

Financial Planning Intake Form



Date Completed: _____

Completed By:



Family Information

Client

Date of Birth:		Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Marital Status: <small>(single, married, separated, divorced, domestic partnership, widow, widower)</small>			

Spouse/Partner

Name (First/Last)			
Date of Birth:		Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>

Contact Info

Home Phone:	
Cell Phone:	
Spouse/Partner Cell Phone:	
Fax:	
E-mail:	
Spouse/Partner E-mail:	

Employment – Client

Employer Name			
Employer Address Line 1:			
Employer Address Line 2:			
City:		State:	
Zip:			
Work Phone:			
Work Fax:			
Work Email Address:			
Title/Position:			
Years Employed:			

Employment – Spouse/Partner

Employer Name			
Employer Address Line 1:			
Employer Address Line 2:			
City:		State:	
Zip:			
Work Phone:			
Work Fax:			
Work Email Address:			

Family Information

Children

First Name	Last Name	Date of Birth	Gender	Special Needs? (Yes / No)	Marital Status <small>(single, married, separated, divorced, domestic partnership, widow, widower)</small>

Real Estate/Property

	Primary Residence	Secondary Residence	Autos	Personal Property
Property Name:				
Address 1:				
Address 2:				
City:				
State:				
Zip:				
Property Type: <small>(Residence, Non-Residence)</small>				
Purchase Year:				
Purchase Amount:				
Current Value:				

Mortgage/Loans

	Primary Residence	Secondary Residence	Auto Loan	Personal Property
Mortgage Name:				
Institution Name:				
Loan Type <small>(Mortgage, Home Equity Loan):</small>				
Property Name:				
Current Balance:				
as of Date <small>(Current Balance):</small>				
Interest Rate:				
Loan Term (Years):				
Payment Frequency <small>(Monthly, Quarterly, Semi-Annually, Annually):</small>				
Payment:				

Retirement Goals

Taxable

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Total Value:					
Tax Basis:					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					

Qualified Retirement/529

(401(k), IRA, Money Purchase, Profit Sharing, 403(b), Pension, SEP, 529, Other)

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Type <i>(Traditional 401(k), Roth 401(k), IRA, Money Purchase, Profit Sharing, Traditional 403(b), Roth 403(b), Pension, SEP, Other)</i>					
Total Value:					
Established Year:					
Roth Value:					
Roth Cost Basis:					
Non-Roth Post-tax Cost Basis:					
Owner: <i>(Client, Spouse)</i>					
Beneficiary:					
Contingent Beneficiary:					
Delay RMD Until Post 70-1/2 Retirement? : <i>(Yes / No)</i>					

Contributions

Employee Contributions (For 401(k) or 403(b))

Type: <i>(None, Percent of Salary, Fixed Amount, Maximum, Maximum After Matching)</i>	
Percent:	
Dollar Amount:	

Employer Contributions (For 401(k), Money Purchase, 403(b), SEP, or Profit Sharing)

Type: <i>(None, Percent of Salary, Match Percent, Fixed Amount, Maximum)</i>	
Employer Percent Match of Employee Contribution:	
Maximum Employer Contribution Percent of Employee Salary:	
Amount:	

Insurance

Life Insurance

	(1)	(2)	(3)	(4)
Policy Name:				
Policy Number:				
Institution Name:				
Purchase Date:				
Policy Type <i>(Whole Life, VWL, Term, UL, VUL, Group, Other):</i>				
Term Ends at Retirement <i>(Group Life Only) (Yes / No):</i>				
Term (years) <i>(Term Life Only):</i>				
Insured <i>(Client, Spouse, Survivorship, etc.):</i>				
Owner <i>(Client, Spouse, Joint, etc.):</i>				
Beneficiary <i>(Client, Spouse, Survivorship, etc.):</i>				
Contingent Beneficiary:				
Current Death Benefit:				
Current Cash Value:				
Basis:				
Annual Premium:				
Premium Term <i>(Years):</i>				
Premium Payer <i>(Client, Spouse, Joint, etc.):</i>				

Insurance

Long Term Care

Long Term Care Policy

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Institution Name:			
Purchase Date:			
Insured (<i>Client, Spouse, Joint</i>):			
Owner (<i>Client, Spouse, Joint, Community</i>):			
Elimination Period (<i>0, 20, 30, 45, 50, 60, 90, 100, 120, 180 Days, 1 Year</i>):			

