

# Financial Planning Questionnaire

#### Personal Information

Today's date:	
Client initials:	
Name on cover page:	
Contact Information	
Individual 1	Individual 2
Full name:	Full name:
Date of Birth:	Date of Birth:
Age:	Age:
Retirement age:	Retirement age:
Address Information	
Individual 1	Individual 2
Email:	
Phone:	
Cell Phone:	
Address:	
City: State: Zip:	City: State: Zip:
Employment Information	
	Y 11 12
Individual I	Individual 2
Individual 1 Employer:	<u>Individual 2</u> Employer:
Employer:	Employer:
Employer:  Job Title:	Employer:  Job Title:
Employer:  Job Title:  Phone:	Employer:  Job Title:  Phone:
Employer:  Job Title:	Employer:  Job Title:  Phone:  Address:



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Risk Profile		
— ·	_	Moderate ☐ Aggressive ☐ Very Aggressive
Investment Experience: None	☐ Very Little	☐ Moderate ☐ Significant ☐ Extensive
In a section and Employee		
Investment Experience		
What do you consider a reasonable rate of return or	n a long-term inve	vestment portfolio?%
If your investment account dropped in value, at what	at percent would	I you be concerned?%
What is the BEST investment you ever made?		
What is the WORST investment you ever made?		
Estate		
Check the box if you have any of the following:	<u>Individua</u>	nal 1 Individual 2
Will		
What is the date on your will?		-
Who is the guardian for your children?		
Who is the Executor under your will?		
Revocable Living Trust		
Martial Trust Provision		
Credit Shelter Trust Provisions		
Qtip Trust Provisions		
Irrevocable Life Insurance Trust		
Durable General Power if Attorney		
Living Will		
Generation Skip Trust Provisions		
Joint Revocable Trust		
Testamentary Trust		



