

Confidential Financial Planning Questionnaire

Date: _____

FAMILY INFORMATION

<u>You:</u>	_____	<u>Spouse:</u>	_____
Full Name:	_____	Full Name:	_____
S.S.#:	_____	S.S.#:	_____
Date of Birth:	_____	Date of Birth:	_____
Home Address:	_____		
City/State/Zip:	_____		
County:	_____		
Telephone – Home:	_____		
Telephone – Cell:	_____	Telephone – Cell:	_____
Email Address:	_____	Email Address:	_____
Citizenship:	_____	Citizenship:	_____
Business Name:	_____	Business Name:	_____
Business Address:	_____	Business Address:	_____
City/State/Zip:	_____	City/State/Zip:	_____
Telephone No.-Bus.:	_____	Telephone No.-Bus.:	_____

Any prior marriages and continuing obligations? _____

Family Members

Parents, children (including names of spouses), grandchildren, other relatives, or others you would like to be beneficiaries of your estate:

	<u>Name and Address</u>	<u>Relationship</u>	<u>Date and Place of Birth</u>	<u>Marital Status</u>
(1)	_____	_____	_____	_____

(2)	_____	_____	_____	_____

(3)	_____	_____	_____	_____

(4)	_____	_____	_____	_____

(5)	_____	_____	_____	_____

(6)	_____	_____	_____	_____

(7)	_____	_____	_____	_____

(8)	_____	_____	_____	_____

(9)	_____	_____	_____	_____

(10)	_____	_____	_____	_____

Other issues: (special needs, circumstances, or problems of family members, adoptions, children of prior marriages, plans of future family, etc.)

ASSETS

Real Estate

<u>Description and Location</u>	<u>Cost</u>	<u>Date Acquired</u>	<u>Current Value</u>	<u>Mortgage</u>	<u>Ownership (H, W, Jt)</u>
_____	\$ _____	____/____/____	\$ _____	\$ _____	_____
_____	\$ _____	____/____/____	\$ _____	\$ _____	_____
_____	\$ _____	____/____/____	\$ _____	\$ _____	_____

Checking and Savings Accounts

<u>Name of Institution</u>	<u>Checking/Savings/CD?</u>	<u>Average Balance</u>	<u>Ownership (H, W, Jt)</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Government Bonds

<u>Description</u>	<u>Cost</u>	<u>Amount</u>	<u>Ownership (H, W or Jt)</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Marketable Securities

<u>Description</u>	<u>Cost</u>	<u>Amount</u>	<u>Ownership (H, W or Jt)</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Insurance Policies

Including annuities and policies owned on the lives of others.

<i>Company:</i>	_____	<i>Policy No.:</i>	_____
<i>Type*:</i>	_____	<i>Insured:</i>	_____
<i>Owner:</i>	_____	<i>Beneficiary:</i>	_____
<i>Face Value:</i>	_____	<i>Loans Against:</i>	_____
<i>Cash Value:</i>	_____	<i>Location of Policy:</i>	_____
<i>Annual Premium:</i>	_____		

<i>Company:</i>	_____	<i>Policy No.:</i>	_____
<i>Type:</i>	_____	<i>Insured:</i>	_____
<i>Owner:</i>	_____	<i>Beneficiary:</i>	_____
<i>Face Value:</i>	_____	<i>Loans Against:</i>	_____
<i>Cash Value:</i>	_____	<i>Location of Policy:</i>	_____
<i>Annual Premium:</i>	_____		

<i>Company:</i>	_____	<i>Policy No.:</i>	_____
<i>Type:</i>	_____	<i>Insured:</i>	_____
<i>Owner:</i>	_____	<i>Beneficiary:</i>	_____
<i>Face Value:</i>	_____	<i>Loans Against:</i>	_____
<i>Cash Value:</i>	_____	<i>Location of Policy:</i>	_____
<i>Annual Premium:</i>	_____		

<i>Company:</i>	_____	<i>Policy No.:</i>	_____
<i>Type:</i>	_____	<i>Insured:</i>	_____
<i>Owner:</i>	_____	<i>Beneficiary:</i>	_____
<i>Face Value:</i>	_____	<i>Loans Against:</i>	_____
<i>Cash Value:</i>	_____	<i>Location of Policy:</i>	_____
<i>Annual Premium:</i>	_____		

*Term, whole life, accident, group-term, travel.

Employee Benefit Plans

Name of Plan: _____ Owner of Plan: _____
Type*: _____ Loans Against: _____
Estimated Current Value: _____ Your Own Contributions: _____
Beneficiary: _____
Distribution Elections: _____

Name of Plan: _____ Owner of Plan: _____
Type*: _____ Loans Against: _____
Estimated Current Value: _____ Your Own Contributions: _____
Beneficiary: _____
Distribution Elections: _____

Name of Plan: _____ Owner of Plan: _____
Type*: _____ Loans Against: _____
Estimated Current Value: _____ Your Own Contributions: _____
Beneficiary: _____
Distribution Elections: _____

Name of Plan: _____ Owner of Plan: _____
Type*: _____ Loans Against: _____
Estimated Current Value: _____ Your Own Contributions: _____
Beneficiary: _____
Distribution Elections: _____

*Qualified pension or profit sharing plan, tax sheltered annuity, Keogh, IRA, other non-qualified deferred compensation arrangement, etc.

Other Benefits

Social Security, Veteran's, etc.

Notes and Accounts Receivable

<i>Debtor:</i>	<i>Security:</i>
<i>Maturity:</i>	<i>Ownership:</i>
<i>Face Amount:</i>	<i>Present Value:</i>
<i>Debtor:</i>	<i>Security:</i>
<i>Maturity:</i>	<i>Ownership:</i>
<i>Face Amount:</i>	<i>Present Value:</i> _____

Closely Held Business Interests

1. <u>Name of Business</u>	<u>Address</u>	Type of Business Entity
_____	_____	_____
_____	_____	_____

2. If corporation, how is it capitalized?

	<u>Common</u>	<u>Preferred</u>	<u>Debt</u>
Husband:	_____	_____	_____
Wife:	_____	_____	_____
Other:	_____	_____	_____

3. If partnership, what percentages are owned by:

	<u>General Partner</u>	<u>Limited Partner</u>
Husband:	_____	_____
Wife:	_____	_____
Other:	_____	_____

4. Estimated current value of your percentage owned in business: \$ _____

5. Is there a buy-sell agreement? _____

6. Other commitments of the business:

Stock option plans _____

Deferred compensation arrangements _____

Estimated Value of Personal Property

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
(1) Personal effects including furnishings, jewelry, furs, etc.	\$ _____	\$ _____	\$ _____
(2) Automobiles, boats, airplanes, etc.	\$ _____	\$ _____	\$ _____
(3) Collectibles such as art, coins, antiques, stamps, books, etc.	\$ _____	\$ _____	\$ _____
(4) Other personal property	\$ _____	\$ _____	\$ _____

Inheritances and Trusts

1. Are you presently receiving benefits under an estate or trust established for your benefit?

<u>Description</u>	<u>Benefits</u>	<u>Husband or Wife</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Do you anticipate benefits under an estate, trust, or power of appointment established for your benefit?

<u>Description</u>	<u>Benefits</u>	<u>Husband or Wife</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Assets

Mineral interests, patents, trademarks, copyright or other contract rights, club memberships, cemetery plots, etc.

<u>Description</u>	<u>Value</u>	<u>Ownership (H, W or Jt)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIABILITIES

Include real estate mortgages, personal and business obligations, insurance loans, unpaid tax liabilities, charitable pledges etc.

<u>Description</u>	<u>Creditor</u>	<u>Amount</u>	<u>Debtor (Husband, Wife or Joint)</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

GIFTS

Have you ever made gifts of cash or other property to anyone (exclude ordinary birthday, holiday gifts, etc.)

<u>Date of Gift</u>	<u>Donor</u>	<u>Donee</u>	<u>Value of gift</u>	<u>Gift Tax return filed?</u>
____/____/____	_____	_____	\$ _____	_____
____/____/____	_____	_____	\$ _____	_____
____/____/____	_____	_____	\$ _____	_____
____/____/____	_____	_____	\$ _____	_____

INCOME

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Salaries and other compensation	_____	_____	_____
Dividends, interest, etc.	_____	_____	_____
Business profits	_____	_____	_____
Income from estates or trusts	_____	_____	_____
Social Security, retirement plans, annuities, disability insurance, etc.	_____	_____	_____

GENERAL INFORMATION

Do you have a Will and/or Trust Agreement now?

