1919 INVESTMENT COUNSEL

Financial Plan Questionnaire: Basic

Personal Information

	Client	Co-Client
Full name	_____	_____
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Date of birth (M/D/Y)	____/____/____	____/____/____
Marital status	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Employment status	☐ Employed ☐ Retired ☐ Business Owner ☐ Homemaker ☐ Not Currently Employed	☐ Employed ☐ Retired ☐ Business Owner ☐ Homemaker ☐ Not Currently Employed
Employment income	$_____	$_____
Citizenship	_____	_____
E-mail address	_____	_____

State of residence _____

Enter children, grandchildren, or other dependents.

Name	Date of Birth	Relationship	Dependent?
			☐
			☐
			☐
			☐

I. Goals

Retirement Goal

	Client	Co-Client
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? (If retired, list current spending)	$_____ per ☐ Month ☐ Year	

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
	☐ Private School ☐ College	☐ Priv Sch:____yrs ☐ College:____yrs	$_____ ☐ Estimate	☐ Public In State ($20,339) ☐ Private 4-year ($40,476) ☐ Own Estimate: $
	☐ Private School ☐ College	☐ Priv Sch:____yrs ☐ College:____yrs	$_____ ☐ Estimate	☐ Public In State ($20,339) ☐ Private 4-year ($40,476) ☐ Own Estimate: $_____
	☐ Private School ☐ College	☐ Priv Sch:____yrs ☐ College:____yrs	$_____ ☐ Estimate	☐ Public In State ($20,339) ☐ Private 4-year ($40,476) ☐ 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?	☐ Yes: $_____ ☐ No ☐ I am ineligible for SS	☐ Yes: $_____ ☐ No ☐ I am ineligible for SS
Are you eligible to receive in the future?	☐ Yes ☐ No	☐ Yes ☐ No
If so, what is your benefit amount?	$_____at age _____	$_____at age _____
Spousal benefits	☐ I am or will receive spousal benefits Amount: $_____	☐ I am or will receive spousal benefits Amount: $ _____

Retirement Income

	Client / Co-Client	Amount	Year income begins	Length of income	Inflation-Adjusted?
Pension	☐ Client ☐ Co-Client	$			☐ Yes ☐ No ☐ Spousal Con't: _____%
Rental Income	☐ Client ☐ Co-Client	$			☐ Yes ☐ No ☐ Spousal Con't: _____%
Part-Time Employment	☐ Client ☐ Co-Client	$			☐ Yes ☐ No
Other:	☐ Client ☐ Co-Client	$			☐ Yes ☐ No
Other:	☐ Client ☐ Co-Client	$			☐ Yes ☐ 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
	$	☐ Client ☐ Co-Client ☐ Joint; Type:	☐ Yes, year: _____ ☐ No	
	$	☐ Client ☐ Co-Client ☐ Joint ; Type:	☐ Yes, year: _____ ☐ No	
	$	☐ Client ☐ Co-Client ☐ Joint ; Type:	☐ Yes, year: _____ ☐ No	

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

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

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
	$	☐ Client ☐ Co-Client ☐ Joint		
	$	☐ Client ☐ Co-Client ☐ Joint		
	$	☐ Client ☐ Co-Client ☐ Joint		
	$	☐ Client ☐ Co-Client ☐ Joint		

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

Description	Ownership	I would like my policy to be reviewed	Statement included
	☐ Client ☐ Co-Client	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Client ☐ Co-Client	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Client ☐ Co-Client	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Client ☐ Co-Client	☐ Yes ☐ No	☐ Yes ☐ 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		☐ Yes ☐ No		☐ Yes ☐ No
Attorney		☐ Yes ☐ No		☐ Yes ☐ No
		☐ Yes ☐ No		☐ Yes ☐ No