

Questionnaire

Please read before you begin...

Completing this Questionnaire is your next step in the Leap Strategic Process™. This Questionnaire is designed to be easy to complete. The confidentiality of your information will be respected and your cooperation is appreciated.

Instructions for this Questionnaire:

Please fill in the information requested, being as complete and accurate in your answers as possible. Throughout the Questionnaire, certain spaces have been set aside for use by your representative. Please do not write in these areas. If you need additional space for your responses, please use the blank pages at the end of the Questionnaire. Please call if any item needs clarification or if you have any questions.

Documents to bring to the next Interview:

Your representative will be able to work more effectively when you provide documents along with this completed Questionnaire. You can be assured that your documents will be professionally safeguarded under strict and confidential control during the analysis period. If you prefer, copies of your financial papers are acceptable.

Please check box as you gather each document:

- | | |
|---|---|
| <input type="checkbox"/> Personal income tax returns | <input type="checkbox"/> Most recent Government Plan Statements |
| <input type="checkbox"/> Paycheck stub(s) for you and your spouse showing deductions from gross income | <input type="checkbox"/> Most recent Mortgage Statements |
| <input type="checkbox"/> Wills and Trust documents | <input type="checkbox"/> Employer-provided group benefits for you and your spouse (please include a printout of specific coverage's if available) |
| <input type="checkbox"/> All Personal Insurance Policies | <input type="checkbox"/> Current account statements (for savings, retirement, investments, etc.) |
| <input type="checkbox"/> Automobile Policies
(Include declarations of coverage) | |
| <input type="checkbox"/> Homeowner's or Renter's Policy
(Include declarations of coverage) | |
| <input type="checkbox"/> Disability Income Policies | |
| <input type="checkbox"/> Hospitalization and Major Medical Policies | |
| <input type="checkbox"/> Life Insurance Policies
(For all members of your family)
— Annual Statements — Loan Statements | |
| <input type="checkbox"/> Any other types of Insurance Policies | |

For business owners only:

- | |
|--|
| <input type="checkbox"/> Business Life Insurance Policies |
| <input type="checkbox"/> Business income tax returns |
| <input type="checkbox"/> Business financial statements |
| <input type="checkbox"/> Buy - Sell Agreements |
| <input type="checkbox"/> Business Agreements
(i.e. key person, deferred compensation, etc.) |



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Background Information

Family Data

	Date of Birth	Place of Birth
Full Name		
Spouse's Full Name		
Child		
Child		
Child		
Child		

Residence

Street Address	City	State/Prov	Zip/Postal Code
Telephone	Fax	Your Personal Email Address	

Employment Data

Your Occupation	Employer	How Long
Work Address	City	State/Prov Zip/Postal Code Phone #
Spouse's Occupation	Employer	How Long
Work Address	City	State/Prov Zip/Postal Code Phone #
Your Work Email Address	Spouse's Work Email Address	

Income

	Base Salary	Estimated Bonus	Estimated Commissions	Estimated Options
Your Primary Income				
Spouse's Primary Income				

Other Income

	Source 1 Amount	Source 2 Amount	Source 3 Amount	Source 4 Amount
Rentals				
Royalties				
Fees or Commissions				
Trust Income				

Secondary Business Income \$ Business Type: Sole Proprietor Partnership Corporation

Do not write in this space.

Insurance Information

Vehicle Insurance	Vehicle One	Vehicle Two	Vehicle Three	Vehicle Four
Make & Model Description				
Primary Driver				
Value of Vehicle	\$	\$	\$	\$
Comprehensive/Collision Liability Amount	/	/	/	/
Comprehensive/Collision Deductible Amount	/	/	/	/
Uninsured/Underinsured Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Endorsements	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Disability Income <input type="checkbox"/> Rental Car <input type="checkbox"/> Roadside Service	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Disability Income <input type="checkbox"/> Rental Car <input type="checkbox"/> Roadside Service	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Disability Income <input type="checkbox"/> Rental Car <input type="checkbox"/> Roadside Service	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Disability Income <input type="checkbox"/> Rental Car <input type="checkbox"/> Roadside Service
Insurance Company				
Annual Premium - Policies are issued for 6 months	\$	\$	\$	\$

Property Insurance	Primary Residence	Second Home	Other Property
Dwelling/Extension			
Contents			
Liability Limits			
Endorsements	<input type="checkbox"/> Earthquake <input type="checkbox"/> Water Backup/Flood	<input type="checkbox"/> Earthquake <input type="checkbox"/> Water Backup/Flood	<input type="checkbox"/> Earthquake <input type="checkbox"/> Water Backup/Flood
Proof of Value (receipts/photos or video)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company			
Annual Premium	\$	\$	\$

Excess Coverage	Insurance Company	Liability Limit	Policy Deductible	Annual Premium
Dwelling/Extension	\$	\$	\$	\$
Contents	\$	\$	\$	\$
Liability Limits	\$	\$	\$	\$

Liability Insurance	Insurance Company	Liability Limit	Policy Deductible	Annual Premium
Personal Liability Umbrella Policy	\$	\$	\$	\$

