

FINANCIAL PLAN

Personal Data & Planning Questionnaire

Client Information

Client Nickname: _____

Name:		Home Phone:	
Address		Cellular:	
Employer:		Work:	
Employer Address:			
Email:		Occupation:	
D.O.B		SSN	

Drivers License _____ Issue Date: _____

(make copy of ID)

Exp Date: _____

Client Nickname: _____

Name:		Home Phone:	
Address		Cellular:	
Employer:		Work:	
Employer Address:			
Email:		Occupation:	
D.O.B		SSN	

Drivers License _____ Issue Date: _____

(make copy of ID)

Exp Date: _____

Client Nickname: _____

Anniversary Date: _____

Asset Details (Please include statement copies)

Cash & Equivalents					
<i>(Example: Bank Accounts, Investment, Retirement Plans)</i>					
<i>No.</i>	<i>Institution</i>	<i>Account Type</i>	<i>Market Value</i>	<i>Statement</i>	
				<i>Yes</i>	<i>No</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Real Estate Assets				
<i>No.</i>	<i>Type</i>	<i>Purchase Year</i>	<i>Market Value</i>	<i>Basis</i>
1				
2				
3				
4				

Total Market Value: \$ _____

Other Assets

(Personal Property, Automobiles, ect.)

No.	Type	Purchase Year	Market Value	Owner
1				
2				
3				
4				
5				

Business Interests

No.	Name	Ownership %	Market Value	Financial Statement	
				Yes	No
1					
2					
3					
4					
5					

TOTAL MARKET VALUE: _____

Liabilities

(Example: Mortgages/Home Equity/ Credit Cards)

No.	Company	Rate% and Duration		Balance	Statement	
					Yes	No
1				\$		
2				\$		
3				\$		
4				\$		
5				\$		

Insurance Assets

(Example: Life, Auto, Property, Disability, Personal Liability Umbrella. Please Attach Statements)

No.	Company	Permanent or Term	Amount	Premium
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$

Dependents				
<i>No.</i>	<i>Name</i>	<i>DOB</i>	<i>SSN</i>	<i>College Planning</i>
1				
Special Needs?				
2				
Special Needs?				
3				
Special Needs?				
4				
Special Needs?				
5				
Special Needs?				

College Planning

1.) Have you established any college savings accounts for your children? Yes No

2.) Do you want to pay all expenses for your children’s education? Yes No

3.) Will any other relatives share in the college savings plans? Yes No

4.) Do you want to plan for any scholarship possibilities? Yes No

Estate Planning (Please include copies of documents)

1.) Do you have a Will? Yes No

2.) Have you prepared letters of instruction? Yes No

3.) Do you have a durable power of attorney or living trust? Yes No

4.) Do you have a Living Will or Advanced Medical Directive? Yes No

5.) Do you have a safe-deposit box? Yes No

6.) Have you been married before? Yes No

7.) If yes, Have all property divisions been completed? Yes No

Retirement

(1) At what age do you plan to retire?

Name: _____ Age: _____

Name: _____ Age: _____

(2) Do you plan to work part-time after retirement?

Name: _____ Est. Income: _____

Name: _____ Est. Income: _____

(3) Do you anticipate your travel expenses will increase or decrease in retirement?

Goals & Priorities

What are your top 5 financial priorities at this time?

1 _____

2 _____

3 _____

4 _____

5 _____

Cash Management

1.) Are there any issues dealing with budgeting and credit? Yes No

2.) Do you want all debts paid down at retirement? Yes No

3.) Do you expect your income to change in the next two years? Yes No

4.) How did you purchase your last car? Cash Credit

5.) How often do you replace automobiles? Yes No

Other Documents Needed

Recent Year Pay-stub	Yes	No
Recent Year Tax Return	Yes	No
Estate Papers	Yes	No
Employee Benefit	Yes	No
Social Security	Yes	No
Pension Statement	Yes	No
Investment Statements	Yes	No
Cash Flow	Yes	No

(Reference below Budget Worksheet or provide average monthly cash flows)

MONTHLY CASH FLOW WORKSHEET

DESCRIPTION	AMOUNT
Life Insurance	
Medical	
Auto	
Home	
Liability	
Boat	
Long Term Care	
Disability	
Total	
Charity	
Housing (Mortgage)	
Utilities	
Heat	
Electricity	
Phones	
Cable TV	
Water and Septic	
Total	
Replacement (loans)	
Fuel	
Service	
Total	
Cash	

Breakfast/Lunch	
Health and Beauty	
Hobbies and Habits	
Total	
Dining Out	
Movies	
Social Activities	
Other Entertainment	
Total	
Gifts	
Birthdays	
Christmas	
Total	
Credit Cards	
Personal Loans	
Other Debt Service	
Total	
Food and Groceries	
Clothing	
Household	
Repairs and Maintenance	
Medical	
Daycare	
Sports and Activities	
Private School	
Other	
Total	
Total Monthly Expenses	

