



Financial Planning Questionnaire

DATE:

Client Name:	DOB:	US Citizen: Y N
Spouse Name:	DOB:	US Citizen: Y N
Address:	City, State, Zip:	
Client Cell Phone:	Spouse Cell Phone:	
Client Email:	Spouse Email:	
Client Retirement Age:	Spouse Retirement Age:	
Client Special Needs/In Good Health? Y N Y N	Client Special Needs/In Good Health? Y N Y N	
Marriage Anniversary:		

FAMILY INFORMATION:

Children	DOB	Financially Independent	US Citizen	Children	DOB	Financially Independent	US Citizen
		Y N	Y N			Y N	Y N
		Y N	Y N			Y N	Y N
		Y N	Y N			Y N	Y N
Grandchildren				Grandchildren			
		Y N	Y N			Y N	Y N
		Y N	Y N			Y N	Y N

Any other important people to consider?

Notes:

PROPERTY:

Real Estate/Vehicles	Purchase Year	Purchase Amount	Current Value	Owner	Mortgage/lease?
					Y N
					Y N
					Y N
					Y N
					Y N

Rental Property	Income	Purchase Year	Purchase Amount	Current Value	Owner	Mortgage/lease?
						Y N
						Y N

Notes:

LIABILITY/MORTGAGE & LOANS:

Property Item	Institution Name	Original loan amount	Date of loan	Current Balance	As of Date	Interest Rate	Loan Term	Payment Amount

Notes:

INVESTMENTS: PLEASE PROVIDE COPIES OF STATEMENTS

Type	Institution Name	Current Value	Contributions	Owner

Notes:

RETIREMENT: PLEASE PROVIDE COPIES OF STATEMENTS

Type	Institution Name	Current Value	Owner	Beneficiary	Employee Contribution	Employer Contribution

Notes:

INSURANCE: DISABILITY – IF YES, PLEASE PROVIDE COPY OF PLAN; UMBRELLA – IF YES, PLEASE PROVIDE COPY OF PLAN

	Life 1	Life 2
Policy Name		
Policy Number		
Institution Name		
Purchase Date		
Policy Type		
Person Insured		
Beneficiary		
Death Benefit		
Annual Premium		
Premium Term		

	Long Term Care 1	Long Term Care 2	Disability	Disability
Policy Name				
Policy Number				
Institution Name				
Purchase Date				
Insured				
Benefit Amount				
Annual Premium				
Premium Term				
Elimination Period				
Benefit Period				
COLA				

Notes:

SALARY/BONUS AND SOCIAL SECURITY: PLEASE PROVIDE SOCIAL SECURITY STATEMENTS: [HTTPS://WWW.SSA.GOV/MYACCOUNT/](https://www.ssa.gov/myaccount/)

	Annual Amount	Owner	Guaranteed?	Self Employed?	Starts	Ends
Salary/Bonus			Y N	Y N		
Salary/Bonus			Y N	Y N		
Misc. Income			Y N	Y N		

	At Full Retirement Age	Owner
Social Security		
Social Security		

Notes:

LIVING EXPENSES*:

Current	Desired Amount in Retirement

*Do not include mortgage, loan or other liability payments, do not include expenses listed elsewhere (See Expenses Worksheet if needed)

EDUCATION EXPENSES:

For who?	School/Institution	% Funded Goal	Year Starts	Year Ends

Notes:

OTHER EXPENSES/GOALS, WANTS & WISHES:

Type/Description	Annual Amount	Year Starts	Year Ends

Notes:

PERSONAL QUESTIONS:

Do you have: <input type="checkbox"/> A Will <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Health Care Directive <input type="checkbox"/> Financial Power of Attorney
Do you feel you have achieved financial security through retirement? Y N
Do you have any potential inheritances? Y N
Do you plan to leave any portion of your estate to charity? Y N
Do you need to make any special financial provisions for any member of your family? Y N Who?
What is your largest obstacle in achieving your goals?
Financial Risk Tolerance: <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive

COMMENTS, QUESTIONS, AND CONCERNS?

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