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## Financial Planning Questionnaire

### Personal Information

Date:

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

Family Information	
Child's Name	Date of Birth

## Employment Information

	Client		Spouse/Partner	
Company				
Length of service				
Full or Part Time	Full	Part	Full	Part
Salary            Gross            Net				
Bonus				
401k/403B % Contribution				
Matching Formula %				

## 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				
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:					
Disability:					
Company	Income Replacement %	Through Work Yes No		Client	Spouse
Long Term Care:					
Company	Coverage	Premium	Client Spouse		

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?			
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 (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 %:				
Planned Retirement Age	Client:		Spouse:	
Social Security	Client		Spouse	
Age to Start:				
Earned Income Now				
Or Anticipated/current benefit 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	Retirement
Rent or lease payment		

Food & Household incidentals		
Gas, Electric, Heat, Water		
Cell phone + Home Phone		
Internet + Cable/satellite + Security		
Auto operating & maintenance		
Clothing & Personal Items		
Property improvements & upkeep		
Domestic help, babysitting		
Property taxes		
Entertainment & vacations		
Charitable contributions		
Child Care and Pets		
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		
Long Term Care		
Retirement Plan Savings		
Other Savings		

## Assets

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

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		\$	\$	
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 <sup>nd</sup> Home - Vacation		Mortgage 2 <sup>nd</sup> Home	
Collectibles coins etc.		Home Equity Loan	
Other		Other	
Other		Other	
Other		Other	
Other		Other	



## Education and Special Income / Expenses

<b>Special Income / Expenses</b>						
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		
<b>Children's Education Expenses</b>						
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.:						
Do you contribute to a ROTH IRA?			<b>Client 1</b>		<b>Client 2</b>	
			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 mortgage? What is the Term? How much time is 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:**

**What financial issue keeps you up at night?**

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

**Notes:**

