



Financial Planning Questionnaire

Personal Information

Client	Spouse
Date of Birth	Date of Birth
Home #	
Work #	Work #
Address	

Family Information

Children	Date of Birth

Employment Information

	Client	Spouse
Company		
Length of service		
Full/Part time		
Salary		
Bonus		
401k/403B		
Matching Formula		

Self employment Income

	Client	Spouse
Company name		
Full/Part Time		
Retirement Plan		
Employees		
Net Income		

Insurance & Risk

Risk Profile

Investment Attitude: ___ Very Conservative ___ Conservative _ Moderate ___ Aggressive

Investment Experience: ___ None ___ Very Little ___ Moderate ___ Extensive

Insurance Information

You may need to review your insurance policies to get this information.

Permanent Life Insurance:

Company	Face Amount	Premium	Cash Value	Owner	Beneficiary

Term Life Insurance:

Company	Face Amount	Premium	Years Left	Owner	Beneficiary

Disability:

Company	client/spouse	Income Replacement %	Through work	yes/no

Long Term Care:

Company	Premium	Client/Spouse

Home Insurance:

Company	Coverage	Deductible
Umbrella Insurance	yes/no	Premium

Auto Coverage:

Company	Coverage	Deductible	Premium

Estate Planning Issues

Do you have any of the following?
Will ____ DPOHC ____ Living Trust ____
Revocable Trust ____ Living Will ____ Power of Attorney ____
How is your joint property titled? Joint Tenants by the Entirety ____ Joint Tenants in Common ____
Joint Tenants With Rights of Survivorship ____ Other _____

Pension & Social Security

Define Benefit Pension(s)				
Include information on pension plans that provide an annual income based on your years of service or income level (ie: military pension, state pension etc.)				
	Client Pension 1	Client Pension 2	Spouse Pension 1	Spouse Pension 2
Anticipated annual \$				
Starting Age:				
Increase rate before Ret:				
Increase rate after Retire:				
Survivor Benefit %:				
Planned Retirement Age	Client		Spouse	
Social Security	Client		Spouse	
Age to start				
Annual Increase rate %				
Earned Income now				
Or Anticipated/current benefit				

Expenses

Estimate annual figures for expenses related to shelter, food, clothing, transportation, insurance, loans, etc. Do not include taxes.			
Annual Living Expenses (today's dollars)		Annual inflation rate for living expenses	
Now:		Before Retirement	%
Current Surviving Household		Surviving Household:	%
During Retirement:		During Retirement:	%
Single Retiree Survivor:		Single Retiree Survivor:	%

Budget Worksheet			
Monthly Expense Items	Now	Retirement	Survivor
Rent or lease payment			
Food & Household incidentals			
Utilities, telephone			
Cell phone			
Internet			
Auto operating & maintenance			
Clothing & Personal Items			
Property improvements & upkeep			
Domestic help, babysitting			
Property taxes			
Entertainment & vacations			
Charitable contributions			
Child Care			
Alimony, child support			
Books, papers, subscriptions			
Home furnishings			
Gifts, birthdays			
Medical expenses			
Other expenses			
Mortgage Payment			
Auto loan			
Boat & RV payment			
Credit Card Payments			
Other loan payments			
Home Equity			
Life Insurance premiums			
Medical Insurance premiums			
Auto Insurance premiums			
Home Insurance premiums			
Other Insurance			
Retirement Plan Savings			
Other Savings			

Assets

List capital assets including banking accounts, investment accounts, retirement accounts, business assets.

No.	Asset name	Current Value	Annual additions	Account description (ie. Stock, 401k,bank)
1		\$	\$	
2		\$	\$	
3		\$	\$	
4		\$	\$	
5		\$	\$	
6		\$	\$	
7		\$	\$	
8		\$	\$	
9		\$	\$	
10		\$	\$	
11		\$	\$	
12		\$	\$	
13		\$	\$	
14		\$	\$	
15		\$	\$	
16		\$	\$	
17		\$	\$	
18		\$	\$	
19		\$	\$	
20		\$	\$	

Please include copies of your recent brokerage and bank statements.

Other Asset Values		Other Debts/Liabilities	
House		Mortgage	
Car(s)		Car Loans	
Rental Property 1		Mortgage Rental 1	
Rental Property 2		Mortgage Rental 2	
Boats/RV		Boats/RV Loans	
2 nd Home		Mortgage 2 nd Home	
Collectibles coins etc.		Home Equity Loan	

Education and Special Income/Expenses

Special Income/Expense

List any other sources of income or special expenses to be paid from your capital accounts.

Description	Annual Amount	Annual increase rate	Starting year	# years

Children's Education and Fund Expenses

Child name	D.O.B./Age	Age to start College	Cost per year	Number of years	Current college fund

Inflation rate to use for college planner: _____ %

Rate of return on college funds: _____ %

College fund account types(529,UGMA) _____ %

Other funds like scholarships, grandparents etc. _____

Do you contribute to a ROTH IRA? Spouse1 _____ Spouse 2 _____

Who are your beneficiaries on your retirement accounts? _____

Who are your beneficiaries on your brokerage accounts? _____

What is the rate on your mortgage? _____ Term _____ Time Left _____

Do you know if you pay PMI Insurance? _____

What is the rate on your home equity? _____ Is it fixed or variable? _____

Tell me about your worst investment experience _____

