

CONFIDENTIAL QUESTIONNAIRE

This confidential questionnaire is the first step in providing you with a personal financial consultation. We have designed it to be easy and quick to fill out. Please be as accurate as possible. Your cooperation is appreciated. The information will be treated with the highest degree of confidentiality.

Please call if you have any questions. Thank you.

Included in your packet :

- ✓ FAMILY BACKGROUND
- ✓ SAVINGS ASSETS
- ✓ INVESTMENT ASSETS
- ✓ REAL ESTATE & CONSUMER DEBT
- ✓ PROTECTIONS
- ✓ ADDITIONAL INFORMATION

Documents to bring to your next interview:

We will be able to work to your best advantage when you provide the following documents along with this completed questionnaire. Your documents will be professionally safeguarded under strict, confidential control during the analysis period; they will be returned to you in the same condition as when provided. If you prefer, duplicate copies of your financial papers are acceptable.

- Income tax return(s) for latest year
- Paycheck stub(s) for you and your spouse showing deductions from gross income
- Statements for each investment you own, where applicable
- All Insurance Policies (be certain that these include declarations of coverage)
 - Automobile and Homeowners Policies
 - Liability Coverages
 - Life Insurance Policies (for all members of your family)
 - Disability Income Insurance Policy
 - Any other types of insurance policies
- Company-provided group benefits for you and your spouse
(If a printout of specific coverages is available, please include)
- Wills and Trust documents

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Antonio D. Sankey, Registered Representative offering securities through NYLIFE Securities LLC.,
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Neither Antonio D. Sankey nor NYLIFE Securities LLC provides tax, legal, or accounting advice.
Please consult your own tax, legal or accounting professional before making any decisions.

FAMILY INFORMATION

Family Data:	Date of Birth	Birth Place	Social Security Number
Your Full Name			
Spouse's Full Name			
Child			
Child			
Child			
Child			

Residence: Address		Home Phone No.	
City	State	Zip	
Email Address: Home		Work	Preference for use: <input type="checkbox"/> Home <input type="checkbox"/> Work
Your Drivers License No.	Exp. Date	Spouse's Drivers License No.	Exp. Date

Employment Data:	Occupation/Specialty	Employer	How Long?
You			
Spouse			
Your Employer's Address	City	State	Zip
Office Phone No.			
Spouse's Employer's Address	City	State	Zip
Office Phone No.			

	Base Salary	Estimated Bonus	Other Sources	Other Sources
Your Primary Income				
Spouse's Primary Income				

Financial Goals/Priorities:

What are Your Most Important Financial Goals? _____

What are your Priorities? # ___ Education # ___ Retirement # ___ Second Home # ___ Family Security
(please prioritize)

___ Wealth Accumulation # ___ Other _____ # ___ Other _____

How much more could you save on a regular basis? _____

Is there anything disturbing you about your financial planning? _____

NOTES:

SAVING ASSETS

Institution	Account Balance	Account Deposit	Growth Rate
Checking Account	\$	\$	%
Checking Account	\$	\$	%
Savings Account	\$	\$	%
Savings Account	\$	\$	%
Money Market Fund	\$	\$	%
Credit Union	\$	\$	%
Savings Bonds (Type) Maturity	\$	\$	%
Certificate of Deposit	\$	\$	%
Annuity	\$	\$	%
I.R.A.	\$	\$	%
I.R.A.	\$	\$	%
I.R.A.	\$	\$	%
I.R.A.	\$	\$	%
Your Savings Plan at Work (401(k),TSA, 403(b), Profit Sharing)	\$	\$	%
Spouse's Savings Plan at Work (401(k),TSA, 403(b), Profit Sharing)	\$	\$	%
Your Pension	\$	\$	%
Spouse's Pension	\$	\$	%
Other	\$	\$	%
Other	\$	\$	%
Other	\$	\$	%
Other	\$	\$	%

NOTES:

INVESTMENT ASSETS

Stocks, Bonds, Mutual Funds, etc.

Item	# of Shares	Account Balance	Annual Deposit	Growth Rate
Mutual Funds		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
Government Securities		\$	\$	%
		\$	\$	%
Corporate Bonds		\$	\$	%
		\$	\$	%
Municipal Bonds		\$	\$	%
		\$	\$	%
Stocks		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
Partnerships		\$	\$	%
		\$	\$	%
Other		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%

NOTES:

REAL ESTATE & CONSUMER DEBT

Property	Year Purchased	Current Value	Balance Of Mortgage	Monthly Payment	Interest Rate	Fixed or Variable
Your Residence		\$	\$	\$	%	
2 nd Mortgage		\$	\$	\$	%	
Other Home		\$	\$	\$	%	
Land		\$	\$	\$	%	
Land		\$	\$	\$	%	
Other		\$	\$	\$	%	
Other		\$	\$	\$	%	
Other		\$	\$	\$	%	

Loan & Debt

(Include personal loans, college loans, home improvement loans, automobile or boat loans, passbook loans, credit card balances, store charges, checking credit lines, etc.)

	Balance	Monthly Payment	Interest Rate	Insured?
Auto	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visa	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
MasterCard	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loan	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loan	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Misc.	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Misc.	\$	\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTES:

PROTECTIONS

Life Insurance

Name of Insurance Co.	Family Member Insured	Amount of Coverage	Type of Insurance	Total Annual Premiums
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Disability Income Insurance

Name of Insurance Co.	Family Member Insured	Amount of Coverage	Total Annual Premiums
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Auto/Homeowners Insurance

Name of Insurance Co.	Coverage Amount	Property Insured	Limits of Liability	Total Annual Premiums
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

How would you rate your knowledge of life, disability income or long term care insurance?

Any objection to knowing more, or being better informed? _____

Do you have an umbrella liability policy? _____ How much? _____

What are the deductibles on your homeowners and auto policies? _____ / _____

<p>NOTES:</p>

ADDITIONAL INFORMATION

Do you have a valid Will or Trust? Yes No

Do you have an Attorney? Yes No

Last time updated _____

Do you have an Accountant? Yes No

Please use this area if additional space is needed for your responses.

NOTES: