



Financial Planning Questionnaire

Today's Date: _____

■ General Information

	Client	Co-Client
Legal Name	_____	_____
Preferred Name	_____	_____
Date of Birth	_____	_____
Employer	_____	_____
Employer Address	_____	_____
Occupation	_____	_____
Work Phone	_____	_____
Work Email	_____	_____

Current Address

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Home Fax: _____

Home Email: _____

How were you referred to us? _____

Single _____ Married _____ Widowed _____ Divorced _____ Partnered _____

Date _____ Date _____ Date _____ Date _____

■ Children

	Child 1	Child 2	Child 3	Child 4
Name	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
Health	_____	_____	_____	_____
Living with you?	_____	_____	_____	_____
Marital Status	_____	_____	_____	_____
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 _____ Estate Planning _____ Retirement _____ Education Planning _____
Cash Flow _____ Taxes _____ Investments _____

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

_____	_____
_____	_____
_____	_____
_____	_____

■ Additional Information

Projected Income:

This Year

Next Year

Client: _____
Co-Client: _____

Do you expect to receive an inheritance in the future? _____

Health Status:

What is your current health status? Please list any chronic medical conditions or other helpful information:

Client: _____
Co-Client: _____
Child 1: _____
Child 2: _____
Child 3: _____
Child 4: _____

■ 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: _____

Percent of ownership: _____%

What is the value of your interest? \$ _____

Do you have a buy-sell agreement in place? _____

■ Estate Planning

Year of execution (if created):

	Client	Co-Client
Wills	_____	_____
Durable Power of Attorney	_____	_____
Living Will	_____	_____
Health Care Proxy	_____	_____
Revocable Trusts	_____	_____

■ 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?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

■ Deferred Compensation

Do you own company stock options? Yes ___ No ___

If so, what is the company name: _____

■ Assets and Liabilities

Type of Account	Whose name is on this account?	Current Value
Bank/Credit Union Accounts:		
Checking Account	_____	_____
Checking Account	_____	_____
Savings Account	_____	_____
Savings Account	_____	_____
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 Brokerage Firm	_____	_____
Account at Mutual Fund Company	_____	_____
Account at Mutual Fund Company	_____	_____
Other	_____	_____
Total Taxable Investment Assets:	_____	_____
Tax-Deferred Assets:		
IRA	_____	_____
IRA	_____	_____
Roth IRA	_____	_____
Roth IRA	_____	_____
Company Retirement Plan (401k, 403b, 457)	_____	_____
Company Retirement Plan (401k, 403b, 457)	_____	_____
Annuity	_____	_____
Annuity	_____	_____
Other (Please identify)	_____	_____
Other (Please identify)	_____	_____
Total Tax-Deferred Assets:	_____	_____
Personal Assets:		
Personal Residence	_____	_____
Second Home	_____	_____
Investment Real Estate	_____	_____
Collectibles/Artwork	_____	_____
Auto	_____	_____
Auto	_____	_____
Boat	_____	_____
Other	_____	_____
Total Personal Assets:	_____	_____
Total Assets:	_____	_____

Liabilities:	Whose name is on this account?	Current Value
Mortgage	_____	_____
Home Equity Line	_____	_____
Credit Card	_____	_____
Credit Card	_____	_____
Student Loan	_____	_____
Auto Loan	_____	_____
Other	_____	_____
Other	_____	_____
Total Liabilities:	_____	_____
Net Worth:	_____	_____

Do you own company stock options? Yes No

If so, please complete the following:

Company Name: _____

Please indicate any other important information or areas of concern:

Thank you for completing this questionnaire.