



FINANCIAL PLANNING QUESTIONNAIRE

Personal Information

1. Your full name _____
Birth date _____ Citizenship _____
What is your desired retirement age _____ If retired, what age did you retire _____
Social Security Number _____ Sex M _____ F _____
Driver's License Number _____ State of Issuance _____
Your general health: Good ___ Fair ___ Poor ___ Do you smoke? Yes ___ No ___ Past ___
Serious illnesses _____
Family health problems _____
2. Spouse's full name _____
Birth date _____ Citizenship _____
What is your desired retirement age _____ If retired, what age did you retire _____
Social Security Number _____ Sex M _____ F _____
Driver's License Number _____ State of Issuance _____
Your general health: Good ___ Fair ___ Poor ___ Do you smoke? Yes ___ No ___ Past ___
Serious illnesses _____
Family health problems _____

3. Address _____
Home telephone _____ Office telephone _____
E-mail _____

4. Previous marriage(s): You: Yes ___ No ___ Your spouse: Yes ___ No ___

5. Children:
(please note if only one of you is the parent of a child)

<u>Name</u>	<u>Birth date</u>	<u>Dependent</u>
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___

6. Grandchildren:
Number: _____ Age (s): _____

7. Other dependents:
Does anyone other than your children depend on you or your spouse for financial support?
Yes ___ No ___ If yes, give names and relationships _____

8. Advisors:
List names, addresses, phone numbers and email addresses:
Attorney _____
Bank _____ Bank account number _____
Insurance Agent _____
Stockbroker _____
Accountant _____

9. Do you expect your lifestyle to change upon retirement? If so, please describe.

Assets

Principal Residence

1. Your primary home:

<u>Date of Purchase</u>	<u>Original Purchase Price</u>	<u>Estimate of Present Value</u>	<u>Adjusted Basis</u>	<u>Date Plan to Sell</u>
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2. Home Mortgage: *(or attach a copy of your mortgage note)*

<u>Description</u>	<u>Start Date</u>	<u>Length</u>	<u>Interest Rate</u>	<u>Original Balance</u>	<u>Current Balance</u>
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<u>Frequency of Payments</u>	<u>Payment Amount</u>	<u>Will there be a Balloon Payment</u>	<u>If so, when would payment date be?</u>	<u>Present Value</u>
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3. Income:

(e.g. rent from apartment or office)

Do you have income from your primary home? Yes ___ No ___

If yes, what is it? _____

Yearly income _____ Last as long as you own the home? Yes ___ No ___

If no, start date _____ End date _____

4. Expenses:

(e.g. homeowners association fees, homeowners insurance premiums)

<u>Type of Expense</u>	<u>Annual Amount</u>
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Vacation Home

1. Your vacation home:

<u>Date of Purchase</u>	<u>Original Purchase Price</u>	<u>Estimate of Present Value</u>	<u>Adjusted Basis</u>	<u>Date Plan to Sell</u>
_____	_____	_____	_____	_____

2. Home Mortgage:

<u>Description</u>	<u>Start Date</u>	<u>Length</u>	<u>Interest Rate</u>	<u>Original Balance</u>	<u>Current Balance</u>
_____	_____	_____	_____	_____	_____

<u>Frequency of Payments</u>	<u>Payment Amount</u>	<u>Will there be a Balloon Payment</u>	<u>If so, when would payment date be</u>	<u>Present Value</u>
_____	_____	_____	_____	_____

3. Income:

(e.g. rent from apartment or office)

Do you have income from your vacation home? Yes ___ No ___

If yes, what is it? _____

Yearly income _____ Last as long as you own the home? Yes ___ No ___

If no, start date _____ End date _____

4. Expenses:

(e.g. homeowners association fees, homeowners insurance premiums)

<u>Type of Expense</u>	<u>Annual Amount</u>
_____	_____
_____	_____
_____	_____

Personal Property (including cars)

	<u>Description</u>	<u>Purchase Date</u>	<u>Purchase Price</u>	<u>Approximate Present Value</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

