



# Financial Planning Questionnaire

This comprehensive financial summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing your financial future. At [Colonial River Wealth Management](#), our goal is to help you make the right decisions for your financial future. The information you provide in this questionnaire will be kept confidential and will assist us in making sound recommendations with confidence. Forward completed form to our office or by fax to: (804) 381-4569

BASIC INFORMATION							
Name		Nickname		Age		Date of Birth (mm/dd/yyyy)	
Spouse Name		Nickname		Age		Date of Birth (mm/dd/yyyy)	
Residence Address						City	State
Mailing Address						City	State
Home Phone		Cell Phone		Fax		Email Address	
How did you hear about our firm?							
DEPENDENTS (Children/Parents/Others You Support)							
Name:		Relationship:			Date of Birth (mm/dd/yyyy)		
Name:		Relationship:			Date of Birth (mm/dd/yyyy)		
Name:		Relationship:			Date of Birth (mm/dd/yyyy)		
OCCUPATION							
Your Job Title		Employer (Last, if retired)		# of years	Retirement Date		Anticipated Retirement Age
Spouse Job Title		Employer (Last, if retired)		# of years	Retirement Date		Anticipated Retirement Age
FAMILY ASSETS & LIABILITIES							
Homes/Properties							
Primary Residence	Ownership %	Loan Start Date	Interest Rate	Loan Duration	Amount Owed	Current Mortgage Payment (Principal + Interest)	Current Market Value
Vacation Home	Ownership %	Loan Start Date	Interest Rate	Loan Duration	Amount Owed	Current Mortgage Payment (Principal + Interest)	Current Market Value

Second Residence		Ownership %	Loan Start Date	Interest Rate	Loan Duration	Amount Owed	Current Mortgage Payment (Principal + Interest)	Current Market Value
Rental Property		Ownership %	Loan Start Date	Interest Rate	Loan Duration	Amount Owed	Current Mortgage Payment (Principal + Interest)	Current Market Value
Automobiles/Boats/ATVs/RVs								
Year	Make	Model	Ownership %	Outstanding Loan Amount	Duration	Interest Rate	Monthly Payment	Current Value
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Other Liabilities								
Liability type: Credit card, line, of credit, educational loan, student loan, etc.		Who does the liability belong to?		Outstanding loan/credit amount		Duration	Interest Rate	Monthly Payment
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Total Personal Assets								
Type: Checking Account, Savings Account, CDs, Money Market, etc.		Company		Type		Ownership		Total Value
Type: Checking Account, Savings Account, CDs, Money Market, etc.		Company		Type		Ownership		Total Value

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Type: Checking Account, Savings Account, CDs, Money Market, etc.	Company	Type	Ownership	Total Value
Type: Checking Account, Savings Account, CDs, Money Market, etc.	Company	Type	Ownership	Total Value
Type: Checking Account, Savings Account, CDs, Money Market, etc.	Company	Type	Ownership	Total Value
Non-Qualified Investment Assets (Please provide account statements)				
Investments, Non-Qualified Annuities, Cash Value Life, Variable Universal Life	Company	Type	Ownership	Total Value
Investments, Non-Qualified Annuities, Cash Value Life, Variable Universal Life	Company	Type	Ownership	Total Value
Investments, Non-Qualified Annuities, Cash Value Life, Variable Universal Life	Company	Type	Ownership	Total Value
Retirement – IRA, 401(k), 403(b), Qualified Annuities, etc. (Please provide account statements)				
Institution/Account Name	Ownership	Current Value	Annual Contributions/Employer Contributions	
Institution/Account Name	Ownership	Current Value	Annual Contributions/Employer Contributions	
Institution/Account Name	Ownership	Current Value	Annual Contributions/Employer Contributions	
Other Assets				
Institution/Account Name	Ownership	Total Value		

