

Hello,

And Welcome!

Through this questionnaire, you're invited to start a journey with us. A journey that will really open your eyes to the opportunities and possibilities that exist for your personal financial well-being.

By putting pen to paper, you're taking an important step toward achieving your personal financial goals and objectives.

The questions in this analysis will help you focus on the areas of your personal finances that really need attention. In turn, your answers will tell us exactly how we can help you get the best results in those areas.

Take your time when answering these questions. Answer as completely and accurately as you can. We understand that some questions may be difficult for you to answer, but don't worry if you can't answer all of them. This simply illustrates what an incredible opportunity awaits you. There may be terms you don't understand; just leave them blank and move on.

By filling in this questionnaire, you're also giving us an important message—namely, that you want to tap into the accumulated knowledge and experience we have within our practice.

Thank you for providing us with the opportunity to help you. So now, take a deep breath and let's get started.

We promise that when you've finished, you will have an enhanced understanding of where the opportunities lay to achieve your personal financial goals.

It's our goal to help you achieve more than you ever thought possible, and have fun doing it!

NR Smith and Associates PS

P.S. Please feel free to copy this workbook before you send it back. It will form an important benchmark for you as we begin working on your personal financial plan.

Contents

You'll notice we've structured this questionnaire in a specific way to ensure we cover all relevant areas of your personal finances.

These are the sections we'll be covering:

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Confidential Financial Planning Questionnaire

Personal Information

Today's date: _____

Contact & Address Information

Individual 1

Full name: _____

Date of birth: _____

Retirement age: _____

Social Security #: _____ - _____ - _____

Email: _____

Phone: _____

Cell phone: _____

Address: _____

City: _____ State: ____ Zip: _____

Individual 2

Full name: _____

Date of birth: _____

Retirement age: _____

Social Security # _____ - _____ - _____

Email: _____

Phone: _____

Cell phone: _____

Address: _____

City: _____ State: ____ Zip: _____

Current Employment Information

Individual 1

Employer: _____

Job title: _____

Phone: _____

Email: _____

Address: _____

City: _____ State: ____ Zip: _____

Employment period: _____

Individual 2

Employer: _____

Job title: _____

Phone: _____

Email: _____

Address: _____

City: _____ State: ____ Zip: _____

Employment period: _____

Advisors

Banker: _____

Attorney: _____

Insurance Agent: _____

Accountant: _____

Risk Assessment Questionnaire

1. What is your goal with your investments:
 - To grow aggressively
 - To grow significantly
 - To grow moderately
 - To grow with caution
 - To avoid losing money

2. Assuming normal market conditions, what would you expect from this investment over time?
 - To generally keep pace with the stock market
 - To slightly trail the stock market, but make a good profit
 - To trail the stock market, but make a moderate profit
 - To have some stability, but make modest profits
 - To have a high degree of stability, but make small profits

3. Suppose the stock market performs unusually poor over the next decade, what would you expect from this investment?
 - To lose money
 - To make very little or nothing
 - To make out a little gain
 - To make a modest gain
 - To be little affected by what happens in the stock market

4. Which of these statements would best describe your attitudes about the next three year's performance of this investment?
 - I don't mind if I lose money
 - I can tolerate a loss
 - I can tolerate a small loss
 - I'd have a hard time tolerating any losses
 - I need to see at least some return

5. Which of these statements would best describe your attitude about the next three months' performance of this investment?
- Who cares? One calendar quarter means nothing
 - I wouldn't worry about losses in that time frame
 - If I suffered a loss of greater than 10%, I'd get concerned
 - I can only tolerate small short-term losses
 - I'd have a hard time stomaching any losses

Explain how you expect your investments to perform in the future

Risk: How would you feel if your investment portfolio decreased in the future?

Describe any good or bad investment experiences you have had in the past

Retirement Plans, Earned Income & Social Security

Retirement Plan Information

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

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

Include information on all other retirement accounts.

Account description (i.e., 401k, IRA)	Current value	Annual Additions	Owner (Ind. 1, Ind. 2, Joint)
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

	<u>Individual 1</u>	<u>Individual 2</u>
Annual Gross Earned Income		
Earned income now:	\$ _____	\$ _____
Annual increase rate	_____ %	_____ %
Social Security		
Age to start benefit:	_____	_____
Estimated or current annual benefit:	\$ _____	\$ _____

Expenses

Estimate annual figures for expenses related to shelter, food, clothing, transportation, insurance, loans, etc. Do not include taxes. If you have not estimated these expenses, please refer to the budget worksheet on the last page of this workbook. After completion of that worksheet transfer the total figures to this page.

Annual Living Expenses (today's dollars)

Now: \$ _____
 During retirement: \$ _____
 Survivor: \$ _____

Annual inflation rates for living expenses

Before retirement: _____ %
 During retirement: _____ %
 Survivor: _____ %

Additional information:

Special Income / Expenses

List any other sources of income or special expenses to be paid from your capital accounts.

