

# Confidential Planning Questionnaire



## Personal Information

Date:

_____	_____	_____	M	F
Your Full Name	Date of Birth	Birth State	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	M	F
Spouse Full Name	Date of Birth	Birth State	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	M	F
Child 1 Full Name	Date of Birth	Birth State	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	M	F
Child 2 Full Name	Date of Birth	Birth State	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	M	F
Child 3 Full Name	Date of Birth	Birth State	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	M	F
Child 4 Full Name	Date of Birth	Birth State	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____		
Street Address	City	State	Zip Code	How Long at address
_____	_____	_____	_____	_____
Your E-Mail Address	Home Phone	Mobile Phone		
_____	_____	_____		
Spouse E-Mail Address		Mobile Phone (Spouse)	Spouse License # / State	
_____		_____	_____	

## Employment Information

_____	_____	_____	_____	
Your Occupation	Employer	How Long	Previous Employer (if less than 2 yrs)	
_____	_____	_____	_____	
Your Employer's Address	City	State	Zip Code	Business Phone
_____	_____	_____	_____	_____
Spouse Occupation	Employer	How Long	Previous Employer (if less than 2 yrs)	
_____	_____	_____	_____	
Spouse Employer's Address	City	State	Zip Code	Business Phone
_____	_____	_____	_____	_____

## Income Information

_____	_____	_____	_____
Your Base Salary	Bonus	Commissions	Your Total
_____	_____	_____	_____
	When/Frequency?	When/Frequency?	
_____	_____	_____	_____
Spouse Base Salary	Bonus	Commissions	Spouse Total
_____	_____	_____	_____
	When/Frequency?	When/Frequency?	
_____	_____	_____	_____
Total Salary	Total Bonus	Total Commissions	Household Total

## Additional Income

\$ _____	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Investment Int or Div	<input type="checkbox"/> Social Security	<input type="checkbox"/> Other (business distribution, etc.)
Amount				
\$ _____	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Investment Int or Div	<input type="checkbox"/> Social Security	<input type="checkbox"/> Other (business distribution, etc.)
Amount				
\$ _____	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Investment Int or Div	<input type="checkbox"/> Social Security	<input type="checkbox"/> Other (business distribution, etc.)
Amount				

## Protection Summary

### Insuring Your Property (auto, homeowners, umbrella)

	Insurance Type	Premium	Liability Coverage	Purchase Date	Deductible	Institution Name
1						
2						
3						
4						

Do you have valid, executed wills? If so, when?  Y  N Date:

### Insuring Yourself (life, disability, LTC, health)

	Insurance Type	Premium	Coverage Amount	Purchase Date	Insured's Name	Institution Name
1						
2						
3						
4						
5						

What are your thoughts on your Life/Disability/LTC coverage?

How did you arrive at the amount of coverage you currently have?

## Liability Summary

### Short Term Debt

	Loan Type <small>(Auto, Student Loan, Credit Card, Etc.)</small>	Monthly Payment	Original Balance	Current Balance	Interest Rate	Owner	Institution Name
1							
2							
3							
4							
5							

How did this debt originate?

What is your approach to eliminating this debt?

### Mortgages

	Loan Type <small>(Mortgage, Line of Credit, etc.)</small>	Property Type/Value: <small>(Primary Residence, Rental, etc.)</small>	Monthly Payment	Original Balance	Current Balance	Interest Rate	Institution Name
1							
2							
3							
4							

Are you currently making or do you plan to make any additional payments to your mortgage(s)?

# Asset Summary

## Asset Building (Savings, Retirement Accounts, etc.)

	Type of Account <small>(Savings, 401k, IRA, Roth, etc.)</small>	Balance	Monthly Contribution <small>(% / \$)</small>	Company Match <small>(% / \$)</small>	Owner(s)	Institution Name
1						
2						
3						
4						
5						
6						
7						
8						

Are you satisfied with the amount of money you are saving?

Are you happy with the level of risk that you are currently taking?

## Investments (Brokerage Account, JTWR0S, UTMA, etc.)

	Type of Account <small>(Brokerage Account, JTWR0S, UTMA, etc.)</small>	Balance	Monthly Contribution <small>(% / \$)</small>	Owner(s)	Institution Name
1					
2					
3					
4					

Are you happy with the performance of all of your investments?

If you were to add more money to your investments, where would you be inclined to put it?