#### Insurance

Policy #1 Policy #2 Policy #3 Policy #4  Company Name Policy Number Face Value Policy Date Cash Value Annual Premium Policy Type (some group, day) Insured Owner Beneficiary Amount of Loan Due Interest Rate TOTAL \$ \$ \$ \$ \$   Long-term Care Insurance  Individual 1 Individual 2  Name of Insurance Carrier Monthly Benefit Annual Premium Through Company or Personally owned Waiting Period and Length of Benefits  Name of Insurance  Individual 1 Individual 2  Name of Insurance  Individual 1 Individual 2  Name of Insurance  Name of Insurance  Individual 1 Individual 2  Name of Insurance Waiting Period and Length of Benefits	Life Insurance				
Policy Number		Policy #1	Policy #2	Policy #3	Policy #4
Face Value	Company Name				
Policy Date Cash Value Annual Premium Policy Type (term, group, etc.) Insured Owner Beneficiary Amount of Loan Due Interest Rate TOTAL \$ \$ \$ \$ \$ \$  Long-term Care Insurance Individual 1 Individual 2 Name of Insurance Carrier Monthly Benefit Annual Premium Through Company or Personally owned Waiting Period and Length of Benefits  Disability Insurance Individual 1 Individual 2 Name of Insurance Individual 1 Individual 2 Individual 2 Individual 3 Individual 4 Individual 4 Individual 5 Individual 5 Individual 5 Individual 6 Individual 7 Individual 7 Individual 8 Individual 9 Individual 9 Individual 1 Individual 2 Individual 2 Individual 3 Individual 4	Policy Number				
Cash Value  Annual Premium  Policy Type (seem, group, etc.)  Insured  Owner  Beneficiary  Amount of Loan Due  Interest Rate  TOTAL  \$ \$ \$ \$ \$   Long-term Care Insurance  Individual 1 Individual 2  Name of Insurance Carrier  Monthly Benefit  Annual Premium  Through Company or Personally owned  Waiting Period and Length of Benefits  Name of Insurance Carrier  Monthly Benefit  Annual Premium  Through Company or Personally owned  Waiting Period and Length of Benefits  Individual 1 Individual 2  Name of Insurance  Individual 1 Individual 2  Name of Insurance  Through Company or Personally owned  Waiting Period and Length of Benefits	Face Value				
Annual Premium Policy Type (verm, group, etc) Insured Owner Beneficiary Amount of Loan Due Interest Rate TOTAL \$ \$ \$ \$ \$  Long-term Care Insurance  Individual 1 Individual 2  Name of Insurance Carrier Monthly Benefit Annual Premium Through Company or Personally owned Waiting Period and Length of Benefits  Disability Insurance  Individual 1 Individual 2  Individual 2  Individual 3 Individual 4  Individual 5 Individual 5 Individual 5 Individual 5 Individual 6 Individual 6 Individual 7 Individual 7 Individual 7 Individual 8 Individual 9 Individual 9 Individual 9 Individual 9 Individual 9 Individual 1 Individual 2 Individual 1 Individual 1 Individual 1 Individual 2 Individual 1 Individual 1 Individual 2 Individual 1 Individual 2 Individual 1 Individual 2 Individual 3 Individual 4 Individual 4 Individual 4 Individual 4 Individual 5 Individual 5 Individual 9 Individual	Policy Date				
Policy Type (wern, group, etc)  Insured  Owner  Beneficiary  Amount of Loan Due  Interest Rate  TOTAL \$ \$ \$ \$ \$ \$  Long-term Care Insurance  Individual 1 Individual 2  Name of Insurance Carrier  Monthly Benefit  Annual Premium  Through Company or Personally owned  Waiting Period and Length of Benefits  Disability Insurance  Individual 1 Individual 2  Individual 2  Individual 3 Individual 4  Individual 4 Individual 5  Individual 5 Individual 5  Individual 6 Insurance  Individual 7 Individual 8  Name of Insurance  Individual 1 Individual 1  Individual 1 Individual 2  Name of Insurance Carrier  Monthly Benefit  Annual Premium  Through Company or Personally owned	Cash Value				
Insured	Annual Premium				
Disability Insurance	Policy Type (term, gre	oup, etc)			
Beneficiary Amount of Loan Due Interest Rate  TOTAL \$ \$ \$ \$ \$  Long-term Care Insurance  Individual 1 Individual 2  Name of Insurance Carrier Monthly Benefit Annual Premium Through Company or Personally owned Waiting Period and Length of Benefits  Disability Insurance  Individual 1 Individual 2  Name of Insurance Carrier Monthly Benefit Annual Premium Through Company or Personally owned  Through Company or Personally owned  Individual 1 Individual 2  Name of Insurance Carrier Monthly Benefit Annual Premium Through Company or Personally owned	Insured				
Amount of Loan Due	Owner				
Individual 1 Individual 2  Name of Insurance Carrier  Monthly Benefit  Annual Premium  Through Company or Personally owned  Waiting Period and Length of Benefits  Individual 1 Individual 2  Name of Insurance Carrier  Monthly Benefit  Individual 1 Individual 2  Name of Insurance  Individual 1 Individual 2  Name of Insurance Carrier  Monthly Benefit  Annual Premium  Through Company or Personally owned  Individual 1 Individual 2  Name of Insurance Carrier  Monthly Benefit  Annual Premium  Through Company or Personally owned	Beneficiary				
TOTAL \$ \$ \$ \$ \$  Long-term Care Insurance    Individual 1	Amount of Loan D	Due			
Long-term Care Insurance    Individual 1	Interest Rate				
Name of Insurance Carrier  Monthly Benefit  Annual Premium  Through Company or Personally owned  Waiting Period and Length of Benefits  Disability Insurance  Individual 1  Name of Insurance Carrier  Monthly Benefit  Annual Premium  Through Company or Personally owned  Individual 1  Individual 2  Name of Insurance Carrier  Monthly Benefit  Annual Premium  Through Company or Personally owned  Individual 2  Individual 2  Individual 3  Individual 4  Individual 5  Individual 9	TOTAL	\$	\$	\$	\$
Monthly Benefit Annual Premium Through Company or Personally owned Waiting Period and Length of Benefits  Disability Insurance  Individual 1 Individual 2  Name of Insurance Carrier Monthly Benefit Annual Premium Through Company or Personally owned  Through Company or Personally owned			<u>Individual 1</u>	<u>Individual 2</u>	
Annual Premium Through Company or Personally owned Waiting Period and Length of Benefits  Disability Insurance  Individual 1 Individual 2  Name of Insurance Carrier Monthly Benefit Annual Premium Through Company or Personally owned  Through Company or Personally owned					
Through Company or Personally owned	-				
Waiting Period and Length of Benefits					
Disability Insurance  Individual 1 Individual 2  Name of Insurance Carrier  Monthly Benefit  Annual Premium  Through Company or Personally owned					
Name of Insurance Carrier  Monthly Benefit  Annual Premium  Through Company or Personally owned	Waiting Period	and Length of Benefits			
Name of Insurance Carrier  Monthly Benefit  Annual Premium  Through Company or Personally owned					
Name of Insurance Carrier  Monthly Benefit  Annual Premium  Through Company or Personally owned	Disability Insura	nce			
Monthly Benefit  Annual Premium  Through Company or Personally owned			<u>Individual 1</u>	<u>Individual 2</u>	
Annual Premium  Through Company or Personally owned	Name of Insurar	nce Carrier			
Through Company or Personally owned	Monthly Benefit	t			
	Annual Premium	m			
Waiting Period and Length of Benefits	Through Compa	any or Personally owned			
	Waiting Period	and Length of Benefits			



