## Financial Planning Questionnaire

## Personal Information

Today's date:

## Contact Information

Individual 1
Full name:
Date of Birth:
Age:
Retirement Age:

Individual 2
Full name:
Date of Birth:
Age:
Retirement Age:

## Risk Assessment

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

Estate

| Check the box if you have any of the following: | Individual 1 | Individual 2 |
| :--- | :---: | :---: |
| Will | $\square$ | $\square$ |
| Irrevocable Life Insurance Trust | $\square$ | $\square$ |
| Credit Shelter Trust Provisions | $\square$ | $\square$ |
| Generation Skip Trust Provisions | $\square$ | $\square$ |
| Revocable Living Trust | $\square$ | $\square$ |
| Joint Revocable Trust | $\square$ | $\square$ |
| Qtip Trust Provisions | $\square$ | $\square$ |
| Marital Trust Provisions | $\square$ | $\square$ |
| Testamentary Trust | $\square$ | $\square$ |
| Durable General Power of Attorney | $\square$ | $\square$ |
| Health Care Power of Attorney | $\square$ | $\square$ |
| Living Will | $\square$ | $\square$ |

## Insurance

Insurance Information You may need to review your insurance policies in order to get this information.

$$
\text { Individual } 1 \quad \text { Individual } 2
$$

Permanent life insurance:
Term life insurance:
Cash values (less loans):
Long-term care insurance:

## Pension, Earned Income \& Social Security

Defined Pension Information Include information on pensions that provide an annual income level (i.e.: military pension, state pension, etc.)

Individual 1
Pension 1

Individual 2
Pension 1 Pension 2

Anticipated annual amount:
Starting age:

| Increase rate before retirement: | $\%$ | $\%$ | $\%$ | $\%$ |
| :--- | :---: | :---: | :---: | :---: |
| Increase rate after retirement: | $\%$ | $\%$ | $\%$ | $\%$ |
| Survivor benefit (\%): | $\%$ | $\%$ | $\%$ | $\%$ |

Individual 1
Individual 2

## Earned Income

Earned income now:
Annual increase rate: $\% \quad \%$

## Social Security

Age to start benefit:
Annual increase rate: $\% \quad \%$
Estimated or current annual benefit:

## Expenses

Estimate annual figures for expenses related to shelter, food, clothing, transportation, insurance, loans, etc. Do not include taxes.

| Annual Living Expenses (today's dollars) | Annual inflation rates for living expenses |  |
| :--- | :---: | :--- |
| Now: | Before Retirement: | $\%$ |
| Current Surviving Household: | Surviving Household: | $\%$ |
| During Retirement: | During Retirement: | $\%$ |
| Single Retiree Survivor: | Single Retiree Survivor: | $\%$ |

## Special Income/Expenses



## Education Funding

| Children's Education and Fund Expenses |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Child's Name | Age | Age to Start College | Cost per Year* | \# of <br> Years | College Fund | $529 ?$ | Planned Annual Additions |
| Childs Name |  |  |  |  |  | $\square$ |  |
|  |  |  |  |  |  | $\square$ |  |
|  |  |  |  |  |  | $\square$ |  |
|  |  |  |  |  |  | $\square$ |  |
|  |  |  |  |  |  | $\square$ |  |
|  |  |  |  |  |  | $\square$ |  |
| Inflation rate to | for co | ge planner: | \% | Enter Name/Type of College(s) [Public or Private] if cost of attendance is unknown: |  |  |  |
| Rate of return on college funds: |  |  |  | \% |  |  |  |
| *In today's dollars, if known |  |  |  |  |  |  |  |

List capital assets including banking accounts, investment accounts, stocks, bonds, mutual funds, business interests and other financial assets.

| No. | Asset name | Current value | Annual <br> Additions |
| :---: | :---: | :---: | :---: |
| 1 | Account description <br> (i.e. stock, 401k, bank account, etc) | Owner <br> 2 |  |
| 3 | Owner |  |  |
| 4 |  | Owner |  |
| 5 | Owner |  |  |
| 6 |  | Owner |  |
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Additional Assets

| Other Asset | Value |
| :--- | :--- |
| Residence Value: | Owner |
| Personal property: | Owner |
| Autos: | Owner |
| Boats, RVs, etc: | Owner |
| Other Assets: | Owner |
|  | Owner |

## Additional Debts

| Other Debts/Liabilities | Balance | Owner | Payment Yrs <br> Remaining | Current Mo. <br> Payment | Interest <br> Rate |
| :--- | :--- | :---: | :---: | :---: | :---: |
| Residence mortgage: | Owner |  | Minimum <br> Payment |  |  |
| Credit card balances: | Owner |  | $\%$ |  |  |

## Notes

$\square$

## Budget Calculation Worksheet

| Expense Worksheet | Estimated Monthly Expenses |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Now: | Retirement: | Survivor Now: | Survivor <br> Retirement: |
| Rent or lease payment |  |  |  |  |
| Food and household incidentals |  |  |  |  |
| Utilities, telephone |  |  |  |  |
| Auto operating and maintenance |  |  |  |  |
| Clothing and personal items |  |  |  |  |
| Property improvement \& upkeep |  |  |  |  |
| Domestic help, babysitting |  |  |  |  |
| Property taxes |  |  |  |  |
| Entertainment \& vacations |  |  |  |  |
| Charitable contributions |  |  |  |  |
| Childcare |  |  |  |  |
| Alimony, child support |  |  |  |  |
| Books, papers, subscriptions |  |  |  |  |
| Home furnishings |  |  |  |  |
| Gifts, birthdays |  |  |  |  |
| Medical expenses |  |  |  |  |
| Other expenses |  |  |  |  |
| Mortgage payment |  |  |  |  |
| Auto loan payment |  |  |  |  |
| Boat \& RV payments |  |  |  |  |
| Credit card payments |  |  |  |  |
| Other loan payments |  |  |  |  |
| Life insurance premiums |  |  |  |  |
| Medical insurance premiums |  |  |  |  |
| Auto insurance premiums |  |  |  |  |
| House insurance premiums |  |  |  |  |
| Other insurance premiums |  |  |  |  |
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