

## **QUESTIONNAIRE | CHILDREN**

CHILD 1 NAME:// DATE OF BIRTH://	
CHILD 2 NAME:	
DATE OF BIRTH: / /	
CHILD 3 NAME: DATE OF BIRTH: /	
CHILD 4 NAME:	
DATE OF BIRTH: / /	

• Do you plan on funding all or a part of your children's college education? If so, please describe the percentage or number of years you plan to fund. For long-term planning purposes, we will default to the in-state tuition for the University of Illinois (room, board, tuition); please specify a different institution if desired. Do you plan to fund post-graduate college education?

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• Is there a need to plan for the payment of grade school or secondary school tuition? Please describe is as much detail the expectation for this need.

• In the event of a pre-mature death of either spouse, would you like to plan for the funding of a college education for each child?

• Do your children have any special needs or participate in any activates which we should include in your financial plan? Do you expect to need to support your children in a substantial manner after college?

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