

FINANCIAL PLANNING QUESTIONNAIRE

Client Information:

Client

Co-client

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

Advisors

	Name	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
Retirement Age	65 or ____	65 or ____
Life Expectancy	90 or ____	90 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
	Student Loans		
	Auto Loans		Employee Benefit Statements/Booklets

Other:

ASSETS / LIABILITIES**House / Property****(including Investment Real Estate)****Property 1****Property 2****Property 3**

Description			
Ownership			
Real Estate Tax (annual)			
MORTGAGE INFORMATION:			
Loan Start Date			
Original Loan Amount			
Interest Rate			
Loan Duration			
Monthly Payment (principal + interest)			
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				
Loan Duration				
Payment Amount				
Outstanding Loan Balance				

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

Name	Ownership	Market Value	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 Contributions (if applicable)	Beneficiaries	Statement Attached?

*Please also provide account statements with asset allocation information.

Monthly Income*

	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		

Tax Brackets

	Marginal Tax Rate	Effective Tax Rate
Federal		
State		

*Separate sheet attached with itemized expenses? ☐ Yes ☐ No

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 and 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

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

MAJOR PURCHASES (cars, vacations, 2nd home, remodel, etc.)

Description	Start Year	Number of Years	Amount Needed	Existing Assets

RETIREMENT PLANNING DETAILS

How do you envision your retirement?

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Amount	<input type="checkbox"/> Use default formula <input type="checkbox"/> Use benefit estimate \$ _____	<input type="checkbox"/> Use default formula <input type="checkbox"/> Use benefit estimate \$ _____
Start Date	Age _____	Age _____
Index (COLA) rate for Social Security	2% or _____%	2% or _____%

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

Retirement Expenses	Monthly Amount	or	% of Current Spending
Retirement Spending Goal	\$ _____		_____%

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

What is your primary goal for your life insurance policies?

How did you arrive at the amount of life insurance you have?

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?

How would it affect your family's lifestyle if you became disabled or injured?

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.**

Do you have a sense about how much your estate may be eroded at your death? Would you like to examine strategies to minimize estate expenses and taxes due at your death?

(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?