

Financial Plan Questionnaire: Basic

Personal Information

	Client	Co-Client
Full name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (M/D/Y)	____/____/____	____/____/____
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employment income	\$ _____	\$ _____
Citizenship	_____	_____
E-mail address	_____	_____
State of residence	_____	

Enter children, grandchildren, or other dependents.

Name	Date of Birth	Relationship	Dependent?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

I. Goals

Retirement Goal

Client	Co-Client
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Are you currently retired? _____

If not, at what age do you intend to retire? _____

What do you anticipate your living expenses to be in retirement? \$ _____ per Month Year
 (If retired, list current spending)

Will you change states in retirement? No Yes: State where you will move: _____

Education Goals

Student Name	Type of Education	Length of Education	Private School Cost	College Cost
	<input type="checkbox"/> Private School <input type="checkbox"/> College	<input type="checkbox"/> Priv Sch: ___yrs <input type="checkbox"/> College: ___yrs	\$ _____ <input type="checkbox"/> Estimate	<input type="checkbox"/> Public In State (\$20,339) <input type="checkbox"/> Private 4-year (\$40,476) <input type="checkbox"/> Own Estimate: \$ _____
	<input type="checkbox"/> Private School <input type="checkbox"/> College	<input type="checkbox"/> Priv Sch: ___yrs <input type="checkbox"/> College: ___yrs	\$ _____ <input type="checkbox"/> Estimate	<input type="checkbox"/> Public In State (\$20,339) <input type="checkbox"/> Private 4-year (\$40,476) <input type="checkbox"/> Own Estimate: \$ _____
	<input type="checkbox"/> Private School <input type="checkbox"/> College	<input type="checkbox"/> Priv Sch: ___yrs <input type="checkbox"/> College: ___yrs	\$ _____ <input type="checkbox"/> Estimate	<input type="checkbox"/> Public In State (\$20,339) <input type="checkbox"/> Private 4-year (\$40,476) <input type="checkbox"/> Own Estimate: \$ _____

Other Goals *(e.g. New Home, Vehicles, Wedding, Travel, Gifting)*

Goal	Starting Year	Length of time	Amount	Importance 1-10 (least to most)
			\$	
			\$	
			\$	
			\$	

Please indicate questions or concerns you have (i.e. health care costs, inflation risk, market risk, tax liability, longevity, providing care):

II. Resources

Retirement Income

Social Security

	Client	Co-Client
Are you currently receiving SS benefits?	<input type="checkbox"/> Yes: \$ _____ <input type="checkbox"/> No <input type="checkbox"/> I am ineligible for SS	<input type="checkbox"/> Yes: \$ _____ <input type="checkbox"/> No <input type="checkbox"/> I am ineligible for SS
Are you eligible to receive in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what is your benefit amount?	\$ _____ at age _____	\$ _____ at age _____
Spousal benefits	<input type="checkbox"/> I am or will receive spousal benefits Amount: \$ _____	<input type="checkbox"/> I am or will receive spousal benefits Amount: \$ _____

Retirement Income

	Client / Co-Client	Amount	Year income begins	Length of income	Inflation-Adjusted?
Pension	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	\$ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spousal Con't: _____%
Rental Income	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	\$ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spousal Con't: _____%
Part-Time Employment	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	\$ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	\$ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	\$ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

Investment Assets

Please securely include statements with holdings and cost basis information, if available.

Retirement Accounts Owned by Client

(e.g. 401k, 403b, IRA, SEP)

Statements Attached

Description	Current Value	Contributions*
	\$	\$
	\$	\$
	\$	\$

Retirement Accounts Owned by Co-Client

(e.g. 401k, 403b, IRA, SEP)

Statements Attached

Description	Current Value	Contributions*
	\$	\$
	\$	\$
	\$	\$

*Please indicate employer match percentages or dollar amounts, if applicable.

Taxable/Tax-Free Accounts Owned by Client

(Brokerage accounts, savings, checking, munis)

Statements Attached

Description	Current Value	Contributions /Cost Basis
	\$	\$ \$
	\$	\$ \$
	\$	\$ \$
	\$	\$ \$

Taxable/Tax-Free Accounts Owned by Co-Client

(Brokerage accounts, savings, checking, munis)

Statements Attached

Description	Current Value	Contributions /Cost Basis
	\$	\$ \$
	\$	\$ \$
	\$	\$ \$
	\$	\$ \$

Jointly Owned Accounts

Statements Attached

Account Description	Current Value	Ongoing contributions	Cost Basis
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Homes, Real Estate, and Other Assets (e.g. business, art collections, jewelry, etc)

Description	Current Value	Ownership Type	Intention to Sell?	Net Sale Proceeds
	\$	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint; Type:	<input type="checkbox"/> Yes, year: _____ <input type="checkbox"/> No	
	\$	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint ; Type:	<input type="checkbox"/> Yes, year: _____ <input type="checkbox"/> No	
	\$	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint ; Type:	<input type="checkbox"/> Yes, year: _____ <input type="checkbox"/> No	

Future Assets (*inheritance, expected gift, settlement*)

Description	Year Expected to	Amount	Ownership Type
		\$	Client Joint; Type: Co-Client
		\$	Client Joint; Type: Co-Client

Annuities

Company/Description	Current Value	Type	Account
	\$	Fixed Variable Other:	Tax-Deferred IRA
	\$	Fixed Variable Other:	Tax-Deferred IRA

I would like my annuity policy to be reviewed

Signed authorization form attached

Future Compensation

Deferred Comp

Statements attached

Payout schedule attached

Stock Options

Statements attached

Vesting schedule attached

Restricted Stock Options

Statements attached

Vesting schedule attached

Liabilities (*i.e. Mortgages, line of credit, home equity, etc. that you owe*)

Description	Outstanding balance	Ownership	Term	Interest Rate
	\$	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint		
	\$	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint		
	\$	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint		
	\$	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint		

Insurance Policies (*Life insurance, Long Term Care, Disability, etc*)

Description	Ownership	I would like my policy to be reviewed	Statement included
	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I currently do not have _____ insurance, but would like to explore options

Optional Information

Advisors	Name	May we contact directly?	Phone Number	I would like a referral
Accountant		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Attorney		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Yes No		Yes No