NAVIGATION
FINANCIAL GROUP
OF AMARILLO, LLC

Please complete this Client Questionnaire so can begin to organize, analyze and help you prepare for your financial journey!

✧Personal Data ✧

FAMILY INFORMATION

Client Name:	Date of Birth: / /	Marital Status
Spouse Name:	Date of Birth: / /	
Address:		
City:	State:	Zip:
Home Phone:	Fax:	
Client Cell Phone:	Spouse Cell Phone:	
Client Email:		

CHILDREN

Name	DOB	Marital Status	Spouse	DOB

GRANDCHILDREN

Name	DOB	Parent	Marital Status	Spouse	DOB

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AGE ASSUMPTIONS

Client/Spouse	Retirement Age	Assumed Life Expectancy

✧Entities✧

CHARITIES

Name	
Name	
Name	

INDIVIDUALS

Name	Gender	Relationship(Mother, Father, Aunt, Uncle, Business Partner, Other, etc)

REAL ESTATE & PERSONAL PROPERTY

Name	Current Value	Owner

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Notes -

_____

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NON-QUALIFIED ASSETS (TAXABLE AND CASH)

Name	Type (Cash, Checking, Brokerage, Bonds, CDs, etc)	Current Value	Owner

RETIREMENT ASSETS

Name	Type (401k, IRA,Roth IRA, Deferred Comp, 403b, Pension, Annuities, etc)	Current Value	Owner	Beneficiary

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✧Stock Options✧

Do you own any Stock Options? _____Yes _____No

**If Yes, Please attach or send in a statement of your stock options so we can enter them into your Fact Finder

	✧1✧	✧2✧	✧3✧	✧4✧	✧5✧
Name					
Ticker Symbol					
Shares					

BUSINESS INTERESTS

✧ Business and Insurance ✧

Name	Type(Sole Proprietorship, Partnership, S-Corp, C-Corp, LLC, etc)	Owner	Value

LIFE INSURANCE

	Life Policy 1	Life Policy 2	Life Policy 3
Policy Name			
Purchase Date or Year			
Policy Type(Term, Whole Life, Variable, Universal, etc)			
Insured			
Beneficiary			
Current Death Benefit			
Current Cash Value			
Annual Premium			
Premium Term			

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LONG TERM CARE INSURANCE

	Long Term Care 1	Long Term Care 2
Policy Name		
Insured		
Benefit Amount / Frequency		
Annual Premium		

DISABILITY INSURANCE

	Disability 1	Disability 2
Policy Name		
Policy Type(Group Short Term, Group Long Term, Personal Short Term, Personal Long Term etc)		
Insured		
Benefit Type		
Benefit Amount/Frequency		
Annual Premium		
Benefit is Taxable?		

✧ Financial Data ✧

LIABILITIES

Mortgage/Loan	Property	Original Loan Amount	Current Balance	Interest Rate	Loan Term

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INCOME

Name	Annual Amount	Owner	Starts	Ends
Social Security Client				
Social Security Spouse				

EXPENSES

Current	Retirement	Desired Income in the Event of Death:	
		Client's Premature Death	Spouse's Premature Death

✧Goals✧

EDUCATION GOALS

Child/Grandchild	Annual Amount	Starts	Ends	Monthly Savings

529 PLANS

Name	Current Value	Beneficiary	Monthly Savings

OTHER GOALS

Name	Annual Amount	Type	Starts	Ends	Monthly Savings

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SAVINGS AND GROWTH ASSUMPTIONS

	Pre-Retirement Growth Rate	Post Retirement Growth Rate	Monthly Savings
Non-Qualified Assets			
Qualified Assets			

TAX RATE

Tax Rate	

✧ Estate Planning ✧

ESTATE ASSUMPTIONS

State Death Tax Rate		Probate Rate		Estate Tax Law (Sunset/Fixed)	

REVOCABLE TRUSTS

	Client	Spouse
Assets Pass through Revocable Trusts to avoid Probate(Y/N)		
If Yes, what %		

IRREVOCABLE LIFE INSURANCE TRUST

	Client	Spouse	Survivorship
Death Benefit			
Premium Gift			
Beneficiary			

WILLS

	Client	Spouse
Credit Shelter Trust Utilized for Client (Y/N)		
Charitable Bequest ($)		
Specific Bequest to Heirs ($)		
Remaining Estate Goes to: (Spouse/Heirs)		

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ANNUAL EXCLUSION GIFTING

Name	Recipient	Gift Amount	Start Year	End Year	Suspend at First Death(Y/N)

LIFETIME NON-EXCLUSION GIFTS

Recipient	Gift Amount	Start Year	End Year	Suspend at First Death (Y/N)
		Bl		

LIFETIME CHARITABLE GIFTING

Gift Amount	Start Year	End Year	Suspend at First Death (Y/N)

✧ Other Advisors ✧

Account	
Attorney	
Other - Type -	
Other – Type -	

✧ Notes ✧

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