Premium

	(1)	(2)	(3)
Annual Premium:			
Premium Term (Years):			
Premium Payer (<i>Client, Spouse, Joint, Community, Employer Paid</i>):			

Benefit

	(1)	(2)	(3)
Benefit Amount:			
Period for Benefit Amount (<i>Annually, Quarterly, Monthly, Weekly, Daily</i>):			
Benefit is Taxable? (<i>Yes / No</i>):			
Benefit Type (<i>Indemnity / Reimbursement</i>):			
Benefit Period (<i>2, 3, 4, 5, 6, 7, 10 Years, Lifetime</i>):			
COLA % (<i>No Growth, Inflation, Custom</i>):			
COLA Type (<i>Simple, Compound</i>):			
Simple Cola Base:			
Cola Period (years):			

Insurance – Notes:

Sources of Income

Salary & Bonus

	(1)	(2)	(3)	(4)
Salary / Bonus Name:				
Annual Amount:				
Owner <i>(Client, Spouse, Joint):</i>				
Ends <i>(Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration):</i>				

Social Security

	Client	Spouse
Benefit Is <i>(Not Included (No benefits), Estimated from Income, Manually Specified):</i>		
Benefit Begins at Age:		
Annual Retirement Benefit:		
Annual Disability Benefit:		
Annual Surviving Child Benefit:		

Other Income

	(1)	(2)	(3)	(4)
Other Income Name:				
Type <i>(Business Distribution, Partnership Distribution, Real Estate, Trust, Other):</i>				
Tax Treatment <i>(Earned Income, Capital Gains, Qualified Dividends, Investment Ordinary Income, Non-Taxable):</i>				
Annual Amount:				
Owner <i>(Client, Spouse, Joint, etc.):</i>				
Starts <i>(Retirement, at Death, Calendar Year, etc.):</i>				
Ends <i>(Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration):</i>				

Living Expenses

Current Expenses:	
Retirement Expenses:	

- or -

Living Expenses – Worksheet

Description	Type <small>(Basic, Medical, Property Taxes, Discretionary, etc.)</small>	Current Amount
Property Tax	Tax	
Home Insurance	Insurance	
Home Maintenance – Lawn Care, Cleaning Service, Pool Cleaning, etc	Basic	
HOA	Basic	
Utilities – Electric, Gas, Water, Phone, Internet	Basic	
Health Insurance – Premiums, Prescriptions, Other Medical	Insurance	
Auto Insurance	Insurance	
Auto Maintenance – Fuel, Upkeep	Auto	
Groceries	Food	
Clothing	Basic	
Subscriptions	Basic	
Misc. Basic	Basic	
Other Expenses		
Travel	Travel	
Hobbies	Recreation	
Entertainment	Recreation	
Dining Out	Food	
Club Dues	Recreation	
Recreation	Recreation	
Misc. Wants	Wants	

Wills/Trusts/Gifts

Description	Date Completed/Updated	Attorney Contact
Will		
Power of Attorney		
Medical Power of Attorney		
Medical Directives		
Guardianship		
Trust		
Charitable Trust		

Financial Priorities

Retirement/ Investment

Rate the importance of each item according to the following scale:

	Low	Med	High
Your retirement goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having all of your portfolios consolidated and analyzed to make sure your overall plan is on track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matching your risk tolerance to that of your investment portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against that of an index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against your plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative retirement methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing the taxes on your investment accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing techniques to save income tax and estate taxes on deferred money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asset protection in the result of serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting assets in the event that you require long term care in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving adequate income in the event of disability during your working years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your spouse in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generating a guaranteed retirement income stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your children in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estate

Rate the importance of each item according to the following scale:

	Low	Med	High
Distributing assets equally to your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your assets transferred to your children from creditors, divorce, and bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your insurance portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing different methods of meeting your estate tax liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable planning to your estate's planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing annually to charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifting to your children if it doesn't interfere with your financial independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for your grandchildren's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your current will structure to eliminate unnecessary taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your residence and/or vacation home from estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your estate in trust for your spouse in order to protect your children's inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

