

*Please complete at least two weeks prior to your appointment. If not sure, leave blank. Print clearly. It is okay to approximate amounts and include attachments.*

*Questions? Please see the last page for contact information.*

**Individual 1**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FINANCIAL PLANNING QUESTIONNAIRE

**Nickname** \_\_\_\_\_\_\_\_\_\_\_**Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_ **Social Security** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Start Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Driver’s License Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State Issued**\_\_\_\_\_\_\_\_\_\_\_ **Date Issued**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expiration Date**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual 2**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nickname** \_\_\_\_\_\_\_\_\_\_\_**Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_ **Social Security** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Start Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Driver’s License Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State Issued**\_\_\_\_\_\_\_\_\_\_\_ **Date Issued**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expiration Date**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Anniversary** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you both US Citizens?** Yes No If No, Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children’s Names & Ages:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a current Will?** Yes No Date Last Reviewed \_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a Living Trust?** Yes No Date Last Reviewed \_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a Power of Attorney?** Yes No Date Last Reviewed \_\_\_\_\_\_\_\_\_\_\_\_

**Are you concerned about the possibility of future nursing home expenses?** Yes No

**Planned Retirement Date, or if retired, date retired**: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

INDIVIDUAL 1 INDIVIDUAL 2

**What are your primary financial concerns (list in order of importance)?**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you improve your financial situation if you could? Why?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME**

*(Please bring a copy of your Social Security benefits statement from ssa.gov)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner | Gross Annual  Salary | Gross Monthly  Social Security | Gross Monthly  Pension | Other Income & Amount |
|  |  |  |  |  |
|  |  |  |  |  |

**AMOUNTS IN BANKS, SAVINGS & LOANS & CREDIT UNIONS (NON-IRA/RETIREMENT)**

*(i.e. Checking, Savings Money Market)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Owner | Name of Institution | Type of Account | Maturity Date | Interest Rate | Current Balance |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**ASSETS**

*(Automobiles, Collectibles, Jewelry, etc)*

|  |  |
| --- | --- |
| Asset Description | Approximate Value |
|  |  |
|  |  |
|  |  |
|  |  |

**PERSONAL EXPENSES**

|  |  |  |
| --- | --- | --- |
|  | **Monthly** | **Annual** |
| Rent/lease Payment (not mortgage) |  |  |
| Food and household incidentals |  |  |
| Groceries |  |  |
| Household Supplies |  |  |
| Eating Out |  |  |
| Utilities, Telephone |  |  |
| Gas / Electric |  |  |
| Water / Trash |  |  |
| Phone |  |  |
| Auto operating and maintenance |  |  |
| Gas / Oil |  |  |
| Repair |  |  |
| Parking Tolls |  |  |
| Child Expenses |  |  |
| School Expenses |  |  |
| Lunch Money |  |  |
| Special Events |  |  |
| Baby Sit / Day Care |  |  |
| Gifts / Birthday |  |  |
| Holidays |  |  |
| Domestic Help |  |  |
| Clothing |  |  |
| Laundry / Cleaning |  |  |
| Property Improvements & Upkeep |  |  |
| Home Furnishings |  |  |
| Childs Support |  |  |
| Alimony |  |  |
| Entertainment |  |  |
| Vacations |  |  |
| Hobbies |  |  |
| Memberships / Dues |  |  |
| Pet Expenses |  |  |
| Books / Subscriptions |  |  |
| Cable TV |  |  |
| Supplies |  |  |
| Miscellaneous |  |  |
| Medical Expenses (not insurance) |  |  |

**LIABILITIES**

*(Auto Loans, Student Loans, Credit Cards, etc)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type | Owed To | Owner | Current Balance | Interest Rate | Monthly Payment |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**IRA ACCOUNTS & OTHER RETIREMENT ACCOUNTS**

*(Please bring in your last statements)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Owner | Account Type & Location  (Bank, Broker, Employer, etc) | Type  (401k, IRA, etc) | Monthly Employee Contribution | Monthly Employer Match | Current Market Value |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**MUTUAL FUNDS / BROKERAGE ACCOUNTS**

*(Please bring in your last statements)*

|  |  |  |
| --- | --- | --- |
| Name of Brokerage Firm /  Mutual Fund | Owner | Current Market Value |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**STOCKS & BONDS**

*(Where you hold certificates yourself)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Stock/Bond | Owner | # of Shares | Current Market Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ANNUITIES**

*(Please bring in your last statements)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Institution | Owner | Qualified or Non-Qualified | Date Purchased | Interest Rate | Current Balance |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**RESIDENCE & OTHER REAL ESTATE OWNED**

*(Use another sheet if more space is needed)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Property Address | Purchase Price | Current Value | Mortgage Balance | Interest Rate | Principal + Interest Monthly | Property Taxes Monthly | Homeowners Insurance  Monthly |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**PROMISORY NOTES & TRUST DEEDS RECEIVABLES**

*(Where someone owes or is paying you on a note)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Debtor | Interest rate | Balance Due | Maturity |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**LIMITED OR GENERAL PARTNERSHIPS**

|  |  |  |
| --- | --- | --- |
| Name of Partnership | Type of Partnership | Approx Market Value or Invested |
|  |  |  |
|  |  |  |

**LIFE INSURANCE**

*(Please bring in policies or statements)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company | Insured | Whole Life or Term? | Annual Premium | Cash Value | Face Value |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**AUTO INSURANCE**

|  |  |  |
| --- | --- | --- |
| Company | Insured | Annual Premium |
|  |  |  |
|  |  |  |

**HEALTH INSURANCE**

|  |  |  |
| --- | --- | --- |
| Company | Insured | Annual Premium |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**MISC INSURANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| Company | Insured | Type | Annual Premium |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Attention: Kelsey Wagner**

**Mail: 2662 West Lake Rd, Palm Harbor, FL 34684**

**E-Mail: kwagner@fscadvisor.com**

**Fax: 727-786-5162**

If you have any questions concerning any of the information requested, please do not hesitate to give us a call at (727)789-3691.