

Confidential Client Questionnaire

Client Information

Client Name: _____ Spouse Name: _____

Client Phone: _____ Client Email: _____

Applicant's Information - Required

Applicant's Name: _____ Relation to Client (circle): Self Spouse Other

Current Age: _____ Anticipated Retirement Age: _____ Gender (circle): Male Female

Current Plan Type (circle): Tax-Qualified Taxable

Current Savings Rate: \$ _____ per _____ Anticipated Growth (Accumulation): _____ %

Employer Matching: \$ _____ per _____ Anticipated Growth (Retirement): _____ %

Current Tax Rate: _____ % Tax Rate at Retirement: _____ %

Anticipated Fee Drain: _____ % State of Residence: _____

Application Information - Optional

Indexed Crediting Method: _____ Index Crediting Frequency: _____

Preferred Carrier (circle): North American Allianz Lincoln

Anticipated Underwriting Status: _____

Case Notes: _____

Agent Information

Agent Name: _____ Date: _____

Agent Phone: _____ Agent Email: _____



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BUILDER**