



Financial Planning Questionnaire

Date _____

	Client	Co-Client
Full Legal Name		
Preferred Name		
Pronouns		
Prefix		
Date of Birth		
Cell Phone		
Other Phone		
Occupation		
Employer		

Home Address(es)

	Primary Residence	Secondary Residence
Line 1		
Line 2		
City, State, Zip		

Relationship

<input type="checkbox"/> Single	<input type="checkbox"/> Married	Date	<input type="checkbox"/> Widowed	Date
	<input type="checkbox"/> Partnered		<input type="checkbox"/> Divorced	

Children

	Child 1	Child 2	Child 3	Child 4
First & Last Name				
Date of Birth				
Health				
Living with you?				
College planned?				
Grandchildren				

General Planning Objectives

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

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

What are your **financial** goals over the next one-year and five-year timeframes?

1-Year Financial Goals	5-Year Financial Goals

What are your **non-financial** goals over the next one-year and five-year timeframes?

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

Income

Please provide your projected income. Skip any fields that are unknown or unapplicable:

	Client	Co-Client
Wages, this year		
Wages, next year		
Bonus		
Pension		
Social Security		
Other (i.e. rental)		

Please provide your desired retirement age and semi-retirement age (if applicable):

	Client	Co-Client
Semi-retirement		
Full retirement		

Business Ownership

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

Business Name	
Entity Type (C Corp, S Corp, Partnership, etc.)	
What percentage do you own?	
What is the value of your interest?	
Do you have a buy-sell agreement in place?	
Do you have a transition/succession plan?	

Estate Planning

Do you have the following documents? If yes, please enter the year each document was drafted:

	Client	Co-Client
Will		
Durable Power of Attorney		
Living Will		
Health Care Proxy		
Revocable Trust		

Insurance

Do you have the following policies? If yes, please enter the requested details below:

Life Insurance	Client, Policy 1	Client, Policy 2	Co-Client, Policy 1	Co-Client, Policy 2
Permanent or Term Policy?				
Group or Private Policy?				
Death Benefit?				
Premium				

Disability	Client	Co-Client
Benefit Amount		
Group or Private Policy?		
Premium		

Long-Term Care	Client	Co-Client
Benefit Amount		
Years of Benefit		
Premium		

Assets

Bank/Credit Union Accounts

	Account Owner	Institution	Current Value
Checking Account 1			
Checking Account 2			
Savings Account 1			
Savings Account 2			
Savings Bonds			
Other: _____			
Total Bank/Credit Union Assets			

Taxable Investment Accounts

(This does not include IRAs or company retirement plans)

	Account Owner	Institution	Current Value
Stock Certificates			
Brokerage Account 1			
Brokerage Account 2			
Cryptocurrency			
Other: _____			
Other: _____			
Total Taxable Assets			

Tax-Deferred Accounts

	Account Owner	Institution	Current Value
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			
529			
Other: _____			
Other: _____			
Total Tax-Deferred Assets			

Assets (cont.)

Personal Assets

	Account Owner	Purchase Price (if known)	Current Value
Primary Residence			
Secondary Residence			
Investment Real Estate			
Collectibles/Artwork		N/A	
Auto 1		N/A	
Auto 2		N/A	
Boat 1		N/A	
Other: _____			
Total Personal Assets			
Total Assets			

Liabilities

	Account Owner	Original Amount	Interest Rate	Term	Monthly Payment	Outstanding Amount
Mortgage 1						
Mortgage 2						
Home Equity Loan/HELOC						
Other: _____						

	Account Owner	Type of Car	Interest Rate	Term	Monthly Payment	Outstanding Amount
Auto Loan 1						
Auto Loan 2						
Other: _____						

	Account Owner	Additional Information (i.e. Interest Rate)	Outstanding Amount
Credit Card 1 (if carrying balance)			
Credit Card 2 (if carrying balance)			
Student Loan			
Other: _____			
Total Liabilities			
Net Worth			

Do you have an interest in socially responsible investing? (SRI)

Do you expect to receive an inheritance in the future?

Please indicate any other important information or areas of concern:

How were you referred to us?
