

**Confidential
Financial Planning
Questionnaire**

Personal Information

Today's date: _____

	<u>Individual 1</u>	<u>Individual 2</u>
First name, middle initial	_____	_____
Last name	_____	_____
Birth date	_____	_____
Life expectancy age	_____	_____
Social Security number	_____	_____
Retirement age	_____	_____
Gender (male/female)	_____	_____

Home address _____
 City, State, Zip _____
 Phone number (____) _____ - _____
 Phone 2 number (____) _____ - _____
 Fax number (____) _____ - _____
 E-mail address _____
 Married? (yes/no) _____

Employment:	<u>Individual 1</u>	<u>Individual 2</u>
Employer	_____	_____
Duties/Title	_____	_____
Work Address	_____	_____
City, State, Zip	_____	_____
Work Phone	(____) _____ - _____	(____) _____ - _____

Dependent Children

<u>First, middle & initial last name</u>	<u>Social Security Number</u>	<u>Birth date</u>	<u>1st yr College</u>	<u>School Type</u>	<u># of years</u>	<u>Annual Collg. cost</u>	<u>Funds avail. now</u>	<u>Monthly Savings</u>
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

Percent of college costs parents plan to pay _____ %
 After tax rate of return anticipated on education funds _____ %
 Estimated annual increase rate in education costs _____ %
 Should education and other expenses be deducted from capital account? _____ (yes/no)

Instructions:

- 1st Year College** - enter the calendar year the child will begin college.
- School Type** - enter the type of school from one of the following options: 1.) Public 2.) Private.
- # of Years** - enter the number of years the child will be attending college.
- Annual College Cost** - enter the present amount of annual college costs.
- Funds Available Now** - enter the present value of the funds available now for college costs.
- Monthly Savings** - enter the present monthly savings amount to be enter into the college fund.

Liability Information

<u>Description</u>	<u>Owed</u>			<u>Owned Date</u>	<u>Original Amount</u>	<u>Account Balance</u>	<u>Monthly Payment</u>	<u>Interest</u>	<u>Payoff?</u>
	<u>Type</u>	<u>To</u>	<u>By</u>	<u>Opened</u>					
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____

Instructions:

Description - describe the liability. For example, Home Equity Loan, Betty's Car Loan, School Loan, etc.

Type - enter the liability type from the following choices:

- 1.) Residence Mortgage (Home 1)
- 2.) Residence Mortgage (Home 2)
- 3.) Investment Loans
- 4.) Auto Loans
- 5.) Credit Cards
- 6.) Personal Loans
- 7.) Other Liabilities
- 8.) Investment Real Estate
- 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.) Child
- 2.) Individual 1
- 3.) Individual 2
- 4.) Joint
- 5.) Community Property
- 6.) In Trust
- 7.) Other

Date Opened - enter the date when the loan was opened.

Original Amount - enter the original amount of the liability.

Account Balance - enter today's account balance.

Monthly Payment (principal and interest only) - enter the monthly payment of the liability.

Interest - enter the interest rate on the liability.

Payoff? - enter when 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 death only

