

Date Questionnaire Completed: \_\_\_\_\_

## PERSONAL INFORMATION

	Client	Spouse (if applicable)
Name		
Date of Birth		
Home Address		
City, State, Zip		
Home Phone		
Mobile Phone		
Preferred Email		
Occupation		
Employer		
Work Phone		

We will likely need to contact you for additional information as we conduct our analysis.  
Whom should we contact for this purpose? \_\_\_\_\_

Preferred contact method:  e-mail  Home phone  Work phone  Cell phone

	Name	Sex	DOB	Grade *	Dependent
Children and other Dependents		<input type="checkbox"/> M/F <input type="checkbox"/>			<input type="checkbox"/> Y/N <input type="checkbox"/>
		<input type="checkbox"/> M/F <input type="checkbox"/>			<input type="checkbox"/> Y/N <input type="checkbox"/>
		<input type="checkbox"/> M/F <input type="checkbox"/>			<input type="checkbox"/> Y/N <input type="checkbox"/>
		<input type="checkbox"/> M/F <input type="checkbox"/>			<input type="checkbox"/> Y/N <input type="checkbox"/>
		<input type="checkbox"/> M/F <input type="checkbox"/>			<input type="checkbox"/> Y/N <input type="checkbox"/>

\* List grade student will be in during the fall of the current calendar year.

Do you anticipate additional children or dependents? If so, please estimate how many and when?

Do you, your children, or other dependents have any special medical or other situation that would impact your finances? If so please explain:

*All information is strictly confidential.*

## GOALS / OBJECTIVES / GENERAL INFORMATION

- Financial Planning with a focus on the following areas:
- |   |  |
|---|--|
| <input type="checkbox"/> Setting financial and other goals<br><input type="checkbox"/> Net worth review<br><input type="checkbox"/> Income tax review<br><input type="checkbox"/> Cash flow review<br><input type="checkbox"/> Analyzing general financial situation - allocation of assets and liabilities<br><input type="checkbox"/> Investment allocation | <input type="checkbox"/> Financial Independence (retirement) planning<br><input type="checkbox"/> Education planning<br><input type="checkbox"/> Insurance Analysis<br><input type="checkbox"/> Estate planning review<br><input type="checkbox"/> Charitable giving consulting<br><input type="checkbox"/> Other: |
|---|--|

What are your most important **short-term** (immediate) financial goals?

What are your most important **long-term** (life) financial goals? Include your concept of retirement and the age at which you want it to start.

Other than vehicles, what major purchases do you anticipate within the next 5 years? Please indicate timing and amount.

### Vehicles

Make/Model	Year	Primary Driver	Year to replace	Cost to replace	# years to keep new vehicle

### Education Funding

If you plan to pay for education expenses, please complete the following for each child:

Child Name	Expected annual costs for K-12 education	Undergraduate Public / Private		Graduate Public / Private	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide an estimate of the cost of each of the above (current year cost) if known. If college costs are unknown, we can use national averages.

*All information is strictly confidential.*

## CASH FLOW

### Income

	Client	Spouse
Base Salary		
Expected % rate in increase		
Commission / Bonus		
# of Paychecks per year		
Self Employment Income		
Pension / Annuities		
Social Security Income		
Other Income		

### Giving

	Current % of gross income or \$ amount:	Goal % or \$ amount:
Church / Other Charitable		

### Living Expenses

The expense totals listed here should include categories like rent payments, food, entertainment, utilities, education, insurance, etc. **Do not include DEBT (mortgage, home equity lines of credit, non-mortgage debt), TAXES (income, property, etc.), SAVINGS (retirement, major purchases, education), or GIVING.**

Annual Amount

*Please provide your own documentation (Quicken reports, etc.), if available. If needed, we can provide forms to help calculate your expenses.*

### Monthly or Annual Amounts Deposited into Savings/Investment Accounts

	Specific Account Name	Account Type	Amount	Annually	Monthly
Retirement Savings				<input type="checkbox"/>	<input type="checkbox"/>
Retirement Savings				<input type="checkbox"/>	<input type="checkbox"/>
Retirement Savings				<input type="checkbox"/>	<input type="checkbox"/>
Retirement Savings				<input type="checkbox"/>	<input type="checkbox"/>
Education Savings				<input type="checkbox"/>	<input type="checkbox"/>
Other				<input type="checkbox"/>	<input type="checkbox"/>

Does your employer provide a match for your retirement savings? If yes, how much?

Will you have an employer funded pension at retirement? If so, what is your projected benefit? If available, please provide your benefit statements.

*All information is strictly confidential.*

## ASSETS/LIABILITIES

### Checking, Savings, Investments, and Retirement - Balances *(if statements not provided)*

Type of Account	Company	Account Balance	Intended use of funds: (if applicable)
Checking			
Savings / Money Market			

### Real Estate / Mortgage

	Primary Residence	Other Property / 2 <sup>nd</sup> mortgage	Other Property / 2 <sup>nd</sup> mortgage
Description			
Current Value			
Purchase Date			
Original Purchase Amount			
Original Loan Amount			
Term of Loan (in years)			
Current Loan Balance			
Interest Rate			
Mo. Pmt (principal & interest)			
Mo. Real Estate Tax Amt.			
Mo. Insurance Amt.			
Extra Monthly Principal			
Total Monthly Payment			

### Non-Mortgage Debt (Ex: Credit Cards, Auto Loans, Home Equity, etc.)

Description			
Purchase Date			
Amount Financed			
Loan Term (in years)			
Interest Rate			
Current Loan Balance			
Required Mo. Payment			
Extra Monthly Principal			
Total Monthly Payment			

**Other Assets - not noted above** If you own a business, please provide general information regarding the structure (e.g. S Corp, LLC,), value, etc.

Asset Description	Estimated Value

*All information is strictly confidential.*

## INSURANCE

### Life Insurance - including employer provided insurance *(or include policy summary)*

Insurance Company	Insured	Beneficiary	Cash Value / Loans (if permanent)	Issue Date/ Length of Policy (if term)	Death Benefit	Annual Premium

### Disability Insurance *(or include policy summary)*

Insured	Premium Payment		Monthly Benefit	Waiting Period	Benefit to age:	Annual Premium
	Personal	Employer				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

### Long Term Care Insurance *(or include policy summary)*

Insured	Premium Payment		Daily Benefit	Inflation Rider	Benefit Years	Annual Premium
	Personal	Employer				
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y / <input type="checkbox"/> N		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y / <input type="checkbox"/> N		

### Other Insurance

Do you have a personal umbrella liability policy? If so, please indicate coverage amount.

Please list any other insurance coverage that you would like us to be aware of.

## ESTATE

	Do you have?	When drafted?	What state?
Will(s)	<input type="checkbox"/> Y / <input type="checkbox"/> N		
Living Trust(s)	<input type="checkbox"/> Y / <input type="checkbox"/> N		
Durable Power(s) of Attorney	<input type="checkbox"/> Y / <input type="checkbox"/> N		
Healthcare Proxies / Living Will(s)	<input type="checkbox"/> Y / <input type="checkbox"/> N		

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