

Confidential Financial Planning Questionnaire

Document Checklist:

- Pay check detail showing all deductions
- Bank and investment account statements
- Retirement account statements
- Pension estimates and option summaries
- Social security statements
- Mortgage/loan statements
- Tax return
- Insurance policies
- Any other materials which you feel might be helpful

Name _____

Date _____

Personal Information

Marital Status: Single _____ Married _____ **Date Married:** _____

Names & Ages:

Individual 1

Individual 2

Name		
Birth Date		
Retirement Age		
Life Expectancy Age		
Social Security Number		

#

Home Address:

Address		
City, State, Zip		
Home Phone	() -	() -
Mobile Phone	() -	() -
Email Address		

Employment:

Individual 1

Individual 2

Occupation		
Employer		
Work Address		
City, State, Zip		
Work Phone	() -	() -

Dependents:

Name	Relationship	Birth Date	Dependent Until Age

Cash Flow, Expenses & Discretionary Spending

Monthly Net Income:

Do not count tax withholding or payroll deductions.

Average Monthly \$Surplus: –

How much do you have left over each month?

Average Monthly Spending:

Total of personal expenses, debt and discretionary spending

Expenses & Spending: Indicate **monthly (M)** or **annual (A)**, the current amount and expected amount in retirement.

	M/A	Current	Retirement		M/A	Current	Retirement
Rent/Lease (not Mortgage)				Child Expenses			
				School & Lunches			
Groceries				Day Care & Sitting			
Eating Out				Special Events			
				Child Support			
Household							
Supplies				Personal Care			
Improvements & Upkeep				Clothing			
Home Furnishings				Laundry & Dry Cleaning			
Domestic Help				Barber & Salon			
				Medication (not covered by insurance)			
Utilities				Health Club			
Gas & Electric				Other			
Water & Garbage							
Phone & Cellular				Entertainment			
Cable & Internet				Vacations			
				Hobbies			
Transportation				Holidays & Gifts			
Gas & Oil				Books & Subscriptions			
Maintenance & Repairs				Memberships & Dues			
Parking & Tolls				Pet Expenses			
Public Transportation				Alimony			
				Discretionary/Misc.			

Other Expenses & Goals: Enter one-time or periodic items such as future car purchases or an extended vacation.

Description	Annual Amount	Start Age	End Age	Note
Example: New Car	\$50k	50	75	New car every five years

Household Assets

- Please provide a copy of your most recent statement for each investment asset.
- Please enter Retirement Plan accounts such as IRAs or 401(k)s on the next page.

Investments:

	Description	Value	Monthly Additions	Owner
Checking Account 1:				
Checking Account 2:				
Savings Account 1:				
Savings Account 2:				
Money Market Account:				
Certificate of Deposit 1:				
Certificate of Deposit 2:				
Bond 1:				
Bond 2:				
Annuity 1:				
Annuity 2:				
Stock Certificates:				
Investment Account 1:				
Investment Account 2:				
Investment Account 3:				
Ltd Partnership/Business:				
Real Estate:				
Note or Mortgage Receivable:				
Other:				

Personal Assets:

	Description	Value	Appreciation Rate	Owner
Vehicle 1:				
Vehicle 2:				
RV/Boat:				
Other:				

Retirement Accounts

- Please provide a copy of your most recent statement for each account.
- Enter all personal and company monthly additions for each Retirement Plan type.

Individual 1:

	Description	Value	Monthly Personal Additions	Monthly Company Additions
457 Deferred Comp:				
IRA 1:				
IRA 2:				
IRA 3:				
IRA 4:				
Keogh:				
401k:				
Profit Sharing:				
SEP:				
SIMPLE IRA/401k:				
TSA/403b:				
Roth 401k:				
Roth IRA:				

Individual 2:

	Description	Value	Monthly Personal Additions	Monthly Company Additions
457 Deferred Comp:				
IRA 1:				
IRA 2:				
IRA 3:				
IRA 4:				
Keogh:				
401k:				
Profit Sharing:				
SEP:				
SIMPLE IRA/401k:				
TSA/403b:				
Roth 401k:				
Roth IRA:				

Liabilities

	Description	Balance	Rate %	Monthly Payment	Owner
Vehicle 1:					
Vehicle 2:					
RV/Boat:					
Credit Card 1:					
Credit Card 2:					
Credit Card 3:					
Personal Loan:					
Home Equity Loan					
Outstanding Margin:					
Other:					

Residences

- Please provide mortgage statements if possible.

