CONFIDENTIAL

Financial Planning Questionnaire

INSTRUCTIONS

Take 60 minutes or less to organize your financial data.

It is ok to approximate your figures.

PERSONAL INFORMATION

YOUR INFORMATION

DATE

YOUR DATE OF BIRTH

SPOUSE DATE OF BIRTH

ADDRESS

CITY

STATE

ZIP

YOUR NAME (FIRST, MIDDLE, LAST)

SPOUSE NAME (FIRST, MIDDLE, LAST)

COMPANY NAME

SPOUSE COMPANY NAME

WORK PHONE

CELL PHONE

SPOUSE WORK PHONE

SPOUSE CELL PHONE

EMAIL ADDRESS

FAX NUMBER

SPOUSE EMAIL ADDRESS

PREFERRED METHOD OF CONTACT

☐ Work Phone ☐ Cell Phone ☐ Email

PREFERRED METHOD OF CONTACT

☐ Work Phone ☐ Cell Phone ☐ Email

CHILDREN AND/OR GRANDCHILDREN INFORMATION

NAME	DATE OF BIRTH	SPOUSE (IF APPLICABLE)	SPOUSE DATE OF BIRTH
NAME	DATE OF BIRTH	SPOUSE (IF APPLICABLE)	SPOUSE DATE OF BIRTH
NAME	DATE OF BIRTH	SPOUSE (IF APPLICABLE)	SPOUSE DATE OF BIRTH
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WHAT FINANCIAL ISSUES ARE OF CONCERN TO YOU? (Check all that apply.)

☐ Investments
☐ Retirement Income
☐ Income Taxes
☐ Life Insurance
☐ Disability
☐ Long Term Care
☐ Estate Planning
☐ Education Planning
☐ Trusts
☐ Debt Reduction
☐ ______________
☐ ______________

DO YOU HAVE ANY SHORT TERM GOALS (I.E. BUYING A NEW HOME OR BOAT) THAT WOULD BE RELEVANT TO YOUR FINANCIAL DIAGNOSIS? (Check all that apply.)

☐ Retirement
☐ Debt Refinancing
☐ Supporting Parents
☐ New Home
☐ ______________
☐ ______________
☐ ______________
☐ ______________

ANNUAL INCOME INFORMATION

INCOME	CURRENT YEAR		CHANGES IN FUTURE +/-	
SALARY & BONUSES	YOURS	SPOUSE	YOURS	SPOUSE
DIVIDENDS & INTEREST	YOURS	SPOUSE	YOURS	SPOUSE
PENSION				
MILITARY/FEDERAL	YOURS	SPOUSE	YOURS	SPOUSE
STATE	YOURS	SPOUSE	YOURS	SPOUSE
MUNICIPAL	YOURS	SPOUSE	YOURS	SPOUSE
OTHER PENSION	YOURS	SPOUSE	YOURS	SPOUSE
IRA/401K	YOURS	SPOUSE	YOURS	SPOUSE
403B	YOURS	SPOUSE	YOURS	SPOUSE
457B	YOURS	SPOUSE	YOURS	SPOUSE
SOCIAL SECURITY	YOURS	SPOUSE	YOURS	SPOUSE
OTHER	YOURS	SPOUSE	YOURS	SPOUSE
TOTAL ANNUAL INCOME	YOURS	SPOUSE	YOURS	SPOUSE

AT WHAT AGE DO YOU WANT TO BE FINANCIALLY INDEPENDENT? _______________

AT WHAT AGE WOULD YOU “IDEALLY” LIKE TO RETIRE? _______________

HOW MUCH MONTHLY INCOME (AFTER TAX) IS NEEDED TO LIVE COMFORTABLY? $ _______________

HOW MUCH ARE YOU SAVING FOR RETIREMENT MONTHLY? $ _______________

DO YOU HAVE A PENSION? ☐ Y ☐ N IF YES, WHAT IS THE MONTHLY AMOUNT $ _______________

WILL YOU WORK AFTER RETIREMENT? ☐ Y ☐ N IF YES, WHAT IS YOUR ESTIMATED MONTHLY SALARY? $ _______________

OTHER COMMENTS

INCOME TAXES

HOW MUCH FEDERAL & STATE INCOME TAX DID YOU PAY LAST YEAR? ______________

WHAT ARE YOUR YEARLY CONTRIBUTIONS FOR YOUR IRAs/401K/403B/457B/TSA? ______________

DO YOU ANTICIPATE SIGNIFICANT CHANGES IN TAXABLE INCOME IN THE FUTURE? ☐ Y ☐ N IF YES, PLEASE EXPLAIN:

DETAILS

ESTATE PLANNING & MARRIAGE INFORMATION

IF THIS IS A SECOND MARRIAGE, IS THERE A PRE-NUPTIAL AGREEMENT? ☐ Y ☐ N

DO YOU HAVE A PLAN(S) FOR YOUR BUSINESS/PRACTICE AT YOUR DEATH? ☐ Y ☐ N

DO YOU HAVE A WILL/TRUST? ☐ Y ☐ N

DOES YOUR SPOUSE HAVE A WILL/TRUST? ☐ Y ☐ N

DO YOU HAVE A DURABLE FAMILY POWER OF ATTORNEY? ☐ Y ☐ N

DO YOU HAVE A LIVING WILL AND HEALTH CARE SURROGATE? ☐ Y ☐ N

DO YOU HAVE A PRE-NEED GUARDIANSHIP DESIGNATION? ☐ Y ☐ N

WHAT YEAR WAS YOUR ESTATE PLAN REVIEWED BY YOUR ATTORNEY? ______________

LIFE, DISABILITY & LONG TERM CARE INSURANCE

WHAT IS THE FACE AMOUNT OF YOUR PERSONAL LIFE INSURANCE?
Policy Type: ☐ Term ☐ Universal ☐ Other ☐ None

WHAT IS THE FACE AMOUNT OF YOUR SPOUSE'S LIFE INSURANCE?
Policy Type: ☐ Term ☐ Universal ☐ Other ☐ None

WHAT IS THE AMOUNT OF LIFE INSURANCE PROVIDED BY YOUR EMPLOYER?
Policy Type: ☐ Term ☐ Universal ☐ Other ☐ None

WHAT IS THE AMOUNT OF YOUR SPOUSE'S LIFE INSURANCE PROVIDED BY THEIR EMPLOYER?
Policy Type: ☐ Term ☐ Universal ☐ Other ☐ None

DO YOU HAVE DISABILITY BENEFITS AT WORK OR A PERSONAL POLICY? ☐ Y ☐ N
If yes, how much are monthly benefits? ______________
How long will your assets cover a disability? ______________

DOES YOUR SPOUSE HAVE DISABILITY BENEFITS AT WORK OR A PERSONAL POLICY? ☐ Y ☐ N
If yes, how much are monthly benefits? ______________
How long will your assets cover a disability? ______________

DO YOU HAVE LONG TERM CARE INSURANCE? ☐ Y ☐ N

What is the amount of your Long Term Care insurance daily benefit? $ ______________

What is the lifetime maximum benefit? $ ______________

Does long term care cover care at your home? ☐ Y ☐ N

DO YOU HAVE A PERSONAL UMBRELLA INSURANCE POLICY? ☐ Y ☐ N

If yes, how much coverage? $ ______________

WHAT IS YOUR PLAN FOR LONG TERM CARE?

DETAILS

WOULD YOU LIKE A REVIEW OF YOUR INSURABLE RISKS AND RELATED COVERAGE? ☐ Y ☐ N

INVESTMENTS

DO YOU HAVE A MONEY MANAGER/FINANCIAL PLANNER? ☐ Y ☐ N

IF SO, ARE YOU PLEASED WITH THE SERVICE PROVIDED? ☐ Y ☐ N

IS YOUR INVESTMENT ADVICE COORDINATED WITH YOUR TAX AND ESTATE PLANNING? ☐ Y ☐ N

DESCRIBE YOUR EXPERIENCE AND ANY CHANGES IN YOUR FINANCIAL PLANNING THAT YOU WOULD LIKE TO SEE.

DETAILS

KNOWLEDGE

☐ LIMITED ☐ GOOD ☐ EXTENSIVE

DETAILS

DREAMS, VISIONS, IMAGES

FOR USE OF WEALTH

In the table below, you will find a number of possible uses to which you could put your current or future wealth. For each one, please place an "X" in one of the three boxes to the right based upon the following definitions:

HEART'S CORE: A deeply held core value, as to how the wealth should be used. This is a value that you "stand for."

OUGHT TO: Something you feel obligated to do, based on a commitment you may have made or a belief held by your family, someone outside your family, or society in general.

FUN TO: The "icing on the cake." Doing this would add zest or spice to your life, is not an obligation you feel, and is not truly a deeply held core value, but it sure would be fun!

