



CONFIDENTIAL FAMILY QUESTIONNAIRE

TODAY'S DATE:

CONTACT INFORMATION

Name: Nickname: Date of Birth: Age:

Cell Phone: () Alt. Phone: () Email:

Address: City: State: ZIP Code:

Are you retired? Yes No Actual or planned year or date of retirement:

Employer Name (current or last): Occupation:

Spouse Name: Nickname: Date of Birth: Age:

Cell Phone: () Alt. Phone: () Email:

Are you retired? Yes No Actual or planned year or date of retirement:

Employer Name (current or last): Occupation:

FAMILY

| Children's Names | State of Residence | Age | # of Grandchildren | Their Ages |
|-------------------------|----------------------|----------------------|----------------------|----------------------|
| 1. <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Do you have any children with special needs? Yes No | I have a Special Needs trust established

ESTATE

Which of the following Estate Planning documents do you have?

| | <input type="checkbox"/> Yes <input type="checkbox"/> No | DATE UPDATED | CITY/STATE CREATED |
|--------------------------------|--|----------------------|----------------------|
| Will | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> |
| Power of Attorney (POA) Assets | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> |
| Healthcare Directives (POA) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> |
| Living Will | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> |
| Living Trust | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> | <input type="text"/> |

Attorney Name:

Your trustees and/or executors:

INCOME & EXPENSES

Please list monthly income from each source (*do not list RMD's or Investment/Dividend Yield**).

If you are not currently taking SS, please list your estimated benefits at Full Retirement Age (FRA) or age known.

| | | | | | | | | | | |
|--------------------|--------|----|--|----|---|---|--------------|----|--------|----|
| Social Security | Self | \$ | <input type="checkbox"/> Taking Now, <i>or</i> <input type="checkbox"/> Estimate at age: | | Tax W/H | % | Part B | \$ | Part D | \$ |
| | Spouse | \$ | <input type="checkbox"/> Taking Now, <i>or</i> <input type="checkbox"/> Estimate at age: | | Tax W/H | % | Part B | \$ | Part D | \$ |
| Pension | Self | \$ | <input type="checkbox"/> Taking Now, <i>or</i> <input type="checkbox"/> Estimate at age: | | Tax W/H | % | Survivorship | | % | |
| | Spouse | \$ | <input type="checkbox"/> Taking Now, <i>or</i> <input type="checkbox"/> Estimate at age: | | Tax W/H | % | Survivorship | | % | |
| Gross Wages | Self | \$ | Spouse | \$ | | | | | | |
| Real Estate Income | #1 | \$ | #2 | \$ | <input type="checkbox"/> Gross <i>or</i> <input type="checkbox"/> Net | | | | | |
| Other Income* | Self | \$ | Spouse | \$ | | | | | | |

How much are your basic monthly living expenses (*i.e. food, clothing, taxes, healthcare, etc.*)? \$

How much debt (other than mortgage) do you currently have? Self \$ Spouse \$

Is your current income sufficient & comfortable? Yes No

TAX INFORMATION

What tax bracket do you think you're in? (*circle one*) 10% 12% 22% 24% 32% 35% 37%

How much do you estimate (\$ or %) **you** contribute yearly to each of the following (*enter either percentage or dollar amount*)?

IRA: ROTH IRA: 401k/403b: Roth 401k/403b:

How much does your employer (\$ or %) match/contribute annually (*enter either percentage or dollar amount*)?

How much do you estimate (\$ or %) **your spouse** contributes yearly to the following?

IRA: ROTH IRA: 401k/403b: Roth 401k/403b:

How much does their employer (\$ or %) match/contribute annually?

Do you have any interest in Roth Conversions or other Tax-Free Income Strategies? Yes No

Who prepares your tax returns? Are you happy with this firm? Yes No Neither

ASSETS

Please check off the accounts you currently hold, note the approximate value & bring in a recent detailed statement.

Bank Accounts: \$ IRAs/401k/403b/TSAs: \$ Bank CDs: \$

Annuities: \$ Brokerage Accounts: \$ Business Interest: \$

Other: \$ Life Insurance: \$

| PROPERTY | BALANCE OWED: | INTEREST RATE: | PAY OFF DATE: |
|----------------------------|---------------|----------------|---------------|
| Home Value \$ | \$ | | |
| Autos/Personal Property \$ | \$ | | |
| Rental/Add'l Properties \$ | \$ | | |

GOALS & OBJECTIVES

Describe your overall goals & objectives for your life & finances

What's your primary concern about your money?

▶ You: _____

▶ Spouse: _____

Knowing what you know now, what would you have done differently with your money?

▶ You: _____

▶ Spouse _____

LIFE EVENTS

In the near future I expect to: *(Please check all that apply)*

- Buy a home
 Sell a home
 Improve a home
 Pay off my mortgage
 Retire
 Care for a parent
 Start/expand a business
 Start a part-time job
 Receive an inheritance
 Help fund education for a family member
 Sell a property/business
 Purchase a property
 Other

GENERAL INFORMATION

Please check your answer for the following questions:

- Do you have a Financial Advisor? Yes No
 If yes, who? _____
 Do you have life insurance? Yes No
 Do you have an umbrella policy? Yes No
 Do you have long-term care protection? Yes No
 Do you contribute to charity? Yes No
 Do you want to leave money to your children/charity? Yes No
 Do you expect to care for a child/parent? Yes No
 Are you eligible for a pension from an employer that did not withhold Social Security Taxes *(i.e. foreign employer, gov't employee)?* Yes No Unsure

FINANCIAL CONCERNS

Please rate your level of concern for the following:

| | NOT CONCERNED – VERY CONCERNED | | | | |
|-------------------------------|--------------------------------|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Outliving My Money | 1 | 2 | 3 | 4 | 5 |
| Having a Reliable Income Plan | 1 | 2 | 3 | 4 | 5 |
| Paying Too Much In Taxes | 1 | 2 | 3 | 4 | 5 |
| Protecting My Assets | 1 | 2 | 3 | 4 | 5 |
| Safety of Retirement Assets | 1 | 2 | 3 | 4 | 5 |
| Increasing My Return | 1 | 2 | 3 | 4 | 5 |
| Reducing My Fees | 1 | 2 | 3 | 4 | 5 |
| Estate Planning Blunders | 1 | 2 | 3 | 4 | 5 |
| Being a Burden to My Family | 1 | 2 | 3 | 4 | 5 |