



**KARSTEN**  
INVEST IN OPPORTUNITY

***Financial Planning Questionnaire***

<u>Client 1</u>	<u>Client 2</u>
Full name: _____	Full name: _____
Date of Birth: _____	Date of Birth: _____
Retirement Age: _____	Retirement Age: _____
<b>Address &amp; Employment Information</b>	
<u>Client 1</u>	<u>Client 2</u>
Email: _____	Email: _____
Phone: _____	Phone: _____
Address: _____	Address: _____ (if different)
City: _____ State: ____ Zip: _____	City: _____ State: ____ Zip: _____
<b>Employment</b>	
<u>Client 1</u>	<u>Client 2</u>
Employer: _____	Employer: _____
Job Title: _____	Job Title: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Address: _____	Address: _____
City: _____ State: ____ Zip: _____	City: _____ State: ____ Zip: _____
Employment Period: _____	Employment Period: _____

***Risk***

<b>Risk Profile</b>
Investment Attitude: <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive
Investment Experience: <input type="checkbox"/> None <input type="checkbox"/> Very Little <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input type="checkbox"/> Extensive

***Estate***

<b>Check the box if you have any of the following:</b>	<u>Client 1</u>	<u>Client 2</u>
Will	<input type="checkbox"/>	<input type="checkbox"/>
Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Marital Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Credit Shelter Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
QTIP Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>



**KARSTEN**  
INVEST IN OPPORTUNITY

***Estate (Cont.)***

Irrevocable Life Insurance Trust	<input type="checkbox"/>	<input type="checkbox"/>
Durable General Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Generation Skip Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Joint Revocable Trust	<input type="checkbox"/>	<input type="checkbox"/>
Testamentary Trust	<input type="checkbox"/>	<input type="checkbox"/>

***Insurance***

**Insurance Information** - Providing us with your annual statement is preferred.

	<u>Client 1</u>	<u>Client 2</u>
Permanent life insurance:	\$ _____	\$ _____
Term life insurance:	\$ _____	\$ _____
Cash values (less loans):	\$ _____	\$ _____
Long-term care insurance:	\$ _____	\$ _____

***Pension, Earned Income & Social Security***

**Defined Pension Information** - Include information on pensions that provide an annual income level (i.e.: military pension, state pension, etc.)

	<u>Client 1</u>		<u>Client 2</u>	
	<b>Pension 1</b>	<b>Pension 2</b>	<b>Pension 1</b>	<b>Pension 2</b>
Anticipated annual amount:	\$ _____	\$ _____	\$ _____	\$ _____
Starting age:	_____	_____	_____	_____
Increase rate before retirement:	_____ %	_____ %	_____ %	_____ %
Increase rate after retirement:	_____ %	_____ %	_____ %	_____ %
Survivor benefit (%):	_____ %	_____ %	_____ %	_____ %

  

	<u>Client 1</u>	<u>Client 2</u>
<b>Earned Income</b>		
Earned income now:	\$ _____	_____
<b>Social Security (If known)</b>		
Age to start benefit:	_____	_____
Annual increase rate:	_____ %	_____ %
Estimated or current annual benefit:	\$ _____	\$ _____





**K A R S T E N**  
INVEST IN OPPORTUNITY

**Assets**

List capital assets including banking accounts, investment accounts, business interests and other financial assets.  
Please provide statements.

No.	Asset name	Current value*	Annual Additions	Account description (i.e. stock, 401k, bank account, etc)	Owner
1	_____	\$_____	\$_____	_____	_____
2	_____	\$_____	\$_____	_____	_____
3	_____	\$_____	\$_____	_____	_____
4	_____	\$_____	\$_____	_____	_____
5	_____	\$_____	\$_____	_____	_____
6	_____	\$_____	\$_____	_____	_____
7	_____	\$_____	\$_____	_____	_____
8	_____	\$_____	\$_____	_____	_____
9	_____	\$_____	\$_____	_____	_____
10	_____	\$_____	\$_____	_____	_____
11	_____	\$_____	\$_____	_____	_____
12	_____	\$_____	\$_____	_____	_____
13	_____	\$_____	\$_____	_____	_____
14	_____	\$_____	\$_____	_____	_____
15	_____	\$_____	\$_____	_____	_____

**Additional Assets/Debts**

Other Asset Values		Owner	Other Debts/Liabilities		Owner
Residence value:	\$_____	_____	Residence mortgage:	\$_____	_____
Personal property:	\$_____	_____	Credit card balances:	\$_____	_____
Autos:	\$_____	_____	Autos loans:	\$_____	_____
Boats, RVs, etc:	\$_____	_____	Boats, RVs, etc. loans:	\$_____	_____
Other assets:	\$_____	_____	Other loans:	\$_____	_____

*\*In today's dollars*