POSSIBLE USES OF YOUR WEALTH	HEART'S CORE	OUGHT TO	FUN TO	N/A
PROVIDING FOR MY FAMILY'S ONGOING NEEDS *(This involves day-to-day living expenses, mortgage, and car payments, vacations, funding children's education, etc.)*				
ADJUSTING SELECTED ELEMENTS OF CURRENT LIFESTYLE *(Things like a second home, a boat, an airplane, traveling, an "expensive hobby," etc.)*				
SUPPORTING PARENTS, SIBLINGS, OTHER FAMILY MEMBERS IN NEED				
PROVIDING AN INHERITANCE FOR MY CHILDREN				
SUPPORTING A MAJOR CHANGE IN MY CAREER				
ACTUALIZING A VERY DIFFERENT DIRECTION FOR MY LIFE				
CHARITABLE GIVING / PHILANTHROPY				

DO YOU HAVE A PASSION IN LIFE?
TELL US ABOUT IT.

DETAILS

IF YOU COULD DO ANYTHING, TIME & MONEY ASIDE, WHAT WOULD IT BE?

DETAILS

CONFIDENTIAL NET WORTH | ASSETS

PERSONAL ASSETS

CHECKING ACCOUNTS	BALANCE
MONEY MARKETS	MARKET VALUE
CERTIFICATES OF DEPOSIT	MARKET VALUE
STOCKS (Attach Brokerage Statement)	MARKET VALUE
BONDS (Attach Brokerage Statement)	MARKET VALUE
MUTUAL FUNDS (Attach Brokerage Statement)	MARKET VALUE
OTHER	MARKET VALUE

RETIREMENT ASSETS

IRA ACCOUNTS | YOURS	MARKET VALUE
IRA ACCOUNTS | SPOUSE	MARKET VALUE
ROTH IRA	MARKET VALUE
OTHER	MARKET VALUE
401K	MARKET VALUE
457B	MARKET VALUE
403B	MARKET VALUE
DROP	MARKET VALUE
SELF EMPLOYMENT PLAN	MARKET VALUE
COMPANY RETIREMENT PLAN	MARKET VALUE
STATE/LOCAL GOV'T RETIREMENT PLAN	MARKET VALUE
MILITARY/FEDERAL RETIREMENT PLAN	MARKET VALUE

CONFIDENTIAL NET WORTH | ASSETS

REAL ESTATE ASSETS

RESIDENCE ADDRESS	MARKET VALUE
RENTAL ADDRESS	MARKET VALUE

BUSINESS OR PRACTICE ASSETS

BUSINESS/PRACTICE ADDRESS	MARKET VALUE
BUSINESS/PRACTICE ADDRESS	MARKET VALUE

OTHER ASSETS

DESCRIBE	MARKET VALUE
DESCRIBE	MARKET VALUE

TOTAL ASSETS

Total all the information entered for market value to identify your total assets.

TOTAL ASSETS

CONFIDENTIAL NET WORTH | LIABILITIES

MORTGAGE BALANCE

RESIDENCE	REMAINING BALANCE	MONTHLY PAYMENT
FIRST MORTGAGE	REMAINING BALANCE	MONTHLY PAYMENT
SECOND MORTGAGE	REMAINING BALANCE	MONTHLY PAYMENT
OTHER	REMAINING BALANCE	MONTHLY PAYMENT
RENTAL		
FIRST MORTGAGE	REMAINING BALANCE	MONTHLY PAYMENT
SECOND MORTGAGE	REMAINING BALANCE	MONTHLY PAYMENT
OTHER	REMAINING BALANCE	MONTHLY PAYMENT

OTHER LIABILITIES

AUTO LOANS	REMAINING BALANCE	MONTHLY PAYMENT
	REMAINING BALANCE	MONTHLY PAYMENT
CREDIT CARDS	REMAINING BALANCE	MONTHLY PAYMENT
	REMAINING BALANCE	MONTHLY PAYMENT
OTHER	REMAINING BALANCE	MONTHLY PAYMENT
OTHER	REMAINING BALANCE	MONTHLY PAYMENT

TOTAL LIABILITIES

Total all the information entered in the remaining balance column to identify your total liabilities.

TOTAL LIABILITIES

NET WORTH

TOTAL ASSETS - TOTAL LIABILITIES =

NET WORTH

ADDITIONAL INFORMATION

DO YOU EXPECT ANY FUTURE INHERITANCE? ☐ Y ☐ N

IF YES, PLEASE PROVIDE DETAILS.

WHAT DO YOU HOPE TO GAIN FROM OUR SERVICES?

DETAILS

DO YOU HAVE ANY OTHER FINANCIAL, TAX OR ESTATE PLANNING CONCERNS TO ADDRESS?

DETAILS

CONGRATULATIONS IN COMPLETING THE FIRST STEP OF REACHING YOUR FINANCIAL GOALS.

PLEASE PROVIDE A COPY OF A RECENT FINANCIAL STATEMENT, IF AVAILABLE, AND YOUR MOST RECENT FEDERAL INCOME TAX RETURN IF NOT PREPARED BY OUR FIRM.