



Financial Planning Questionnaire

Personal Information

Today's date: _____

Client initials: _____

Name on cover page: _____

Contact Information

Individual 1

Full name: _____

Date of Birth: _____

Age: _____

Retirement age: _____

Individual 2

Full name: _____

Date of Birth: _____

Age: _____

Retirement age: _____

Address Information

Individual 1

Email: _____

Phone: _____

Cell Phone: _____

Address: _____

City: _____ State: ____ Zip: _____

Individual 2

Email: _____

Phone: _____

Cell Phone: _____

Address: _____

City: _____ State: ____ Zip: _____

Employment Information

Individual 1

Employer: _____

Job Title: _____

Phone: _____

Address: _____

City: _____ State: ____ Zip: _____

Employment Period: _____

Individual 2

Employer: _____

Job Title: _____

Phone: _____

Address: _____

City: _____ State: ____ Zip: _____

Employment Period: _____



Risk

Risk Profile

Investment Attitude: Very Conservative Conservative Moderate Aggressive Very Aggressive
 Investment Experience: None Very Little Moderate Significant Extensive

Investment Experience

What do you consider a reasonable rate of return on a long-term investment portfolio? _____ %
 If your investment account dropped in value, at what percent would 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>Individual 1</u>	<u>Individual 2</u>
Will	<input type="checkbox"/>	<input type="checkbox"/>
<i>What is the date on your will?</i> _____		
<i>Who is the guardian for your children?</i> _____		
<i>Who is the Executor under your will?</i> _____		
Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Martial Trust Provision	<input type="checkbox"/>	<input type="checkbox"/>
Credit Shelter Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Qtip Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Irrevocable Life Insurance Trust	<input type="checkbox"/>	<input type="checkbox"/>
Durable General Power if Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Generation Skip Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Joint Revocable Trust	<input type="checkbox"/>	<input type="checkbox"/>
Testamentary Trust	<input type="checkbox"/>	<input type="checkbox"/>



Insurance

Life Insurance

	<u>Policy #1</u>	<u>Policy #2</u>	Policy #3	Policy #4
Company Name	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____
Face Value	_____	_____	_____	_____
Policy Date	_____	_____	_____	_____
Cash Value	_____	_____	_____	_____
Annual Premium	_____	_____	_____	_____
Policy Type <i>(term, group, etc)</i>	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Owner	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____
Amount of Loan Due	_____	_____	_____	_____
Interest Rate	_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

Long-term Care Insurance

	<u>Individual 1</u>	<u>Individual 2</u>
Name of Insurance Carrier	_____	_____
Monthly Benefit	_____	_____
Annual Premium	_____	_____
Through Company or Personally owned	_____	_____
Waiting Period and Length of Benefits	_____	_____

Disability Insurance

	<u>Individual 1</u>	<u>Individual 2</u>
Name of Insurance Carrier	_____	_____
Monthly Benefit	_____	_____
Annual Premium	_____	_____
Through Company or Personally owned	_____	_____
Waiting Period and Length of Benefits	_____	_____



Pension, Earned Income & Social Security

Pension

	<u>Individual 1</u>		<u>Individual 2</u>	
	Pension 1	Pension 2	Pension 1	Pension 2
Anticipated annual amount:	\$ _____	\$ _____	\$ _____	\$ _____
Starting age:	_____	_____	_____	_____
Increase rate before retirement:	_____ %	_____ %	_____ %	_____ %
Increase rate after retirement:	_____ %	_____ %	_____ %	_____ %
Survivor benefit (%):	_____ %	_____ %	_____ %	_____ %

	<u>Individual 1</u>	<u>Individual 2</u>
Earned Income		
Earned Income now:	\$ _____	\$ _____
Base Salary:	\$ _____	\$ _____
Expected Bonus:	\$ _____	\$ _____
Post Retirement Earned Income	\$ _____	\$ _____

Social Security

Age to start benefit:	_____	_____
Annual Increase rate:	_____ %	_____ %
Estimated or current annual benefit:	\$ _____	\$ _____

Education Funding

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

Expenses

Estimate annual figures for expenses related to shelter, food, clothing, transportation, insurance, loans, etc. Do not include taxes. (See Budget Calculation Worksheet on last page.)

Annual Living Expenses (today's dollars)

Now: \$ _____
 Current Surviving Household: \$ _____
 During Retirement: \$ _____
 Single Retiree Survivor: \$ _____

Annual inflation rates for living expenses

Before Retirement: _____ %
 Surviving Household: _____ %
 During Retirement: _____ %
 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	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: \$ _____	_____

**In today's dollars*



Assets

Indicate Ownership: **C** – Client, **SP** – Spouse, **JT** – Joint, **T** – Trust

Checking/Savings

Financial Institution	Ownership	Current Value	Annual Additions	Maturity Date / Interest Rate - %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Money Market

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cert. of Deposit

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Brokerage Accounts

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Mutual Funds (*JT, Trust, Individual*)

Description	Type	Owner	# of Shares	Current Value	Annual Additions	Dividends Reinvest?Y/N
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Retirement Plans (*IRA, Roth IRA, 401k, 403(b), Simple IRA, etc.*)

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Stocks/Bonds

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Stock Options

Owner	Date Vested	Option Price	# of Shares	Current Value	Annual Additions	ISO or Non-Qualified
_____	_____	_____	_____	_____	_____	_____

Limited Partnership

Description	Owner	Total Cost	Purchase Date	Annual Income	Any Write Offs or Tax Credits?
_____	_____	_____	_____	_____	_____



Budget Calculation Worksheet

Committed Expenses – Expenses you cannot readily reduce				
<i>Item:</i>	<i>Now:</i>	<i>Retirement:</i>	<i>Survivor Now:</i>	<i>Survivor Retirement</i>
Rent or lease payment				
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 – Expenses that are possible 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				