

PERSONAL FINANCE ORGANIZATION QUESTIONNAIRE

Money, Investments, and Taxes

Individual (1) Name:	
Birthdate:	
US Citizenship:	Yes • No
Marital Status:	Single • Married • Separated • Divorced
In Good Health?	Yes • No
Address:	
City, State, Zip:	
Cell Phone:	
Primary Email:	
Employment Status:	Working • Retired • Business Owner
Employer Name:	
Title/Position:	
Years Employed:	

Individual (2) Name:	
Birthdate:	
US Citizenship:	Yes • No
Marital Status:	Single • Married • Separated • Divorced
In Good Health?	Yes • No
Address:	
City, State, Zip:	
Cell Phone:	
Primary Email:	
Employment Status:	Working • Retired • Business Owner
Employer Name:	
Title/Position:	
Years Employed:	

Questions?

John Burnside

Financial Steward

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Family Data

Children Name	Birthdate:	Gender	Special Needs	Marital Status
	/ /		Yes • No	Single · Married · Separated · Divorced
	/ /		Yes • No	Single • Married • Separated • Divorced
	/ /		Yes • No	Single • Married • Separated • Divorced
	/ /		Yes • No	Single • Married • Separated • Divorced

Grandchildren Name	Birthdate:	Gender	Special Needs	Marital Status
	/ /		Yes • No	Single • Married • Separated • Divorced
	/ /		Yes • No	Single • Married • Separated • Divorced
	/ /		Yes • No	Single • Married • Separated • Divorced
	/ /		Yes • No	Single • Married • Separated • Divorced
	/ /		Yes • No	Single • Married • Separated • Divorced
	/ /		Yes • No	Single • Married • Separated • Divorced
	/ /		Yes • No	Single • Married • Separated • Divorced
	/ /		Yes • No	Single • Married • Separated • Divorced

Family Information - Notes

Priorities and Goals

Priorities

Priorities have more to do with "Financial Organization" than Goals. Please check if any of the following are essential to you.

- Managing a Budget
- o Investment Management
- Minimizing Taxes
- Finding Appropriate Insurance Coverage
- Caring for Parents
- Contributing to Charity
- Paying Off Debt
- o Retirement Planning
- Other: _____
- o Other:

Goals

Goals need to be specific and prioritized. Specific so that you have a clear vision. Prioritized in case there are insufficient funds to accomplish everything.

Goal Name	Cost	Date	Description	Priority (1,2,3,4,5)
Retirement	See page 10 (expenses)			

Goal examples (Retirement, Travel, Home Improvement, Wedding, Celebration, Elder Care, Leave Money to Heirs)

Property

Real Estate

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Address 1:				
Address 2:				
City:				
State:				
Zip:				
Property Type:	Residence • Commercial	Residence • Commercial	Residence • Commercial	Residence • Commercial
Purchase Year:				
Purchase Amount:				
Current Value:				
Tax Basis:				
Growth Rate:				
Owner/Title:				

Mortgages

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Mortgage Name:				
Institution Name:				
Loan Type:	Mortgage • Home Equity	Mortgage • Home Equity	Mortgage • Home Equity	Mortgage • Home Equity
Property Name:				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
As of Date (Current Balance):				
Interest Rate:				
Loan Term (Years):				
Payment Frequency:				
Repayment Type:	Principal & Interest • Interest Only	Principal & Interest • Interest Only	Principal & Interest • Interest Only	Principal & Interest • Interest Only
Payment:				
Balloon Period (years):				

Personal Property (anything of substantial value such as cars and collectables)

	(1)	(2)	(3)	(4)
Asset Name:				
Current Value:				
Tax Basis:				
Owner:				

Property	- N	lotes
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Investments

Taxable Accounts

Account Name	Institution Name	Management	Current Value	Goal	Owner/Title
		Advisor • Self-Directed			
		Advisor • Self-Directed			
		Advisor • Self-Directed			
		Advisor • Self-Directed			
		Advisor • Self-Directed			
		Advisor • Self-Directed			
		Advisor • Self-Directed			
		Advisor • Self-Directed			

Retirement Accounts

Account Name	Account Type	Institution Name	Management	Current Value	Owner
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self- Directed		
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self- Directed		
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self- Directed		
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self- Directed		
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self- Directed		
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self- Directed		
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self- Directed		
	IRA • Roth IRA • 401k • 403b • other		Advisor • Self- Directed		

Bank Accounts

Account Name	Institution Name	Account Type	Current Value	Owner/Title
		Savings • Checking • CD		
		Savings • Checking • CD		
		Savings • Checking • CD		
		Savings • Checking • CD		

Annuities (Fixed/Variable)

	(1)	(2)	(3)	(4)
Annuity Name:				
Institution Name				
Asset Type:	Fixed • Variable	Fixed • Variable	Fixed • Variable	Fixed • Variable
Type of Funds:	Qualified • NQ • Tax Free			
Holdings Value:				
Cash Value;				
Loan Value:	Residence • Commercial	Residence • Commercial	Residence • Commercial	Residence • Commercial
Total Value:				
Tax Basis:				
Owner:	Client #1 • Client #2			
Beneficiary:				
Contingent Beneficiary:				

Investment - Notes

Business Interests

Business Interests

Business Name	Base Value	Tax Basis	Owner/Title	Business Type

Business Liabilities

Loan Name	Institution Name	Current Balance	As of Date	Interest Rate	Loan Term

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Liabilities

Loans (non-mortgage)

	#1	#2	#3	#4	
Loan Name:					
Institution Name:					
Liability Owner:					
Asset Being Financed:					
Original Loan Amount:					
Date of Loan:					
Current Balance:					
As of Date (Current Balance):					
Interest Rate:					
Loan Term (Years):					
Payment Frequency:					
Payment:					
Balloon Period (years):					

Liabilities - Notes

Income and Expenses

Income

	Source	Annual Amount	Inflation Adjustment %	Owner	Starts	Ends
Salary/Bonus Client						
Salary/Bonus Client						
Social Security	SSA					
Social Security						
Pension						
Pension						
Other Income						
Other Income						

Expenses (real and anticipated)

Time Period	Amount (\$)
Pre-Retirement	
Semi-Retirement	
Retirement	
Advanced Years	

Current Saving Activity

Saving Name	Amount (% / \$)	Frequency	Source	Matching	Starts	Ends
401k						
Emergency Fund						

Insurance

Do you have any of the following?

Description	Individual (1)	Individual (2)
Life Insurance	Yes • No	Yes • No
Medical Insurance	Yes • No	Yes • No
Disability Insurance	Yes • No	Yes • No
Long Term Care Insurance	Yes • No	Yes • No
Estate Plan	Yes • No	Yes • No

Estate Planning

Family Trust and Estate Status

(Please describe what type of estate planning you have completed and/or want to complete)

Supplemental Documents

Please provide the following documents for review (where applicable):

- Investment Account Statements
- Loan Documents
- Tax Returns