
CONFIDENTIAL

Personal Financial Planning Survey for

Client Name



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I. GENERAL INFORMATION

	Name	Soc. Sec. No.	Date of Birth	Place of Birth
Client	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Children	_____	_____	_____	_____
_____	_____	_____	_____	_____
Current Address	_____			Ph. No. _____
				Years _____
Personal E-Mail Address	_____			
Client	Occupation _____		Spouse Occupation _____	
Employer _____	Years _____	Employer _____	Years _____	
Employer Address _____	Employer Address _____			
Phone No. _____	Phone No. _____			
Bank _____	_____			
Accountant _____	_____			Ph. No. _____
Attorney _____	_____			Ph. No. _____
When were your wills/trusts last reviewed? H _____ W _____				

II. INCOME INFORMATION (may be obtained from your most recent 1040)

Filing Status: (check one)
 _____ Single (S) _____ Married filing joint (J) _____ Married filing separately (M) _____ Head of Household
 Number of exemptions (dependents) you claim on your tax return? _____

INCOME

Client's Gross Earned Income.....	\$ _____	
Additional Incomes (e.g., bonuses, outside consulting, etc.).....	\$ _____	Self Employed?
Social Security Benefits (Total Amount).....	\$ _____	Yes or No
Spouse's Gross Earned Income.....	\$ _____	
Additional Incomes (e.g., bonuses, outside consulting, etc.).....	\$ _____	Self Employed?
Social Security Benefits (Total Amount).....	\$ _____	Yes or No

OTHER INCOME

Interest and Dividends.....	\$ _____
Capital Gains, from _____	\$ _____
Other Income, describe _____	\$ _____
Other Income, describe _____	\$ _____
Other Income, describe _____	\$ _____
Average Total Monthly Expenses.....	\$ _____
Credit Card Debt (enter 0 if PAID off monthly).....	\$ _____

III. USE ASSETS

	Present Market Value	Present Loan Balance	Monthly Payment
Residence.....	\$ _____	\$ _____	\$ _____
Automobile 1.....	\$ _____	\$ _____	\$ _____
Automobile 2.....	\$ _____	\$ _____	\$ _____
Other, describe _____	\$ _____	\$ _____	\$ _____
Other, describe _____	\$ _____	\$ _____	\$ _____
Personal Property.....	\$ _____	\$ _____	\$ _____

IV. INVESTMENT ASSETS (cont.)

(* C-Client, S-Spouse, J-Joint)

6. Life and Disability Insurance / Single Premium Whole Life

(please bring policies with you)

C/S/J *	Company	Product (WL, Term, Unv, etc.)	Policy Number	Death Benefit or Mo. Benefit	Current Cash Value	Issue date	Premium (Mo, Qtr, SA, A)
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____

7. Flexible Premium / Single Premium Deferred Annuities (Fixed/Guaranteed)

(please bring policies with you)

C/S*	Company and Product Name	Policy Number	Current Rate of Return	Current Cash Value	Issue date
_____	_____	_____	_____ %	\$ _____	_____
_____	_____	_____	_____ %	\$ _____	_____
_____	_____	_____	_____ %	\$ _____	_____
_____	_____	_____	_____ %	\$ _____	_____
_____	_____	_____	_____ %	\$ _____	_____
_____	_____	_____	_____ %	\$ _____	_____
_____	_____	_____	_____ %	\$ _____	_____
_____	_____	_____	_____ %	\$ _____	_____

8. Limited Partnership ---- Public and Private

C/S/J*	Partnership Name	No. of Units and Value of Unit	Write Off/Year (Bring Projections)	Date Acquired
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VI. FINANCIAL PRIORITIES

Rate each on a scale of 0 to 5 (0 = not important ---- 5 = very important)

- | | |
|---|-------------------------------------|
| _____ Reducing income taxes | _____ Protection from inflation |
| _____ Accumulating retirement capital | _____ Maximum investment growth |
| _____ Better investment diversification | _____ Keeping funds liquid |
| _____ Current income from assets | _____ Minimizing estate taxes |
| _____ Adequate life insurance | _____ Reducing life insurance costs |

VII. OBJECTIVES and RESOURCES

Do you expect any inheritance or other Capital Gain soon? Explain:

_____ % inflation next ten years
_____ Monthly amount you could set aside in addition to present insurance and investments
_____ Age you wish to retire
_____ Annual income desired
_____ Education cost per child

	Client	Spouse		Client	Spouse
Are you fully covered for Social Security?	_____	_____	Have you smoked in the last 2 years?	_____	_____
Have you ever been rated or refused insurance?	_____	_____	Have you smoked in the last 15 years?	_____	_____

IX. ADDITIONAL INFORMATION

1. Any additional information that you think would be helpful for us to know.

2. What are the two most important areas where you feel we can help you?