How often do you replace cars? _____

What is the price range for your next car? _____

Own or lease? _____

Finance or cash? _____

Investments

Enter below contributions you and your spouse make to any investment accounts, either tax deferred or taxable. ***Please include a copy of a recent account statement for all accounts listed.***

Retirement Accounts

Owner & Type (IRA, 401(k), etc)	Your Annual Contributions (\$ or %)	Employer's Annual Contribution (if any) (\$ or %)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Taxable Investments (including bank accounts)

Account Holder	Annual Contribution Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Stock Options and Restricted Stock

Please attach the most recent summary from the grantor

Rental Real Estate

1. Description:

<u>Date of Purchase</u>	<u>Original Purchase Price</u>	<u>Estimate of Present Value</u>	<u>Adjusted Basis</u>	<u>Depreciation Method</u>
_____	_____	_____	_____	_____

2. Mortgage:

<u>Description</u>	<u>Start Date</u>	<u>Length</u>	<u>Interest Rate</u>	<u>Original Balance</u>	<u>Current Balance</u>
_____	_____	_____	_____	_____	_____

<u>Frequency of Payments</u>	<u>Payment Amount</u>	<u>Will there be a Balloon Payment</u>	<u>If so, when would payment date be</u>	<u>Present Value</u>
_____	_____	_____	_____	_____

3. Annual Income: _____

4. Expenses:
(e.g. homeowners association fees, homeowners insurance premiums)

Type of Expense	Annual Amount
_____	_____
_____	_____
_____	_____

Closely-Held Businesses

If you have a recent P&L statement and/or balance sheet, please attach

Owner: _____

Description: _____

Purchase Date: _____

Purchase Price: _____

Market Value: _____

Annual Income: _____

Growth Rate: _____

Loans and Special Mortgages

Loans that are repaid in more than one year and are for large expenses like a vacation home, college or automobile, not for credit card purchases.

(primary home mortgage has already been entered)

	Description	Start Date	Length	Original Balance	Present Balance	Monthly Payment	Interest Rate
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____

Credit Cards

	Description	Present Balance	Monthly Payment	Interest Rate
1.	_____	_____	_____	_____

- 2. _____
- 3. _____
- 4. _____

Income

1. Current Employment:

	<u>Company</u>	<u>Position</u>	<u>Years Employed</u>
You:	_____	_____	_____
Spouse:	_____	_____	_____

Are you or your spouse engaged in any professional activities, paid or unpaid, outside your main employment (e.g. moonlighting, board memberships, volunteer work, or professional association membership)?

2. Employment Income (past 12 months)

Please note if any of these is unusually small or large

	<u>You</u>	<u>Spouse</u>
Gross Salary	_____	_____
Bonus	_____	_____
Commissions	_____	_____
Self-Employment	_____	_____
Other: _____	_____	_____

3. If retired:

	<u>You</u>	<u>Spouse</u>
Pension	_____	_____
Social Security	_____	_____
Annuity	_____	_____
Other: _____	_____	_____

4. Special Income (enter both current and anticipated) *If expected in the future, give approximate date*

	<u>You</u>	<u>Spouse</u>
Gifts from others	_____	_____
Sales of Assets	_____	_____
Royalties	_____	_____
Distribution from Trust Fund	_____	_____
Alimony	_____	_____
Child Support	_____	_____

Other: _____

5. Estimated Employment Income Trends over the Next Three Years (in dollars)
(include anticipated time off, promotions, or a new career)

	<u>200</u>	<u>200</u>	<u>200</u>
You	_____	_____	_____
Your Spouse	_____	_____	_____

6. Inheritances: List approximate amounts and time of any expected inheritances

	<u>Relationship</u>	<u>200</u>	<u>Amount</u>
You	_____	_____	_____
Your Spouse	_____	_____	_____

7. **Social Security: Please provide copies of your most recent benefit statement from the Social Security Administration.**

Expenses

Please attach your most recent tax return. In addition, please break out the following—approximations are okay.

