

Financial Planning Questionnaire

Date

Client 1

Client 2

Legal Name		
Preferred Name		
Pronouns		
Date of Birth		
Occupation		
Employer		
Employer Address		
Personal Email		
Work Phone		
Work Email		
Home Phone		
Home Fax		

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				
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 = 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