

On Course →
Financial Planning

**Confidential
Financial Planning
Questionnaire**

03-09

Name:

Date:

Personal Information

Marital Status: (check one) Single Married **Date Married:** _____

Names & Ages:	Individual 1	Individual 2
First Name, Middle Initial		
Last Name		
Birth Date		
Social Security Number		
Retirement Age		

Home Address:		
Address		
City, State, Zip		
	Individual 1	Individual 2
Home Phone	() -	() -
Work Phone	() -	() -
Cell Phone	() -	() -
Email Address		
Web Page		

Employment:	Individual 1	Individual 2
Duties/Title		
Employer		
Work Address		
City, State, Zip		

Asset and Retirement Account Worksheet Instructions

Description Enter the name and description of the investment account.

Group	
1.) Checking Account	2.) Bank Savings Account
3.) Individual Bonds	4.) Mortgages & Notes
5.) Money Market Fund	6.) Individual Stocks
7.) Certificate of Deposit	8.) Annuity
9.) Mutual Fund	10.) Partnership
11.) Collectibles (gold, silver, coins)	12.) Personal Property
13.) Ins. CashValue/SPWL/UnivLife	14.) REIT
15.) Other	

Retirement account worksheet:

Type				
1.) None	2.) 401K Plans	3.) 457 Deferred Compensation	4.) Keogh	5.) Other
6.) Profit Sharing	7.) SAR/SEP	8.) Simple (IRA or 401K)	9.) ISA/403b	10) Roth IRA

Current value	Enter the current value of the investment.
# of shares	Enter the number of shares of the investment.
\$ per share	Enter the price per share of the investment.
Cost basis (asset worksheet only)	Enter the original amount the individual paid for the investment.
Interest/dividend rate	Enter the average annual interest/dividend rate of the investment.

Owner Enter the account owner of the investment from one of the following choices:						
1)Individual 1	2) Individual 2	3) Joint	4.) Child	5.) Community Property	6.) In Trust	7.) Other

Residence

	Residence #1	Residence #2
Current Market Value		
Date of Purchase		
Original Cost + Improvements		
Current Mortgage Balance		
Date and Amount of most recent Mortgage		
Amortized over ___ Years @ _____ %		
Annual Property Taxes		

Sale of the Residence(s):	Residence #1	Residence #2
Individual 1's Age at Sale		
Cost of Replacement Home		
New Mortgage Amount		

Instructions:

Current Market Value – enter the current value of the house(s). If more than one house, enter the second house in column #2.

Original Cost + Improvements – enter the original cost you paid for the house, plus the costs of improvements to the house since you purchased it.

Individual 1's Age at Sale – enter the Individual 1's age, if you intend to sell this home and purchase another house at a future age.

Cost of Replacement Home (Today's dollars) – enter the estimated cost of the new house in today's dollars.

New Mortgage Amount – enter the new mortgage amount of the replacement home.

Estate Planning

Which, if any, of the following do you have? -

- Will
- Living Trust
- Power of Attorney for Health Care
- Power of Attorney for Incapacity
- Living Will

Objective and Resource Information

Risk Tolerance Level: _____

Choose one of the following risk levels:

1. Conservative
2. Somewhat Conservative
3. Moderate
4. Somewhat Aggressive
5. Aggressive
6. Not Sure

Check the boxes next to the statements that most accurately reflect your attitudes about investing.

- I am more concerned about protecting my assets than about growth.
- I prefer the ease of mutual funds to the uncertainty of trying to pick winning stocks.
- Professional advisors and mutual funds may achieve higher growth than I can.
- I am comfortable with investments that promise slow, long term appreciation and growth.
- I don't brood over bad investment decisions I've made.
- I don't like surprises.
- I am optimistic about my financial future.
- My immediate concern is for income rather than opportunities.
- I am a risk taker.
- I make investment decisions comfortably and quickly.
- I like predictability and routine in my daily life.
- I usually pick the tried and true, the slow, safe but sure investments.
- I need to focus my investment efforts on reserve funds and insurance rather than growth.
- I prefer predictable, steady returns on my investments even if the return is low.
- I like the thrill of owning aggressive, volatile investments.
- I need to increase my cash reserves.

A Few Questions –

Who prepares your tax return?

Do you invest personally or do you have an advisor? What investment strategy do you use?

What are your most important financial concerns today?

What services to you seek from a financial Planner?

Dependent Children

Children & Ages:

First, middle Initial, last name	Birth date	Resides

Education:

Child's name	1 st year of college	# of years	School type	Funds available now	Monthly savings
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

For All Children:

Percent of college costs parents plan to pay.	_____ %	
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Instructions:

1st year of college	Enter the calendar year the child will begin college.
School type	Select the type of school from one of these chooses: 1.) Public 2.) Private
# of years	Enter the number of years the child will be attending college.
Funds available now	Enter the present value of the funds available now for college.
Monthly savings	Enter the monthly savings amount to be entered into the college fund.

Earned Income (Annually):

		Increase rate
Individual 1 Salary/Wages.....	\$	%
Commissions.....>		
Bonuses.....>		
Other.....>		
Total.....>		
Individual 2 Salary and Wages:	\$	%
Commissions.....>		
Bonuses.....>		
Other.....>		
Total.....>		
Individual 1 Self-Employment:	\$	%
Individual 2 Self-Employment:	\$	%

List any expected salary increases by age for individual 1 or 2 -

Retirement Social Security Benefits (Monthly):

	Individual 1	Individual 2
Are you qualified to receive SS benefits? (Yes/No)		
Age to start retirement SS benefits (62-70)		
Actual amount of expected SS benefits (today's \$ / month)	\$	\$

Instructions:

Actual amount expected: If you have your Social Security statement you may enter the benefit amount shown on the statement here. This amount will override any calculated estimate.

Survivor Social Security Benefits (Monthly):

	Individual 1	Individual 2
Actual/Estimated benefit with 2 or more children at home	\$	\$
Actual/Estimated benefit with 1 child at home	\$	\$
Actual/Estimated Survivor retirement benefit	\$	\$
Age to start survivor SS benefits (60+)		

Instructions:

Survivor SS benefits: This section is used only if you are currently receiving SS survivor benefits or if you believe the survivor benefit you might receive will be different than a computed amount based on the earned income for the deceased spouse. In most cases this section may be ignored.

Pension (Monthly Amounts):

Pension plan	Age	Monthly benefit	Increase rate?	Increase amount	
Individual 1 Pension 1 Name: _____		\$	%	\$	Pension State Tax Exempt? Yes ___ No ___
					Survivor benefit % _____
					Survivor \$/mo prior to pension start _____
Individual 1 Pension 2 Name: _____		\$	%	\$	Pension State Tax Exempt? Yes ___ No ___
					Survivor benefit % _____
					Survivor \$/mo prior to pension start _____
Individual 2 Pension 1 Name: _____		\$	%	\$	Pension State Tax Exempt? Yes ___ No ___
					Survivor benefit % _____
					Survivor \$/mo prior to pension start _____
Individual 2 Pension 2 Name: _____		\$	%	\$	Pension State Tax Exempt? Yes ___ No ___
					Survivor benefit % _____
					Survivor \$/mo prior to pension start _____

Other Income and Expenses:

Description	Start age	Stop age	Percent increase	Percent taxable
			%	%
			%	%
			%	%
			%	%
			%	%
			%	%
			%	%
			%	%
			%	%
			%	%
			%	%
			%	%
			%	%

Instructions:

Note: Other income or expense items can occur in a single year, such as an inheritance or extended vacation or multiple years, such as an annuity or trust income, deferred compensation income for x years, a planned gifting program covering multiple years, etc.

Description: Enter a description of the income or expense.

Age: Enter age(s) when the income or expense will occur (start/stop age). All ages are based on individual 1.

Percent increase: Enter the percentage rate that you expect the income or expense will be increasing.

Percent taxable: If an income amount will be treated as taxable income, enter the portion taxable. The amount shown in the reports will be reduced by the estimated income tax due on the item.

Insurance Information - Please supply a copy of all insurance contracts.

Term/Group Life Insurance Policies:

Description	Company name	Insured	Beneficiary	Owner	Annual premium amount	Policy face amount
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

Permanent Life Insurance Policies:

Description / company	Insured	Benef.	Owner	Current loan	Period	Annual premium	Policy face value	Cash value
				\$	Now	\$	\$	\$
					Retirement	\$	\$	\$
				\$	Now	\$	\$	\$
					Retirement	\$	\$	\$
				\$	Now	\$	\$	\$
					Retirement	\$	\$	\$
				\$	Now	\$	\$	\$
					Retirement	\$	\$	\$
				\$	Now	\$	\$	\$
					Retirement	\$	\$	\$

Instructions:

Company name Enter the name of the company carrying the insurance. For example, Lincoln National.

Description Enter a description of this type of policy. For example, Protection Plus.

Insured This field represents the person insured by the policy. Two choices: Individual 1 or Individual 2.

Annual premium amount Enter the annual premium amount for the policy.

Policy face amount Current amount of insurance that will be paid upon the death of the insured.

Cash value now Enter the full amount of cash value here. You can generally get the amount from the policy table of values. If the value is not shown at the current age or you do not have the actual policy, then you may need to estimate the value now. Do not deduct any loans against the policy.

Present loan amount Enter the dollar amount borrowed against this policy.

Miscellaneous Insurance Premiums:

	Individual 1	Individual 2
Auto Insurance Premiums:		
Disability Insurance Premiums:		
Long Term Care Insurance Premiums:		
Medical Insurance Premiums:		
Homeowners, Property & Casualty		
Umbrella Liability Insurance		

Disability / Long Term Care Insurance:

	Individual 1	Individual 2
Disability Insurance Monthly Benefit – Short Term	\$	\$
Disability Insurance Monthly Benefit – Long Term	\$	\$
Company Disability Benefits per Month – Short Term	\$	\$
Company Disability Benefits per Month – Long Term	\$	\$
Percent of Company Benefits that are Taxable (0-100%)	%	%
Do you have Long Term Care Insurance (Yes/No)		

Personal Expenses

Current amount

	Monthly*	Annual
Rent/lease Payment (not mortgage)		
Homeowners' Association Fees		
Food and household incidentals		
Groceries		
Household Supplies		
Eating Out		
Utilities, Telephone		
Gas / Electric		
Water / Trash		
Phone		
Auto operating and maintenance		
Auto Lease		
Gas / Oil		
Repair		
Parking Tolls		
Child Expenses		
School Expenses		
Baby Sit / Day Care		
Gifts / Birthday		
Holidays		
Domestic Help		
Clothing		
Laundry / Cleaning		
Property Improvements & Upkeep		
Home Furnishings		
Child Support		
Alimony		
Entertainment		
Vacations		
Hobbies		
Memberships / Dues/Union Dues		
Pet Expenses		
Books / Subscriptions		
Cable TV		
Supplies		
Medical Expenses/Co-pay		
Medical Ins.		
Charitable Gifts		

***Monthly/Annual** – you may enter a monthly amount, annual amount, or both amounts. For example, if your auto operating expenses average \$150 per month, but you expect to spend another \$500 per year in repairs, you would enter the \$150 in the “Monthly” column and the \$500 in the “Annual” column.

Note: If you don't want to fill out the personal expense items above, enter a lump sum amount in the Income Needed per Month in the "Miscellaneous" row. **Do NOT include insurance premiums or debt payments. These will be gathered from other areas.**

Financial Goals

(Specific items where you wish to compute the amount of immediate capital needed or the monthly deposits needed to fund a future expense.)

Description	Year needed	Amount needed
		\$
		\$
		\$
		\$

Stock Options – ISO/NQSO

Company Information:

Company name	Current market value per share	As of date
	\$	
	\$	
	\$	

Grant Information:

Company Name	Type*	Grant date	# of shares	Grant (strike price)	Vesting date	Exercise date**	Exercise method	Sale date
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				

*Type options: 1.) ISO (Incentive Stock Option) 2.) NQSO (Non-Qualified Stock Option)

**Exercise methods: Upon exercise of the option, is it your intention to 1.) Hold all shares 2.) Sell part (to pay for the cost of exercise) 3.) Sell all shares

Fundamental Financial Planning Questions

1. Does your family have a plan if you (or your spouse) didn't wake up tomorrow?
2. Does your family have a plan if you (or your spouse) become disabled?
3. Whose education must you, or do you wish to, finance? Have you calculated its cost?
4. Do you have a plan to achieve a retirement at the time and lifestyle of your choosing? Do you know the approximate rate of return required from your portfolio to achieve your retirement goals? Have you calculated your retirement costs for both year 1 and year 30?
5. How does your current advisor manage risk in your portfolio? Do you know how much investment risk you can tolerate? Is your current allocation of investments appropriate for your risk tolerance?
6. Do you anticipate being responsible for the health care costs of your parents? Do you have a plan to pay for the costs of your own long term health care in the event of incapacity?
7. Do you have a desire to be involved in the financial affairs of your adult children or grandchildren while you are still alive?
8. If you are approaching retirement, do you know how much you can safely withdraw from your investments each year? Have you calculated the best time to begin taking Social Security benefits?
9. Do you have a desire to leave a legacy to your children, grandchildren, religious institution or charity?
10. Do you have a plan to protect your inheritable assets from estate taxation?