



CONFIDENTIAL FINANCIAL PLANNING QUESTIONNAIRE FOR

Name: _____

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TELL US ABOUT YOURSELF

What kind of person are you? Briefly describe yourself.

What are your biggest financial concerns/objectives?

What are your aspirations for the next 5-10 years?

What is your definition of financial independence?

If you have not retired already, do you plan to completely retire someday? What would you like to do during retirement?

What are your expectations of us as your financial advisors?

If we were meeting three years from today, what has to have happened during that three year period for you to feel happy about your progress?

PERSONAL INFORMATION

Family Info

Your Name, Spouse, Dependents	Date of Birth	Birthplace/US Citizen?	Social Security #

Anniversary Date: _____ Pre/Post-Nuptial Agreement? Y N Prior Marriage? Y N

Contact Info

Primary Residence (Address, City, State, Zip)		
Home Phone	Cell Phone	Email
Home Fax	Spouse Cell Phone	Spouse Email

Employment Info

	You	Spouse
Occupation		
Employer		
How Long? (Occupation/Employer)		
Work Address		
Work City, State, Zip		
Work Phone		
Work Fax		
Work Email		

Annual Income

	You	Spouse
Wages/Salary		
Estimated Bonus		
Estimated Commissions		
Net Business Income/Loss		
Net Rental Income/Loss		
Dividends/Interest		
Pension Income		
Social Security Income		
Alimony/Child Support Received		
Other		

What other advisors do you currently use for financial, tax, or legal advice?

ASSETS

Liquid Assets

Item	Current Value	Institution	Owner	Expected Ann. Rate of Return	Annual Add/Withdrawal
Cash					
Checking Account					
Checking Account					
Savings Account					
Savings Account					
Money Market					
CD					
Savings Bonds					
Treasury Securities					
Corporate Bonds					
Municipal Bonds					
Stocks					
Mutual Funds					
Investment Accts					
Gold/Silver/Coins					
Other					

Retirement & Employee Benefit Plans

Item	Current Value	Institution	Owner	Expected Ann. Rate of Return	Annual Add/Withdrawal
IRA					
IRA					
Roth IRA					
Roth IRA					
401(k), 403(b), TSP, SIMPLE, or SEP					
401(k), 403(b), TSP, SIMPLE, or SEP					
Keogh Plan					
Pension					
Profit Sharing					
Deferred Comp					
Stock Options/ESPP					
Other					

Employer match/contribution to company retirement plan: _____

ASSETS CONTINUED

Real Estate

Item	Current Value	Date/Year Acquired	Owner	Purchase Price	Improvements
Primary Residence					
Other Home					
Other Home					
Land					
Land					
Commercial Prop.					
Other					

Other Non Liquid Assets

Item	Current Value	Institution	Owner	Expected Ann. Rate of Return	Annual Add/Withdrawal
Annuity					
Annuity					
529 College Plan					
529 College Plan					
Coverdell ESA					
Business Interest					
Business Interest					
Ltd Partnership					
Notes Receivable					
Other					

Miscellaneous Personal Property (Current market value, not replacement value)

Item	Current Value	Date/Year Acquired	Owner	Purchase Price	Insured?
Home Furnishings					
Artwork, Antiques					
Jewelry					
Vehicle					
Vehicle					
Vehicle					
Boat/Rec. Veh.					
Collections					
Other					

Estate Planning Documents (Which do you have, and when were they last updated?)

Item	You	Spouse	Item	You	Spouse
Will			Living Will		
Power of Attorney			Living Trust		
Health Care POA			Other Trust		

LIABILITIES

Mortgages/Home Equity Lines of Credit

Item	Unpaid Balance	Loan Type (Term, ARM, etc.)	Inception Date	Interest Rate	Monthly Payment
Primary Residence					
2 nd Mortg/HELOC					
Other Home					
Other Home					
Land					
Commercial Prop.					
Other					

Other Loans/Debts

Item	Unpaid Balance	Loan Term	Inception Date	Interest Rate	Monthly Payment
Vehicle					
Vehicle					
Credit Card					
Credit Card					
Student Loan					
Personal Loan					
Other					
Other					

Other Monthly Expenses (For irregular expenses, estimate the annual total and divide by 12)

Fixed/Mandatory	Monthly Amount	Discretionary	Monthly Amount
Groceries/Household		Entertainment/Dining	
Utilities/Phone/Cable		Recreation/Vacations	
Property Taxes		Charitable Contrib.	
Home Maintenance/Repair		Gifts/Celebrations	
HOA Dues, Other Fees		Club Memberships	
Clothing/Dry Cleaning		Beauty/Personal Care	
Unreimb. Medical/Dental		Hobbies	
Auto Gas & Maintenance		Education	
Auto Registration/License		Subscriptions	
Rent/Lease Payments		Miscellaneous	
Child Care/Child Support		Other	