Yes

No

Husband:

Wife:

Names and addresses of your personal advisors, if any:

Accountant: _____

Attorney: _____

Bank or Trust Officer: _____

Life Insurance Agent: _____

Names and addresses of proposed:

Executor and Successor: Husband: _____

Wife: _____

Trustee and Successor: Husband: _____

Wife: _____

Guardians for Minor Children and Successors: _____

Agent and Successor under
General Power of Attorney: Husband: _____

Wife: _____

Agent and Successor under
Health Care Power of Attorney: Husband: _____

Wife: _____

Do you have any specific estate planning objectives that you would like to achieve?

For example: give particular items of property to specific people, provisions for parents or children with special needs, charitable gifts, passing control of business to a family member, etc.

Financial Position	Level of Importance of this Area (1 = Low, 5=High)						Level of Satisfaction with Current Results				
	1	2	3	4	5		1	2	3	4	5
Budgeting (living within your means)	1	2	3	4	5		1	2	3	4	5
Amount of emergency cash reserves	1	2	3	4	5		1	2	3	4	5
Safety or rate of return on cash reserves	1	2	3	4	5		1	2	3	4	5
Liquidity of cash reserves	1	2	3	4	5		1	2	3	4	5
Cost of debt	1	2	3	4	5		1	2	3	4	5
Other:	1	2	3	4	5		1	2	3	4	5

Risk Management	Level of Importance of this Area						Level of Satisfaction with Current Results				
	1	2	3	4	5		1	2	3	4	5
Your family's lifestyle in event of death or disability	1	2	3	4	5		1	2	3	4	5
Payment of medical expenses	1	2	3	4	5		1	2	3	4	5
Personal or business liability coverage	1	2	3	4	5		1	2	3	4	5
Replacement of auto, home, or other property in event of loss	1	2	3	4	5		1	2	3	4	5
The level of volatility of your investments	1	2	3	4	5		1	2	3	4	5
Unforeseen costs of caring for an aging or disabled relative	1	2	3	4	5		1	2	3	4	5
Other:	1	2	3	4	5		1	2	3	4	5

Wealth Accumulation	<i>Level of Importance of this Area</i>						<i>Level of Satisfaction with Current Results</i>				
Education for children or grandchildren	1	2	3	4	5		1	2	3	4	5
New or second home	1	2	3	4	5		1	2	3	4	5
Special vacation	1	2	3	4	5		1	2	3	4	5
Weddings, Bar- or Bat-Mitzvahs	1	2	3	4	5		1	2	3	4	5
Purchase of business	1	2	3	4	5		1	2	3	4	5
Liquidity of cash reserves	1	2	3	4	5		1	2	3	4	5
Other:	1	2	3	4	5		1	2	3	4	5

Tax Planning	<i>Level of Importance of this Area</i>						<i>Level of Satisfaction with Current Results</i>				
Taking advantage of all available tax reduction strategies	1	2	3	4	5		1	2	3	4	5
Reducing federal and state income taxes on earned income	1	2	3	4	5		1	2	3	4	5
Reducing federal and state income taxes on investment income	1	2	3	4	5		1	2	3	4	5
Reducing federal and state income taxes on future income	1	2	3	4	5		1	2	3	4	5
Alternative Minimum Tax	1	2	3	4	5		1	2	3	4	5
Sale of a highly appreciated or low cost basis asset or real estate	1	2	3	4	5		1	2	3	4	5
Other:	1	2	3	4	5		1	2	3	4	5

Retirement Planning	<i>Level of Importance of this Area</i>						<i>Level of Satisfaction with Current Results</i>				
Level of retirement income	1	2	3	4	5		1	2	3	4	5
Duration of retirement	1	2	3	4	5		1	2	3	4	5
Continuation of retirement income at death or co-client	1	2	3	4	5		1	2	3	4	5
Taxation of retirement (including social security)	1	2	3	4	5		1	2	3	4	5
Maintaining purchasing power during retirement	1	2	3	4	5		1	2	3	4	5
Preparation for nursing home/ care costs for client or co-client	1	2	3	4	5		1	2	3	4	5
Other:	1	2	3	4	5		1	2	3	4	5

