

CLIENT

DATE

Short Form Confidential Questionnaire

Filling out this confidential questionnaire is the first step to developing a strong financial strategy. Please be assured that your information will be treated with the highest degree of confidentiality.

If you have any questions, please do not hesitate to call our office [913-661-7229].

Please complete and return via drop off, email or mail prior to your appointment.



INCOME STRATEGIES, LLC

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Client Name:

Information	Client	Spouse
Name		
Date of Birth		
State of Domicile		
Citizenship		
Names & Ages of Children of <u>This</u> Marriage		
Names & Ages of Children of <u>Prior</u> Marriages		

Asset	Fair Market Value	Debt on Asset	Ownership				
			Client	Spouse	Community Property	JTROS	Other (Specify:)
Cash Accounts							
Home							
Other Real Estate							
Closely Held Business							
Securities							
Notes Receivable							
Art / Jewelry / Collectibles							
Other Household Items							
Autos & Other Vehicles							
Other (Specify:)							

IRAs & Qualified Plans				
Participant	Type of Plan	Beneficiary(ies)	Current Value	(Defined Benefit Plans only:) Projected Annual Income

- Besides the above, what income or assets (including inheritance) will be available at retirement? **(Specify amounts:)**

Life Insurance & Deferred Annuities

Insured(s) / Annuitant(s)	Beneficiary(ies)	Owner(s)	Net Cash Value	(Life Insurance only) Net Death Benefit

- What amount of annual income would your spouse need in the event of your death? \$ _____

- At what age do you expect to retire? _____

- How much annual income will you want at retirement? \$ _____

- What is your current income (all sources)? \$ _____

- How much of that income would cease if your life ended? \$ _____

- What is your current income tax bracket (federal plus state)? _____%

- Describe your current Wills: All to Spouse Credit Shelter Bypass None

- Are there any special needs (financial or medical) of parents, children, or other family members? **(Describe:)**

- Have you ever made "Lifetime Exclusion" gifts? **(Provide type of asset, and approximate date and value:)**

- (If Yes:)** were gift tax returns filed? Yes No

- Is protection from predatory creditors (including children's ex-spouses) important to you? Yes No

- Are there specific charitable objectives you would like to see fulfilled? **(Describe charity, timing and amount:)**

- Obtain copies of Wills, trusts, business agreements and other legal documents.**

Closely-Held Business Owners:

- What is the full legal name of your company?

- Type of business entity:

- Sole Proprietorship
 General Partnership
 Limited Partnership

- C Corporation
 S Corporation
 Limited Liability Company

- Limited Liability Partnership
 Limited Liability Limited Partnership
 Other:

[If a C corporation, what is the corporate tax bracket (federal plus state)? _____ %]

(To help approximate) →

Income:	Bracket:
< \$ 50K	15%
< 75K	25%
< 100K	34%
< 335K	39%
< 10MM	34%
< 15MM	35%
< 18MM	38%
> 18MM	35%

- Number of full-time employees: _____

- Are any family members employed in the business? If so, describe any future plans for increased responsibility and/or ownership:

Business Owner	Ownership %	Income <i>from the Business</i>	Age	Active vs. Non-Active

- Who will own your business interest in the event of your retirement, disability or death?

- (If more than one owner:)** Is there a *written* Buy-Sell agreement? Yes No

- Which non-owner employees are “key” to the continued success of the Company? **(Provide responsibilities, ages and total compensation:)**

Does the company currently provide any employee fringe benefits? Describe:

How much company debt do you currently guarantee? \$_____ Is this amount typical? Yes No

Are there other **assets, liabilities, issues** or **objectives** that should be considered in this analysis?