Personal Expenses**Percentage of Expenses Used In:**

Item	Monthly*	Annual	Retirement	Disability	Survivor
Rent/lease payment (not mortgage)	\$ _____	\$ _____	_____ %	_____ %	_____ %
Food and household incidentals	\$ _____	\$ _____	_____ %	_____ %	_____ %
Groceries	\$ _____	\$ _____	_____ %	_____ %	_____ %
Household Supplies	\$ _____	\$ _____	_____ %	_____ %	_____ %
Eating Out	\$ _____	\$ _____	_____ %	_____ %	_____ %
Utilities, Telephone	\$ _____	\$ _____	_____ %	_____ %	_____ %
Gas / Electric	\$ _____	\$ _____	_____ %	_____ %	_____ %
Water / Trash	\$ _____	\$ _____	_____ %	_____ %	_____ %
Phone	\$ _____	\$ _____	_____ %	_____ %	_____ %
Auto operating and maintenance	\$ _____	\$ _____	_____ %	_____ %	_____ %
Gas / Oil	\$ _____	\$ _____	_____ %	_____ %	_____ %
Repair	\$ _____	\$ _____	_____ %	_____ %	_____ %
Parking Tolls	\$ _____	\$ _____	_____ %	_____ %	_____ %
Child Expenses	\$ _____	\$ _____	_____ %	_____ %	_____ %
School Expenses	\$ _____	\$ _____	_____ %	_____ %	_____ %
Lunch Money	\$ _____	\$ _____	_____ %	_____ %	_____ %
Special Events	\$ _____	\$ _____	_____ %	_____ %	_____ %
Baby Sit / Day Care	\$ _____	\$ _____	_____ %	_____ %	_____ %
Gifts / Birthday	\$ _____	\$ _____	_____ %	_____ %	_____ %
Holidays	\$ _____	\$ _____	_____ %	_____ %	_____ %
Domestic Help	\$ _____	\$ _____	_____ %	_____ %	_____ %
Clothing	\$ _____	\$ _____	_____ %	_____ %	_____ %
Laundry / Cleaning	\$ _____	\$ _____	_____ %	_____ %	_____ %
Property improvements and upkeep	\$ _____	\$ _____	_____ %	_____ %	_____ %
Home furnishings	\$ _____	\$ _____	_____ %	_____ %	_____ %
Childs Support	\$ _____	\$ _____	_____ %	_____ %	_____ %
Alimony	\$ _____	\$ _____	_____ %	_____ %	_____ %
Entertainment	\$ _____	\$ _____	_____ %	_____ %	_____ %
Vacations	\$ _____	\$ _____	_____ %	_____ %	_____ %
Hobbies	\$ _____	\$ _____	_____ %	_____ %	_____ %
Memberships / Dues	\$ _____	\$ _____	_____ %	_____ %	_____ %
Pet Expenses	\$ _____	\$ _____	_____ %	_____ %	_____ %
Books / Subscriptions	\$ _____	\$ _____	_____ %	_____ %	_____ %
Cable TV	\$ _____	\$ _____	_____ %	_____ %	_____ %
Supplies	\$ _____	\$ _____	_____ %	_____ %	_____ %
Miscellaneous	\$ _____	\$ _____	_____ %	_____ %	_____ %
	\$ _____	\$ _____	_____ %	_____ %	_____ %

***Monthly/Annual** - you may enter either monthly amounts, annual amounts, or both. 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.

Percentage of Expenses Used In: Retirement, Disability, and Survivor Percentages - if the monthly expense amounts will be different in these three categories, then enter the percentage difference amount here. For example, if all expense amounts will decrease by 20% then enter 80% in the appropriate column(s).

Pension and Social Security

Retirement Income Sources; Pension Plans (monthly):

	<u>Individual 1</u>		<u>Individual 2</u>	
Defined benefit plans (in today's dollars)	\$ _____	\$ _____	\$ _____	\$ _____
Age when the income will start	_____	_____	_____	_____
Increase rate before retirement	_____ %	_____ %	_____ %	_____ %
Increase rate after retirement	_____ %	_____ %	_____ %	_____ %
Age when the income will stop	_____	_____	_____	_____
Percent avail. to survivor in retirement	_____ %	_____ %	_____ %	_____ %
Amt. payable to surv. if death occurs now	\$ _____	\$ _____	\$ _____	\$ _____

Is either individual a qualified plan participant?: _____ (yes/no)

Retirement Social Security Benefits:

	<u>Individual 1</u>	<u>Individual 2</u>
Age to start retirement SS benefits (62-70)	_____	_____
Percent of computed SS benefit to show on report	_____ %	_____ %
Actual amount of expected SS benefits (today's \$)	\$ _____	\$ _____
Social Security benefit increase rate (SS COLA)	_____ %	_____ %
Not qualified to receive SS benefits (yes/no)	_____	_____

Survivor Social Security Benefits: (Monthly)

	<u>Individual 1</u>	<u>Individual 2</u>
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+)	_____	_____

