

FINANCIAL PLANNING QUESTIONNAIRE



Get Started

PERSONAL INFORMATION

	Client A	Client B
Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	/ /	/ /
Address (full)		
Cell Phone		
Email Address		
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Other	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Other
Employer		
Occupation		
Employment Income	\$	\$
Other Income (non investment only)	\$	\$
Marital Status		

DEPENDENTS/BENEFICIARIES

Name	Date of Birth	Relationship
	/ /	
	/ /	
	/ /	
	/ /	

PROFESSIONAL CONTACTS

	Name/Firm
Attorney	
Accountant	
Life Insurance Agent	

FINANCIAL AREAS OF CONCERN

Expectations	Client A	Client B
Investment Management	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Income	<input type="checkbox"/>	<input type="checkbox"/>
Estate Planning & Wealth Transfer	<input type="checkbox"/>	<input type="checkbox"/>
Tax Planning	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Planning/Risk Management	<input type="checkbox"/>	<input type="checkbox"/>
Charitable Giving	<input type="checkbox"/>	<input type="checkbox"/>
Upcoming Life Events	<input type="checkbox"/>	<input type="checkbox"/>
College Planning	<input type="checkbox"/>	<input type="checkbox"/>
Less Stress-Peace of Mind	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

REAL ESTATE

Property 1	
Estimated Value	\$
Mortgage Remaining	\$
Interest Rate %	
PMT	
HOA	

Property 2	
Estimated Value	\$
Mortgage Remaining	\$
Interest Rate %	
PMT	
HOA	

RETIREMENT AGE AND LIVING EXPENSES

When would you like to retire? Enter your target retirement age. Then, indicate how willing you are to delay retirement beyond that age if it helps you fund your goals. Finally, indicate your living expense amount.

	Client A (e.g., age 65)	Client B (e.g., age 65, together)
What age would you like to retire?	<input type="checkbox"/>	<input type="checkbox"/>
How willing are you to retire later?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Very
Living expense amount	<input type="checkbox"/> Use my Estimate \$_____	

ESTATE PLANNING

I have a Will Trust

SOCIAL SECURITY BENEFITS

If available, provide your Social Security estimate from ssa.gov.

	Client A	Client B
Are you eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving now	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving now
Benefit amount	Primary Insurance Amount (PIA) \$ _____	Primary Insurance Amount (PIA) \$ _____
When to start	<input type="checkbox"/> at full retirement age (per social sec) <input type="checkbox"/> at age _____ <input type="checkbox"/> at retirement	<input type="checkbox"/> at full retirement age (per social sec) <input type="checkbox"/> at age _____ <input type="checkbox"/> at retirement

RETIREMENT INCOME

(Pension, part-time work, rental properties, annuities, royalties, alimony)

Description	Client		Monthly income	Start year	Year it ends or No. of years	% Survivor Benefit	Check if amount inflates	GPO
	A	B						
	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>

INVESTMENT ASSETS

Identify all the resources you have to fund your goals. Don't worry about determining the exact amounts; reasonable estimates are fine. If available, provide your investment statements.

Client A

Investment Type	Current Value	Annual Additions	Approximate Allocation		
			Cash	Bond	Stock
Retirement Plans (e.g. 401k, 403b)	\$	\$ or %	%	%	%
Employer Match	\$	\$ or %			
Traditional IRA	\$		%		%
Roth IRA	\$		%		%
529 Savings Plan	\$		%		%
Annuities	\$		%		%
HSA	\$		%		%
Taxable/Brokerage	\$				
Other	\$				

Client B

Investment Type	Current Value	Annual Additions	Approximate Allocation		
			Cash	Bond	Stock
Retirement Plans (e.g. 401k, 403b)	\$	\$ or %	%	%	%
Employer Match	\$	\$ or %			
Traditional IRA	\$		%		%
Roth IRA	\$		%		%
529 Savings Plan	\$		%		%
Annuities	\$		%		%
HSA	\$		%		%
Taxable/Brokerage	\$				
Other	\$				

EXTRA SAVINGS

Average balance in checking & savings account	\$
Enter the maximum additional amount you could save each year above annual savings:	\$
How willing are you to save more?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Very

INSURANCE

Have your insurance reviewed and analyzed to see if you have enough coverage.

	Client A	Client B	Notes
Group/Term Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Death Benefit	\$	\$	
Cash Value Life Insurance (e.g. NSL, Whole Life)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Death Benefit	\$	\$	
Cash Value	\$	\$	
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long-Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

RISK SCORE

How much market risk are you willing to accept? On a scale of 1 to 100, with 1 being the lowest risk and 100 being the highest risk, what's your risk score?

Client A	Client B

Anything else you'd like to tell us that would help us get to know you and your financial goals?

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