**Financial Planning Questionnaire**

Client Information: **Client Co-client**

|  |  |  |
| --- | --- | --- |
| Full Name |  |  |
| Date of Birth |  |  |
| Address |  | |
| City/State/ZIP |  | |
| Phone (Home) |  | |
| Phone (Cell) |  |  |
| Email |  |  |

Advisors

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Address | Phone |
| Financial Advisor |  |  |  |
| Accountant |  |  |  |
| Lawyer |  |  |  |
| Insurance |  |  |  |
| Banker |  |  |  |
| Other |  |  |  |

**Employment Information Client Co-client**

|  |  |  |
| --- | --- | --- |
| Employer |  |  |
| Position |  |  |
| Date of Hire |  |  |
| Business Address |  |  |
| Business Phone |  |  |
| Business email |  |  |

**Family Members PLANNING ASSUMPTIONS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Date of Birth | Gender | Relationship |  | **Inflation Rate** | 3.0% or      % | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  | **Client** | **Co-client** |
|  |  |  |  |  | **Retirement Age** | 65 or | 65 or |
|  |  |  |  |  | **Life Expectancy** | 90 or | 90 or |

ASSETS / LIABILITIES

**House / Property**

**(including Investment Real Estate) Property 1 Property 2 Property 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Description |  |  |  |
| Ownership |  |  |  |
| Real Estate Tax (annual) |  |  |  |
| **MORTGAGE INFORMATION:** |  |  |  |
| Loan Start Date |  |  |  |
| Original Loan Amount |  |  |  |
| Interest Rate |  |  |  |
| Loan Duration |  |  |  |
| Monthly Payment (principal + interest) |  |  |  |
| Current Market Value of Property |  |  |  |
| Outstanding Loan Balance |  |  |  |
| Rental Income (if applicable) |  |  |  |
| Rental Expenses (if applicable) |  |  |  |

**Other Liabilities** (auto loans, credit cards, lines of credit, education loans)

**Liability 1 Liability 2 Liability 3 Liability 4**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description |  |  |  |  |
| Ownership |  |  |  |  |
| Loan Start Date |  |  |  |  |
| Original Loan Amount |  |  |  |  |
| Interest Rate |  |  |  |  |
| Loan Duration |  |  |  |  |
| Payment Amount |  |  |  |  |
| Outstanding Loan Balance |  |  |  |  |

**Non-Qualified Assets\*** (Bank accounts, investments and non-qualified annuities)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Ownership | Market Value | Cost Basis | Annual Contributions | Statement Attached? |
| Checking |  |  |  |  |  |
| Savings / MM / CDs |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Qualified Assets\*** (Qualified retirement plans, IRAs, qualified annuities)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Institution/  Account Name | Ownership | Market Value | Annual Contributions | Annual Employer Contributions (if applicable) | Beneficiaries | Statement Attached? |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**\*Please also provide account statements with asset allocation information.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Monthly Income\*** | | | |  | **Tax Brackets** | | |
|  | **Client** | **Co-Client** | **Joint** |  |  | Marginal Tax Rate | Effective Tax Rate |
| Wages, salary, tips |  |  |  |  | Federal |  |  |
| Cash dividends |  |  |  |  | State |  |  |
| Interest received |  |  |  |  |  |  |  |
| Social Security income |  |  |  |  |  |  |  |
| Pension income |  |  |  |  |  |  |  |
| Rents, royalties |  |  |  |  |  |  |  |
| Annuities |  |  |  |  |  |  |  |
| Business income |  |  |  |  |  |  |  |
| Other income |  |  |  |  |  |  |  |
| **Sub-total** | **$ 0** | **$ 0** | **$ 0** |  |  |  |  |
| **Total Monthly Income** | | | **$ 0** |  |  |  |  |

**\*Separate sheet attached with itemized expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No**

*Do you expect a significant change in your income during the next two years?*

*Do you want or expect to make changes to your current spending and savings strategies?*

**Personal Use Assets** (e.g. Autos, homes, furnishings, jewelry, collectibles, etc.)

|  |  |  |
| --- | --- | --- |
| Name | Ownership | Market Value |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Education Funds** (529 Plans or UTMAs)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Owner | Donor | Beneficiary | Market Value | Annual Contributions |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Business Entities** (attach separate sheet if multiple) **Stock Options** (attach statement with vesting schedule)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | |  |  | Grant #1 | Grant #2 | Grant #3 |
| Type (LLC, Partnership, S Corp, C Corp) |  |  | Underlying Stock |  |  |  |
| Ownership |  |  | ISO or Non-Qualified |  |  |  |
| Purchase Date |  |  | Owner |  |  |  |
| Purchase Amount |  |  | Exercise Price |  |  |  |
| Market Value |  |  | Grant Date |  |  |  |
| Liability |  |  | Expiration Date |  |  |  |
| Growth Rate |  |  | # Shares |  |  |  |
| Buy/Sell Agreement | Yes No |  |  |  |  |  |

