

Confidential Financial Planning Questionnaire

Date: _____

Personal Information:

	<u>Client</u>	<u>Spouse</u>
First name, initial	_____	_____
Last Name	_____	_____
Birth date	_____	_____
Social Security Number	_____	_____
Retirement age	_____	_____
Home address	_____	_____
City, State, Zip	_____	_____
Phone number	_____	_____
Cell number	_____	_____
Fax number	()	()
E-mail address	_____	_____

Employment:

	<u>Client</u>	<u>Spouse</u>
Employer	_____	_____
Work Phone	_____	_____

Children:

Please complete this section if you have financial planning issues that involve your children (or grandchildren)

<u>First name and middle initial</u>	<u>Date of Birth</u>	<u>Special Schooling Costs Prior to College</u>	<u>Annual college expenses expected</u>	<u>Costs for weddings</u>	<u>Other costs</u>
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

Assets:

Please provide copies of current statements

Bank Accounts:

Bank Name	Average Account Balance
_____	\$ _____
_____	\$ _____
_____	\$ _____

Savings Accounts: Yes _____ No _____ If yes, please provide a copy of your last statement.

CD's: Yes _____ No _____ If yes, please provide a copy of your last statement.

Notes Receivable:

Name	Interest Rate	Monthly Collection Amount	Total Due
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____

Stocks/Bonds/Securities: Yes _____ No _____ If yes, please provide a copy of your last statement(s).

IRA Accounts: Yes _____ No _____ If yes, please provide a copy of your last statement(s).

401K Accounts/Simple Accounts/SEP Accounts: Yes _____ No _____ If yes, please provide a copy of your last statement(s).

Other Retirement Plans (e.g., TRS): Yes _____ No _____ If yes, please provide a copy of the plan and the last valuation statement.

Annuities: Yes _____ No _____ If yes, please provide a copy of your last statement.

Residence:

Address	Date Acquired	Purchase Price	Fair Market Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Rental Property:

Address	Date Acquired	Purchase Price	Fair Market Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Name _____

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Autos/Trucks

Make/Model	Date Acquired	Fair Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Personal Property:

	Value
Furniture/Fixtures	\$ _____
Collectibles:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Ownership in Closely Held Businesses: Please provide copy of the latest financial statement

Type	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

Life Insurance: Yes _____ No _____ *If yes, please provide the latest statement and copy of the policies.*

Other Assets: (Please describe, including current value)

Other Insurance

Please provide a copy of the declaration page for all other insurance policies (i.e. auto, homeowner's, umbrella)

Debts/Notes Payable (please provide current statements):

Name of lender	Purpose	Original Amount	Interest Rate	Monthly Pmt (P&I only)	Latest Balance
<u>Home Mortgage:</u>					
_____	n/a	\$ _____	_____%	\$ _____	\$ _____
_____	n/a	\$ _____	_____%	\$ _____	\$ _____
<u>Home Equity:</u>					
_____	n/a	\$ _____	_____%	\$ _____	\$ _____
<u>Notes Payable:</u>					
_____	_____	\$ _____	_____%	\$ _____	\$ _____
_____	_____	\$ _____	_____%	\$ _____	\$ _____
_____	_____	\$ _____	_____%	\$ _____	\$ _____
<u>Credit Cards:</u>					
_____	_____	\$ _____	_____%	\$ _____	\$ _____
_____	_____	\$ _____	_____%	\$ _____	\$ _____
_____	_____	\$ _____	_____%	\$ _____	\$ _____
_____	_____	\$ _____	_____%	\$ _____	\$ _____
_____	_____	\$ _____	_____%	\$ _____	\$ _____
_____	_____	\$ _____	_____%	\$ _____	\$ _____
<u>Auto Loans:</u>					
_____	_____	\$ _____	_____%	\$ _____	\$ _____
_____	_____	\$ _____	_____%	\$ _____	\$ _____
_____	_____	\$ _____	_____%	\$ _____	\$ _____
_____	_____	\$ _____	_____%	\$ _____	\$ _____

Tax and Estate Planning:

Please provide copies of the following documents:

- _____ Will
- _____ Trust documents
- _____ Federal and state tax returns for the past 3 years
- _____ Social Security Statement of Benefits
- _____ Last two pay stubs in current year

Income Projections:

Expected earnings:	Client	Spouse
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
What year will earnings cease?	_____	_____

Personal Expenses:

	Amounts you spend every month	Amounts you spend annually (i.e. property taxes)
Rent/lease pymt (not mortgage)	\$ _____	\$ _____
Food & household expenses:		
Groceries	\$ _____	\$ _____
Household supplies	\$ _____	\$ _____
Eating out	\$ _____	\$ _____
Utilities:		
Gas/Electric	\$ _____	\$ _____
Water/Trash	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Cable	\$ _____	\$ _____
Property taxes	\$ _____	\$ _____
Homeowner's insurance	\$ _____	\$ _____
Life insurance	\$ _____	\$ _____
Medical insurance	\$ _____	\$ _____
Medical expenses	\$ _____	\$ _____
Auto maintenance:		
Gas/Oil	\$ _____	\$ _____
Repair	\$ _____	\$ _____
Parking/tolls	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Child expenses:		
School expenses	\$ _____	\$ _____
Lunch money	\$ _____	\$ _____
Special events	\$ _____	\$ _____
Baby Sitting/Day Care	\$ _____	\$ _____
Gifts (Birthday and Holiday)	\$ _____	\$ _____
Domestic Help	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry/Cleaning	\$ _____	\$ _____
Property Improvements	\$ _____	\$ _____
Home Furnishings	\$ _____	\$ _____
Child Support	_____	_____
Alimony	_____	_____
Entertainment	\$ _____	\$ _____
Vacations	\$ _____	\$ _____
Hobbies	\$ _____	\$ _____
Memberships/Dues	\$ _____	\$ _____
Pet Expenses	\$ _____	\$ _____
Books/Subscriptions	\$ _____	\$ _____
Charitable contributions	\$ _____	\$ _____
Miscellaneous Spending	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

