

# Financial Planning Questionnaire

Our comprehensive approach to financial planning starts with a review of your entire financial picture. Our team works closely with you during the data-gathering process to ensure that the plan we develop works with your needs and goals, which might include retirement and education planning, giving strategies, estate planning, insurance needs assessment, tax planning, or a combination of all of the above.

The financial planning questionnaire should be completed as best you can to ensure that we have your complete financial picture. Throughout the questionnaire, you will note that in lieu of completing a particular section you can provide statements, etc. Please provide us with copies of the following statements and/or documents that are applicable to your personal financial situation:

Recent Pay stub(s) – Client and Co-client

Federal and State Tax Returns (most recent 2 years available)

Brokerage Account Statements for Non-Retirement Assets

Retirement Account Statements (e.g., 401(k), IRA, 403(b), Pension Plans, Annuities)

Statements for Education Investments (e.g., 529, UGMA)

Loan Documents and Credit Card Statements (Only for accounts not paid off in full monthly)

Employee Benefits Statement which shows Benefit Options

Company-provided Statement of Stock Options Held, Vesting Schedule

Insurance Policy Coverage Pages (Health, Property, Life, Disability, Umbrella, Long term care

Most Recent Social Security Benefit Statement

Estate Planning Documents (Wills, Trusts, Health Care Directives, Durable Power of Attorney)

\*Please do not provide us with any original statements.



## Personal Background

### Client

Client's Name

Home Address:

Home Phone (     )

Cell (     )

Home E-Mail

Employer

Position

Date of Birth

Marital Status

Soc. Sec. No.

Country of Citizenship

### Co-Client

Co-Client's Name

Cell (     )

Home E-Mail

Employer

Position

Date of Birth

Country of Citizenship

Soc. Sec. No.

## Children & Other Dependents

Name	Date of Birth	Year in School (Grade)	Education Funding Need
			\$
			\$
			\$
			\$

## Professional Contacts

Advisor	Name	Firm	Address	Permission to Contact?
Tax Preparer				
Estate Attorney				
Other				



## Net Worth

Real Estate						
Terms	Primary Residence		2 <sup>nd</sup> Home		Investment Property	
Purchase Date						
Purchase Price	\$		\$		\$	
Current Market Value	\$		\$		\$	
Most Recent Mortgage Balance	\$		\$		\$	
Interest Rate on Mortgage	%		%		%	
Mortgage Type (Fixed or Adjustable?)						
Mortgage Terms in Years						
Monthly Payment	P&I	\$	P&I	\$	P&I	\$
	Insurance	\$	Insurance	\$	Insurance	\$
	Taxes	\$	Taxes	\$	Taxes	\$

Do you have any future plans for these properties that you foresee impacting your financial plan (e.g. sale of home, renovations, etc.)? If yes, please explain.



## Net Worth (cont.)

### Assets

Please list all of your financial assets or provide us with a recent statement for each account, including both retirement and non-retirement accounts. If you are making regular contributions to the accounts, as a percentage of pay or flat dollar amount per month, please indicate that information. In addition, please indicate any matching contributions from your employer. Conversely, please indicate if you are taking money out of any accounts with the amount and frequency.

#### Cash and Cash Equivalents

Account Type	Institution	Ownership Client, Co-Client, Joint or Trust	Current Balance	Annual Savings/Contributions or Withdrawals
Checking			\$	\$
Savings			\$	\$
			\$	\$
			\$	\$

#### Investment and Retirement Accounts

Investment Type (e.g. Brokerage, IRA, 401k, Trust)	Institution	Ownership Client, Co-Client, Joint or Trust	Current Balance	Annual Savings/Contributions or Withdrawals
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

#### Education Investments

Investment Name /Type	Institution	Ownership Client, Co-Client, Joint or Trust	Current Balance	Annual Savings/Contributions or Withdrawals
			\$	\$
			\$	\$
			\$	\$



