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**Confidential Questionnaire**

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# Thank You For The Opportunity For Us To Work With You

At Whitsell Financial Partners, we know how important planning is, so we prepared this Confidential Questionnaire to help us understand where you are today, and where you want to be, as well as to help you create strategies for your goals.

 Understanding Our Process

Our process of working with you is one that is on-going. Our goal is to become a trusted advisor and work with you and your other advisors to help make sure you are implementing strategies to help you work toward your goals. Throughout our process, we will use monitoring tools that will allow us to see your progress.

Every Situation is Different

While this is a comprehensive view, not everything is applicable to your current situation. If something does not apply, please leave it blank, if you have questions about specific sections, please contact us.

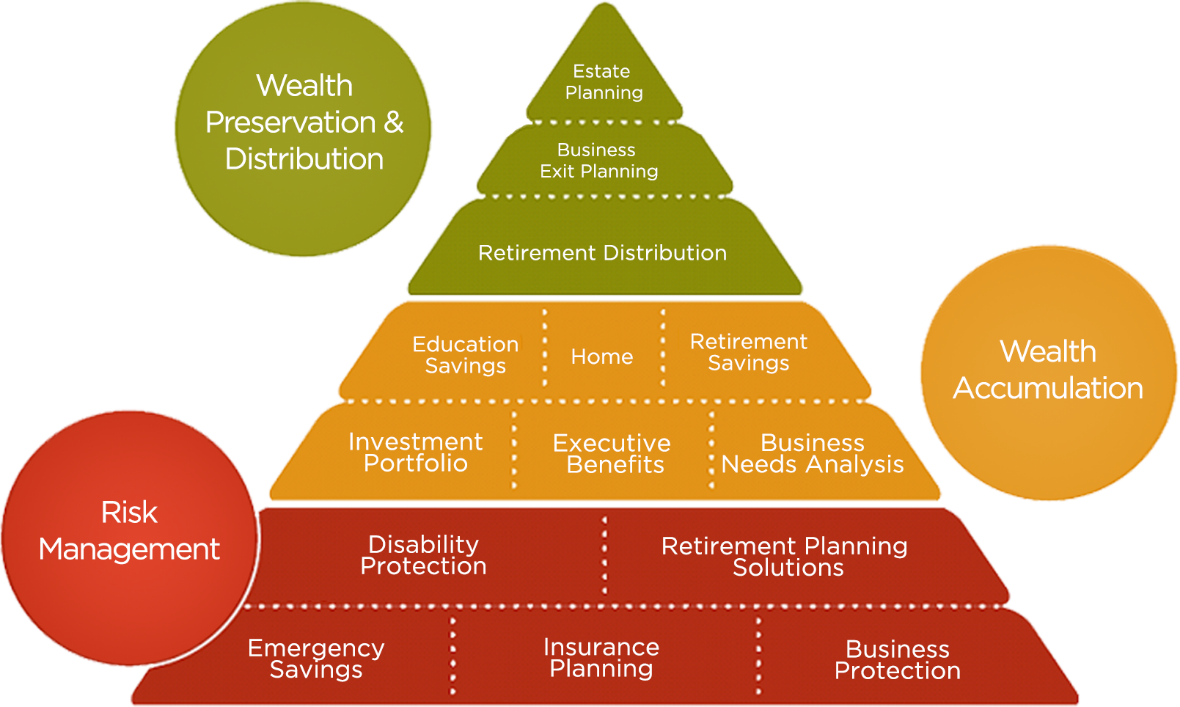
What To Do Next

Please fill out our comprehensive Confidential Questionnaire and return it to our offices prior to our appointment. That will allow us to review your information. If we have not scheduled an appointment, our office will contact you to schedule a time for us to meet.

# 

# What Will We Review?

While you are filling out our comprehensive Confidential Questionnaire, we will cover most of the topics listed in the pyramid on this page. Please take your time and fill out the information as accurately as possible. Please refer to your statements as necessary. At the end you will find a list of documents, including statements that we ask you to bring to our appointment. Thank you again for the opportunity and we look forward to meeting with you.



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# What keeps you up at night?

General Finances

* How do I keep my records safe and organized?
* How do I do a better job budgeting?
* How do I reduce my debt?
* Do I have enough in case of an emergency?
* How do I set goals and plan for them?

Retirement

* Will my money last through retirement?
* Do I need long-term care?
* What are my retirement investment options?
* How do I manage all of my retirement plans?
* What should I do with my employer retirement plan?
* I am an employer and do not have a retirement plan, what do I do?
* I am an employer and I do not receive the service I need, what do I do?
* Since I’m retiring soon, what do I need to do now?

