
CONFIDENTIAL

Personal Financial Planning Survey for

Client Name



12655 Olive Blvd. • Suite 300 • St. Louis, Missouri 63141
(314) 576-1166

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 Spouse
Occupation 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.)
Social Security Benefits (Total Amount)
Self Employed?
Yes or No

Spouse's Gross Earned Income
Additional Incomes (e.g., bonuses, outside consulting, etc.)
Social Security Benefits (Total Amount)
Self Employed?
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?
