

# Financial Planning Questionnaire

Date

Client 1

Client 2

Legal Name	<input type="text"/>	<input type="text"/>
Preferred Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	<input type="text"/>
Employer Address	<input type="text"/>	<input type="text"/>
Personal Email	<input type="text"/>	<input type="text"/>
Work Phone	<input type="text"/>	<input type="text"/>
Work Email	<input type="text"/>	<input type="text"/>
Home Phone	<input type="text"/>	<input type="text"/>
Home Fax	<input type="text"/>	<input type="text"/>

## Current Address

Street

City  State  Zip

Date

Date

Single

Married

Widowed

Partnered

Divorce

How were you referred to us?

## Children

Child 1

Child 2

Child 3

Child 4

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Living with you?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College Planned	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grandchildren	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# General Planning Objectives

Please indicate which areas of financial planning are of concern to you. Rank your concern according to importance (1 = lowest, 10 = highest)

Insurance	<input type="text"/>	Estate Planning	<input type="text"/>	Retirement	<input type="text"/>	Education Planning	<input type="text"/>
Cash Flow	<input type="text"/>	Taxes	<input type="text"/>	Investments	<input type="text"/>		

1. Given your current situation, what are your financial and non-financial goals for the next five years:

5-Year Financial Goals	5-Year Non-Financial Goals

2. What would you like to accomplish in the next year, both financially and from a non-financial perspective?

1-Year Financial Goals	1-Year Non-Financial Goals

3. What is your projected/ideal retirement age (if not retired)?

Client	Co-Client

## Income

Projected Income (Wages)

	This Year	Next Year
Client		
Co-Client		

## Small Business

Do you have an ownership interest in a small business? Please provide the following details:

Type of Business    C Corp     S Corp     Partnership     Proprietorship

Nature of business     % Ownership

What is the Value of your Interest?     Do you have a buy-sell agreement in place?

Do you have a transition or succession plan in place?

## Estate Planning

Do you have the following documents?

	Client: Date of Document	Co- Client: Date of Document
Wills	<input type="text"/>	<input type="text"/>
Durable Power of Attorney	<input type="text"/>	<input type="text"/>
Living Will	<input type="text"/>	<input type="text"/>
Health Care Proxy	<input type="text"/>	<input type="text"/>
Revocable Trusts	<input type="text"/>	<input type="text"/>

## Insurance

Type of Insurance (Life, Disability, Long-Term Care)	If Life Insurance, indicate if term or whole life	Amount	Who is the Insured?	Group or private policy?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Type of Account**

**Bank/Credit Union Accounts:**

**Whose name is on this account?**

**Current Value**

Checking Account 1  
 Checking Account 2  
 Savings Account 1  
 Savings Account 2  
 Other: \_\_\_\_\_


Total Bank/Credit Union Assets

**Taxable Investment Accounts:**

(This does not include IRAs or company retirement plans)

Stock Certificates  
 Dividend Reinvestment Plan Accounts  
 Account at Brokerage Firm  
 Account at Mutual Fund Company 1  
 Account at Mutual Fund Company 2  
 Other: \_\_\_\_\_


Total Taxable Assets

**Tax-Deferred Assets:**

IRA 1  
 IRA 2  
 Roth IRA 1  
 Roth IRA 2  
 Company Retir, Plans (401k, 403b, 457)  
 Company Retir, Plans (401k, 403b, 457)  
 Annuity 1  
 Annuity 2  
 Other 1: \_\_\_\_\_  
 Other 2: \_\_\_\_\_


**Total Tax-Deferred Assets**

**Type of Asset**

**Personal Assets**

**Whose name is on this account?**

**Current Value**

Person Residence

--	--

Second Home

--	--

Investment Real Estate

--	--

Collectables/Artwork

--	--

Auto 1

--	--

Auto 2

--	--

Boat

--	--

Other: \_\_\_\_\_

--	--

Total Personal Assets

--	--

**Total Assets**

--	--

**Liabilities**

**Whose name is on this account?**

**Current Value**

Mortgage

--	--

Home Equity

--	--

Credit Card 1

--	--

Credit Card 2

--	--

Student Loan

--	--

Auto Loan

--	--

Other 1: \_\_\_\_\_

--	--

Other 2: \_\_\_\_\_

--	--

Total Liabilities

--	--

**Net Worth**

--	--

Do you have an interest in Socially Responsible Investing (SRI)?

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Do you expect to receive an inheritance in the future?

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Please indicate any other important information or areas of concern:

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**Thank you for completing this questionnaire**