

**CONFIDENTIAL**

**CLIENT**

**QUESTIONNAIRE**

# Confidential Client Questionnaire

## ***Before You Begin...***

This *Confidential Client Questionnaire* is designed to help you gather all the required information for your financial plan. The questionnaire's easy-to-follow format will allow you to enter your required personal data and financial details. These items are necessary so we can create a complete and thorough picture of your *current* and *future* financial situation.

The following documents will help you to complete the questionnaire. **Please bring these documents with you to the meeting.**

- Two years of federal and state tax returns
- Pay stubs (two consecutive)
- Pension Plan Benefits Statements
- Latest statements from trust companies, brokers, mutual fund companies, and banks pertaining to all your investments (retirement and non-retirement)
- Certificates of deposit with maturity dates
- Statement of projected social security benefits (Form SSA-7004)
- Most recent mortgage statement
- Latest wills
- Trust agreements

## **Keep in mind...**

The more information you provide, the more realistic your financial plan will be. **If you are unsure of an exact value for any piece of information, please give it your best estimate.**

# Confidential Client Questionnaire

## PERSONAL INFORMATION

**Please provide the following information. All information will be held in the strictest confidence.**

Today's Date \_\_\_\_\_

Legal Name (client) \_\_\_\_\_

Legal Name (co-client) \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Client's E-Mail Address \_\_\_\_\_ Co-Client's E-mail Address \_\_\_\_\_

Wedding Anniversary (if applicable) \_\_\_\_\_

	<b>Client</b>	<b>Co-client</b>
Please address me as...	_____	_____
U.S Citizen?	Yes No	Yes No
Birthdate	_____	_____
Social Security #	_____	_____
Occupation/Title	_____	_____
Employer Name	_____	_____
Date Employed	_____	_____
Street Address (Work)	_____	_____
City, State, Zip	_____	_____
Work Phone	_____	_____
Work Fax	_____	_____
Preferred Method of Contact		
_____ Home Telephone	_____ 's E-mail	_____ 's Work Phone
Send Correspondence to		
_____ Home Address	_____ 's Work Address	_____ Other Address

# Confidential Client Questionnaire

## FAMILY INFORMATION

	<b>Child 1</b>	<b>Child 2</b>
Child's Name	_____	_____
Birthdate	_____	_____
Occupation	_____	_____
Child's Spouse	_____	_____
Their children's names	_____	_____
	_____	_____
Home Address	_____	_____
City, State, Zip	_____	_____
Special Concerns/Notes	_____	_____
	_____	_____

	<b>Child 3</b>	<b>Child 4</b>
Child's Name	_____	_____
Birthdate	_____	_____
Occupation	_____	_____
Child's Spouse	_____	_____
Their children's names	_____	_____
	_____	_____
Home Address	_____	_____
City, State, Zip	_____	_____
Special Concerns/Notes	_____	_____
	_____	_____

# Confidential Client Questionnaire

## ADDITIONAL FAMILY INFORMATION

### Other Dependents

#### Dependent 1

#### Dependent 2

Dependent's Name	_____	_____
Birthdate	_____	_____
Occupation	_____	_____
Dependent's Spouse	_____	_____
Special concern/notes	_____	_____
	_____	_____

### Parents

#### Client's Father

#### Client's Mother

Name	_____	_____
Birthdate	_____	_____
State of Residence	_____	_____
Special concern/notes	_____	_____
	_____	_____
Health Status	_____	_____
Deceased? (age/cause)	_____	_____

#### Co-client's Father

#### Co-client's Mother

Name	_____	_____
Birthdate	_____	_____
State of Residence	_____	_____
Special concern/notes	_____	_____
	_____	_____
Health Status	_____	_____
Deceased? (age/cause)	_____	_____

# Confidential Client Questionnaire

## OTHER PERSONAL INFORMATION

### Previous Marriages

Parties of Marriage \_\_\_\_\_

Date Married \_\_\_\_\_ Date Dissolved \_\_\_\_\_

Current Issues/Responsibilities \_\_\_\_\_

\_\_\_\_\_

Parties of Marriage \_\_\_\_\_

Date Married \_\_\_\_\_ Date Dissolved \_\_\_\_\_

Current Issues/Responsibilities \_\_\_\_\_

\_\_\_\_\_

### Health Status

Discuss potential problem areas

Client \_\_\_\_\_

\_\_\_\_\_

Co-Client \_\_\_\_\_

\_\_\_\_\_

Child 1 \_\_\_\_\_

Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_

Child 4 \_\_\_\_\_

Does either client or co-client smoke? \_\_\_\_\_

Has anyone been denied insurance for health or other reasons? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Confidential Client Questionnaire

## ADVISORS

**Personal Attorney** Name \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_

**Business Attorney** Name \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_

**Accountant** Name \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_

**Insurance Agent for** Name \_\_\_\_\_

**life, disability, health** Company \_\_\_\_\_

Telephone \_\_\_\_\_

**Insurance Agent for** Name \_\_\_\_\_

**property & casualty** Company \_\_\_\_\_

Telephone \_\_\_\_\_

**Investment Advisor/** Name \_\_\_\_\_

**Broker** Company \_\_\_\_\_

Telephone \_\_\_\_\_

**Other Advisors** Name \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_

# Confidential Client Questionnaire

## FINANCIAL PLANNING PRIORITIES

### Areas of Financial Concern

\_\_\_\_\_ Cash Flow & Budgeting

\_\_\_\_\_ College Planning

\_\_\_\_\_ Insurance Review

\_\_\_\_\_ Retirement Planning

\_\_\_\_\_ Investment Advice

\_\_\_\_\_ Estate Planning

Other areas of concern \_\_\_\_\_

What do you expect to accomplish through financial planning?

---

---

---

---

What questions would you like to have answered during the planning process?

---

---

---

---

---

---

Is there anything additional that I should know to help you with your financial affairs?

---

---

---

---

Do you expect to have any major discretionary expenditures within the next:

\_\_\_\_\_ 1-2 years    \_\_\_\_\_ 3-5 years    \_\_\_\_\_ 5-10 years

Please explain. \_\_\_\_\_

---

---

---

Have you ever worked with a financial advisor? \_\_\_\_\_



# Confidential Client Questionnaire

## INCOME Estimate for current calendar year

Type of Income	Client	Co-Client	Joint
Wages	_____	_____	_____
Bonuses	_____	_____	_____
Commissions	_____	_____	_____
Self-employment <i>(net income)</i>	_____	_____	_____
Interest/Dividends	_____	_____	_____
Trust	_____	_____	_____
Rental	_____	_____	_____
Social Security	_____	_____	_____
Alimony	_____	_____	_____
Pension/Annuity	_____	_____	_____
Other	_____	_____	_____
<b>Total</b>	_____	_____	_____

Have either of you recently had a major increase or reduction in your salary? \_\_\_\_\_

---

Do either of you anticipate a major increase or reduction in your salary? \_\_\_\_\_

---

## ANNUAL SAVINGS

Type of Account	Client Contribution	Co-client Contribution	Employer Contribution
Employer Retirement Plans	_____	_____	_____
Regular IRA	_____	_____	_____
Roth IRA	_____	_____	_____
Taxable Accounts	_____	_____	_____
Annuities	_____	_____	_____
Other	_____	_____	_____
<b>Total</b>	_____	_____	_____

# Confidential Client Questionnaire

## EXPENSES

Please complete using Annual **or** Monthly Expenses (can vary by expense)

	Monthly	Annual		Monthly	Annual
<b>HOUSING</b>			<b>HOUSEHOLD</b>		
Mortgage(s) P&I	_____	_____	Maintenance/repairs	_____	_____
Property taxes	_____	_____	Furnishings (purchases)	_____	_____
Rent	_____	_____	Services (cleaning, lawn)	_____	_____
Condo/association fees	_____	_____	Home Security	_____	_____
Other_____	_____	_____	<b>FOOD</b>		
<b>UTILITIES</b>			Groceries	_____	_____
Gas, electric	_____	_____	Meals out	_____	_____
Water & sewer	_____	_____	<b>CLOTHING</b>		
Telephone/internet	_____	_____	Purchases	_____	_____
Trash collection	_____	_____	Cleaning/tailoring	_____	_____
Cable TV	_____	_____	<b>HEALTH CARE</b>		
<b>TRANSPORTATION</b>			Prescriptions	_____	_____
Gas, oil, repairs	_____	_____	Medical out of pocket	_____	_____
Parking/other	_____	_____	Dental	_____	_____
License/taxes for autos	_____	_____	Other_____	_____	_____
Bus/train/taxi/limo	_____	_____	<b>RECREATION</b>		
<b>INSURANCE</b>			Vacations	_____	_____
Homeowners	_____	_____	Entertainment	_____	_____
Auto	_____	_____	Books and subscriptions	_____	_____
Life	_____	_____	Sports/Hobbies	_____	_____
Medical/dental	_____	_____	Health club	_____	_____
Disability	_____	_____	Membership fees	_____	_____
Long-term care	_____	_____	Other_____	_____	_____
Excess liability	_____	_____	<b>PERSONAL ITEMS</b>		
Other_____	_____	_____	Gifts	_____	_____
<b>PROFESSIONAL FEES</b>			Charitable contributions	_____	_____
Lawyer	_____	_____	Education/classes (self)	_____	_____
Other_____	_____	_____	Personal care	_____	_____
<b>OTHER FIXED</b>			Pet care	_____	_____
Alimony	_____	_____	Other_____	_____	_____
Child Support	_____	_____	<b>DEBT</b>		
Child care	_____	_____	Vehicle loans	_____	_____
Elder care	_____	_____	Credit cards	_____	_____
Other_____	_____	_____	Education loans	_____	_____
<b>EDUCATION</b>			Investment loans	_____	_____
Private schools	_____	_____	Other loans_____	_____	_____
College	_____	_____	<b>Total (this column)</b>	_____	_____
Other_____	_____	_____	<b>Total (column 1)</b>	_____	_____
<b>Total</b>	_____	_____	<b>GRAND TOTAL</b>	_____	_____

# Confidential Client Questionnaire

## ASSETS

*Please complete all asset categories using current value.*

### TAXABLE (non-retirement) ACCOUNTS

#### LIQUID ASSETS

	Client	Co-client	Joint
Checking/Savings			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Money Market/C.D.			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
U.S. Savings Bonds			
Credit Union			
Life Insurance Cash Value			
Other _____	_____	_____	_____
<b>Total Liquid Assets</b>	_____	_____	_____

#### FIXED ASSETS

	Client	Co-client	Joint
* Bonds and Bond Mutual Funds			
_____	_____	_____	_____
_____	_____	_____	_____
* U. S. Government Obligations			
_____	_____	_____	_____
_____	_____	_____	_____
*Tax-free Municipal bonds/funds			
_____	_____	_____	_____
_____	_____	_____	_____
* Notes receivable			
Other _____	_____	_____	_____
<b>Total Fixed Assets</b>	_____	_____	_____

*\*Please complete Schedule of Cost ("Tax Basis") for Assets/Investments*

# Confidential Client Questionnaire

## ASSETS

### TAXABLE (non-retirement) ACCOUNTS

#### EQUITY ASSETS

	Client	Co-client	Joint
* Stocks and Stock Mutual Funds			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
* Stock Options or Warrants			
_____	_____	_____	_____
_____	_____	_____	_____
* Investment Property			
* Business(es)			
* Limited Partnerships			
Other _____	_____	_____	_____
<b>Total Equity Assets</b>	_____	_____	_____

### PERSONAL ASSETS (current market value)

	Client	Co-client	Joint
* Primary Residence	_____	_____	_____
* Vacation Home	_____	_____	_____
* Other Real Estate			
_____	_____	_____	_____
_____	_____	_____	_____
Auto 1 Year/Model_____	_____	_____	_____
Auto 2 Year/Model_____	_____	_____	_____
Personal Property (furniture, etc.)	_____	_____	_____
Valuables (jewelry, antiques, etc.)			
_____	_____	_____	_____
_____	_____	_____	_____
Other _____	_____	_____	_____
<b>Total Personal Assets</b>	_____	_____	_____

*\*Please complete Schedule of Cost ("Tax Basis") for Assets/Investments*

# Confidential Client Questionnaire

## Schedule of Cost (“Tax Basis”) for Assets/Investments

### Assets

	Date Purchased	Initial Cost	Addtl Investment	Total Cost
Primary Residence	_____	_____	_____	_____
Vacation Home	_____	_____	_____	_____
	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____
	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

### Investments

Taxable Accounts:

Mutual Funds	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Stocks	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Bonds	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

# Confidential Client Questionnaire

## ASSETS

### TAX-DEFERRED ACCOUNTS

	Client	Co-client	Beneficiary Name
401(k) Plans			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
403(b) Plans			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Other Employer Plans			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
IRAs (incl. Roth, SEP, SIMPLE)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Keogh (self-employed) Plan			
_____	_____	_____	_____
Annuities			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
<b>Total Tax-Deferred Assets</b>	_____	_____	_____

# Confidential Client Questionnaire

## LIABILITIES

	<b>Current Balance</b>		
	<b>Client</b>	<b>Co-client</b>	<b>Joint</b>
Mortgage on Primary Residence	_____	_____	_____
Other Mortgages			
_____	_____	_____	_____
_____	_____	_____	_____
Home Equity Loans	_____	_____	_____
Auto Loans			
_____	_____	_____	_____
_____	_____	_____	_____
Student Loans			
_____	_____	_____	_____
_____	_____	_____	_____
Credit cards (if you carry a balance)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Investment Loans	_____	_____	_____
Bank Loans	_____	_____	_____
Personal Loans	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
<b>Total Liabilities</b>	_____	_____	_____

*The following section is optional.*

Total Assets by Owner	_____	_____	_____
Total Liabilities by Owner	_____	_____	_____
<b>Net Worth (assets minus liabilities) by Owner</b>	_____	_____	_____

# Confidential Client Questionnaire

## ADDITIONAL INFORMATION ON LIABILITIES

Please provide the following information for all the liabilities you listed on the previous page.

	<b>Monthly Payment</b>	<b>Interest Rate</b>	<b>Remaining # of Years</b>
Mortgage on Primary Residence	_____	_____	_____
Other Mortgages			
_____	_____	_____	_____
_____	_____	_____	_____
Home Equity Loans	_____	_____	_____
Auto Loans			
_____	_____	_____	_____
_____	_____	_____	_____
Student Loans			
_____	_____	_____	_____
_____	_____	_____	_____
Credit cards (if you carry a balance)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Investment Loans	_____	_____	_____
Bank Loans	_____	_____	_____
Personal Loans	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
<b>Total</b>			



# Confidential Client Questionnaire

## LIFE INSURANCE

### Policies owned by Client

Company	Type of Policy	Date Policy Issued	Current Death Benefit	Insured Person	Beneficiary	Cash Surrender Value	Loan Balance	Annual Premium
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>Totals</b>								

### Policies owned by Co-client

Company	Type of Policy	Date Policy Issued	Current Death Benefit	Insured Person	Beneficiary	Cash Surrender Value	Loan Balance	Annual Premium
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>Totals</b>								

### Type of Policy

Grp = Group Term

WL = Whole Life

UL = Universal Life

VL = Variable Life

VUL = Variable Universal Life

LT10 = Level Term 10 year policy

LT15 = Level Term 15 year policy

LT20 = Level Term 20 year policy

ART = Annual Renewable Term

# Confidential Client Questionnaire

## OTHER INSURANCE

### Disability and Long-term Care Insurance – Client

Type	Group or Individual	Waiting Period	Monthly Benefit	Monthly Premium
Disability 1	_____	_____	_____	_____
Disability 2	_____	_____	_____	_____
Long-term Care	_____	_____	_____	_____

### Disability and Long-term Care Insurance – Co-client

Type	Group or Individual	Waiting Period	Monthly Benefit	Monthly Premium
Disability 1	_____	_____	_____	_____
Disability 2	_____	_____	_____	_____
Long-term Care	_____	_____	_____	_____

### Other Insurance

Type	Person(s) Insured	Company	Annual Premium	Liability Amount
Health Insurance	_____	_____	_____	N/A
Health Insurance	_____	_____	_____	N/A
Homeowner's	_____	_____	_____	_____
Auto 1	_____	_____	_____	_____
Auto 2	_____	_____	_____	_____
Auto 3	_____	_____	_____	_____
Excess Liability	_____	_____	_____	_____
Other_____	_____	_____	_____	_____
Other_____	_____	_____	_____	_____

# Confidential Client Questionnaire

## ESTATE INFORMATION – CLIENT

	<b>Please Circle</b>	<b>Date Drawn Up</b>	<b>Date Last Reviewed</b>
Will	Yes   No	_____	_____
Durable Power of Attorney	Yes   No	_____	_____
Revocable Trust	Yes   No	_____	_____
Living Will	Yes   No	_____	_____
Health Care Power of Attorney	Yes   No	_____	_____

Who is the primary executor in your will? \_\_\_\_\_

Who are the alternate executors? \_\_\_\_\_

Who will be the guardians of your children if both parents are deceased? \_\_\_\_\_

Do you expect to benefit any charities upon your death? \_\_\_\_\_

Do you have a safe deposit box? \_\_\_\_\_ Location: \_\_\_\_\_

### Trust Information

Have you created any trusts? \_\_\_\_\_ If yes, please provide the following information.

<b>Type of Trust</b>	<b>Date Created</b>	<b>How Funded</b>	<b>Beneficiary</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you expect any inheritances? \_\_\_\_\_

Do you plan to make any major gifts (more than \$10,000 per person) in the next few years? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Have you made any major gifts (more than \$10,000 per person) in the past? \_\_\_\_\_  
If yes, please give total amount of past gifts. \_\_\_\_\_

# Confidential Client Questionnaire

## ESTATE INFORMATION – Co-CLIENT

	<b>Please Circle</b>	<b>Date Drawn Up</b>	<b>Date Last Reviewed</b>
Will	Yes   No	_____	_____
Durable Power of Attorney	Yes   No	_____	_____
Revocable Trust	Yes   No	_____	_____
Living Will	Yes   No	_____	_____
Health Care Power of Attorney	Yes   No	_____	_____

Who is the primary executor in your will? \_\_\_\_\_

Who are the alternate executors? \_\_\_\_\_

Who will be the guardians of your children if both parents are deceased? \_\_\_\_\_

Do you expect to benefit any charities upon your death? \_\_\_\_\_

Do you have a safe deposit box? \_\_\_\_\_ Location: \_\_\_\_\_

### Trust Information

Have you created any trusts? \_\_\_\_\_ If yes, please provide the following information.

<b>Type of Trust</b>	<b>Date Created</b>	<b>How Funded</b>	<b>Beneficiary</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you expect any inheritances? \_\_\_\_\_

Do you plan to make any major gifts (more than \$10,000 per person) in the next few years? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Have you made any major gifts (more than \$10,000 per person) in the past? \_\_\_\_\_ If yes, please give total amount of past gifts. \_\_\_\_\_

# Confidential Client Questionnaire

## RETIREMENT PLANNING

	<b>Client</b>	<b>Co-Client</b>
At what age do you expect to retire?	_____	_____
Do you plan to work after retirement?	_____	_____
If yes, please explain. _____		
_____		
Are you covered by social security?	_____	_____
At what age do you plan to start soc. security?	_____	_____
Amount of any pensions you will receive.	_____	_____
Do you expect your expenses to remain the same, increase or decrease in retirement? Please explain any changes. _____		
_____		
_____		

## EDUCATION PLANNING

Do you plan to pay for your child(ren)'s education? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, what percent do you plan to pay for? \_\_\_\_\_

What type of education do you plan to pay for?

Grade School\_\_\_\_\_ High School\_\_\_\_\_ College\_\_\_\_\_ Graduate school\_\_\_\_\_

### Children's Education Savings

	Current Value of Account			
	Child 1	Child 2	Child 3	Child 4
<b>Type of Account</b>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## INVESTMENT EXPECTATIONS

What annual return do you expect on your investments?

4-6%\_\_\_\_\_ 7-9%\_\_\_\_\_ 10-12%\_\_\_\_\_ 13-15%\_\_\_\_\_ 16+%\_\_\_\_\_

(please specify)

From what sources have you been obtaining investment advice? \_\_\_\_\_

\_\_\_\_\_

Do you have a preference or objections to any specific investments? Please explain.

\_\_\_\_\_

# Confidential Client Questionnaire

## BUSINESS OWNERSHIP – CLIENT

Briefly describe your ownership interest in any business.

---

---

Name and address of business. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the business form?

\_\_\_ C Corp. \_\_\_ Sub S Corp \_\_\_ LLC \_\_\_ Partnership \_\_\_ Sole Proprietorship

What would happen to your business in the event of your disability or death?

---

---

Does a binding purchase agreement exist for the sale of an owner's interest upon disability or death? If yes, how is it funded and for how much?

---

---

## BUSINESS OWNERSHIP – Co-CLIENT

Briefly describe your ownership interest in any business.

---

---

Name and address of business. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the business form?

\_\_\_ C Corp. \_\_\_ Sub S Corp \_\_\_ LLC \_\_\_ Partnership \_\_\_ Sole Proprietorship

What would happen to your business in the event of your disability or death?

---

---

Does a binding purchase agreement exist for the sale of an owner's interest upon disability or death? If yes, how is it funded and for how much?

---

---