Education Planning

* How much should I save? When should I start planning?
* Will I qualify for financial aid? Where do I start?
* What are my college savings options?
* How do I team my children about money?
* How do I fund my new/existing grandchild’s education?

Life events

* What happens to my 401(k) when I change jobs?
* What are my options if I am laid off?
* I’m getting divorced. What happens to my assets?
* What do I do when a loved one dies?
* I’m getting married, how do we combine assets and accounts?

Eldercare

* How does Medicare work?
* What should I look for in a nursing home?
* How do I cope with Alzheimer’s disease?
* What happens if I have to care for my parents?

Estate Planning

* What should I know about estate planning?
* How do I protect my estate from taxes?
* Will my family be secure if something happens to me?
* How do I create a legacy for my children?
* Can I provide for my favorite charity when I’m gone?
* What will my survivors need to know?

# Your Information

**Client Co-client**

|  |  |  |
| --- | --- | --- |
| Full Name |  |  |
| Date of Birth |  |  |
| Address |  | |
| City/State/ZIP |  | |
| Phone (Home) |  | |
| Phone (Cell) |  |  |
| Email |  |  |

# Employment Information

**Client Co-client**

|  |  |  |
| --- | --- | --- |
| Employer |  |  |
| Position |  |  |
| Date of Hire |  |  |
| Business Address |  |  |
| Business Phone |  |  |
| Business email |  |  |

# Family Members

**PLANNING ASSUMPTIONS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Date of Birth | Gender | Relationship |  | **Inflation Rate** | 3.0% or      % | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  | **Client** | **Co-client** |
|  |  |  |  |  | **Retirement Age** | 65 or | 65 or |
|  |  |  |  |  | **Life Expectancy** | 90 or | 90 or |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

# Advisors

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Address | Phone |
| Financial Advisor |  |  |  |
| Accountant |  |  |  |
| Lawyer |  |  |  |
| Insurance |  |  |  |
| Banker |  |  |  |
| Other |  |  |  |

# Budget Worksheet

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Income** | | | |  | **Tax Brackets** | | |
|  | **Client** | **Co-Client** | **Joint** |  |  | Marginal Tax Rate | Effective Tax Rate |
| Wages, salary, tips |  |  |  |  | Federal |  |  |
| Cash dividends |  |  |  |  | State |  |  |
| Interest received |  |  |  |  |  |  |  |
| Social Security income |  |  |  |  |  |  |  |
| Pension income |  |  |  |  |  |  |  |
| Rents, royalties |  |  |  |  |  |  |  |
| Annuities |  |  |  |  |  |  |  |
| Business income |  |  |  |  |  |  |  |
| Other income |  |  |  |  |  |  |  |
| **Sub-total** | **$** | **$** | **$** |  |  |  |  |
| **Total Monthly Income** | | | **$** |  |  |  |  |

**\*Separate sheet attached with itemized expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Social Security Retirement Benefits Client Co-Client**

|  |  |  |
| --- | --- | --- |
| Include Monthly Retirement Benefits? | Yes        No | Yes        No |
| Monthly Amount | Use default formula       Use benefit estimate $ | Use default formula       Use benefit estimate $ |
| Start Date | Age | Age |
| Index (COLA) rate for Social Security | 2% or      % | 2% or      % |

*Do you expect a significant change in your income during the next two years?*

*Do you want or expect to make changes to your current spending and savings strategies?*

**Living Expenses**

|  |  |  |
| --- | --- | --- |
|  | **Monthly** | **Annual** |
| General |  |  |
| Mortgage / Rent |  |  |
| Homeowner’s / Renter’s Insurance |  |  |
| Life Insurance |  |  |
| Health Insurance (Medical / Dental / Vision) |  |  |
| Auto Insurance (Licenses) |  |  |
| Property Taxes (Real Estate / Vehicle) |  |  |
| Home Repairs / Maintenance |  |  |
| Utilities (Gas / Electric / Phone / Water / Garbage) |  |  |
| Groceries |  |  |
| Personal Goods (Toiletries / Dry Cleaning / Housekeeping) |  |  |
| Entertainment (Dining Out / Travel / Vacation) |  |  |
| Clothing |  |  |
| Gifts (Birthday / Holiday / Special Occasion) |  |  |
| Transportation (Gas / Taxis / Maintenance / Parking) |  |  |
| Charitable Contributions |  |  |
| Child care (Lessons / Sports / Alimony) |  |  |
| Other: |  |  |
| Other: |  |  |
| Other: |  |  |
| **Sub-total** | **$** | **$** |