Annual Living Expenses

	<u>\$</u>
1. Home and Auto Insurance	_____
2. Health Insurance	_____
3. Out of pocket medical, dental & dental costs	_____
4. Non-deductible costs that will go away At or Before Retirement (please list Amounts and time frames) e.g.: childcare, eldercare, special savings	_____

College Expenses (For each child, indicate public or private, graduate school)

1. _____
2. _____
3. _____

4. _____

(please note if you expect some or all of college expenses from other sources, i.e., gifts, scholarships, grants or student's income)

Special Expenses (extraordinary expenses like major home improvements, weddings, special vacations or graduation celebrations)

Expense	Approximate Date	Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
Total		\$ _____

Major Purchases

1. Are you considering making a major durable goods purchase (e.g., cars, boat, appliance) in the near future? Yes ___ No ___
2. Are you considering the purchase of a home (e.g. residence, vacation) in the near future? Yes ___ No ___
3. Are you considering any major home improvements? Yes ___ No ___

Insurance

Please attach declarations page from each life, homeowners, auto, disability, and long-term care policy.

FINANCIAL PLANNING GOALS AND OBJECTIVES

	<u>Importance</u>		
	High	Medium	Low
1. Personal Goals			
Saving regularly	_____	_____	_____
Major purchases (e.g., second home, car)	_____	_____	_____
Gifts to relatives	_____	_____	_____

Gifts to charity	_____	_____	_____
Extraordinary travel	_____	_____	_____
Education of children	_____	_____	_____
Education of grandchildren	_____	_____	_____
Changing or modifying career			
You	_____	_____	_____
Spouse	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

	<u>Importance</u>		
	High	Medium	Low
2. Investment Objectives			
Current Income-Dividends or interest to spend or reinvest	_____	_____	_____
Liquidity-Ability to convert the investment into cash quickly	_____	_____	_____
Capital appreciation-Possibility of original investment			
Gaining in value over time	_____	_____	_____
Safety-Little or no danger of losing investment principal	_____	_____	_____
Tax shelter-Investments that have current or longer-term tax advantages	_____	_____	_____
Describe any significant investments you plan to make in the near future (e.g., stock, direct real estate ownership or Real estate limited partnerships): _____			

Estate Planning Please provide copies of your estate planning documents

	<u>You</u>		<u>Spouse</u>	
1. Wills				
Do you have a will?	Yes_____No_____	Yes_____No_____	Yes_____No_____	Yes_____No_____
Is the will up to date?	Yes_____No_____	Yes_____No_____	Yes_____No_____	Yes_____No_____
2. Trusts				
Do you receive income from any trust?	Yes_____No_____	Yes_____No_____	Yes_____No_____	Yes_____No_____
Have you created a trust other than as part of your will?	Yes_____No_____	Yes_____No_____	Yes_____No_____	Yes_____No_____
Do you expect to be named a beneficiary of a trust?	Yes_____No_____	Yes_____No_____	Yes_____No_____	Yes_____No_____
3. Do you have a letter of instruction that provides information about insurance policies, investments and funeral preferences?	Yes_____No_____	Yes_____No_____	Yes_____No_____	Yes_____No_____
4. Have you discussed the contents and whereabouts of your will and a letter of instruction with your immediate family?	Yes_____No_____	Yes_____No_____	Yes_____No_____	Yes_____No_____
5. If applicable, have you appointed a guardian				

- for your children? Yes ___ No ___ Yes ___ No ___
6. Have you established a power of attorney arrangement for yourself in the event you become disabled or mentally incompetent? Yes ___ No ___ Yes ___ No ___
7. Do you have a living will, appointing a medical decision maker & stating your wishes should you become dependent on life support? Yes ___ No ___ Yes ___ No ___

Miscellaneous

1. Are you satisfied with your personal record keeping system? Yes ___ No ___
2. Do you have a safe-deposit box for storage of valuable papers and possessions? Yes ___ No ___
3. Do you have a comprehensive and up to date inventory of your household furnishings and possessions? Yes ___ No ___
4. Do you periodically prepare a personal balance sheet (i.e., a listing of your assets and liabilities)? Yes ___ No ___
5. Do you periodically prepare a household budget that lists expected income and expenses? Yes ___ No ___