

FINANCIAL PLANNING QUESTIONNAIRE

Client Information: **Client** **Co-client**

Full Name		
Date of Birth/ Soc. Sec.#		
Address		
City/State/ZIP		
Phone (Home)		
Phone (Cell)		
Email		

Advisors

	Name	Email Address & Physical Address	Phone
Financial Advisor			
Accountant			
Lawyer			
Insurance			
Banker			
Other			

Employment Information **Client** **Co-client**

Employer		
Position		
Date of Hire		
Business Address		
Business Phone		
Business email		

Family Members

Name	Date of Birth	Gender	Relationship

PLANNING ASSUMPTIONS

Inflation Rate	3.0% or ____%
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	Client	Co-client
Semi-Retirement Age	62 or _____	62 or _____
Retirement Age	66 or _____	66 or _____

DOCUMENTS NEEDED FOR NEXT MEETING

The following documents will be needed for study and analysis as we work together to create a financial strategy for you. It is understood that this material will be treated confidentially and returned when the plan is completed, or earlier if requested.

	Most Recent Payroll Stubs		Insurance Policies and/or Statements
			Life
	Cash Flow Worksheet		Medical
			Disability
	Income Tax Returns		Long-term Care
			Auto and Home
	Investments/Retirement Statements		Liability
	Pension/Profit Sharing		Group Insurance
	SEP/SIMPLE		
	401k/ TSA/ PEDC		Wills and Trusts
	IRA/ Roth		
	529		Business Documents
	Securities Accounts		Buy-Sell Agreements
	Savings and investments		Deferred Compensation Agreements
	Annuities		Split Dollar Agreements
			Wage Continuation Agreements
	Liabilities		Employee/Consulting
	Mortgage Statements		Group Benefit Programs
	Credit Cards		Other Employer Paid Benefits/Employee Benefit Booklets
	Student Loans		
	Auto Loans		Social Security Retirement Income Stmtns
			(may obtain online at: https://www.ssa.gov/myaccount/)

Other:

ASSETS / LIABILITIES

House / Property

(including Investment Real Estate)

Property 1

Property 2

Property 3

Description			
Ownership (*i.e. joint/individual/trust, etc).			
Real Estate/Property Tax (annual)			
MORTGAGE INFORMATION:			
Loan Start Date			
Original Loan Amount			
Interest Rate			
Loan Duration			
Monthly Payment (principal + interest ONLY)			
Current Market Value of Property			
Outstanding Loan Balance			
Rental Income (if applicable)			
Rental Expenses (if applicable)			

Other Liabilities (auto loans, credit cards, lines of credit, education loans)

Liability 1

Liability 2

Liability 3

Liability 4

Description				
Ownership				
Loan Start Date				
Original Loan Amount				
Interest Rate (Fixed or Var.?)				
Loan Duration				
Payment Amount				
Outstanding Loan Balance				

Non-Qualified Assets* (Bank accounts, investments and non-qualified annuities)

Name	Ownership	Market Value	Total Cost Basis	Annual Contributions	Statement Attached?
Checking					
Savings / MM / CDs					

Qualified Assets* (Qualified retirement plans, IRAs, qualified annuities)

Institution/ Account Name	Ownership	Market Value	Annual Contributions	Annual Employer Matches/ Contributions	Beneficiary(ies)	Statement Attached?

*Please also provide account statements with asset allocation information.

Monthly Income* PLEASE list GROSS amounts (before taxes)

Tax Brackets

	Client	Co-Client	Joint
Wages, salary, tips			
Cash dividends			
Interest received			
Social Security income			
Pension income			
Rents, royalties			
Annuities			
Business income			
Other income			
Sub-total	\$ 0	\$ 0	\$ 0
Total Monthly Income			\$ 0

	Marginal Tax Rate	Effective Tax Rate
Federal		
State		

*Please be sure to complete separate living expenses worksheet with itemized expenses.

Do you expect a significant change in your income during the next two years?

Do you want or expect to make changes to your current spending & savings strategies?

Personal Use Assets (e.g. Autos, homes, furnishings, jewelry, collectibles, etc.)

