



Strategy Session Questionnaire

Risk Analyzer

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PERSONAL INFORMATION

Georgia
P.O. Box 589
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<https://chancellorconfirm.com>

BASIC INFORMATION

Date & Location:

Client Name:

Citizenship: Gender: Male Female Age:

Spouse Name:

Citizenship: Gender: Male Female Age:

Phone Number: Home: Mobile:

Fax Number: Email:

Address:

of Children: Age Range:

EMPLOYMENT INFORMATION

Occupation & Wage: *(For Client, indicate source as W-2 or 1099.)*

Other Income Sources: *(List source and annual amount.)*

Occupation & Wage: *(For Spouse, indicate source as W-2 or 1099.)*

Are you self-employed? Yes No Is your spouse self-employed? Yes No

RESIDENCE INFORMATION

Primary Residence:	Value \$ <input type="text"/>	Equity \$ <input type="text"/>	State <input type="text"/>
2nd Residence:	Value \$ <input type="text"/>	Equity \$ <input type="text"/>	State <input type="text"/>

Internal Use Only

Date/Time of Consult: _____ Consultant: _____ Location: _____

2 NO RISK ASSET INFORMATION

LIQUID ASSETS (Do Not Include Retirement Accounts)

Checking Accounts:

Value \$

Saving Accounts:

Value \$

Brokerage Accounts:

Value \$

Retirement Accounts:

Value \$

Other Liquid Assets: *(Include asset value and description.)*

Type: *(IRA, 401K, 403b, 401a)*

NOTES, DEEDS OF TRUSTS, TAX LIENS, AND OTHER NO RISK ASSETS

Description	Current Value

LIFE INSURANCE POLICIES

Company Name	Description	Insured	Annual Premium	Death Benefit

Do you have Disability Insurance? Yes No

Do you have Long Term Care Insurance? Yes No

ESTATE PLAN

Do you have a Will? Yes No If yes, when was it created?

Do you have a Living Trust? Yes No If yes, when was it created?

ACTIVE BUSINESS INFORMATION

INVESTMENT FOCUS

Investment Focus: *(Mark all that apply.)*

- | | |
|---|--|
| <input type="checkbox"/> Rental Real Estate | <input type="checkbox"/> Tax Liens / Deeds |
| <input type="checkbox"/> Fix & Flip / Wholesale | <input type="checkbox"/> Stock Market |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Other |

States Where You Plan to Invest:

EXISTING BUSINESS INTERESTS

Business Purpose:

Entity Type:

State:

If any of the above entities are not real estate entities i.e., rental LLC or flipping corporation, and they own real estate, list the entity and the value of the real estate:

FUTURE BUSINESS INTERESTS

List out any business entities you need to establish based upon your current asset protection concerns:

4 RISK ASSET INFORMATION

INVESTMENT REAL ESTATE

Property	State	Value \$	Equity \$	% Owned	Flip/ Hold	SFR/ Multi	Ownership

Definitions:

FLIP: Properties you are holding for less than 1 year, rehabs, new builds.
HOLD: Investment property, land, other properties to be held longer than 1 year.
SFR: Single family residences.
MULTI: Duplexes and above.

Do you have additional properties? Yes No

OTHER RISK ASSETS

List any other assets you own that you believe create liability for you:

BUSINESS EXPENSE INFORMATION

List your business related expenses to date (estimates are acceptable):

Education Amount	Date of Purchase	# of Classes Purchased	# of Classes Attended
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<i>Other Expenses</i>	<i>Amount</i>	<i>Year of Expense</i>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

NOTES

<p>PERSONAL</p>	<p>NO RISK</p>
<p>ACTIVE</p>	<p>RISK</p>

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