М	PAT: METHODS	Date:	
	Planning Questionnaire	Name:	
		Spouse:	
1	If we were sitting here three years from today, looking have happened in your business and personal lives ov you had made good to excellent progress?		
2	What do you feel is your most important personal goa	al? (Mid, Long Term)	
3	How do you feel about renting vs. buying a home?		
4	How do you feel about your career?		
5	In your opinion, what percentage of income should be saved?		
6	How do you feel about saving for your children's educ	ration?	
7	How do you feel about saving for retirement? At whic	h age do you wish to	retire?
8	What do you want for your life insurance to do for you? Is your mortgage insured through the bank or privately?		
9	If diagnosed with a critical illness (cancer, heart attack or stroke) what would be your biggest concern?		
10	How long could you live on your reserves if you were	disabled tomorrow?	
11	Do you have any debts besides your mortgage?		