	Residence 1	Residence 2	Residence 3
Description:			
Owner:			
Current Market Value:			
Mortgage Balance:			
Interest Rate & Term of Loan :			
Mortgage Start Date:			
Monthly Payment (P&I only):			
Age at Planned Sale:			
Estimated Replacement Cost:			

Education Planning

- What percentage of college costs do you plan to pay? _____
- When estimating college costs, include housing, books, and other miscellaneous expenses.

Name	Year Starting College	Number of Years	Current Funds Available	Monthly Additions	College Cost Per Year

Income

- Please provide pay stubs, pension option statements and Social Security benefit statements.

Individual 1:

Salary - Source	Start/Change Age	Annual Gross	% Increase	FICA Exempt?
Self Employment - Source	Start/Change Age	Annual Gross	% Increase	
Pension Income	Start/Change Age	Monthly Gross	% Increase	Survivor %
Social Security Income	Start/Change Age	Monthly Gross	% Increase	Survivor %

Individual 2:

Salary - Source	Start/Change Age	Annual Gross	% Increase	FICA Exempt?
Self Employment - Source	Start/Change Age	Annual Gross	% Increase	
Pension Income	Start/Change Age	Monthly Gross	% Increase	Survivor %
Social Security Income	Start/Change Age	Monthly Gross	% Increase	Survivor %

Other Income: Enter income from sources such as rental properties, expected inheritance, annuity or trust income.

Source	Start Age	End Age	Annual Gross	% Increase

Tax Information

- Please provide a copy of your most recent tax return.

Filing Status: Single _____ Joint _____ Head of Household _____
 Regular Exemptions _____ Individuals Over 64 or Blind _____

Schedule A – Itemized Deductions:

	Start/Change Age	Annual \$ Amount or % of Income	Annual % Increase
Charitable Contributions:			
Medical Expenses:			
Property Taxes:			
Property Taxes:			
Property Taxes:			
Other Taxes (Not Property or State):			
Other Taxes (Not Property or State):			
Miscellaneous Itemized Deductions:			

Other 1040 Schedules:

	Description	Start/Change Age	Annual \$ Amount or % of Income*
Sched D – Capital Gain/Loss:			
Sched E – Passive Gain/Loss:			
Other Taxable/Nontaxable Income:			
Other Federal Tax/Credit:			

*Enter losses as negative

Insurance

Term and Group Life Insurance Policies:

Description	Insured	Beneficiary	Face Value	Annual Premium

Permanent Life Insurance Policies:

Description	Insured	Beneficiary	Face Value	Cash Value	Annual Premium

Disability Insurance Policies:

Insured	Personal/Company Coverage	Long/Short Term	Monthly Benefit	Annual Premium

Other Insurance: Auto, Long-Term Care, Medical, Homeowners' and Property & Casualty policies

Description	Insured	Start/Change Age	Monthly Benefit if applicable	Annual Premium

Profile & Objectives

Risk Tolerance: Choose the level which best describes you.

	Individual 1	Individual 2
Very Conservative	_____	_____
Conservative	_____	_____
Moderate	_____	_____
Aggressive	_____	_____
Very Aggressive	_____	_____

Financial Objectives: On a scale of 1 (lowest) to 5 (highest) priority, indicate how much of a priority each objective is to you.

	Individual 1	Individual 2
Reducing income taxes	_____	_____
Protection from inflation	_____	_____
Maximum investment growth potential	_____	_____
Current spendable income from assets	_____	_____
Liquidity (convert assets to cash)	_____	_____

Average Rate of Inflation: Indicate what you believe will be the average rate of inflation.

Pre-retirement _____ Post-retirement _____

Estate

Do you have the following?

	Individual 1	Individual 2
Will		
Revocable Living Trust		
Marital Trust Provisions		
Credit Shelter Trust Provisions		
Qtip Trust Provisions		
Irrevocable Life Insurance Trust		
Durable General Power of Attorney		
Living Will		
Generation Skip Trust Provisions		
Joint Revocable Trust		
Testamentary Trust		

Goals & Concerns

What do you hope to accomplish by running a Financial Plan?

What long-term financial goals and/or concerns do you have?

What questions do you have for us?

Is there any other information you would like us to have?

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