Income and Tax Information

Annual Amounts

	<u>Tax Report</u>	<u>Cash Flow Report</u>	<u>Disability Report</u>
Individual 1 Salary and Wages	\$ _____	\$ _____	\$ _____
Incr. rate for Ind.1 Salary and Wages	_____ %		
Individual 2 Salary and Wages	\$ _____	\$ _____	\$ _____
Incr. rate for Ind. 2 Salary and Wages	_____ %		
Interest and Dividends	\$ _____	\$ _____	\$ _____
Incr. rate for Interest and Dividends	_____ %		
Individual 1 Self-Employment	\$ _____	\$ _____	\$ _____
Incr. rate for Ind. 1 Self-Employment	_____ %		
Individual 2 Self-Employment	\$ _____	\$ _____	\$ _____
Incr. rate for Ind. 2 Self-Employment	_____ %		
Schedule D Capital Gain (loss)	\$ _____	\$ _____	\$ _____
Schedule E Passive Gain (loss)	\$ _____	\$ _____	\$ _____
Other Taxable Income (or active loss)	\$ _____	\$ _____	\$ _____
Increase rate for Other Taxable Income	_____ %		
Pension Income	\$ _____	\$ _____	\$ _____
Other Non-Taxable Income	\$ _____	\$ _____	\$ _____
Incr. rate for Other Non-Taxable Income	_____ %		
Social Security Income - Individual 1	\$ _____	\$ _____	\$ _____
Social Security Income - Individual 2	\$ _____	\$ _____	\$ _____
Incr or (decr) Federal Taxable Income	\$ _____		
Other Federal Tax or (credit)	\$ _____	-penalties, HUD credits, etc.	
Incr or (decr) State Taxable Income	\$ _____		
Other State Tax or (credit)	\$ _____	-penalties, credits, etc.	
State Itemized Deductions Amount	\$ _____		

Instructions:

Tax Report - enter taxable amounts for each category. Amounts in this column will show up on the Income Tax report. This may be the same or different than the amounts used in the Cash Flow, Disability, or Retirement reports.

Cash Flow Report - amounts entered here will be shown as available to spend in the Cash Flow report. For example, if interest and/or dividends are being reinvested, do NOT show these amounts as available in the Cash Flow Report column.

Disability Report - represents income available in the event of disability. Individual 1's salary will be available if Individual 2 is disabled. Individual 2's salary would be available if Individual 1 is disabled.

Filing Status and Itemized Deductions

Number of regular exemptions: _____

Number over 65 or blind: _____

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

<u>Itemized Deductions:</u>	<u>% Gross Income</u>	<u>and/or</u>	<u>\$ Amount</u>	<u>Annual Increase</u>
Charitable Contributions	_____ %	and/or	\$ _____	_____ %
Misc. Itemized Deductions	_____ %	and/or	\$ _____	_____ %
Other Tax (Not Prop. or State)	_____ %	and/or	\$ _____	_____ %
Prop. tax-% of residence mrkt value	_____ %	and/or	\$ _____	_____ %
Medical Expenses:	_____ %	and/or	\$ _____	_____ %
Doctor	_____ %	and/or	\$ _____	_____ %
Dentist/Orthodontist	_____ %	and/or	\$ _____	_____ %
Eye Exam / Glasses	_____ %	and/or	\$ _____	_____ %
Medicine / Drugs	_____ %	and/or	\$ _____	_____ %

Instructions:

Itemized Deductions - enter either a percentage of gross income or dollar amount for all the itemized deductions for the current year. Enter an annual increase percentage rate if the deduction amount will increase each year. An example of an "Other Tax (Not Property or State)" could be an "Annual Auto License tax" for some states.

% Gross Income Column - enter in the deduction as a percentage of your gross income. For example, if your medical expenses are \$1200 annually and your gross income is \$40,000, you would enter in this column 3%.

Insurance Information

Term Life Insurance Policies:

<u>Company Name</u>	<u>Description</u>	<u>Insured</u>	<u>Annual Premium Amt.</u>	<u>Policy Face Amount</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Permanent Life Insurance Policies:

<u>Company Name/Description</u>	<u>Insured</u>	<u>Annual Premium</u>	<u>Policy Face Amt.</u>	<u>Cash value now</u>	<u>Cash value @65</u>	<u>Present loan amt.</u>
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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. If any of the policies have outstanding loans, enter only the NET amount of the death benefit and cash values where required. For example, if an individual has a \$200,000 policy with a \$30,000 cash value and a \$12,000 loan, you would enter the face amount as \$188,000 and the cash value as \$18,000.

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.

Cash Value @ 65 - used in the retirement projections to determine cash available. If an individual retires substantially earlier than age 65, enter the amount of cash value at the individual's retirement age (or an estimate of the cash value.)

Present Loan Amount - enter the dollar amount borrowed against this policy.

Disability, Long Term Care, and Insurance Premiums

Disability / Long Term Care Insurance:

	<u>Individual 1</u>	<u>Individual 2</u>
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	\$ _____	\$ _____
% of Company benefits that are taxable (0-100%)	_____ %	_____ %
Do you have Long Term care Insurance (yes/no)	_____	_____

Note - Enter the monthly benefit amount from your personal disability policy.

