



QFA FINANCIAL & ESTATE PLANNING QUESTIONNAIRE 2023

PRESENTED BY: QFA
QUANTUM FINANCIAL ADVISORS

3. Children:

Name:	Date of Birth:	Marital Status:	Social Security Number:
Home Address:			

4. Miscellaneous:

- a. Have you, your spouse or any of your children had a previous marriage?

Yes No

If so, state reason for termination. If by divorce, is previous spouse still living? Are there any children of a previous marriage not listed above?

- b. Are you, your spouse or children the beneficiary of any trust or gift giving program?

Yes No

If so, state the source, annual income and date of distribution of the principal.

- c. Do you, your spouse or children anticipate an inheritance

Yes No

If so, give the estimated date of receipt and approximate amount.

- d. Please list the names, addresses, and phone numbers and years you have been associated with your accountant, insurance advisor and stock broker.

5. Current Plan:

- a. Do you or your spouse have a will?

Yes No

If so, please provide a copy of the current wills.

- b. Have you or your spouse made gifts in excess of \$11,000 to any one individual or entity? Yes No

If so, please state the date of the gift, the nature of the gift and the name, address and relationship of the beneficiary.

- c. Do you, your spouse or children have life insurance?

Yes No

If so, for each policy please indicate the current face value, the beneficiary and the surrender value (use schedule "D" attached).

ASSETS

Estimate the present value of each of the following items of property. If an item is located in a jurisdiction other than that in which you live, indicate where such item is located.

Item	You	Spouse	Joint
Cash & Bank Account			
Real Estate, including your home place (use Schedule "A") Notes, accounts receivable			
Stocks and Bonds (use Schedule "B" attached) Partnership interests			
Closely held business interest (use Schedule "C" attached)			
Retirement plan/profit sharing plan (use Schedule "F" attached)			
Personal property, including household, autos, jewelry, etc.			
Other assets, including patents, trademarks, copy-rights, royalties, etc. (use Schedule "E" attached)			

LIABILITIES

Item	You	Spouse	Joint
Mortgages on real estate			
Notes to banks and others			
Loans on insurance policies			
Unfulfilled pledges to charities			
Others			

THE PLAN

1. Please state what your and your spouse's wishes are in relation to the disposition of the following items. If you have a will, please write in (see will) and attach will to questionnaire B.

a. Special bequests (jewelry, rugs, china, etc.):

You: _____

Spouse: _____

b. General bequests (household furnishings, automobiles, etc.)

You: _____

Spouse: _____

2. Whom do you wish to be your personal representative (include address and telephone number) and Alternate?

3. Whom do you wish to be the guardian of your minor children (address and phone)?

Alternate Guardian? _____

4. Do you wish to have a trust set up for your spouse, children, other relatives or charity?
(Yes No)
5. Are you now caring for a spouse, child or relative who suffers from any physical or mental hardship?
(Yes No)
6. Are you or your spouse a party to any antenuptial agreement, post nuptial agreement, separation and/or divorce decree or adoption proceeding?
(Yes No)
If so, please explain in detail.

7. Do you or your spouse currently have a safe deposit box?
(Yes No)
If so, give its location, a summary of its contents and how the ownership is structured.

8. Do you or your spouse have any specific burial instructions?
(Yes No)
If so, please state in detail.

9. Do you or your spouse wish to participate in an organ donor program?
(Yes No)

10. Do you or your spouse wish to sign a "Living Will" which provides you the opportunity to leave specific instructions to your doctor and family concerning the use of life support systems?
(Yes No)

11. Whom do you wish to be your health care agent to make decisions for you if you are unable to make them yourself (include address and phone number)?

Alternate guardian? _____

12. Do you wish to have life-sustaining measures used in the event that you are terminally ill or in a persistent vegetative state from which there is no reasonable expectation of recovery?

(Yes No)

If not, do you wish to have nutrition and hydration artificially administered?

(Yes No)

Do you wish to receive medication to relieve pain and suffering even if it would shorten your remaining life?

(Yes No)

13. What, if any, modification would you make regarding life-sustaining procedures if you (or your spouse) are pregnant when such decisions must be made?

14. Whom do you wish to be your attorney-in-fact under your General Power of Attorney (Include address and phone number)?

SCHEDULE A – REAL PROPERTY

Description and Location	Ownership Husband/Wife/Joint	Date Acquired	Basis or Cost	S Mortgage & Current Fair Market Value

Additional Information:

SCHEDULE B – MARKETABLE SECURITIES

Description	Ownership Husband/Wife/Joint	Basis or Cost	Current Fair Market Value

SCHEDULE C – CLOSELY HELD BUSINESS INTERESTS

Description	Ownership Husband/Wife/Joint	Interest %	Basis or Cost	Date Acquired	Current Value

Additional Information:

SCHEDULE D – LIFE INSURANCE**On Your Life:**

Company Name	Owner	Beneficiary	Face Amount	Cash Value	Loans

On Life of Spouse:

Company Name	Owner	Beneficiary	Face Amount	Cash Value	Loans

SCHEDULE E- OTHER ASSETS

Description	Ownership Husband/Wife/Joint	Current Fair Market Value

Additional Information:

SCHEDULE F -REITIREMENT PLANS

Description	Account Balance	Beneficiary	Insured plan (YIN)	Face Amount	Broker Dealer or Custodian

Additional Information:

Submit Form By Email