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Financial Planning Questionnaire

Personal Information

Date:

	Client	Spouse/Partner
Name:		
Date of Birth:		
Home Number:		
Work Number:		
Cell Number:		
Email Address:		
Address:		

Family Information	
Child's Name	Date of Birth

Employment Information

	Client	Spouse/Partner
Company		
Length of service		
Full or Part Time	<input type="checkbox"/> Full <input type="checkbox"/> Part	<input type="checkbox"/> Full <input type="checkbox"/> Part
Salary <input type="checkbox"/> Gross <input type="checkbox"/> Net	\$	\$
Bonus (Annual)	\$	\$
401k/403B Contribution	%	%
Matching Formula	% of income	% of income
Planned Retirement Age	Client:	Spouse:

Self Employment Information

	Client	Spouse/Partner
Company Name		
Full or Part Time	Full Part	Full Part
Retirement Plan		
Number of Employees		
Net Income		

Insurance and Risk

Risk Profile <i>(Check appropriate boxes)</i>				
Investment Attitude	<input type="checkbox"/> Very Conservative	<input type="checkbox"/> Conservative	<input type="checkbox"/> Moderate	<input type="checkbox"/> Aggressive
Investment Experience	<input type="checkbox"/> None	<input type="checkbox"/> Very Little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive

Insurance Information (You may need to review your insurance policies to get this information.)

Permanent Life Insurance:

Company	Face Amount	Premium (Monthly)	Cash Value	Owner	Beneficiary
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

Term Life Insurance:

	\$	\$	N/A		
	\$	\$	N/A		
	\$	\$	N/A		
	\$	\$	N/A		

Disability:

Company	Income Replacement	Through Work?	Client	Spouse
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

Long Term Care:

Company	Coverage	Premium	Client	Spouse
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>

Home Insurance:			
Company	Coverage	Deductible	Premium
Umbrella Insurance			
Yes	No		
Auto Insurance:			
Company	Coverage	Deductible	Premium

Estate Planning Issues

Do you have any of the following?		
<input type="checkbox"/> Will	<input type="checkbox"/> DPOHC	<input type="checkbox"/> Living Trust
<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Living Will	<input type="checkbox"/> Power of Attorney
How is your joint property titled?		
<input type="checkbox"/> Joint Tenants by the Entirety	<input type="checkbox"/> Joint Tenants in Common	
<input type="checkbox"/> Joint Tenants With Rights of Survivorship	<input type="checkbox"/> 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 (i.e.: 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 %:	%	%	%	%
Social Security	Client		Spouse	
Age to Start:				
Earned Income Now	\$		\$	
Anticipated/current benefit (Monthly)	Age 62: \$	Age 66-67: \$	Age 70: \$	

Expenses

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

Budget Worksheet		
Monthly Expense Items	Now (Monthly)	Retirement (Monthly)
Rent or lease payment	\$	\$ <input type="checkbox"/> Same
Food & Household incidentals	\$	\$ <input type="checkbox"/> Same
Gas, Electric, Heat, Water	\$	\$ <input type="checkbox"/> Same
Cell phone + Home Phone	\$	\$ <input type="checkbox"/> Same
Internet + Cable/satellite + Security	\$	\$ <input type="checkbox"/> Same
Auto operating & maintenance	\$	\$ <input type="checkbox"/> Same
Clothing & Personal Items	\$	\$ <input type="checkbox"/> Same
Property improvements & upkeep	\$	\$ <input type="checkbox"/> Same
Domestic help, babysitting	\$	\$ <input type="checkbox"/> Same
Property taxes	\$	\$ <input type="checkbox"/> Same
Entertainment & vacations	\$	\$ <input type="checkbox"/> Same
Charitable contributions	\$	\$ <input type="checkbox"/> Same
Child Care and Pets	\$	\$ <input type="checkbox"/> Same
Alimony, child support	\$	\$ <input type="checkbox"/> Same
Books, papers, subscriptions	\$	\$ <input type="checkbox"/> Same
Home furnishings	\$	\$ <input type="checkbox"/> Same
Gifts, birthdays	\$	\$ <input type="checkbox"/> Same
Medical expenses	\$	\$ <input type="checkbox"/> Same
Other expenses	\$	\$ <input type="checkbox"/> Same
Boat & RV payment	\$	\$ <input type="checkbox"/> Same
Credit Card Payments	\$	\$ <input type="checkbox"/> Same
Other loan payments	\$	\$ <input type="checkbox"/> Same
Home Equity	\$	\$ <input type="checkbox"/> Same

Budget Worksheet (continued from page 6)

Medical Insurance premiums	\$	\$	<input type="checkbox"/> Same
Auto Insurance premiums	\$	\$	<input type="checkbox"/> Same
Home Insurance premiums	\$	\$	<input type="checkbox"/> Same
Other Insurance	\$	\$	<input type="checkbox"/> Same
Other Retirement Plan Savings	\$	\$	<input type="checkbox"/> Same
Other Savings	\$	\$	<input type="checkbox"/> Same

Assets

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

Please include copies of your recent brokerage and bank statements.

No.	Asset Name	Current Value	Annual Additions	Account Description (i.e. Stock, 401k, bank)
1		\$	\$	
2		\$	\$	
3		\$	\$	
4		\$	\$	
5		\$	\$	
6		\$	\$	
7		\$	\$	
8		\$	\$	
9		\$	\$	
10		\$	\$	
11		\$	\$	
12		\$	\$	
13		\$	\$	
14		\$	\$	
15		\$	\$	

Other Asset Values		Other Debts / Liabilities	
Primary Residence	\$	Mortgage Balance	\$
Mortgage Payment:		Years Remaining	Years
Do you pay PMI? <input type="checkbox"/> Yes <input type="checkbox"/> No		Original Term	Years
		Mortgage Rate	%
2 nd Home	\$	Mortgage Balance	\$
Mortgage Payment:		Years Remaining	Years
		Original Term	Years
		Mortgage Rate	%

Car / Truck	\$	Loan & Rate	\$	%
Loan Payment:		Remaining Term	Years	
Car / Truck	\$	Loan & Rate	\$	%
Loan Payment:		Remaining Term	Years	
Car / Truck	\$	Loan & Rate	\$	%
Loan Payment:		Remaining Term	Years	

Rental Property 1	\$	Mortgage Rental 1	\$
Rental Property 2	\$	Mortgage Rental 2	\$
Boats/RV	\$	Boats/RV Loans	\$
Collectibles, coins etc.	\$	Home Equity Loan	\$
Other	\$	Other	\$

Education and Special Income / Expenses

Special Income / Expenses

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

Description	Annual Amount	Annual Increase Rate	Starting Year	# Years
	\$	%		
	\$	%		
	\$	%		
	\$	%		
	\$	%		
	\$	%		
	\$	%		
	\$	%		

Children's Education Expenses

Child Name	D.O.B./Age	Age to Start College	Cost per Year	Number of Years	Current College Fund
			\$		\$
			\$		\$
			\$		\$
			\$		\$

College fund account types (529, UGMA):

Other funds like scholarships, grandparents etc.:

	Client 1	Client 2
Do you contribute to a ROTH IRA?	Yes No	Yes No

Who are the beneficiaries on your retirement accounts?

Who are your beneficiaries on your brokerage accounts?

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

Tell me about your worst investment experience:

What financial issue keeps you up at night?

Other thoughts that you would like to address or talk about?

Notes: