contracts or promissory notes?)
Yes No If yes, please explain: _____

Business interests. (Do you have any partnerships, corporations, LLC's or sole proprietorships?)
Yes No If yes, please explain: _____

<u>Life Insurance and Annuities.</u> (Indicate company, approximate death benefit)	Face/Issue Value	Cash Value
<input type="checkbox"/> Life Ins. <input type="checkbox"/> Annuity _____	_____	_____
<input type="checkbox"/> Life Ins. <input type="checkbox"/> Annuity _____	_____	_____
<input type="checkbox"/> Life Ins. <input type="checkbox"/> Annuity _____	_____	_____

Vehicles (Make, model and year)

Other assets. (Personal property, collections or of significant value)

Liabilities and Debts:

Mortgages. (Indicate to whom, approximate amount and whether there is collateral)

Amount Collateral

Other Bills and Amounts Due. (Indicate to whom, approximate amount and whether there is collateral)

Income

Husband

Wife

Social Security _____

Pension _____

Other _____

Long Term Care

Insurance

Do you own a Long Term Care Insurance Policy? Yes No

If yes, please answer the following questions:

Who's name is on the policy? _____

Insurance Company Name _____

Daily Benefit _____

Term of Years for Policy _____

Is the policy a Wisconsin Partners Program policy? Yes No

Assisted Living/Nursing Home Care

Are you or your spouse currently paying any bills for an Assisted Living Facility or Nursing Home ? Yes No

Monthly Cost of Care: _____

Name of Facility or Home: _____

Gifts and Transfers:

List any amounts transferred to any family member or other person during the previous 5 years. This includes gifts, loans, withdrawals from joint accounts and any other way that someone received money or something of value without paying full price.

Recipient/Description of Transfer **Date** **Amount**