Medical Insurance

	Insurance Company	Plan Limits	Co-Pay or Deductible	Annual Premium
<input type="checkbox"/> Group <input type="checkbox"/> Individual		\$	\$	\$
<input type="checkbox"/> HMO/PPO <input type="checkbox"/> Indemnity			<input type="checkbox"/> Annual <input type="checkbox"/> Lifetime	
Additional Coverage	<input type="checkbox"/> Prescription <input type="checkbox"/> Vision <input type="checkbox"/> Mental Health	<input type="checkbox"/> Catastrophic	<input type="checkbox"/> Int'l Travel ⇨	\$

Long Term Care / Critical Illness

Insurance Company	Benefit Period	Wait Period	Benefit Amount	Annual Premium
			\$	\$
			\$	\$

Dental Coverage

	Insurance Company	Plan Limits	Co-Pay or Deductible	Annual Premium
<input type="checkbox"/> Group <input type="checkbox"/> Individual		\$	\$	\$
<input type="checkbox"/> HMO/PPO <input type="checkbox"/> Indemnity				

Disability Income Insurance

Family Member Insured	Insurance Company	Monthly Benefit Amount	Annual Premium
		\$	\$
		\$	\$

Life Insurance

Family Member Insured	Insurance Company	Amount of Coverage	Annual Dividend	Policy Loan	Annual Premium
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Do not write in this space.

Smoker: Y N

Medical History:

Savings Type Assets

List each account separately, by ownership and amount

Item	New Money/POR	Jointly Held	Yourself	Spouse	Children
Checking Account	\$	\$	\$	\$	\$
Checking Account	\$	\$	\$	\$	\$
Savings Account	\$	\$	\$	\$	\$
Savings Account	\$	\$	\$	\$	\$
Credit Union	\$	\$	\$	\$	\$
Credit Union	\$	\$	\$	\$	\$
Savings Bonds (Type)	\$	\$	\$	\$	\$
Certificates	\$	\$	\$	\$	\$
Certificates	\$	\$	\$	\$	\$
Money Market Account	\$	\$	\$	\$	\$
Money Market Account	\$	\$	\$	\$	\$
Deferred Annuity	\$	\$	\$	\$	\$
Deferred Annuity	\$	\$	\$	\$	\$
Tax-Free Account	\$	\$	\$	\$	\$
Tax-Free Account	\$	\$	\$	\$	\$
Education Savings	\$	\$	\$	\$	\$
Education Savings	\$	\$	\$	\$	\$
Pension / Defined Benefit Plan	\$	\$	\$	\$	\$
Pension / Defined Benefit Plan	\$	\$	\$	\$	\$
Savings Plan at Work / Defined Contribution Plan	\$	\$	\$	\$	\$
Savings Plan at Work / Defined Contribution Plan	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$

Do not write in this space.

Investment Type Assets

Stocks, Bonds, and other long-term growth assets

Item	New Money/POR	Jointly Held	Yourself	Spouse	Children
Government Securities	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Corporate Bonds	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Municipal Bonds	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Stocks	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Funds / Segregated Accounts	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Business	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Do not write in this space.

Real Estate

Property	Year	Purchase Price	Improvements or Capital Expenditures	Current Est. Market Value
Your Residence		\$	\$	\$
Other Home		\$	\$	\$
Other Home		\$	\$	\$
Land		\$	\$	\$
Land		\$	\$	\$
Land		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$

Do not write in this space.

Mortgages/Equity Lines of Credit

	Monthly Payment Principal & Interest Only	Interest Rate	Months Remaining	Unpaid Balance
Your Residence	\$	%		\$
Your Residence	\$	%		\$
Other Home	\$	%		\$
Other Home	\$	%		\$
Other	\$	%		\$
Other	\$	%		\$
Other	\$	%		\$
Other	\$	%		\$
Other	\$	%		\$

Do not write in this space.

Loans, Debt & Personal Property

Loans & Debt

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

Do not write in this space.

Type of Loan	Monthly Payment	Months Remaining	Unpaid Balance	Insured Y or N?
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$		\$	<input type="checkbox"/> Y <input type="checkbox"/> N

Miscellaneous Personal Property

Show estimated market value of what you own today

Item	Current Market Value
General Household Furnishing & Appliances	\$
Artwork, Antiques, etc.	\$
Jewelry, Yours	\$
Jewelry, Spouse	\$
Automobile # 1	\$
Automobile # 2	\$
Automobile # 3	\$
Boat, Trailer, etc.	\$
Collections	\$
Other	\$

Do not write in this space.

Representative Notes

Do not write in this space.

	A	OCC	MS	CH	I	RES	EST
F							
M							
B							
S							
FIL							
MIL							
BIL							
SIL							

Marginal income tax bracket _____ % Inflation _____ % COM _____ %

- Net Investment Net Savings Gross Savings (net investment)

- College / University education
- Retirement
- Wealth building
- Estate planning
- Short term: (explain)
- Long term: (explain)
- Other: (explain)