



Date : _____

FINANCIAL PLANNING QUESTIONNAIRE

Please fill in prior to your appointment. If not sure, leave blank.
Print clearly. It is O.K. to approximate amounts.

Please bring in your most recent tax return and most recent Social Security statement.
Please bring in your Investment Policy Statement.

| | |
|--|----------------------------------|
| Client | Co-Client (if applicable) |
| CLIENT NAME _____ | SPOUSE NAME _____ |
| SOCIAL SECURITY # _____ | SOCIAL SECURITY # _____ |
| NICKNAME _____ | NICKNAME _____ |
| DATE OF BIRTH _____ AGE _____ | DATE OF BIRTH _____ AGE _____ |
| E-MAIL _____ | E-MAIL _____ |
| WORK PHONE _____ | WORK PHONE _____ |
| CELL PHONE _____ | CELL PHONE _____ |
| HOME PHONE _____ | |
| MAILING ADDRESS _____ | |
| CITY _____ STATE _____ ZIP _____ | |
| Names and dates of birth of children (if applicable) _____ | |
| _____ | |
| _____ | |

Do you have a current will/living trust? Y__N__ Year? ____ Attorney Name? _____
 Are you concerned about possible Nursing Care Expenses? Y__N__
 Planned Retirement Date (Client) _____ (Spouse) _____ or if retired, date(s) retired: _____

| | |
|---|----------------------------------|
| Client | Co-Client (if applicable) |
| Hobbies _____ | Hobbies _____ |
| Favorite Restaurants _____ | Favorite Restaurants _____ |
| Clubs/Associations _____ | Clubs/Associations _____ |
| Date of wedding anniversary, if applicable? _____ | |

AMOUNTS IN BANKS, SAVINGS & LOANS, AND CREDIT UNIONS (NON-IRA)
(i.e., Checking, Savings, Money Market)

| NAME OF INSTITUTION | TYPE OF ACCOUNT | INTEREST RATE | APPROXIMATE BALANCE |
|---------------------|-----------------|---------------|---------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS

(Please bring in most recent statements)

| ACCOUNT LOCATION (Bank, Broker, Employer) | TYPE 401(k), IRA, TSA, Etc. | APPROXIMATE VALUE | DEFERRAL PERCENTAGE |
|--|--------------------------------|----------------------|------------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |

STOCKS AND BONDS (WHERE YOU HOLD CERTIFICATE YOURSELF)

(Please bring in latest reports/statements)

| NAME OF STOCK/BOND | NUMBER OF SHARES | APPROXIMATE VALUE |
|-----------------------|---------------------|----------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS AND/OR STOCK OPTIONS

(Please bring in latest reports/statements)

| NAME OF BROKERAGE FIRM OR MUTUAL FUND | NUMBER OF SHARES | APPROXIMATE VALUE |
|--|---------------------|----------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

PROMISSORY NOTES & TRUST DEEDS

(Where someone owes or is paying you on a note)

| NAME OF DEBTOR | INTEREST RATE | APPROXIMATE BALANCE OF NOTE |
|-------------------|------------------|--------------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

RESIDENCE AND OTHER REAL ESTATE OWNED

(Use another sheet if more space is needed)

| PROPERTY ADDRESS | ORIGINAL COST | APPROX. VALUE | DEBT OWED | CASH FLOW IF RENTAL |
|------------------|---------------|---------------|-----------|---------------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

LIMITED OR GENERAL PARTNERSHIPS

| NAME OF PARTNERSHIP | TYPE OF INVESTMENT | APPROXIMATE MARKET VALUE OR AMOUNT INVESTED |
|---------------------|--------------------|---|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

LIFE INSURANCE

(Please bring in policies and latest statement)

(Please use another sheet if necessary)

| COMPANY | INSURED | PROD TYPE | D/B | C/V | YEAR | COST |
|----------|---------|-----------|-------|-------|-------|-------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ | _____ |

LONG TERM CARE AND/OR DISABILITY INSURANCE

(Please bring in latest statement or policies)

| COMPANY | INSURED | BENEFIT AMT./PD | COLA | YEAR | COST |
|----------|---------|-----------------|-------|-------|-------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |

ANNUITIES

(Please bring in latest statement and contract)

| COMPANY | ANNUITANT/ OWNER | INTEREST RATE | APPROX. VALUE | DATE PURCHASED |
|----------|---------------------|------------------|------------------|-------------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |

HOUSEHOLD CASH FLOW

CLIENT'S WAGES: \$ _____ EMPL/OCC: _____

CO-CLIENT'S WAGES
(if applicable) \$ _____ EMPL/OCC: _____

OTHER INCOME: \$ _____ SOURCE: _____ OCCUPATION: _____

WHAT ARE YOUR APPROXIMATE MONTHLY EXPENSES? _____

DO YOU HAVE ANY MEDICAL CONDITIONS? WHAT MEDICATIONS ARE YOU CURRENTLY TAKING?

WHAT ARE YOU SEEKING IN A RELATIONSHIP WITH A FINANCIAL ADVISOR?

WHAT IS IMPORTANT ABOUT MONEY TO YOU?

WHAT ARE YOUR PRIMARY FINANCIAL CONCERNS?

(List in order of importance)

HOW WOULD YOU IMPROVE YOUR FINANCIAL CONDITION IF YOU COULD?