# Pension, Earned Income & Social Security

Pension				
	<u>Individua</u>	<u>11</u>	<u>Individual 2</u>	
	Pension 1	Pension 2	Pension 1	Pension 2
Anticipated annual amount:	\$	\$	\$	\$
Starting age:				
Increase rate before retirement:	%	%	%	9
Increase rate after retirement:	%	%	%	9
Survivor benefit (%):	%	%	%	9
Earned Income Earned Income now: Base Salary: Expected Bonus: Post Retirement Earned Income	\$ \$ \$		\$\$ \$\$ \$	_
<b>Social Security</b>				
Age to start benefit:			<del></del>	_
Annual Increase rate:		%		%
Estimated or current annual benefit	t: \$		\$	

#### **Education Funding**

Children's Education an	What %	Acct. Type				
Child's Name Age	Age to start	Cost per year*	# of years	<b>Current fund</b>	will you pay?	(UGMA, 529, etc)
		\$		\$	%	
		\$		\$	%	
		\$		\$	%	
		\$		\$	%	
		\$		\$	%	
Inflation rate to use for co	llege planner:	%				
Rate of return on college f	funds:	%				*In today's dollars



### Expenses

Estimate annual figures for expense Do not include taxes. (See Budget Co.)		, food, clothing, transportation, insurance, lo heet on last page.)	ans, etc.
Annual Living Expenses (today	's dollars)	Annual inflation rates for living ex	kpenses
Now:	\$	Before Retirement:	%
Current Surviving Household:	\$	Surviving Household:	%
During Retirement:	\$	During Retirement:	%
Single Retiree Survivor:	\$	Single Retiree Survivor:	%

# Special Income/Expenses

List any other sources of income or special expenses to be paid from your capital accounts.							
Description	Annual amount	Annual increase rate	Starting year	# of years			
	\$	%					
	\$	%					
	\$	%					
	\$	%					
	\$	%					
	\$	%					

#### Additional Assets/Debts

Other Asset Values	<b>S</b>	Owner	Other Debts/Liabilities	Owner
Residence value:	\$		Residence mortgage:	\$ 
Other real estate:	\$		Other real estate loans:	\$ 
Personal Property:	\$		Credit card balance:	\$ 
Autos:	\$		Auto loans:	\$ 
Boats, RVs, etc:	\$		Boats, RVs, etc. loans:	\$ 
Other assets:	\$		Other loans:	\$ 



#### Assets

Indicate Ownership: C – Clie	ent, <b>SP</b> – S <sub>1</sub>	pouse, <b>JT</b>	– Joint, T –	Trust		
Checking/Savings						Maturity Date /
Financial Institution	Ow	nership		Current Value	Annual Additions	Interest Rate - %
Money Market						
Cert. of Deposit						
Brokerage Accounts						
Mutual Funds (JT, Trust, Ind	lividual)					
Description	Type	Owner	# of Shares	Current Value	Annual Additions	Dividends Reinvest?Y/N
					<del></del>	
Retirement Plans (IRA, Roth	IRA, 401k, 4	403(b), Sin	ıple IRA, etc.)			
Stocks/Bonds						
Stock Options						
Owner Date Vested	Option Pr	rice #	of Shares	Current Value	Annual Additions	ISO or Non-Qualified
Limited Partnership						
Description Own	ner Tot	tal Cost	Purchase	Date Annua	al Income Any Wri	ite Offs or Tax Credits?



### Risk Assessment Questionnaire

Your name
1.   I am more concerned about protecting my assets than about growth.
2.   I am comfortable with investments that promise slow, long term appreciation and growth.
3.
4.  I feel comfortable with aggressive growth investments.
5.
6.
7. My immediate concern is for income rather than growth opportunities.
8.
9.   I make investment decisions comfortably and quickly.
10.   I like predictability and routine in my daily life.
11.   I usually pick the tried and true, the slow, safe but sure investments.
12.   I need to focus my investment efforts on reserve funds and insurance rather than growth.
13.   I prefer predictable, steady returns on my investments, even if the return is low.
Notes / Questions



### **Budget Calculation Worksheet**

Item:	Now:	Retirement:	Survivor Now:	Survivor Retirement
Rent or lease payment	Now:	Kettrement:	Survivor Now:	Survivor Keurement
Food & household incidentals				
Utilities, telephone				
Auto operating				
Clothing & personal items				
Property taxes				
Childcare				
Alimony, child support				
Medical expenses				
Mortgage payment				
Auto loan payment				
Boat & RV payments				
Credit card payments				
Other loan payments				
Life insurance premiums				
Medical insurance premiums				
Auto insurance premiums				
House insurance premiums				
Other insurance premiums				
Discretionary Expenses – Expen	ses that are possibl	le to reduce, if needed		
Annual vacations				
Entertainment (theater, sports, etc.)				
Dining out				
Property improvement				
Babysitting, domestic help Kids activities				
Charitable contributions				
Books, papers, subscriptions				
Home furnishings				
Gifts, birthdays				
Other expenses				