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## PRELIMINARY DATA QUESTIONNAIRE (PDQ)

### General Information

Note: Married    Single    Widowed    Divorced  
 (# of years married \_\_\_\_\_, marriage # \_\_\_\_\_)

Client Name	Date of Birth	
Spouse Name	Date of Birth	
Child	Date of Birth	
Child	Date of Birth	
Child	Date of Birth	
Child	Date of Birth	
Home Address	Phone#	
City	State	Zip
Parent Name(s)	Age(s)	Your Email
Do you anticipate any inheritance or significant gifts?	Yes / No	Estimated Amount (\$)
Do you currently make gifts to any charities ( <i>TITHING</i> )?	Yes / No	Estimated Amount (\$)
Occupation	Position	
Company Name	Years of Service	Estimated Retirement Age
Business Address		
City, State, Zip Code		

### Asset & Liability Information

Asset	Value	Debt	Husband	Spouse	Jointly Owned	Plans: Keep/Sell
Bank Account, CDs, Money Market	\$	\$				
Personal Effects (Autos, Furnishings, etc.)						
Business Interests						
Securities: Stocks & Stock Mutual Funds						
Securities: Bonds & Bond Mutual Funds						
401(k) - Current Contribution \$_____					NA	
Pension					NA	
IRA - Current Contribution \$_____					NA	
Home					Int. Rate ____% Term ____ Yrs.	
Other Real Estate					Int. Rate ____% Term ____ Yrs	

**Insurance Information** Date of last formal review of insurance program \_\_\_\_\_

Life Insurance				Disability Insurance			
Insured	Company	Face Amount	Beneficiary	Insured	Company	Benefit Amount	Waiting Period

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Long Term Care Insurance				Major Medical Insurance			
Insured	Company	Benefit Amount	Elim. Period	Company	Plan Type	Deductible	Dental
					HMO PPO	100 250 500	Yes No

Property & Casualty	Company	Renewal Date	Additional Notes:
Home/Auto			
Business			

**Professional Advisors**

	Length/Strength of Relationship	Phone#
Attorney		
Accountant		
Stockbroker		
Property & Casualty Ins. Agency/Agent		

**Income & Expense Information**

Client Pre-Retirement Earned Income \$ _____	Current Living Expenses \$ _____/Retirement Living Expenses \$ _____
Spouse's Pre-Retirement Earned Income \$ _____	Start Social Security at age 62 65 67 70
Annual College Cost In Today's Dollars \$ _____	Growing by _____ % Annually

**Business Owner Information**

<input type="checkbox"/> Regular "C" Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Proprietorship
% Ownership	Other Ownership	% of Other Ownership			
Date Incorporated	Fiscal Year-End	Total # Employees			
Buy/Sell Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Executed _____			

**What Type of Documents Do You Currently Have In Place?**

Document	Yes	No	Document	Yes	No
Will(s)	<input type="checkbox"/>	<input type="checkbox"/>	Tax Return	<input type="checkbox"/>	<input type="checkbox"/>
Trust	<input type="checkbox"/>	<input type="checkbox"/>	Buy/Sell Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>	Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance Trust	<input type="checkbox"/>	<input type="checkbox"/>	Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>

*The information contained herein is strictly confidential. It is provided solely for the use of Lincoln Financial Advisors Corp..*

**MICHAEL S. MAGNUSON CFP®, CPA\***

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