Financial Planning Questionnaire

Client		**Spouse/Partner**	
Full Name:		Full Name:	
Birth Date:		Birth Date:	
Marital Status: ☐ Single ☐ Married ☐ Domestic Partners			
Home Address:			
Phone (Home):			
Phone (Cell):		Phone (Cell):	
Email:		Email:	
☐ Employed ☐ Self Employed ☐ Retired		☐ Employed ☐ Self Employed ☐ Retired	
Employer/Former Employer:		Employer/Former Employer:	
Title/Occupation:		Title/Occupation:	
Years at Current Employer:		Years at Current Employer:	
Employer Address:		Employer Address:	
What age do you plan to retire?		What age do you plan to retire?	
Income (Gross)			
Salary		Salary	
Self-Employment		Self-Employment	
Pension		Pension	
Social Security		Social Security	
Rental Property (Net)		Rental Property (Net)	
Other		Other	
Children/Dependents/Grandchildren (Are you supporting them?)			
Name:		Birth Date:	☐ His ☐ Hers ☐ Ours
Name:		Birth Date:	☐ His ☐ Hers ☐ Ours
Name:		Birth Date:	☐ His ☐ Hers ☐ Ours
Name:		Birth Date:	☐ His ☐ Hers ☐ Ours

Monthly Expenses	
Mortgage (P&I)/Rent (Please Provide Statement)	Amount/Mo: $
Home/Property Insurance	Amount/Mo: $
Property Taxes	Amount/Mo: $
Electricity	Amount/Mo: $
Gas	Amount/Mo: $
Water	Amount/Mo: $
Garbage	Amount/Mo: $
Phone/Cell Phone	Amount/Mo: $
Cable/Internet	Amount/Mo: $
Home Maintenance	Amount/Mo: $
Car Payment(s)	Amount/Mo: $
Car Insurance	Amount/Mo: $
Gas/Maintenance	Amount/Mo: $
Food/Beverage	Amount/Mo: $
Clothing	Amount/Mo: $
Household Items	Amount/Mo: $
Personal Care	Amount/Mo: $
Cash	Amount/Mo: $
Medical/Dental/Drugs	Amount/Mo: $
Education	Amount/Mo: $
Gym Membership	Amount/Mo: $
Entertainment	Amount/Mo: $
Vacations	Amount/Mo: $
Charitable Contributions	Amount/Mo: $
Gifts	Amount/Mo: $
Subscriptions	Amount/Mo: $
Dining Out	Amount/Mo: $
Other	Amount/Mo: $
Other	Amount/Mo: $
Notes:	

Assets and Liabilities

Please Provide Statements

Cash/Savings/Checking/CDs			
Type/Institution Name	Current Value	Owner	Current Contributions

Investments (IRA, Roth IRA, JTWROS, Individual, Trust)			
Type/Institution Name	Current Value	Owner	Current Contributions

Retirement (Pensions, PERS, TRS, 401k, Deferred Comp, etc)			
Type/Institution Name	Current Value	Owner	Current Contributions

Property (Residence, Real Estate, Vehicles, Personal Property)			
Assets	Current Value	Current Liability/Int Rate %	Owner

Protection/Insurance (Life, Long-Term Care, Disability)			
Type/Institution Name	Value	Owner	Insured

Retirement/Investment Review
Do you have a current will? ☐ Yes ☐ No ☐ Not Sure
Do you feel you are saving enough to reach your goals? ☐ Yes ☐ No ☐ Not Sure
Are you happy with the return on your investments? ☐ Yes ☐ No ☐ Not Sure
Are you satisfied with where your money is located? ☐ Yes ☐ No ☐ Not Sure
Do you want us to plan for you to receive an inheritance? ☐ Yes ☐ No ☐ Not Sure
What is your estimate of the "long term" inflation rate?
What has been your best investment?
What has been your worst investment?
Out of all your financial goals, which are most important to you?
What are the two most important areas where you feel that we can be of help to you?
Do you expect any significant lifestyle changes after retirement?
Notes:

Professional Relationships		
Advisors	Name/Company	Are you happy with them?
Financial Advisor		☐ Yes ☐ No
Accountant/CPA		☐ Yes ☐ No
Attorney		☐ Yes ☐ No
Insurance Agent		☐ Yes ☐ No

DOCUMENTS NEEDED ALONG WITH COMPLETED PACKET

The following documents will be needed for study and analysis as we work together to create a financial strategy for you. It is understood that this material will be treated confidentially and returned when the plan is completed, or earlier if requested.

- **Most Recent Payroll Stubs**

- **Income Tax Returns**

Investments/Retirement Statements
- Pension/Profit Sharing
- IRA/Roth
- 401k/403b/TSA
- SEP/SIMPLE
- 529
- Securities Accounts
- Savings and Investments
- Annuities

Liabilities
- Mortgage Statements
- Credit Cards
- Student Loans
- Auto Loans

Insurance Policies and/or Statements
- Life
- Disability
- Long-Term Care
- Auto and Home
- Liability
- Group Insurance

- **Wills and Trusts**