Institution/Account Name	Ownership	Total Value	
Family Annual Income			
Employment (wages, salaries, bonuses, etc.)	Primary \$ _____	Secondary \$ _____	
Self-Employment/Business Income	Primary \$ _____	Secondary \$ _____	
Cash Dividends	Primary \$ _____	Secondary \$ _____	
Social Security Benefits	Primary \$ _____	Secondary \$ _____	
Other Pensions:	Primary \$ _____	Secondary \$ _____	
Distributions:	Primary \$ _____	Secondary \$ _____	
Other Income:	Primary \$ _____	Secondary \$ _____	
TOTAL ANNUAL INCOME:	Primary \$ _____	Secondary \$ _____	
Future Expected Income	Primary \$ _____	Secondary \$ _____	
General			
Are you anticipating any major lifestyle changes? (i.e. Marriage, Divorce, Retirement, Moving, etc.)	Yes	No	Uncertain
If so, what changes are you expecting? _____			
Are you comfortable with your current cash flow?	Yes	No	Uncertain
Do you anticipate significant changes with your current cash flow?	Yes	No	Uncertain
If so, what changes are you expecting? _____			
Do you anticipate any major expenditure in the near future?	Yes	No	Uncertain
If so, what expenditures are you expecting? _____			
Monthly Expenses (Please complete Expense Worksheet or provide details of expenses)			
Fixed: Mortgage, insurance premiums, utilities, car payment, etc.	\$ _____		
Variable: Travel, food, entertainment, gas, personal care, etc.	\$ _____		
Protection (Please provide policy statements)			
Life Insurance			
Carrier & Policy Type: _____			
Total Benefit Amount: _____			
Cash Value: _____			
Outstanding Policy Loans: _____			
Premium Cost: _____			
Long-Term Care Insurance			
Carrier & Policy Type: _____			
Total Benefit Amount: _____			
Benefit Period: _____			
Monthly Benefit Amount: _____			
Premium Cost: _____			

Disability Coverage										
Carrier: _____										
Monthly Benefit Amount: _____										
Benefit Period: _____										
Premium Cost: _____										
Liability Coverage										
Carrier: _____										
Liability Coverage Amount: Carrier: _____										
Premium Cost: _____										
Retirement Planning Detail										
Major Purchases/Plans: New vehicle, vacations, 2 <sup>nd</sup> home, remodeling, etc.	Start Year _____			Number of Years			Estimated amount needed _____			
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Goals and Desires										
Leaving a legacy to heirs, minimizing expenses, starting a business, etc.										
Please detail here:										
Estate Planning										
Do you have any updated adequate wills?	Yes					No				
Have you established any trusts?	Yes					No				
Have you adequately considered estate taxes?	Yes					No				
Does your current estate plan reflect what you would like to occur at your passing?	Yes					No				
INVESTMENT GOALS										
	Low Priority					High Priority				
Return should exceed inflation rate	1	2	3	4	5	6	7	8	9	10
Principal should be safe	1	2	3	4	5	6	7	8	9	10
Investments should be liquid (immediately accessible)	1	2	3	4	5	6	7	8	9	10
Diversification is important	1	2	3	4	5	6	7	8	9	10
I want to reduce my taxable income	1	2	3	4	5	6	7	8	9	10
I want to build tax-free income	1	2	3	4	5	6	7	8	9	10
I am interested in long-term growth	1	2	3	4	5	6	7	8	9	10
I am interested in short-term profits	1	2	3	4	5	6	7	8	9	10
INVESTOR EXPERIENCE & HISTORY										
Assuming normal market conditions, what would you expect from this investment over time?										
To generally keep pace with the stock market										
To trail the stock market, but make a decent profit										
To have a high degree of stability, but only modest profits										

Which of these statements would best describe your attitude about the next three months' performance of this investment?

Who cares? One calendar quarter means absolutely nothing.

If I suffered a loss of greater than 10%, I'd get concerned.

**OTHER**

Please list any other questions you may have:



**COLONIAL RIVER**  
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