INSURANCE COVERAGE

Auto Insurance

Vehicles Insured	Liability Limits (Bodily Injury/ Prop. Damage)	Deductibles (Comp/Coll)	Uninsured Motorists	Company	Annual Premium

Homeowner's/Rental Owner's Insurance

Property Insured	Dwelling Coverage	Deductible	Liability Limit	Company	Annual Premium

Umbrella Insurance

Insured	Liability Limit	Retained Limit	All Property Listed?	Company	Annual Premium

Disability Insurance

Person Insured	Monthly Benefit	Waiting Period	Type (Short or LTD, BP)	Company	Annual Premium

Medical Insurance

Person Insured	Group or Individual?	Deductible	Type (HMO, PPO, HSA)	Company	Annual Premium

Long Term Care Insurance

Person Insured	Daily Benefit	Waiting Period	Type (Home or Facility)	Company	Annual Premium

Life Insurance

Person Insured	Death Benefit	Beneficiary	Type (Term, Whole, UL)	Company	Annual Premium

ADDITIONAL INFORMATION

Do you have any major expenses coming up, or do you expect to receive a large sum of money over the next few years (inheritance, sale of business, etc)?

Have you ever lost money from an investment? If so, describe the investment and your reaction to the loss:

What type of investor do you consider yourself? Please circle a number below:

1 2 3 4 5 6 7 8 9 10
Conservative Moderate Aggressive

Prior Investment Experience: Indicate H - High, M - Moderate, L - Low

Listed stocks & bonds _____ Insurance _____
Mutual Funds _____ Limited Partnerships _____
Annuities _____ Tangible Assets _____

Do you currently manage any portion of your own portfolio? Y N

Are there any securities in your current portfolio that we should not sell without prior authorization from you (i.e. restricted stock, large capital gain, etc.)? Y N
Describe security and reason for holding:

What is your federal tax bracket? _____ Filing status: HH MJ MS S

Are you subject to AMT? Y N YTD Capital Loss/Gain: Short term \$ _____

Do you have carry-over capital losses? \$ _____ Long term \$ _____

Please bring the completed questionnaire and your most recent statements of the following to our meeting:

- | | |
|--|--|
| <input type="checkbox"/> Bank and Investment Account Stmtms | <input type="checkbox"/> Mortgage Statements and other loan or credit card statements |
| <input type="checkbox"/> Retirement and Pension Plan Stmtms | <input type="checkbox"/> Income Tax Returns (Last 2 years) |
| <input type="checkbox"/> Social Security Statements | <input type="checkbox"/> Paycheck Stubs (Last 2 months, showing deductions from gross income) |
| <input type="checkbox"/> Group/Employee Benefit Statements | <input type="checkbox"/> Wills, Trusts, Powers of Attorney, etc. |
| <input type="checkbox"/> Personal Insurance Policies: <ul style="list-style-type: none">o Auto Insuranceo Homeowner's Insuranceo Umbrella Insuranceo Disability Insuranceo Medical Insuranceo Long Term Care Insuranceo Life Insurance (including current cash value and loan statements, if applicable) | <input type="checkbox"/> For Business Owners: Business Tax Returns, Financial Statements, Agreements, Buy/Sell Agreements, Life Insurance Policies |
| | <input type="checkbox"/> Any other items or information that you feel may be of importance in assisting you with your financial planning |

BUSINESS INTERESTS (For Business Owners Only)

Company Name: _____

Address: _____

Circle One: C-Corp S-Corp LLC Partnership Sole Proprietor Other

Industry/ Goods & Services: _____

Tax ID Number: _____

Date Started: _____

Date of Inc.: _____

Tax Year End: _____

Accounting Basis: _____

Percentage Ownership: _____

If less than 100%, who are the other partners/owners?

	20__	20__	20__	20__	Est. this yr.	Est. next yr.
Gross Sales:	_____	_____	_____	_____	_____	_____
Earnings before tax:	_____	_____	_____	_____	_____	_____
Earnings after tax:	_____	_____	_____	_____	_____	_____

Current Assets _____ Current Liabilities _____

Fixed Assets _____ Total Liabilities _____

Total Assets _____ Inventories _____

Real Est. Mkt Value _____ Corp. Book Value _____

Does the business offer any of the following? (circle all that apply):

Medical Insurance
 Dental Insurance
 Group Life Insurance
 Disability Insurance
 Group LTC Insurance
 SEP IRA
 SIMPLE IRA
 FSA/HSA

Key Person Life Insurance
 Buy/Sell Agreement
 Buy/Sell Insurance
 Medical Expense Reimbursement
 Profit Sharing – Value \$ _____
 Money Purchase Pension – Value \$ _____
 Deferred Compensation-Value \$ _____
 Defined Benefit-Value \$ _____