# Liabilities

**Other Liabilities** (Home Loans, auto loans, credit cards, lines of credit, education loans)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Debts | Responsible Party | Balance | Monthly Payment | Interest | Lending Institution |
| Primary Residence |  | $ | $ | % |  |
| Home Equity / Other Mortgage |  | $ | $ | % |  |
| Real Estate |  | $ | $ | % |  |
| Real Estate |  | $ | $ | % |  |
| Business |  | $ | $ | % |  |
| Credit Card |  | $ | $ | % |  |
| Credit Card |  | $ | $ | % |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Debts | Responsible Party | Balance | Monthly Payment | Interest | Lending Institution |
| Automobile |  | $ | $ | % |  |
| Automobile |  | $ | $ | % |  |
| Other |  | $ | $ | % |  |
| Other |  | $ | $ | % |  |
| Other |  | $ | $ | % |  |
| Other |  | $ | $ | % |  |
| Other |  | $ | $ | % |  |

# Insurance

**Life Insurance Policy 1 Policy 2 Policy 3 Policy 4 Policy 5**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company |  |  |  |  |  |
| Type (e.g. term, universal) |  |  |  |  |  |
| Effective Date |  |  |  |  |  |
| Insured |  |  |  |  |  |
| Policy Owner |  |  |  |  |  |
| Beneficiary |  |  |  |  |  |
| Contingent Beneficiary |  |  |  |  |  |
| Death Benefit |  |  |  |  |  |
| Annual Premium |  |  |  |  |  |
| Cash Surrender Value |  |  |  |  |  |
| Loan |  |  |  |  |  |
| Statement Attached? |  |  |  |  |  |

*What is your primary goal for your life insurance policies?*

*How did you arrive at the amount of life insurance you have?*

*When you purchased your policy(ies), what was the policy to cover? (e.g. Policy 1 - was to replace income for a spouse)*

*Are you still in contact with the agent(s) of the policy/policies?*

**Disability Insurance Policy 1 Policy 2 Policy 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Description (group LTD, group STD, individual DI) |  |  |  |
| Effective Date |  |  |  |
| Insured |  |  |  |
| Monthly Benefit |  |  |  |
| Taxable (yes / no) |  |  |  |
| Index Rate for Benefit Amount |  |  |  |
| Elimination Period |  |  |  |
| Benefit Period |  |  |  |
| Annual Premium |  |  |  |

*How would it affect your family’s lifestyle if you became disabled or injured?*

**Long-Term Care Insurance Policy 1 Policy 2 Policy 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Description |  |  |  |
| Insured |  |  |  |
| Daily Benefit |  |  |  |
| Index for Inflation |  |  |  |
| Waiting Period |  |  |  |
| Benefit Period |  |  |  |
| Annual Premium |  |  |  |

*Has anyone in your family experienced a long term care need?*

# Assets

**Non-Qualified Assets\*** (Bank accounts, investments and non-qualified annuities)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Ownership | Market Value | Cost Basis | Annual Contributions | Statement Attached? |
| Checking |  |  |  |  |  |
| Savings / MM / CDs |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Brokerage Accounts |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*How much do you keep on hand for emergencies?*

*How many months of expenses do you have in case of an emergency?*

*How did you determine how much to keep in savings?*

*How much do you have saved toward your immediate goals (e.g. roof, washer/dryer, vacation home, etc…)?*

*How much do you keep in other brokerage accounts?*

**House / Property**

**(Including Investment Real Estate) Property 1 Property 2 Property 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Description |  |  |  |
| Ownership |  |  |  |
| Real Estate Tax (annual) |  |  |  |
| **MORTGAGE INFORMATION:** |  |  |  |
| Loan Start Date |  |  |  |
| Original Loan Amount |  |  |  |
| Interest Rate |  |  |  |
| Loan Duration |  |  |  |
| Monthly Payment (principal + interest) |  |  |  |
| Current Market Value of Property |  |  |  |
| Outstanding Loan Balance |  |  |  |
| Rental Income (if applicable) |  |  |  |
| Rental Expenses (if applicable) |  |  |  |

**Personal Use Assets** (e.g. Furnishings, jewelry, collectibles, etc.)

|  |  |  |
| --- | --- | --- |
| Name | Ownership | Market Value |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Retirement Planning Details

