

**COOPER, SPONG & DAVIS PRIVATE CLIENT SERVICES**  
**CONFIDENTIAL WEALTH PLANNING QUESTIONNAIRE**

You may have special concerns that we need to understand in order to best accomplish your goals. Thus, please supplement this questionnaire with any other information that you believe may be pertinent. Remember that our conversations and your files are privileged and confidential. It is our goal to provide you with the best wealth management advice possible in the most cost-efficient manner. We look forward to working with you to achieve this objective.

**I. Documents to Provide**

1. A copy of your Will, if available.
2. A copy of your spouse's Will, if available.
3. A copy of any Trust affecting you or your spouse, if available.
4. A copy of your Power of Attorney, if available.
5. A copy of your spouse's Power of Attorney, if available.

**II. Your Personal Data**

**Full Legal Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Information:** Home \_\_\_\_\_  
Cell \_\_\_\_\_  
Email \_\_\_\_\_

A. 1. Date of Birth \_\_\_\_\_  
2. Place of Birth \_\_\_\_\_

B. 1. Date of Marriage \_\_\_\_\_  
2. Place of Marriage \_\_\_\_\_

**IV. Family Data**

**Spouse:**

**Children:** (Note their date of birth, whether they are adopted, and their place of residence if different than yours). Please also provide their complete address and telephone number(s).

- 1.
- 2.
- 3.
- 4.

**V. Financial Data**

*A. Real Estate (including Condominiums & Co-op Apts.)*

	<u>Location</u>	<u>Titling</u>	<u>Tax Cost or Basis</u>	<u>Mortgage</u>	<u>Present Value</u>
1.	_____				
2.	_____				
3.	_____				
4.	_____				

*B. Cash (including bank accounts, CD's & money market funds)*

	<u>Account Type</u>	<u>Name of Bank or Firm</u>
1.	_____	
2.	_____	
3.	_____	

*C. Aggregate Marketable Securities*

	<u>Location</u>	<u>How Owned</u>	<u>Present Value</u>
1. Stocks	_____		
2. Bonds	_____		

3. Mutual Funds \_\_\_\_\_

*D. Life Insurance*

<u>Insurance Company</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Type</u>	<u>Amount Against Loan</u>	<u>Face Amount</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*E. Closely Held Investments*

1. Name of Business
2. Address
3. Type (LLC, Corp., Partnerships, Sub. S., etc...)

*F. Employee Benefits and Retirement Accounts (attach copy of latest statement if available and current beneficiary designations)*

1. Group Life Insurance
2. Profit Sharing Plan
3. Pension Plan
4. IRA, 403(B) or other retirement arrangements

**VI. Executors, Guardians and Trustees (Name, Address, Telephone Numbers):**

Proposed Executor(s):

Proposed Trustee(s):

Proposed Guardian(s) of Minor Children: