



WEALTHMANAGEMENT

CONFIDENTIAL FINANCIAL PLANNING QUESTIONNAIRE

Client Name _____

Client Name _____

Date _____

Advisor _____

Planner _____

CONFIDENTIAL FINANCIAL PLANNING QUESTIONNAIRE



WEALTHMANAGEMENT

DISCLOSURE

This material is not intended as an offer or solicitation for the purchase or sale of any security or financial instrument. It is intended to gather important information designed to better assist with your financial planning process. It is distributed with the understanding that it is not intended to render accounting, legal or tax advice. Please consult your legal or tax advisor concerning such matters, as needed, to answer the following questionnaire.

Investment and insurance products are not insured by the FDIC or other governmental agency and are subject to investment risk, including possible loss of the principal amount invested.

CLIENT ACKNOWLEDGEMENT

To the best of my knowledge, the information provided in this questionnaire is true and correct and reflects an accurate picture of my current financial situation. Should any material changes occur prior to the preparation of my financial plan, I will advise my representative immediately.

I further acknowledge that the results of my financial plan will be based on the information I provide and may provide both general and specific recommendations. As my circumstances change, some of the recommendations made within this plan may no longer be appropriate and I should review my situation periodically.

I assume sole responsibility to decide whether to implement the advice contained in the financial plan and to determine that the recommendations have been implemented correctly.

I understand that the financial plan will include financial projections and make certain assumptions based on historical data that serve as a useful and reasonable basis to develop recommendations. I further acknowledge that there is no guarantee that my experience will match the projections prepared for me.

I agree and acknowledge that the payment of all taxes due on income or capital gains from the implementation of the recommendations remains my sole obligation.

Client signature

Date

Client signature

Date

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CLIENT ACKNOWLEDGEMENT

Personal Background Information

Scenario Title (Example "Financial Plan") _____

Names to be shown on cover _____

NAMES & AGES:

INDIVIDUAL

INDIVIDUAL 2

First Name, Middle Initial		
Last Name		
Birth Date		
Social Security Number		
Gender (Male/Female)		
U.S. Citizenship		

Marital Status: (check one) Single Married

HOME ADDRESS:

Address		
City, State, Zip		
Phone Number	() -	
Phone Number 2	() -	
Fax Number	() -	
Email Address		

EMPLOYMENT:

INDIVIDUAL 1

INDIVIDUAL 2

Employer		
Duties/Title		
Work Address		
City, State, Zip		
Work Phone	() -	() -

FAMILY MEMBERS

First, Middle, Last Name	Dependent	Relationship	Birth Date	Social Security Number

Do you want to plan for any educational needs? _____



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

Note: *If you are not sure of your risk tolerance level, fill out the following Risk Test.*

Risk Test:

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.

FINANCIAL OBJECTIVES

	<<Low		High>>		
Reducing income taxes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protection from inflation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximum investment growth potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current spendable income from assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquidity (convert assets to cash)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Note: *Place a mark in the circle closely representing the financial objective for each of the above statements.*



INVESTOR PROFILE

Investment Models	Very Conservative	Conservative	Moderate	Aggressive	Very Aggressive
Cash	20%	20%	15%	5%	5%
Income	30%	25%	20%	10%	10%
Growth and Income	40%	25%	20%	20%	15%
Growth	10%	25%	30%	35%	25%
Aggressive Growth	0%	5%	15%	30%	45%
Miscellaneous	0%	0%	0%	0%	0%

FINANCIAL CONCERNS

- please check all that apply

- Investment Asset Allocation
- Retirement Planning
- Education Funding
- Life Insurance Needs Analysis
- Disability Insurance Needs Analysis
- Long Term Care Insurance Needs Analysis
- Estate Planning
- Stock Option Planning

Notes: _____

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A complete list of your investments will help us determine if your investments are meeting your needs. If statements are included, do not list assets to avoid duplication.

INVESTMENT ASSETS

(Personal accounts - not in a retirement plan or IRA)

Custodian	Description	Type	Owner	Current Value	# of Shares	Cost Basis	Monthly Personal Additions

RETIREMENT ACCOUNTS

(Tax Deductible Retirement Accounts and Roth IRA)

Custodian	Description	Type	Owner	Value	Cost Basis	Monthly Personal Additions	Monthly Company Additions	Beneficiary

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ASSET AND RETIREMENT ACCOUNT INSTRUCTIONS

Asset Worksheet: Type Enter the type of non-qualified plan from one of the following choices:

- | | | |
|------------------|-------------------------------|--------------|
| 1.) Equity | 2.) Qualified Retirement Plan | 3.) Roth IRA |
| 4.) Tax Deferred | 5.) Taxable | 6.) Tax Free |

Retirement Account Worksheet: Type Enter the type of qualified plan from one of the following choices:

- | | | | |
|-----------------|--------------------|-----------------|------------------|
| 1.) 401 K Plans | 2.) 457 Plans | 3.) IRA Account | 4.) Keogh |
| 5.) Other | 6.) Profit Sharing | 7.) SEP IRA | 8.) SIMPLE Plans |
| 9.) TSA/403b | | | |

Owner Enter the account owner of the investment from one of the following choices:

- | | | |
|------------------------|------------------|-----------|
| 1.) Individual 1 | 2.) Individual 2 | 3.) Joint |
| 4.) Community Property | 5.) Irr. Trust | 6.) Child |
| 7.) Other | | |

BUSINESS & REAL ESTATE ASSETS

Description	Market Value	Cost Basis	Owner	Retirement Plan	Sell or Retain	Succession Plan	Beneficiary

Owner Enter the account owner of the investment from one of the following choices:

- | | | |
|------------------------|------------------|-----------|
| 1.) Individual 1 | 2.) Individual 2 | 3.) Joint |
| 4.) Community Property | 5.) Irr. Trust | 6.) Child |
| 7.) Other | | |

Beneficiary Enter the beneficiary of the asset from one of the following choices:

- | | | |
|------------------|-----------------------|-----------|
| 1.) Individual 1 | 2.) Individual 2 | 3.) Child |
| 4.) Other | 5.) Irrevocable Trust | |

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STOCK OPTIONS - ISO AND NQSO

Company Information:

Company name	Current market Value per share	As of date	Anticipated appreciation rate
	\$		%
	\$		%
	\$		%

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

PERSONAL ASSETS WORKSHEET

Description	Group	Market Value	Cost Basis	Apprec. Rate	Owner	Beneficiary
				%		
				%		
				%		
				%		
				%		
				%		
				%		
				%		
				%		
				%		

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Group Enter one of the following options:

- | | | |
|-------------------|-----------------------|-----------------|
| 1.) Art, Antiques | 2.) Automobiles | 3.) Boats, RV's |
| 4.) Jewelry, Furs | 5.) Personal Property | 6.) Residence |

Account Owner Enter the account owner of the asset from one of the following choices:

- | | | |
|------------------------|-----------------------|---------------------|
| 1.) Individual 1 | 2.) Individual 2 | 3.) Joint |
| 4.) Community Property | 5.) Irrevocable Trust | 6.) Child 7.) Other |

Beneficiary Enter the beneficiary of the asset from one of the following choices:

- | | | |
|------------------|-----------------------|-----------|
| 1.) Individual 1 | 2.) Individual 2 | 3.) Child |
| 4.) Other | 5.) Irrevocable Trust | |

LIABILITY INFORMATION

Description	Type	Owed To	Owed By	Date Opened	Original Amount	Account Balance	Monthly Payment	Interest	Payoff?
					\$	\$	\$	%	
					\$	\$	\$	%	
					\$	\$	\$	%	
					\$	\$	\$	%	
					\$	\$	\$	%	
					\$	\$	\$	%	

Type Enter the liability type from the following choices:

- | | | |
|---------------------------------|--------------------|----------------------------|
| 1.) Residence Mortgage (Home 1) | 4.) Auto Loans | 7.) Other Liabilities |
| 2.) Residence Mortgage (Home 2) | 5.) Credit Cards | 8.) Investment Real Estate |
| 3.) Investment Loans | 6.) Personal Loans | 9.) RV and Boat Loans |

Owed To Name of the person or company the liability is owed to.

Owed By Enter person who owes the liability from one of the following choices:

- | | | |
|------------------------|------------------|---------------------|
| 1.) Individual 1 | 2.) Individual 2 | 3.) Joint |
| 4.) Community Property | 5.) Irr Trust | 6.) Child 7.) Other |

Payoff? Indicate if you want the liability to be paid off at death from one of the following choices:

- | | |
|-------------------------------|-------------------------------|
| 1.) No | 2.) Both Deaths |
| 3.) Individual 1's Death Only | 4.) Individual 2's Death Only |

PROPERTY, CASUALTY AND LIABILITY INSURANCE

	Coverage	Company	Coverage Amounts	Deductible	Premiums
Homeowners					
Automobile					
Personal Umbrella Liability					

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LIFE INSURANCE INFORMATION

Term Life Insurance Policies:

Company Name	Description	Policy Number	Insured	Owner	Beneficiary	Annual Premium	Death Benefit	Expiration Date

Permanent Life Insurance Policies:

Company Name/Description	Policy Number	Insured	Owner	Beneficiary	Period	Annual Premium	Death Benefit	Cash Value	Loan Amount
					Now				
					Retirement				
					Now				
					Retirement				
					Now				
					Retirement				
					Now				
					Retirement				

DISABILITY INSURANCE POLICIES

Company Name	Description	Policy Number	Insured	Personal or Company	Annual Premium Amount	Short Term Benefit	Long Term Benefit	Percent Taxable

Company Name	Description	Policy Number	Insured	Personal or Company	Annual Premium Amount	Premium Term	Benefit

Proposed Long Term Care (LTC):

Premium Per Year	\$
Benefits Per Day	\$
Benefits Payable to Age	\$
LTC Cost Per Month	\$
Number of Months of Care	

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INCOME AND TAX INFORMATION

(Annual amounts):

	Tax Report	Increase rate	Cash Flow Report	Disability Report	Survivor Report
Salary and Wages - Individual 1		%			
Salary and Wages - Individual 2		%			
Self-Employment - Individual 1		%			
Self-Employment - Individual 2		%			
Interest		%			
Dividends		%			
Social Security Income - Individual 1					
Social Security Income - Individual 2					
Pension Income - Individual 1					
Pension Income - Individual 2					
Schedule D Capital Gain (Loss)					
Schedule E Passive Gain (Loss)					
Increase/(Decrease) Federal Taxable Inc					
Other Federal Tax or (Credit)					
Increase/(Decrease) State Taxable Income					
Other State Tax or (Credit)					
Other Taxable Income (or active loss)		%			
Other Non-Taxable Income		%			
AMT preference items					
State Itemized Deductions Amount					
Override State itemized deduction					
Wages Exempt from FICA Tax?					

FILING STATUS AND ITEMIZED DEDUCTIONS

Number of regular exemptions _____

Number of individuals over age 65 or blind _____

Tax Filing Status (Check one) Single: _____ Married: _____ Head of Household: _____

Charitable Contributions	%	and/or	\$		%
Misc. Itemized Deductions	%	and/or	\$		%
Other Tax (Not Property or State tax)	%	and/or	\$		%
Property tax (as % of market value)	%	and/or	\$		%
Medical Expenses	%	and/or	\$		%

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PERSONAL EXPENSES

	Current Amount		Percent to be used for:		
	Monthly*	Annual	Retirement	Disability	Survivor
Total Income					
Less: Mortgage & Debt payments					
Less: Savings & Investments					
Less: Life Insurance premiums					
Less: Taxes					
Less: Itemized deductions					
Living Expenses					

RETIREMENT ANALYSIS

What are your plans for retirement?

Can you describe your planned lifestyle in retirement? _____

How does this compare to your current lifestyle? _____

How much are you systematically investing outside of your retirement plans? _____

Do you plan to sell any assets to fund your retirement? _____

Do you anticipate any additional income needs during retirement? _____

Do you anticipate working part-time in retirement? _____

Is there any anticipated windfall of assets or income that will be used for retirement? _____

	Individual 1	Individual 2
Retirement Age		
Life Expectancy		

LIVING EXPENSES NEEDED PER MONTH IN RETIREMENT:

	Starting age	Amount	Inflation Rate
First Period (at retirement age)			%
Second Period			%
Third Period			%
Fourth Period			%

Starting age: *Enter the age of individual 1 when the income needed will change to a new amount.*

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RETIREMENT SOCIAL SECURITY BENEFITS:

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)	\$	\$
Social Security benefit increase rate (SS COLA)		%
State Tax Exempt		

RETIREMENT INCOME SOURCES: PENSION PLANS (MONTHLY):

	Individual 1		Individual 2	
Pension Plan Name				
Defined benefit plans (in today's dollars)	\$	\$	\$	\$
Age when the income will start				
Increase rate		%	%	%
Age when the income will stop				
Percent available to survivor during retirement		%	%	%
Amount payable to survivor if death occurs prior to pension starting age.	\$	\$	\$	\$
State Tax Exempt				

CAPITAL CONSUMPTION / RETENTION OPTION

	Individual 1	Individual 2
Amount of capital to be retained at life expectancy	\$	\$

If you wish to have a specific amount of capital left to your ultimate heirs, enter the amount above. Otherwise the retirement capital needed will be computed with the assumption that all capital will be consumed by life expectancy.

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INSURANCE PLANNING

Survivor Needs / Available Per Month (Today's \$):

	Starting Age	Amount	Inflation Rate
First Period			%
Second Period			%
Third Period			%
Fourth Period			%

Starting age: *Enter the age of individual 1 when the income needed will change to a new amount.*

OTHER SURVIVOR INCOME AVAILABLE (FROM TRUSTS, ETC.):

	Individual 1	Individual 2
Monthly amount expected	\$	\$
Percent annual increase before income starts	%	%
Age when income will start		
Percent annual increases while income received (COLA)	%	%
Age when income will stop		

IMMEDIATE SURVIVOR CASH NEEDS:

	Individual 1	Individual 2
Final expenses (burial, medical, etc.)	\$	\$
Emergency funds, reserves	\$	\$
Other Survivor cash needed (charitable gift, etc.)	\$	\$

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ESTATE PLANNING

	Individual 1	Individual 2
Last Will & Testament		
Marital Trust provision		
QTIP Trust provision		
Credit Shelter/Bypass Trust provision		
Family/Minor Trust provision		
Executor provision		
Trustee provision		
Specific/Direct Bequest		
Charitable Bequest		
Living Trust		
Irrevocable Life Insurance Trust		
Power of Attorney		
Health Care Power of Attorney		
Annual Gifting		
Lifetime Taxable Gifts		
Lifetime Exemption utilized		

What type of legacy would you like to leave upon your death? _____

Are you interested in strategies that minimize death taxes? _____

Do you prefer simple or complex solutions? _____

How much control over your assets are you willing to give up? _____

Are you charitably inclined? _____

EDUCATION FUNDING

Child's Name	1st Year of College	School Type	# of Years	Annual College Cost	% of Cost to Fund	Funds Available Now	Monthly Savings

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OTHER INCOME AND EXPENSES

Other 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	Inflation Rate
		\$	%
		\$	%
		\$	%
		\$	%

SINGLE YEAR INCOME AND EXPENSE ITEMS:

Description	Age	Amount for Retirement report	Percent Increase	Amount for Survivor report		Percent Taxable
				Individual 1	Individual 2	
		\$	%			%
		\$	%			%
		\$	%			%
		\$	%			%
		\$	%			%
		\$	%			%
		\$	%			%
		\$	%			%

MULTIPLE YEAR INCOME OR EXPENSE ITEMS:

Description	Start Age	Stop Age	Amount for retirement report	Percent Increase	Amount for Survivor report		Percent Taxable
					Individual 1	Individual 2	
			\$	%			%
			\$	%			%
			\$	%			%
			\$	%			%
			\$	%			%