Insurance Premiums (Annual):

	<u>Individual 1</u>	<u>Individual 2</u>
Auto insurance premiums	\$ _____	\$ _____
Disability insurance premiums	\$ _____	\$ _____
Homeowners, property & casualty, other premiums	\$ _____	
Medical insurance premiums	\$ _____	\$ _____
Long term care insurance premiums	\$ _____	\$ _____

Proposed Long Term Care LTC):

Premium/year:	\$ _____
Benefits/day:	\$ _____
Pay to Age:	\$ _____
Cost /Month:	\$ _____
#Months of care:	\$ _____

Survivor Information

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

	Monthly after tax earnings		Amount needed per month	
	<u>Individual 1</u>	<u>Individual 2</u>	<u>Individual 1</u>	<u>Individual 2</u>
With children at home	\$ _____	\$ _____	\$ _____	\$ _____
After children are grown	\$ _____	\$ _____	\$ _____	\$ _____
During retirement years			\$ _____	\$ _____

Note: Enter the monthly amount of income needed during these periods of life. Leave blank if you entered percentage for Survivor on Personal Expense page.

Other Survivor Income Available (From Trusts, etc.):

	<u>Individual 1</u>	<u>Individual 2</u>
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:

	<u>Individual 1</u>	<u>Individual 2</u>
Final expenses (burial, medical, etc.)	\$ _____	\$ _____
Emergency funds, reserves	\$ _____	\$ _____
Other survivor cash needed (charitable gift, etc.)	\$ _____	\$ _____
Show the survivor cash need on estate report: _____ (yes/no)		

Note: Enter an amount of money desired for each of the above questions.

Capital Consumption / Retention Option (Survivor and Retirement):

	<u>Individual 1</u>	<u>Individual 2</u>
Amount of capital to be retained at life expectancy	\$ _____	\$ _____

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

Financial Objectives:

	<u><<Low</u>		<u>High>></u>	
Reducing income taxes	○	○	○	○
Protection from inflation	○	○	○	○
Maximum investment growth potential	○	○	○	○
Current spendable income from assets	○	○	○	○
Liquidity (convert assets to cash)	○	○	○	○

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

Other Income and Expenses

Other Financial Goals (Description):	<u>Year Needed</u>	<u>Amt.Needed</u>	<u>Inflation Rate</u>
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %

Anticipated rate of return on funds accumulated for goals: _____ %

Include Financial Goals in Retirement Capital Projection: _____ (yes/no)

Single Year Income and Expenses Items:

<u>Description</u>	<u>Age</u>	<u>Amount</u>	<u>% Incr.</u>	Amount for Survivor	
				<u>Individual 1</u>	<u>Individual 2</u>
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____

Note: For example; inheritance, vacations, etc.

Instructions:

Description - enter a description of the income or expense.

Age - enter the Individual 1's age when the income or expense will occur.

Retirement amount/year - enter the after tax amount of the income or expense. This income or expense amount will be displayed on the Retirement Capital Projection report page.

% Increase - enter the percentage rate in which the income or expense will be increasing.

Amount for Survivor (Individual 1 and Individual 2) - enter the after tax amount of the income or expense for the survivor. This income or expense amount will be displayed on the Survivor report page.

Other Income and Expenses - Multiple Year

Multiple Year Income and Expenses (after tax amounts):

<u>Description</u>	<u>Age</u>		<u>Retirement</u>		<u>Amount for Survivor</u>	
	<u>Start</u>	<u>Stop</u>	<u>\$Amt/year</u>	<u>%Incr</u>	<u>Ind. 1</u>	<u>Ind. 2</u>
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____

Note: For example; inheritance, vacations, etc.

Instructions:

Description - enter a description of the income or expense.

Start age - enter the age in which the income or expense will occur.

Stop age - enter the age in which the income or expense will stop.

Retirement amount/year - enter the after tax amount of the income or expense. This income or expense amount will be displayed on the Retirement Capital Projection report page.

% Increase - enter the percentage rate in which the income or expense will be increasing.

Amount for Survivor (Individual 1 and Individual 2) - enter the after tax amount of the income or expense for the survivor. This income or expense amount will be displayed on the Survivor report page.

Risk Test

Place a check in the box next to each statement that most accurately reflects your attitude about investing.

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