

# New Client Questionnaire

Date

## General Information

Name (Client 1)

Date of Birth Social Security Number **U.S. Citizen?** Yes ☐ No ☐

Street Address

City State Zip

Home Phone Office Phone Extension Mobile Phone

Employer E-Mail

Occupation Salary

Have you ever executed a will? Yes ☐ No ☐ If yes, location of present will:

Relationship of Client 2 to Client 1 If Married, Date of Marriage

Name (Client 2)

Date of Birth Social Security Number **U.S. Citizen?** Yes ☐ No ☐

Street Address

City State Zip

Home Phone Office Phone Extension Mobile Phone

Employer E-Mail

Occupation Salary

Have you ever executed a will? Yes ☐ No ☐ If yes, location of present will:

## Children of Clients

Name Date of Birth

Street Address E-Mail

City State Zip

Home Phone Office Phone Extension Mobile Phone

**Married?** Yes ☐ No ☐ **Separated?** Yes ☐ No ☐ **Divorced?** Yes ☐ No ☐ **Widowed?** Yes ☐ No ☐ **Children?** Yes ☐ No ☐

Name Date of Birth

Street Address E-Mail

City State Zip

Home Phone Office Phone Extension Mobile Phone

**Married?** Yes ☐ No ☐ **Separated?** Yes ☐ No ☐ **Divorced?** Yes ☐ No ☐ **Widowed?** Yes ☐ No ☐ **Children?** Yes ☐ No ☐

Name Date of Birth

Street Address E-Mail

City State Zip

Home Phone Office Phone Extension Mobile Phone

**Married?** Yes ☐ No ☐ **Separated?** Yes ☐ No ☐ **Divorced?** Yes ☐ No ☐ **Widowed?** Yes ☐ No ☐ **Children?** Yes ☐ No ☐

## Financial Advisors

<b>Accountant</b>	Office Phone	Extension
Street Address	E-Mail	
City	State	Zip
<b>Insurance Representative</b>	Office Phone	Extension
Street Address	E-Mail	
City	State	Zip

## Summary of Assets and Liabilities

Please answer the following questions in as much detail as possible. Attach additional paper if necessary.

ASSETS	Client 1 Individually	Client 2 Individually	Jointly Held Between Client 1 and Client 2	TOTAL
Cash (Checking/Savings/CDs)	\$	\$	\$	\$
Personal Residence	\$	\$	\$	\$
Other Real Estate	\$	\$	\$	\$
Life Insurance (Payout Amount)	\$	\$	\$	\$
Pension, 401(k), IRA, TSP	\$	\$	\$	\$
Stocks and Bonds	\$	\$	\$	\$
Business Interests	\$	\$	\$	\$
Personal Property (Furniture/Automobiles)	\$	\$	\$	\$
Other Assets	\$	\$	\$	\$
<b>TOTAL ASSETS</b>	\$	\$	\$	\$
LIABILITIES	Client 1 Individually	Client 2 Individually	Jointly Held Between Client 1 and Client 2	TOTAL
Mortgage on Residence	\$	\$	\$	\$
Mortgage on Other Real Estate	\$	\$	\$	\$
Other Loans and Notes	\$	\$	\$	\$
Charge Accounts	\$	\$	\$	\$
Taxes Due	\$	\$	\$	\$
Loans on Insurance Policies	\$	\$	\$	\$
Other Liabilities	\$	\$	\$	\$
<b>TOTAL LIABILITIES</b>	\$	\$	\$	\$
NET WORTH	Client 1 Individually	Client 2 Individually	Jointly Held Between Client 1 and Client 2	TOTAL
(Assets Less Liabilities)	\$	\$	\$	\$

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