

Financial Planning Questionnaire

DATE:



Client Name:	DOB:	SSN:
Preferred Pronouns:		
Partner Name:	DOB:	SSN:
Preferred Pronouns:		
Address:	City, State, Zip:	
Client Cell Phone:	Partner Cell Phone:	
Client Email:	Partner Email:	
Client Retirement Age:	Partner Retirement Age:	
Marriage Anniversary:		

FAMILY INFORMATION:

Children	DOB	Children	DOB
Grandchildren		Grandchildren	

Any other important people to consider?

Notes:

PROPERTY & MORTGAGES/LEASES:

Real Estate/ Vehicles	Purchase Year	Purchase Amount	Current Value	Mortgage/ Loan Institute	Original loan amount	Year of loan	Current Balance	Interest Rate	Loan Term	Payment Amount*
		\$	\$		\$		\$	%		\$
		\$	\$		\$		\$	%		\$
		\$	\$		\$		\$	%		\$
		\$	\$		\$		\$	%		\$
		\$	\$		\$		\$	%		\$

Rental Property	Purchase Year	Purchase Amount	Current Value	Rental Income	Rental Expenses	Original loan amount	Year of loan	Current Balance	Interest Rate	Loan Term	Payment Amount*
		\$	\$	\$	\$	\$		\$	%		\$
		\$	\$	\$	\$	\$		\$	%		\$

**List separately amounts for taxes, insurance, & other. Only include principal & interest payment amount.*

Notes:

PROPERTY & CASUALTY INSURANCE:

Insured Real Estate/Vehicle	Insurance Institution	Policy Purchase Year	Yearly Premium Amount
			\$
			\$
			\$
			\$

Notes:

CREDIT CARDS WITH A BALANCE (DO NOT INCLUDE CARDS PAID OFF FULLY EACH MONTH): PLEASE PROVIDE COPIES OF STATEMENTS

Company	As of Date	Current Balance	Interest Rate	Monthly Payment Amount (if any)
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$

Notes:

OTHER LIABILITIES & LOANS (INCLUDING STUDENT LOANS, ETC.): PLEASE PROVIDE COPIES OF STATEMENTS

Item	Institution Name	Original loan amount	Year of loan	Current Balance	Interest Rate	Loan Term	Payment Amount
		\$		\$	%		\$
		\$		\$	%		\$
		\$		\$	%		\$
		\$		\$	%		\$

**Do not include these expenses in your number for annual living expense costs.*

Notes:

RETIREMENT INVESTMENTS: PLEASE PROVIDE COPIES OF STATEMENTS

Type	Institution Name	Current Value	Avg. Growth Rate	Employee Contribution*	Employer Contribution*	For Whom?	Beneficiary
		\$	%				
		\$	%				
		\$	%				
		\$	%				
		\$	%				
		\$	%				

**If a percentage of salary or match percentage, please list those details.*

Notes:

OTHER INVESTMENTS (INCLUDING SAVINGS/CHECKING): PLEASE PROVIDE COPIES OF STATEMENTS

Type	Institution Name	Current Value	Avg. Growth Rate	Contributions	For Whom?
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	

Notes:

INSURANCE: DISABILITY – IF YES, PLEASE PROVIDE COPY OF PLAN; UMBRELLA – IF YES, PLEASE PROVIDE COPY OF PLAN

	Life		Life	
Person Insured				
Institution Name				
Purchase Date				
Policy Type				
Death Benefit	\$		\$	
Annual Premium	\$		\$	
Premium Term				
Beneficiary				
Through work?	Y	N	Y	N
Ends at Retirement?	Y	N	Y	N

	Long Term Care		Long Term Care		Disability		Disability	
Person Insured								
Institution Name								
Purchase Date								
Benefit Amount	\$		\$		\$		\$	
Annual Premium	\$		\$		\$		\$	
Premium Term								
Elimination Period								
Benefit Period								
COLA		%		%		%		%
Through work?	Y	N	Y	N	Y	N	Y	N
Ends at Retirement?	Y	N	Y	N	Y	N	Y	N

Notes:

SALARY/BONUS AND SOCIAL SECURITY: PLEASE PROVIDE PAYSTUBS & SOCIAL SECURITY STATEMENTS: [HTTPS://WWW.SSA.GOV/MYACCOUNT/](https://www.ssa.gov/myaccount/)

	Pre-Tax Annual Amount	For Whom?	Occupation	Self Employed?	Year Starts (if irregular timing)	Year Ends (if irregular timing)
Salary/Bonus	\$			Y N		
Salary/Bonus	\$			Y N		
Misc. Income 1 <i>Taxable? Y N</i>	\$			Y N		
Misc. Income 2 <i>Taxable? Y N</i>	\$			Y N		

	At Full Retirement Age	For Whom?
Social Security	\$	
Social Security	\$	

Notes:

	Amount	Age	For Whom?
Pension Estimate	\$		
Pension Estimate	\$		

Notes:

LIVING EXPENSES (INCLUDE CREDIT CARDS PAID OFF MONTHLY)*:

Current	Desired Amount in Retirement
\$	\$

**Do not include mortgage, contributions, loan or other liability payments, do not include expenses listed elsewhere. For more accurate information, use the attached Cash Flow Worksheet.*

EDUCATION EXPENSES:

For whom?	School/Institution	Current Education Fund	Year Starts	Year Ends
		\$		
		\$		
		\$		

Notes:

OTHER EXPENSES/GOALS, WANTS & WISHES (HOME REMODEL, TRAVEL EXPENSES, ETC.):

Type/Description	Annual Amount	Year Starts	Year Ends
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Notes:

PERSONAL QUESTIONS:

Do you have: <input type="checkbox"/> A Will <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Health Care Directive
Do you feel you have achieved financial security through retirement? Y N
Do you have any potential inheritances? Y N If so, include in financial plan? Y N
Do you need to make any special financial provisions for any member of your family? Y N Who?
What is your largest obstacle in achieving your goals?
Financial Risk Tolerance: <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive
What are you most hoping to learn & gain from a financial plan?

COMMENTS, QUESTIONS, AND CONCERNS?

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