Estate Planning	Level of Importance of this Area					Level of Satisfaction with Current Results				
	1	2	3	4	5	1	2	3	4	5
Care of dependents at premature death										
Disposition of assets at death										
Reducing estate transfer costs (probate, state and federal death taxes)										
Legacy for heirs or charity										
Ease of administration for your executors										
Financial assistance to your dependents' guardians in the event of your death										
Other:										

Other:	Level of Importance of this Area					Level of Satisfaction with Current Results				
	1	2	3	4	5	1	2	3	4	5
Charitable Giving										
Consolidated inventory of assets, accounts and property										
Understanding your employee benefits package										
Understanding if your existing financial arrangements will achieve your goals										
Coordination of and communication between advisors (attorney, CPA, etc.)										
Having a step-by-step plan to accomplish your goals										
Other:										

Anticipated Changes					
Please check all that are likely to occur within the next 12 months.					
<input type="checkbox"/>	Marriage	<input type="checkbox"/>	Make an Investment	<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Have a child	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	Increase Savings
<input type="checkbox"/>	Graduation	<input type="checkbox"/>	Buy or Sell a home	<input type="checkbox"/>	Dependent Parent
<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Job change or Promotion	<input type="checkbox"/>	Obtain a loan
<input type="checkbox"/>	Buy a Business or Practice	<input type="checkbox"/>	Sell a Business	<input type="checkbox"/>	Death of a family member
<input type="checkbox"/>	Pay off a loan	<input type="checkbox"/>	Bonus or Salary Increase	<input type="checkbox"/>	Return to work
Other:					

Household Income			
<input type="checkbox"/>	Under \$50,000	<input type="checkbox"/>	\$150,000 - \$250,000
<input type="checkbox"/>	\$50,000 - \$70,000	<input type="checkbox"/>	\$250,000 - \$500,000
<input type="checkbox"/>	\$75,000 - \$100,000	<input type="checkbox"/>	\$500,000 - \$1M
<input type="checkbox"/>	\$100,000 - \$150,000	<input type="checkbox"/>	\$1M+

Types of Assets Owned

Home	Business/Practice
Second Home	IRA/SEP
Other Residential Real Estate	Other Retirement Plans
Savings Accounts/CD's	Tax-Free Funds
Money Market Account	Limited Partnerships
Commercial Real Estate	Commercial Notes/Trust Deeds
Stocks/Bonds	Stock Options
Term Life Insurance	Annuities
Cash Value Life Insurance	Unit Investment Trusts
Mutual Funds	Separate Accounts
Other:	

Assets and Liabilities

How Much of a Financial Risk Taker are do You think You are?

<p>1 2 3 4 5 6 7 8 9 10</p>
<p>Low Risk High Risk</p>

Documents Needed for the Next Meeting

The following documents will be needed for study and analysis as we work together to create a financial strategy for you. It is understood that this material will be treated confidentially and returned when the plan is completed, or earlier if requested.

	Most Recent Payroll Stubs		Insurance Policies and/or Statements
	Client		Life
	Co-client		Medical
			Disability
	Income Tax Returns – Past Three Years		Long-term Care
	Client		Auto and Home
	Co-client		Liability
	Business		Group Insurance
	Investments and Retirement Statements and/or plan descriptions		Employee Benefit Statements/ Booklets
	Pension/Profit Sharing		Client
	SEP/SIMPLE		Co-client
	401k/ TSA/ PEDC		
	IRA/ Roth		Business Documents
	529		Buy-Sell Agreements
	Securities Accounts		Deferred Compensation Agreements
	Savings and investments		Split Dollar Agreements
	Annuities		Wage Continuation Agreements
			Employee/Consulting
	Wills and Trusts		Group Benefit Programs
	Client		Other Employer Paid Benefits
	Co-client		
			Cash Flow Worksheet
Other:			