



**Allison**  
Financial Group, Inc.

# ALLISON FINANCIAL METHOD Confidential Questionnaire

*Invest your time before you invest your money!*

Date: \_\_\_\_\_

Full Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Birth Date: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Social Security #: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Email: 1. \_\_\_\_\_ 2. \_\_\_\_\_

## FINANCIAL GOALS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you want?  
When do you want it?

## RISK TOLERANCE \_\_\_\_\_

1. Conservative  2. Somewhat Conservative  3. Moderate  4. Somewhat Aggressive  5. Aggressive

# PERSONAL INFORMATION

## EMPLOYMENT

Employer: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Occupation: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Work Address: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
City, State, Zip Code: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Work Phone #: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Work Email: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Attach 401K  
and/or 403B  
Statements

## FAMILY

Child Name	Birth Date	1st Year College	# of Years	Annual Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach 529s  
and Custodial  
Statements

## TAX INFORMATION

Income Amounts: 1. \$ \_\_\_\_\_ 2. \$ \_\_\_\_\_  
Filing Status:  Single  Joint Head of Household: \_\_\_\_\_  
Number of Exemptions: \_\_\_\_\_ Property Tax: \$ \_\_\_\_\_  
Charitable Contributions: \$ \_\_\_\_\_ Other Tax (Not Property/State): \_\_\_\_\_  
Doctor: \$ \_\_\_\_\_ Dentist/Orthodontist: \$ \_\_\_\_\_ Medicine Drugs: \$ \_\_\_\_\_

Attach last  
year's Tax Return

## RETIREMENT INCOME SOURCES

Age to Start Social Security Benefit (62-70) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Amount Expected Monthly: 1. \$ \_\_\_\_\_ 2. \$ \_\_\_\_\_  
Defined Benefit: 1.  Yes  No 2.  Yes  No  
Monthly Income: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Age to Start: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Survivor Benefit: 1.  Yes  No 2.  Yes  No

# ASSETS & DEBT

## TAXABLE INVESTMENTS

Description	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Include statements from Investment Accts, Savings Accts, CDs, etc.

## RETIREMENT INVESTMENTS

Description	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Include IRAs, 401Ks, 403Bs, Annuities, SS Statements, etc.

## OTHER PERSONAL ASSETS

Description	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Include Home, Investment Property, Vehicles, etc.

## LIABILITY INFORMATION

Description	Account Balance	Monthly Payments	Interest
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %

Include Mortgage, Car Loans, Credit Cards, etc.

# INSURANCE INFORMATION

## MISCELLANEOUS INSURANCE

Company Name	Insured	Annual Premium
Automobile 1: _____	_____	\$ _____
Automobile 2: _____	_____	\$ _____
Home Owners: _____	_____	\$ _____
_____	_____	\$ _____

## LIFE INSURANCE POLICY

Company Name	Insured	Annual Premium	Policy Face Amt	Cash Value
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Include all statements and policies

## ANNUITY

Company Name	Annuitant	Value
_____	_____	\$ _____
_____	_____	\$ _____

Include all statements

## LONG TERM CARE POLICY

Company Name/Description	Insured	Daily Benefit
_____	_____	\$ _____
_____	_____	\$ _____

Include Policy

## DISABILITY POLICY

Company Name/Description	Insured	Annual Premium
_____	_____	\$ _____
_____	_____	\$ _____