



Date: _____

----- *Questionnaire* -----

Personal:

	<u>Individual 1</u>	<u>Individual 2</u>
Full name:	_____	_____
Date of Birth:	_____	_____
Retirement Age:	_____	_____
Email:	_____	_____
Phone:	_____	_____
Address:	_____	
	City: _____	State: ____ Zip: _____

What I/we hope to achieve through the help of a financial planner:

Income:

	<u>Individual 1</u>	<u>Individual 2</u>	
Employer:	_____	_____	
Job Title:	_____	_____	
Annual Income:	\$ _____	\$ _____	
Pension:			
Starting age:	_____	_____	
Anticipated annual amount:	\$ _____	\$ _____	
Social Security:			
Estimated or current annual benefit:	62 \$ _____	\$ _____	
	FRA \$ _____	\$ _____	
	70 \$ _____	\$ _____	
List any other anticipated sources of income:			
Description	Annual amount	Starting year	# of years
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Properties:

	Value	Owner
Residence:	\$ _____	_____
Autos:	\$ _____	_____
Boats, RVs, etc:	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Financial Assets:

List capital assets including banking accounts, investments, stocks, bonds, mutual funds, business interests, etc.

	Asset name/type (i.e. taxable account, 401(k), IRA, Roth, etc.)	Current value	Annual Additions	Owner
1	_____	\$ _____	\$ _____	_____
2	_____	\$ _____	\$ _____	_____
3	_____	\$ _____	\$ _____	_____
4	_____	\$ _____	\$ _____	_____
5	_____	\$ _____	\$ _____	_____
6	_____	\$ _____	\$ _____	_____
7	_____	\$ _____	\$ _____	_____
8	_____	\$ _____	\$ _____	_____
9	_____	\$ _____	\$ _____	_____
10	_____	\$ _____	\$ _____	_____

Investing Profile:

Investment Attitude: Very Conservative Somewhat Conservative Moderate Somewhat Aggressive Very Aggressive

Investment Experience: None Very Little Moderate Significant Extensive

1. I am more concerned about protecting my assets than about growth.
2. I prefer the ease of mutual funds to the uncertainty of trying to pick winning stocks.
3. I am comfortable with investments that promise slow, long-term appreciation and growth.
4. I prefer predictable, steady returns on my investments, even if the return is low.
5. I feel comfortable with aggressive growth investments.
6. My immediate concern is for income rather than growth opportunities.

Education Funding:

Children's Education and Fund Expenses					
Child's Name	Date of Birth	Age to start college	Cost per year*	# of years	Current college fund
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____

*In today's dollars

Special Expenses:

List any anticipated special expenses.

Description	Annual amount	Starting year	# of years	Priority*
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

*Priority – Essential (E), Primary (P), Secondary (S), Optional (O)

Debts / Liabilities:

	Balance Remaining	Yrs. Remaining	Monthly Payment	Interest Rate	Owner
Residence mortgage:	\$ _____	_____	_____	_____	_____
Credit card balances:	\$ _____	_____	_____	_____	_____
	\$ _____	_____	_____	_____	_____
	\$ _____	_____	_____	_____	_____
Autos loans:	\$ _____	_____	_____	_____	_____
	\$ _____	_____	_____	_____	_____
Student loans:	\$ _____	_____	_____	_____	_____
Boats, RVs, etc. loans:	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____

Budget Calculation Worksheet

Expense Worksheet

<i>Item:</i>	<i>Monthly:</i>	<i>Annually:</i>
Rent or lease payment		
Utilities		
Telephone, cable		
Groceries		
Household		
Property improvement & upkeep		
Auto operating and maintenance		
Clothing and personal items		
Childcare		
Charitable contributions		
Gifts, birthdays		
Entertainment & vacations		
Books, papers, subscriptions		
Home furnishings		
Domestic help		
Alimony, child support		
Property taxes		
Car taxes		
Medical out of pocket		
Life insurance premiums		
Medical insurance premiums		
Auto insurance premiums		
House insurance premiums		
Other insurance premiums		
Misc.		
Total		

Insurance:

	<u>Individual 1</u>	<u>Individual 2</u>
Term life insurance:	\$ _____	\$ _____
Permanent life insurance:	\$ _____	\$ _____
Cash values (less loans):	\$ _____	\$ _____
Long-term care insurance:	\$ _____	\$ _____
Disability:	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner's or Renter's:	<input type="checkbox"/>	
Auto:	<input type="checkbox"/>	
Umbrella:	<input type="checkbox"/>	

Estate:

Check the box if you have any of the following:

	<u>Individual 1</u>	<u>Individual 2</u>
Will	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Durable General Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Credit Shelter Trust	<input type="checkbox"/>	<input type="checkbox"/>
Qtip Trust	<input type="checkbox"/>	<input type="checkbox"/>
Irrevocable Life Insurance Trust	<input type="checkbox"/>	<input type="checkbox"/>
Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Generation Skip Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Testamentary Trust	<input type="checkbox"/>	<input type="checkbox"/>