EDUCATION GOALS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student | Start Age | Number of Years | Annual Cost | Cost Increase (%) | Existing Assets |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

MAJOR PURCHASES (cars, vacations, 2nd home, remodel, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Start Year | Number of Years | Amount Needed | Existing Assets |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

RETIREMENT PLANNING DETAILS

*How do you envision your retirement?*

*How might your spending in retirement change (travel, downsize, health care)?*

*What is your greatest retirement concern?*

**Social Security Retirement Benefits Client Co-Client**

|  |  |  |
| --- | --- | --- |
| Include Monthly Retirement Benefits? | Yes        No | Yes        No |
| Monthly Amount | Use default formula       Use benefit estimate $ | Use default formula       Use benefit estimate $ |
| Start Date | Age | Age |
| Index (COLA) rate for Social Security | 2% or      % | 2% or      % |

**Defined Benefit Pensions Client Co-Client**

|  |  |  |
| --- | --- | --- |
| Monthly or Lump Sum Amount | $     \_\_\_\_\_ | $     \_\_\_\_ |
| Effective Date | Age | Age |
| Index (COLA) rate for monthly benefits | 0% or      % | 0% or      % |

**Retirement Expenses Monthly Amount or % of Current Spending**

|  |  |  |
| --- | --- | --- |
| Retirement Spending Goal | $     \_\_\_\_\_ | % |

**Retirement Incomes (including annuity income or expected inheritance)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Income | Client or Co-client | Amount | Frequency | Index or COLA rate (if any) | Start Age | End Age |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

INSURANCE

*What is your primary goal for your life insurance policies?*

*How did you arrive at the amount of life insurance you have?*

**Life Insurance Policy 1 Policy 2 Policy 3 Policy 4 Policy 5**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company |  |  |  |  |  |
| Type (e.g. term, universal) |  |  |  |  |  |
| Effective Date |  |  |  |  |  |
| Insured |  |  |  |  |  |
| Policy Owner |  |  |  |  |  |
| Beneficiary |  |  |  |  |  |
| Contingent Beneficiary |  |  |  |  |  |
| Death Benefit |  |  |  |  |  |
| Annual Premium |  |  |  |  |  |
| Cash Surrender Value |  |  |  |  |  |
| Loan |  |  |  |  |  |
| Statement Attached? |  |  |  |  |  |

*Has anyone in your family experienced a long term care need?*

*How would it affect your family’s lifestyle if you became disabled or injured?*

**Disability Insurance Policy 1 Policy 2 Policy 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Description (group LTD, group STD, individual DI) |  |  |  |
| Effective Date |  |  |  |
| Insured |  |  |  |
| Monthly Benefit |  |  |  |
| Taxable (yes / no) |  |  |  |
| Index Rate for Benefit Amount |  |  |  |
| Elimination Period |  |  |  |
| Benefit Period |  |  |  |
| Annual Premium |  |  |  |

**Long-Term Care Insurance Policy 1 Policy 2 Policy 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Description |  |  |  |
| Insured |  |  |  |
| Daily Benefit |  |  |  |
| Index for Inflation |  |  |  |
| Waiting Period |  |  |  |
| Benefit Period |  |  |  |
| Annual Premium |  |  |  |

ESTATE PLANNING\* **Client Co-client**

|  |  |  |
| --- | --- | --- |
| Do you have a will? |  |  |
| Do you have advance directives? (living will, health care power of attorney, durable power of attorney) |  |  |
| When were the will / advance directives last updated? |  |  |

**Trust Details (indicate date of last update)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family Member | Credit Shelter Trusts | Marital Trust | Living Trust | QTIP Trust | Other Testamentary Trusts |
| Client |  |  |  |  |  |
| Co-client |  |  |  |  |  |
| Trustee(s) |  |  |  |  |  |

**Gifting: Current Strategies Gift 1 Gift 2 Gift 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Description |  |  |  |
| Gifting Strategy (i.e. Cash Gift, Asset Gift) |  |  |  |
| Amount |  |  |  |
| Applicable Period |  |  |  |
| Beneficiary Name |  |  |  |

**\*Please provide copies of all estate documents.**

*Do you have a sense about how much your estate may be eroded at your death? Would you like to examine strategies to minimize estate expenses and taxes due at your death?*

*(If there are children) What would you like to see happen at your death (receive assets immediately,*

*receive assets at set times, receive income at set times, use assets for set purposes, etc.)?*

*Does your current estate plan reflect all of your wishes for what you want to happen when you pass away?*