**Qualified Assets\*** (Qualified retirement plans, IRAs, qualified annuities)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Institution/  Account Name | Ownership | Market Value | Annual Contributions | Annual Employer Contributions (if applicable) | Beneficiaries | Statement Attached? |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**\*Please also provide account statements with asset allocation information.**

**Defined Benefit Pensions Client Co-Client**

|  |  |  |
| --- | --- | --- |
| Monthly or Lump Sum Amount | $     \_\_\_\_\_ | $     \_\_\_\_ |
| Effective Date | Age | Age |
| Index (COLA) rate for monthly benefits | 0% or      % | 0% or      % |

**Retirement Incomes (including annuity income or expected inheritance)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Income | Client or Co-client | Amount | Frequency | Index or COLA rate (if any) | Start Age | End Age |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Retirement Expenses Monthly Amount or % of Current Spending**

|  |  |  |
| --- | --- | --- |
| Retirement Spending Goal | $     \_\_\_\_\_ | % |

*How do you envision your retirement?*

*How might your spending in retirement change (travel, downsize, health care)?*

*What is your greatest retirement concern?*

*How did you decide the percentage of contribution to your employer sponsored accounts?*

# Education Planning Details

**Education Funds** (529 Plans or UTMAs)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Owner | Donor | Beneficiary | Market Value | Annual Contributions |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*How did you decide how much to contribute?*

*When did you open these account?*

*Has anyone else other than yourself or immediate family contributed to these accounts?*

*Which school did you base your contributions on?*

*Are you anticipating on paying for all or a portion of your child(ren)’s eduction?*

# Major Purchase Goals

(For example: cars, vacations, 2nd home, remodel, etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description | Start Year | Number of Years | Amount Needed | Existing Assets | Contributions (Amt/(mthly/qtrly/ann)) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**\*Please indicate if your contributions are monthly, quarterly, or annual**

How did you decide the amount you need to put away?

Did you have to change the amount of time until you needed to accomplish this goal?

# Estate Planning

**Client** **Co-client**

|  |  |  |
| --- | --- | --- |
| Do you have a will? |  |  |
| Do you have advance directives? (living will, health care power of attorney, durable power of attorney) |  |  |
| When was the will / advance directives last updated? |  |  |

**Trust Details (indicate date of last update)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family Member | Credit Shelter Trusts | Marital Trust | Living Trust | QTIP Trust | Other Testamentary Trusts |
| Client |  |  |  |  |  |
| Co-client |  |  |  |  |  |
| Trustee(s) |  |  |  |  |  |

**Gifting: Current Strategies Gift 1 Gift 2 Gift 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Description |  |  |  |
| Gifting Strategy (i.e. Cash Gift, Asset Gift) |  |  |  |
| Amount |  |  |  |
| Applicable Period |  |  |  |
| Beneficiary Name |  |  |  |

**\*Please provide copies of all estate documents.**

*Do you have a sense about how much your estate may be eroded at your death? Would you like to examine strategies to minimize estate expenses and taxes due at your death?*

*(If there are children) What would you like to see happen at your death (receive assets immediately,*

*receive assets at set times, receive income at set times, use assets for set purposes, etc.)?*

*Does your current estate plan reflect all of your wishes for what you want to happen when you pass away?*

# DOCUMENTS NEEDED FOR 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** |
|  |  |  | Life |
|  | **Budget Worksheet (See Pg. 9)** |  | Medical |
|  |  |  | Disability |
|  | **Income Tax Returns** |  | Long-term Care |
|  |  |  | Auto and Home |
|  | **Investments/Retirement Statements** |  | Liability |
|  | Pension/Profit Sharing |  | Group Insurance |
|  | SEP/SIMPLE |  |  |
|  | 401k/ TSA/ PEDC |  | **Wills and Trusts** |
|  | IRA/ Roth |  |  |
|  | 529 |  | **Business Documents** |
|  | Securities Accounts |  | Buy-Sell Agreements |
|  | Savings and investments |  | Deferred Compensation Agreements |
|  | Annuities |  | Split Dollar Agreements |
|  |  |  | Wage Continuation Agreements |
|  | **Liabilities** |  | Employee/Consulting |
|  | Mortgage Statements |  | Group Benefit Programs |
|  | Credit Cards |  | Other Employer Paid Benefits |
|  | Student Loans |  |  |
|  | Auto Loans |  | **Employee Benefit Statements/Booklets** |
| OTHER: |  |  |  |