## Real Estate (Primary Residence, Rental, Land, etc.)

	Property Type	Purchase Price	Year Purchased	Improvements or Capital Expenditures	Current Market Value <small>(Estimated)</small>	City/State
1						
2						
3						

How long do you plan on remaining in your present home?

Do you plan to make any capital improvements in the near future? Please explain.

Do you plan on buying any additional real estate in the near future? Please explain.

## Additional Questions

Now that you've sampled this questionnaire, what is your assessment of your personal finances?

What changes or improvements would you like to see with respect to your personal finances?

What is important about money to you?

What are you hoping to obtain by going through the Financial Planning process with us?

Do you have any trusted advisors you consult before making a financial decision? If so, who?

When should we meet again/What are your preferred days/times?

## Emotional Blueprint

Wishes

Dangers

# Monthly Cash Flow Summary

Please provide monthly amounts. If an exact amount is unknown, please estimate

## I. BASIC EXPENSES

Automobile Fuel	\$ _____
Automobile Maintenance	\$ _____
Cable/Internet	\$ _____
Child Care	\$ _____
Clothing/Dry Cleaning	\$ _____
Clothing/Purchases	\$ _____
Food/Groceries	\$ _____
Home Security	\$ _____
Home Improvement	\$ _____
Home Lawn/Maintenance & Trash	\$ _____
Homeowner's Association	\$ _____
Household Rent	\$ _____
School (College, Private School)	\$ _____
Telephone	\$ _____
Utilities (Gas, Electric, Water)	\$ _____
Pet Care	\$ _____
Misc.	\$ _____
<b>Total</b>	<b>\$ _____</b>

## II. DISCRETIONARY EXPENSES

Camp	\$ _____
Food/Dining	\$ _____
Gifts	\$ _____
Hobbies	\$ _____
Housekeeper Services	\$ _____
Subscriptions	\$ _____
Travel	\$ _____
Vacations	\$ _____
Memberships	\$ _____
Misc.	\$ _____
<b>Total</b>	<b>\$ _____</b>

## III. CHARITABLE GIFTS

Donations	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
<b>Total</b>	<b>\$ _____</b>

## IV. JOB-RELATED EXPENSES

Association/Dues	\$ _____
Professional Fees	\$ _____
Subscriptions	\$ _____
Travel	\$ _____
Meals/Entertainment/Gifts	\$ _____
Misc.	\$ _____
<b>Total</b>	<b>\$ _____</b>

## V. MEDICAL EXPENSES

Doctors, Dentists & Vision	\$ _____
Prescriptions	\$ _____
Misc.	\$ _____
<b>Total</b>	<b>\$ _____</b>

## VI. ALIMONY

Alimony	\$ _____
Child Support	\$ _____
<b>Total</b>	<b>\$ _____</b>

## VII. TAXES (EXCLUDING INCOME TAXES)

Property	\$ _____
Other _____	\$ _____
<b>Total</b>	<b>\$ _____</b>

## TOTALS

I. Basic Expense Total	\$ _____
II. Discretionary Expenses Total	\$ _____
III. Charitable Gifts Total	\$ _____
IV. Job-Related Expenses Total	\$ _____
V. Medical Expenses Total	\$ _____
VI. Alimony Total	\$ _____
VII. Taxes Total	\$ _____
<b>Grand Total</b>	<b>\$ _____</b>

# Additional Documents

- Personal income tax returns - prior 2 years w/all schedules**
- W2's - prior 2 years**
- Most recent pay stubs - 2 consecutive**
- Drivers License(s) - copy**
- Will and Trust Documents**
  - Will(s)
  - Living Will(s)
  - Durable Power(s) of Attorney
  - Health Power(s) of Attorney
  - Trust(s)
- Personal insurance policies**
  - Auto - declaration pages only
  - Homeowner's - declaration pages only
  - Personal Liability (Umbrella) - declaration pages only
  - Life insurance contracts - individual & employer sponsored
  - Disability insurance contracts - individual & employer sponsored
  - Long-term care contracts - individual & employer sponsored
  - Medical insurance - individual & employer sponsored
- Employee benefits statement - booklet or on-line copy**
- Most recent Social Security statement(s)**
- Employer sponsored retirement plan statements - 401(k), 403(b), etc.**
- Personal retirement plan statements - IRA, Roth IRA, etc.**
- Investment account statement(s) - mutual funds, stocks, annuities, etc.**
- Home/Real Estate Values**
- Mortgage statement(s) |**
- Home Equity statement(s)**
- Misc. Short-Term Debt statements - car loans, credit cards, etc.**
- Other**
- Other**