Name	Ownership	Market Value

Education Funds (529 Plans or UTMAs)

Name	Owner	Donor	Beneficiary	Market Value	Annual Contributions

Business Entities (attach separate sheet if multiple)

Name:	
Type (LLC, Partnership, S Corp, C Corp)	
Ownership	
Purchase Date	
Purchase Amount	
Market Value	
Liability	
Growth Rate	
Buy/Sell Agreement	Yes No

Stock Options (attach statement with vesting schedule)

	Grant #1	Grant #2	Grant #3
Underlying Stock			
ISO or Non-Qualified			
Owner			
Exercise Price			
Grant Date			
Expiration Date			
# Shares			

EDUCATION GOALS-Please indicate what your funding goal is as well (i.e. all 4 years, 1st two years, etc.)

Student	Start Age	Number of Years	Annual Cost	Cost Increase (%)	Existing Assets

MAJOR PURCHASES/EXPENSES (Wedding, new cars, vacations, 2nd home, remodel, new HVAC/roof, etc.)

Description	Start Year	Number of Years	Amount Needed	How often will this expense re-occur? (if applicable)

RETIREMENT PLANNING DETAILS

How do you envision your retirement? Are you still living in this area in your current home?

How might your spending in retirement change (travel, downsize, health care)?

What is your greatest retirement concern?

Social Security Retirement Benefits	Client	Co-Client
Include Monthly Retirement Benefits?	____ Yes ____ No	____ Yes ____ No
Monthly Amount	____ Use default formula ____ Use benefit estimate \$ ____	____ Use default formula ____ Use benefit estimate \$ ____
Start Date	Age ____	Age ____
Index (COLA) rate for Social Security	2% or ____%	2% or ____%

Defined Benefit and/or Pensions	Client	Co-Client
Monthly or Lump Sum Amount	\$ ____	\$ ____
Effective Date	Age ____	Age ____
Index (COLA) rate for monthly benefits	0% or ____%	0% or ____%

Do any of your retirement income(s) allow for survivorship options (i.e. 50% or 75% to surviving spouse)? Please provide details if so.

Retirement Incomes (including annuity income or expected inheritance)

Type of Income	Client or Co-client	Amount	Frequency	Index or COLA rate (if any)	Start Age	End Age

INSURANCE/ESTATE PLANNING

What is your primary goal for your life insurance policies?

Life Insurance	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Company					
Type (e.g. term, universal)					
Effective Date					
Insured					
Policy Owner					
Beneficiary					
Contingent Beneficiary					
Death Benefit					
Annual Premium					
Cash Surrender Value					
Loan					
Statement Attached?					

Has anyone in your family experienced a long term care need?

Do you anticipate the possibility of needing to financially support aging parents? Please explain.

Has anyone in a generation above you lived past age 90? If so, how many?

Disability Insurance	Policy 1	Policy 2	Policy 3
Description (group LTD, group STD, individual DI)			
Effective Date			
Insured			
Monthly Benefit			
Taxable (yes / no)			
Index Rate for Benefit Amount			
Elimination Period			
Benefit Period			
Annual Premium			

Long-Term Care Insurance	Policy 1	Policy 2	Policy 3
Description			
Insured			
Daily Benefit			
Index for Inflation			
Waiting Period			
Benefit Period			
Annual Premium			

ESTATE PLANNING*	Client	Co-client
Do you have a will?		
Do you have advance directives? (living will, health care power of attorney, durable power of attorney)		
When were the will / advance directives last updated?		

Trust Details (indicate date of last update)

Family Member	Credit Shelter Trusts	Marital Trust	Living Trust	QTIP Trust	Other Testamentary Trusts
Client					
Co-client					
Trustee(s)					

Gifting: Current Strategies	Gift 1	Gift 2	Gift 3
Description			
Gifting Strategy (i.e. Cash Gift, Asset Gift)			
Amount			
Applicable Period			
Beneficiary Name			

***Please provide copies of all estate documents.**

What asset(s) or \$ amount(s) would you like to leave (or not leave) to heirs upon your passing? (i.e. \$100k to each kid or would you like to spend your last dime?)

(If there are children) What would you like to see happen at your death (receive assets immediately, receive assets at set times, receive income at set times, use assets for set purposes, etc.)?

Does your current estate plan reflect all of your wishes for what you want to happen when you pass away?