Description	Annual amount	Increase rate	Starting year	# of years	Priority*
Dependent Child/Parent	\$ _____	_____ %	_____	_____	_____
Vacation Home	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____

*Priority – Essential (E), Primary (P), Secondary (S), Optional (O)

How much did you pay in taxes last year? _____

Assets

Please provide current statements for all banking accounts, investment accounts, stocks, bonds, mutual funds, business interests and other financial assets.

Account description (i.e. stocks, bank account, etc.)	Current value	Annual Additions	Owner (Ind. 1, Ind. 2, Joint)
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Additional Assets/Debts

Other Asset	Value	Owner
Residence value:	\$ _____	_____
Personal property:	\$ _____	_____
Autos:	\$ _____	_____
Boats, RVs, etc:	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Other Debts/Liabilities

	Balance	Owner Payment Yrs. Remaining	Current Mo. Payment	Interest Rate	Minimum Payment
Residence mortgage:	\$ _____	_____	\$ _____	_____	\$ _____
Credit card balances:	\$ _____	_____	\$ _____	_____	\$ _____
Autos loans:	\$ _____	_____	\$ _____	_____	\$ _____
Boats, RVs, etc. loans:	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

Education Funding

Children's Education and Fund Expenses

Child's Name	Age	Age to start	Cost per year	No. of years	Current College Account Value
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____

Inflation rate to use for college planner: _____%

Rate of return on college funds: _____%

College fund account types (529, UTMA UGMA./UTMS, Etc.): _____

Insurance

Insurance Information

You may need to review your insurance policies in order to get this information.

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

How well do you feel your overall risks are currently protected?

Estate

Check the box if you have any of the following:

	<u>Individual 1</u>	<u>Individual 2</u>
	Date Prepared	Date Prepared
Will	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Revocable Living Trust	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Durable General Power of Attorney	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Medical Directive	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Additional information:

Developing a Financial Plan

Which of the following do you consider to be important financial objectives? Please rank with 1 being most important and 10 least important.

Investment planning	_____
Retirement planning	_____
Tax planning	_____
Estate planning	_____
Fund children's education fund	_____
Reduce debt	_____
Establish emergency fund	_____
Develop long-term care plan	_____
Plan for a specific purpose	_____
Other:	_____

How many years do you expect to continue working full time?

What types of things do you plan to do in your retirement?

To provide the retirement lifestyle you want, what income do you think you will need during retirement?

If you have children, what is the plan you currently have to provide for the education expenses?

In terms of achieving your financial goals, how do you feel you are currently progressing?

Additional Information

How is your current health?

What is your family history of life expectancies?

Budget Calculation Worksheet

(Only complete if needed)

Expense Worksheet	Estimated Monthly Expenses			
<i>Item:</i>	<i>Now:</i>	<i>Retirement:</i>	<i>Survivor Now:</i>	<i>Survivor Retirement:</i>
Rent or lease payment				
Food & household incidentals				
Utilities, telephone				
Auto operating and maintenance				
Clothing and personal items				
Property improvement & upkeep				
Domestic help, babysitting				
Property taxes				
Entertainment & vacations				
Charitable contributions				
Childcare				
Alimony, child support				
Books, papers, subscriptions				
Home furnishings				
Gifts, birthdays				
Medical expenses				
Other expenses				
Mortgage payment				
Auto loan payment				
Boat & RV payments				
Credit card payments				
Other loan payments				
Life insurance premiums				
Medical insurance premiums				
Auto insurance premiums				
House insurance premiums				
Other insurance premiums				

Document List

Below you will find a checklist of possible documents we will need to complete our analysis. This is not meant to be a comprehensive list and you may have specific items we will need in addition to these. However, usually this list will cover most people's circumstances.

In addition, although it may be easier to obtain computer print-outs and summaries of many of these documents, our analysis usually requires at least copies of the originals. Please keep in mind that you can often reduce our time and subsequent cost to you by providing legible and clear information.

- Past two years tax returns
- Last monthly statement for any investment or savings account
- Last quarterly or monthly statement for any retirement account
- Last annual statement of any pension plan and/or an illustration showing your current plan options.
- Life insurance policy and annual statement
- Annuity policy
- Trust documents
- Last monthly statement for trust investment account
- Long-term care policy
- Last social security statement
- Current mortgage statement

In addition, these are optional documents that will need to be provided depending on the goals of your financial plan and current situation.

- Estimate of college expenses
- Last monthly statement for any college savings account
- Last monthly statement for any children's investment account
- Current business assets and liabilities
- Current business profit and loss statement
- Last two years business tax returns
- Current will
- Any documents that provide detail on inheritance

Well Done!

Not only have we asked you to answer some difficult questions, but we've also asked you to take a very critical look at your personal finances as you filled this out.

As we promised, just by completing this questionnaire, you will have identified many of the opportunities that exist to increase the success of achieving your financial goals.

But remember, the work has just begun!

The next step is to start taking advantage of and capitalizing on the various windows of opportunities we have just identified.

So that we can help you do just that, please return this questionnaire to us either by fax or mail, and we'll get started with our analysis.

Get ready-we'll be talking to you soon!

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