LARSON
WEALTH MANAGEMENT

Date ___________

Financial Planning Questionnaire

Welcome

Please complete this form as thoroughly as possible to help us build a clear understanding of your finances. If you don't have the exact information on hand, we will use any statements you provide to verify s+pecific details for your plan.

Personal Information

Please add your information and your spouse's information, if applicable.

	Client 1	Client 2
Full Name		
Date of Birth		
Residence Address		
City, State, Zip		
Phone		
Email		
Employer		
Occupation		

Immediate Family

List any dependents or beneficiaries.

	Family Member 1	Family Member 2	Family Member 3
Full Name			
Date of Birth			
Relationship			
Gender			
Dependent?			

Professional Contacts

Financial Advisor	
Accountant	
Lawyer	
Insurance	

Annual Income

	Client 1	Client 2
Wages		
Social Security		
Pension		
Rents, Royalties		
Other		
Subtotal		

House and Property Information

If you need more space here or elsewhere, please add additional information to a blank page.

	Property 1	Property 2	Property 3
Description			
Ownership			
Loan Start Date			
Outstanding Balance			
Interest Rate			
Length of Loan			
Current Market Value			
Monthly Payment			
Rental Income			
Rental Expense			

Other Liabilities or Debts

	Liability 1	Liability 2	Liability 3	Liability 4
Description				
Ownership				
Outstanding Balance				
Interest Rate				
Duration				
Monthly Payment				

Retirement Assets

	Asset 1	Asset 2	Asset 3
Description			
Ownership			
Market Value			
Annual Contributions			

	Asset 4	Asset 5	Asset 6
Description			
Ownership			
Market Value			
Annual Contributions			

Non-Retirement Assets

	Asset 1	Asset 2	Asset 3
Description			
Ownership			
Market Value			
Annual Contributions			

Non-Retirement Assets (Continued)

	Asset 4	Asset 5	Asset 6
Description			
Ownership			
Market Value			
Annual Contributions			

Life Insurance

	Policy 1	Policy 2
Company		
Whole, Life, or Term		
Purchase Year		
Death Benefit		

	Policy 3	Policy 4
Company		
Whole, Life, or Term		
Purchase Year		
Death Benefit		

Estate Planning

	Client 1	Client 2
Do you have a will?		
Do you have a trust?		
Do you have advance directives? (POA, etc.)		
When were these last updated?		

Additional Questions

Are you retired? If not, what age do you hope to retire?

Do you expect to purchase a car, real estate, or other major expense in the next 5 years?

Do you have disability insurance?

Do you have long term care insurance?

Do you have ownership in a business?

Are you charitably inclined?

Is there any other information you would like us to know?

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*Thank you for completing the questionnaire. Please return this document to us with your recent **tax return**, any **statements** for accounts or insurance policies referenced, and copies of your **estate planning documents**, if available. (We ask that you do not return financial or legal documents via email. You can upload documents securely via the link in any team member's email signature.)*