### Stock Options / RSUs

Type (NQSO, ISO, Restricted)	Grant Number	Number of Shares Given	Exercise Date	Ownership Client, Co-Client	Shares Exercised & Held	Exercise Price
						\$
						\$

### Business Interests

Investment Type	Amount Invested \$ Basis	Date of Initial Investment	Ownership Client, Co-Client or Joint	Corp Status (C, S, LLC, LLP)	Approximate Current Value
	\$				\$
	\$				\$

### Company Defined Benefit Plans (Pension Plans)

Plan Name	Ownership (Client, Co-Client)	Age Payable	Estimated Amount Per Month or Year	Will Amount Inflate?
			\$	
			\$	

### Annuities

Investment Name	Total Amount Invested (Basis)	Ownership Client, Co-Client, Joint or Trust	Year Started	Current Balance
	\$			\$
	\$			\$

### Liabilities

Loan Type*	Current Balance Remaining	Monthly \$ Payment	Borrower	Interest Rate Charged	Estimated Payoff Date
	\$	\$			
	\$	\$			

\*Do not include mortgages



## Cash Flow

Income				
Source	Client	Projected Growth (%)	Co-Client	Projected Growth (%)
Annual Salary (W-2)	\$	%	\$	%
Self-Employ Income	\$	%	\$	%
Bonus	\$	%	\$	%
Bonus Frequency (Monthly, Quarterly or Annually)		%		%
Other	\$	%	\$	%

## Expenses

Please provide an estimate of your monthly expenses (excluding mortgage payments or insurance premiums). You may provide us detailed expense information (see below) or choose to send us one dollar figure representing monthly outflow. This is the usually the hardest part of the data collection, so whichever is easiest for you. We can always start with a best estimate and tweak the number if needed. Keep in mind that not all line items below will be applicable to you.

Expense Type	Monthly	Annually	Notes
Rent			
Condo/Maintenance Fees			
Auto Excise Tax			
Alimony			
Child Support			
Groceries			
Housecleaning			
Household Maintenance and Repair			
Home Furnishings			
Lawn Care			
Utilities			
Telephone, Cable TV			
Clothing			

[illegible]



## Risk Management & Insurance

### Insurance Coverages

#### Life Insurance

Name of Insurance Company	Type	Owner	Insured	Beneficiary	Face Amt. of Ins.	Annual Premium	Cash Value
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$

#### Disability Insurance

Name of Insurance Company	Insured	Monthly Benefit	Paid with Before Tax \$ (Yes or No)	Annual Premium	Individual or Group
		\$		\$	
		\$		\$	
		\$		\$	

#### Home/Auto/Liability/Medical Insurance

Type	Name of Insurance Company	Annual Premium
Home		\$
Auto		\$
Liability (Umbrella)		\$
Medical		\$
Long Term Care		\$



## Estate Planning

### Estate Planning

Have you executed a Will?

If yes, approximate date executed

Has your spouse/partner executed a Will?

If yes, date executed

Have you executed any Trusts?

Have you executed a Medical Directive (sometimes called a Living Will?)

Have you executed a Durable Power of Attorney?

Dates any of these Documents were last reviewed



## Financial Priorities

### Client Goals

#### Retirement Goals

Retirement Goals	Client	Co-client
At what age do you plan to retire?		
At what age would you like to retire?		

#### Financial Goals

Please list any financial goals you may have in the space provided. A financial goal is defined as any goal that requires you to save money to achieve it. Some examples include investment in business opportunities, first or second homes, recreational items, or any currently known future need for substantial cash. Please estimate the amount needed (in today's dollars) to achieve each financial goal and the year that you want to fund the goal by.

Financial Goals	Amount needed	Year

### Additional Questions

How do you envision your future lifestyle?

Have you gone through the financial planning process before?

Are you or your spouse/partner interested in establishing a gifting program? If yes, please explain.

Please feel free to include any additional information that you feel is important for us to consider in the planning process.