

# Financial Planning Questionnaire

**Client Information:**

Client

Co-Client

Full Name		
Date of Birth		
Address		
City/State/Zip		
Phone (Home)		
Phone (Cell)		
Email		

**Employer Information:**

Client

Co-Client

Employer		
Position		
Date of Hire		

**Advisors:**

Financial Advisor	
Accountant	
Lawyer	
Insurance	
Banker	
Other	

What age do you hope to retire?  
How long do you hope to live?

	Client	Co-Client
Retirement Age	65 or	65 or
Life Expectancy	65 or	65 or

**Family Members:**

Name	DOB	Gender	Relationship

# Assets and Liabilities

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 saving strategies?

## House and Property Information (including investment Real Estate)

	Property 1	Property 2	Property 3
Description			
Ownership			
Annual Real Estate Tax			
<b>Mortgage Information:</b>			
Loan Start Date			
Original Loan Amount			
Outstanding Loan Balance			
Interest Rate			
Term: 30 / 15 / Other			
Approx. Monthly Payment			
Current Market Value of Property			
Rental Income (if applicable)			
Rental Expense (if applicable)			

## Other Liabilities (including auto loans, credit cards, lines of credit, student loans)

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

## Upcoming Major Purchases (including cars, vacations, 2<sup>nd</sup> home, remodel, etc.)

Description	Year Planning to Purchase	Number of Years for Payment	Amount Needed	Existing Assets

Annual Income

	Client	Co-Client
Wages, Salary, Tips		
Social Security Income		
Pension Income		
Rents, Royalties		
Other		
<b>Subtotal</b>	<b>\$</b>	<b>\$</b>
<b>Total Annual Income</b>	<b>\$</b>	

Non-Qualified Assets (Bank accounts, investments, money markets, CDs, non-qualified annuities etc.)

Name	Ownership	Market Value	Annual Contributions	Employer Match	Statement Attached?
Checking					
Savings					

\*please provide account statements with asset allocation information

Qualified Assets (401(k), qualified annuities)

Name	Ownership	Market Value	Annual Contributions	Employer Match	Statement Attached?

\*please provide account statements with asset allocation information

Education Goals (529 Plans or UTMAs)

Student Name	Owner	Market Value	Annual Contributions	Do You Want to Fund to 50, 75, or 100%

**Business Entities (attach separate sheet if needed)**

	Business 1	Business 2	Business 3
Name			
Type (LLC, Partnership, S Corp, C Corp, etc.)			
Ownership			
Purchase/Founded Date			
Purchase Amount			
Market Value			
Liability			
Growth Rate			
Buy/Sell Agreement (Yes/No)			

## 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?

**Client's Sources of Retirement Income (Pension, social security, etc.)**

	Retirement 1	Retirement 2	Retirement 3	Retirement 4
Type of Income				
Amount				
Frequency				
Index or COLA rate (If any)				
Start Date/Age				
End Date/Age				

**Co-Client's Sources of Retirement Income (Pension, social security, etc.)**

	Retirement 1	Retirement 2	Retirement 3	Retirement 4
Type of Income				
Amount				
Frequency				
Index or COLA rate (If any)				
Start Date/Age				
End Date/Age				

# Insurance

What is your primary goal for your life insurance policies?

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

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

How would it effect your family's lifestyle if you became disabled or injured?

## Life Insurance

Current Policies	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5	Policy 6
Company						
Type (Term, Universal, Whole Life)						
Purchase Year						
Insured						
Policy Owner						
Beneficiary						
Death Benefit						
Annual Benefit						
Annual Premium						
Cash Surrender Value						
Loan						

## Disability Insurance

	Policy 1	Policy 2	Policy 3
Description (group LTD, group STD, individual DI)			
Effective Date			
Insured			
Monthly Benefit			
Taxable (yes or no)			
Cost of Living Adjustment (yes or no)			
Elimination Period			
Benefit Period			
Annual Premium			

## Long Term Care Insurance

	Policy 1	Policy 2	Policy 3
Description			
Effective Date			
Insured			
Daily Benefit			
Index for Inflation			
Waiting Period			
Benefit Period			
Annual Premium			

## Estate Planning

### Legal Documents

	Client	Co-Client
Do you have a will? (yes or no)		
Do you have advance directives? (living will, health care power of attorney, durable power of attorney)		
When were the will/advanced directives last updated		

**\*please provide copies of all estate documents**

### Gifting Goals (including family and nonprofit)

	Gift 1	Gift 2	Gift 3
Description			
Gifting Strategy (i.e. cash gift, asset gift)			
Amount			
Applicable Period			
Beneficiary Name			

**\*This Page for Advisor Use Only\***

## Key Metrics

	Monthly	Annually	Notes
Income Need (Gross)			
Income Need (Net)			
Social Security – Husband (Net/Gross)			
Social Security – Wife (Net/Gross)			
Other Income (Net/Gross)			
Other Income (Net/Gross)			
Other Income (Net/Gross)			
Career Retirement Target Age – Husband			
Career Retirement Target Age - Wife			

## Financial Priorities

Category	Rank	Notes
Retirement Planning		
Saving for College		
Saving for Major Purchase (_____)		
Managing a Budget		
Investment Management		
Minimizing Taxes		
Appropriate Insurance Coverage		
Caring for Parents		
Other (_____)		
Other (_____)		

Risk Tolerance	
Asset Allocation	

Strategies