

FINANCIAL QUESTIONNAIRE

Personal & Confidential



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PERSONAL & CONFIDENTIAL

Our main objective is to help you make smart choices regarding your finances and the first step in that process is to understand your individual financial situation. To make our time as productive as possible, please take a few minutes and complete the following questionnaire. You may find it helpful to gather the documents listed below before you start to complete the form. It is also helpful to bring the documents to the meeting.

- | | |
|---|--|
| <input type="checkbox"/> Bank Statements
<input type="checkbox"/> Brokerage Statements
<input type="checkbox"/> Life Insurance Policies
<input type="checkbox"/> Mutual Fund Statements
<input type="checkbox"/> Annuity Policies
<input type="checkbox"/> Pension Information | <input type="checkbox"/> Latest Tax Return
<input type="checkbox"/> 401(k) Statements
<input type="checkbox"/> Severance Information
<input type="checkbox"/> Estate Planning Documents (Wills, Trusts, etc.)
<input type="checkbox"/> Homeowners and Car Insurance Policies |
|---|--|

Need Help?

Phone: 877-772-3744 - E-Mail: jlynch@jclfg.com - Web Site: www.jclfg.com

MEETING OBJECTIVES

Personal/Family Finances <ul style="list-style-type: none"> <input type="checkbox"/> Clarify financial goals <input type="checkbox"/> Fund College for children or grandchildren <input type="checkbox"/> Fund care of parents / family elders <input type="checkbox"/> Purchase / sell home <input type="checkbox"/> Change job / career; Establish new business 	Cash Flow Management <ul style="list-style-type: none"> <input type="checkbox"/> Not enough time to manage finances <input type="checkbox"/> Reduce outstanding loans / credit costs <input type="checkbox"/> Increase savings / decrease spending <input type="checkbox"/> Budgeting <input type="checkbox"/> Major Purchases
Insurance Planning <ul style="list-style-type: none"> <input type="checkbox"/> Review life insurance <input type="checkbox"/> Minimize life insurance costs <input type="checkbox"/> Insure sufficient income in case of disability <input type="checkbox"/> Long-term care insurance 	Tax Planning <ul style="list-style-type: none"> <input type="checkbox"/> Minimize income taxes <input type="checkbox"/> Utilize tax-advantage investments <input type="checkbox"/> Charitable giving
Retirement Planning <ul style="list-style-type: none"> <input type="checkbox"/> Evaluate current retirement plans / savings <input type="checkbox"/> Plan for retirement at a certain age / lifestyle <input type="checkbox"/> Review current retirement plan 	Investment Planning <ul style="list-style-type: none"> <input type="checkbox"/> Evaluate current investments <input type="checkbox"/> Increase total return on investments <input type="checkbox"/> Protect against inflation <input type="checkbox"/> Improve diversification of investments
Estate Planning <ul style="list-style-type: none"> <input type="checkbox"/> Prepare / update wills / trusts <input type="checkbox"/> Minimize estate taxes <input type="checkbox"/> Manage inherited wealth <input type="checkbox"/> Gifts to children or grandchildren 	Charitable Planning <ul style="list-style-type: none"> <input type="checkbox"/> Annual giving <input type="checkbox"/> Charitable bequests

PERSONAL INFORMATION & GOALS

	YOU	SPOUSE / PARTNER
Name		
Current Age		
Employer / Former Employer		
Years of Service		
Position		
Work Phone		
Cell Phone		
Home Phone		
E-Mail Address		
Home Address		
City, State, Zip		

Salary + Bonus		
Severance (Lump Sum or Bi-weekly)		
Duration of Severance		

Hoped for Retirement Age		
Most Likely Retirement Age		
Willing to retire later to achieve your goals?		
Expected Annual Retirement Expenses (in Today's Dollars, After-Tax)		

CHILDREN / GRANDCHILDREN

Name	Current Age	Dependent (Yes/No)	Current College Savings

TAXABLE SAVINGS & INVESTMENT ACCOUNTS (Non-Retirement Assets) (If available, please provide statements)

	You	Spouse / Partner	Joint
Checking / Savings			
Money Markets			
CD's			
Stocks / Stock Mutual Funds			
Bonds / Bond Mutual Funds			

RETIREMENT PLANS (401(k)'s, IRAs etc.) (If available, please provide statements)

	<i>You</i>	<i>Spouse / Partner</i>
Company Retirement Plans (401(k), 403(b), TSA)		
Traditional IRA's		
Roth IRA's		
Roth Conversion IRA's		
SEP, Keogh		
Monthly Pension Plans (Monthly Benefit)		
Is your Pension Available as a Lump Sum? (Yes/No)		
<i>If so, how much is the Lump Sum?</i>		
Monthly Social Security Benefits at Full Retirement Age		
Do you expect to work in retirement? (Yes/No)		
Are you willing to save more? (Yes/No)		

OTHER COMPANY BENEFITS

	<i>You</i>	<i>Spouse/Partner</i>
Stock Options (Yes/No)		
Restricted Stock (Yes/No)		
Deferred Compensation (Yes/No)		

PERSONAL ASSETS / LIABILITIES

	<i>Market Value</i>	<i>Debt Balance</i>	<i>Owner (You, Sp/P, Joint)</i>
Primary Residence			
Home Equity Line of Credit			
Home Equity Loan			
Vacation Home			
Investment Real Estate			
Automobiles			
	<i>You</i>		<i>Spouse / Partner</i>
Credit Card Debt			
College Loans			

INSURANCE

	<i>You</i>		<i>Spouse / Partner</i>		<i>Notes</i>
	Yes	No	Yes	No	
Group/Term Life Insurance	Yes	No	Yes	No	
Death Benefit	\$		\$		
Cash Life Insurance	Yes	No	Yes	No	
Death Benefit	\$		\$		
Cash Value	\$		\$		
Disability Insurance	Yes	No	Yes	No	
Long Term Care Insurance	Yes	No	Yes	No	

ESTATE PLANNING

	<i>You</i>	<i>Spouse / Partner</i>
Wills (Yes / No)		
Last Updated		
Power of Attorney (Yes / No)		
Last Updated		
Living Will / Health Care Directive (Yes / No)		
Last Updated		
Bypass Trusts (Yes / No)		

RISK TOLERANCE

<input type="checkbox"/> Conservative
<input type="checkbox"/> Conservative - Moderate
<input type="checkbox"/> Moderate
<input type="checkbox"/> Moderate - Aggressive
<input type="checkbox"/> Aggressive

NOTES