

FINANCIAL PLANNING QUESTIONNAIRE

Client: _____

Personal and Confidential

The Rickaway Swisher Group

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Baird Private Wealth Management

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.

Personal Information

Personal Information

	Client	Co-Client
Full name	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Social Security Number	<input type="text"/>	<input type="text"/>
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Best Phone Number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Street Address	<input type="text"/>	
Mailing Address if PO Box	<input type="text"/>	
State of residence	<input type="text"/>	
Employment status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employment income	\$ <input type="text"/>	\$ <input type="text"/>
Employer Name	<input type="text"/>	<input type="text"/>
Job Title	<input type="text"/>	<input type="text"/>
Number of Years at Employer	<input type="text"/>	<input type="text"/>
U.S. Federal Tax Bracket	<input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 12% <input type="checkbox"/> 22% <input type="checkbox"/> 24% <input type="checkbox"/> 32% <input type="checkbox"/> 35% <input type="checkbox"/> 37% <input type="checkbox"/> Other <input type="text"/> %	
Other pre-retirement income <i>(non-investment related)</i>	\$ <input type="text"/>	\$ <input type="text"/>
Net Worth	<input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$10,000 to \$24,999 <input type="checkbox"/> \$25,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$199,999	<input type="checkbox"/> \$200,000 to \$499,999 <input type="checkbox"/> \$500,000 to \$999,999 <input type="checkbox"/> \$1,000,000 to \$4,999,999 <input type="checkbox"/> Over \$5,000,000
Business Valuation / Interest <i>(if applicable)</i>	Ownership <input type="text"/> % Estimated Valuation \$ <input type="text"/>	

Personal Information

Estimated Value of
Emergency Outside
Cash Assets

- ☐ Under \$10,000
- ☐ \$10,000 to \$24,999
- ☐ \$25,000 to \$49,999

- ☐ \$50,000 to \$199,999
- ☐ \$200,000 to \$499,999
- ☐ Over \$500,000

Client

<1 1-5 >5

Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Co-Client

<1 1-5 >5

Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Years of Investment
Experience

Beneficiary Relationships

Name

Date of Birth

Notes / Relationship

SS#

____/____/____

SS#

____/____/____

SS#

____/____/____

SS#

____/____/____

SS#

____/____/____

SS#

____/____/____

SS#

____/____/____

SS#

____/____/____

College Goals? – Yes or No

Personal Information

ASSETS

Real Assets

Primary Residence Value \$ _____ Mortgage? _____

Secondary Residence Value \$ _____ Mortgage? _____

Investment Property Value \$ _____ Mortgage? _____

Life, Disability, & Long Term Care Insurance

Do you currently own Life Insurance? ☐ Client ☐ Co-Client
If so, policy type ☐ Term ☐ Whole Life ☐ Term ☐ Whole Life

Do you currently own Disability Insurance? ☐ Client ☐ Co-Client

Do you currently own Long Term Care Insurance? ☐ Client ☐ Co-Client

Brokerage Accounts: **How did you make your money?**

Retirement Plans: _____

Pensions: _____

Social Security: _____

Business Interest: _____

Estate Information:

	Client	Co-Client
Will	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Includes Bypass Trust	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Date Last Reviewed	_____	
Medical Directive	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Power of Attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

GOALS

What would you like to achieve with your money? How much is enough? Time Frame?

Goal 1: _____

Goal 2: _____

Goal 3: _____

Goal 4: _____

Personal Information

VALUES

Who do you think is the person in your life most responsible for influencing your present attitude towards your money? Who is most important to you?

What is really important to you & what do you want your wealth to do for you? Most out of life?

If you were to wake up tomorrow without a penny to your name, what is the #1 thing that happened and wiped out your wealth?

HOW ASSETS IMPACT ME?

How do you save or set aside money to invest? Is that likely to change in the next three years?

How do you make investment decisions?

What are the three words that come to mind when I say the words 'investment performance'?

What was your most painful financial mistake? How did you deal with it?

What was your biggest financial win? How did you feel about it?

What's your opinion on taxes? What kinds of taxes bother you the most?

PROCESS

What was your experience with your last financial advisor – what did you like and dislike?

What is important to you in a relationship with a Financial Advisor?

If there is one thing you are looking for me to provide to you that you cannot access on your own, what would it be?

How involved do you like to be in managing your finances?

Personal Information

ADVISORS

Who else do you rely on?

Referral?

Financial Advisor: _____

CPA/tax professional: _____

Attorney: Business _____

Insurance Professional: _____

Others you rely on for advice: _____

CLIENT EXPECTATIONS

What is your preferred method of contact?

☐ Email ☐ Phone ☐ Regular Mail

How often would you like to hear from us?

☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Annually

How often would you like to meet?

☐ Quarterly ☐ Semi-Annually ☐ Annually

Would you like to be included in our informational distribution list?

☐ Yes ☐ No

Would you like to receive additional materials to analyze your investments?

☐ Yes ☐ No

Would you like to receive pertinent investment information from the money managers of your strategies?

☐ Yes ☐ No

INTERESTS

Hobbies: _____

Sport/leisure activities: _____

Organizations involved in: _____

Children's Activities: _____

Do you have health concerns or interests? _____

Is there anything else you would like us to know?

On a scale of 1 to 10, how much of what I've said do you actually believe?

Personal Information

Notes:

[illegible]

Regular Expenses		Monthly Amount
A.	Mortgage or rent	\$
B.	Homeowners insurance	\$
C.	Utilities and phone	\$
D.	Food	\$
E.	Clothing	\$
F.	Entertainment (including dining out)	\$
G.	Transportation (including gas and maintenance)	\$
H.	Insurance premiums	\$
I.	Other regular expenses	\$
J.	Monthly regular expenses (<i>add lines A through I</i>)	\$
K.	Annual regular expenses (<i>multiply line J by 12</i>)	\$
Occasional Expenses		
L.	Out of pocket healthcare costs	\$
M.	Out of pocket long term care costs	\$
N.	Vacations/travel	\$
O.	Club memberships	\$
P.	Hobbies	\$
Q.	Home repairs and upkeep	\$
R.	Charitable contributions	\$
S.	Other occasional expenses	\$
T.	Monthly occasional expenses (<i>add lines L through S</i>)	\$
U.	Annual occasional expenses (<i>multiply line T by 12</i>)	\$
Onetime expenses expected in a typical year		
V.	Major home improvement or second home	\$
W.	New car	\$
X.	Property taxes	\$
Y.	Other taxes	\$
Z.	Other onetime expenses	\$
AA.	Total onetime expenses (<i>add lines V through Z</i>)	\$
BB.	Total annual expenses (<i>add lines K, U and AA</i>)	\$
Monthly Income		
CC.	Social Security	\$
DD.	Pension(s)	\$
EE.	Investments	\$
FF.	Other sources	\$
GG.	Total monthly income (<i>add lines CC through FF</i>)	\$
HH.	Total annual income (<i>multiply line GG by 12</i>)	\$
II.	Annual budget surplus or shortfall (<i>subtract line BB from line HH</i>)	\$