

Date: _____

FINANCIAL PLANNING QUESTIONNAIRE

SECTION 1: CONFIDENTIAL CLIENT DATA

Personal Information

Client 1		Client 2	
Name		Name	
DOB		DOB	
Relationship Status to Client 2		Relationship Status to Client 1	

Contact Information

Client 1		Client 2	
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Email		Email	
Home Address		Home Address	

Children (or Other Financial Dependents) Information

Name		DOB		Relationship?		At home?	
Name		DOB		Relationship?		At home?	
Name		DOB		Relationship?		At home?	

Diminished Capacity / Elder Financial Abuse Contact

Please provide the name and contact information of a trusted family member or non-relative “advocate” who can be contacted in the event activities arise that may be related to diminished capacity or possible elder abuse issues.

Name		Relationship?		Phone Number?		Email address?	
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Date: _____

SECTION 2: FINANCIAL PLANNING NEEDS

What prompted your seeking out of financial planning services?

What are the most pressing questions/issues you would like addressed in this financial plan? Are there any aspects of your financial life that you **do not need** addressed in this financial plan?

How knowledgeable are you about investing (advanced/working knowledge/beginner) and do you have an investment philosophy or approach?

Date: _____

SECTION 3: FAMILY & OTHERS AFFECTED BY FINANCIAL DECISIONS

Are there any special considerations that relate to the future of your children? (Examples include future education, living conditions, disabilities or special needs, prior marriages, and special talents.)

Is there anyone you are supporting now, or will be supporting in the future, whom you want to consider in your planning?

Are there any unique aspects of your family situation that warrant additional consideration or special planning, such as chronic health conditions or other challenges?

Date: _____

SECTION 4: CURRENT EMPLOYMENT (IF APPLICABLE – IF RETIRED, SEE NEXT PAGE)

Employment Information

	Client 1	Client 2
Employer		
Occupation		
Number of years employed		
Position		
Annual salary		
Annual bonuses/commissions		
Other earned income		
Do you anticipate employment changes? If so, when?		
At what age do you plan to retire?		

If you were going to retire today, approximately how much annual after-tax income would you need to live comfortably?
(If you do not know, we can determine this amount together.)

\$ _____

Date: _____

SECTION 4a: RETIREMENT INCOME (IF APPLICABLE)

Retirement Information

	Client 1	Client 2
Number of years retired		
Annual Social Security income		
Annual pension income		
Annual income from annuities		
Annual income from investments		
Other annual income		

	Client 1	Client 2
Do you feel that your current income is sufficient to meet your needs? If no, please explain.		
Do you anticipate working again? If yes, please explain.		

DOCUMENTS & INFORMATION NEEDED FOR FINANCIAL PLANNING ANALYSIS

CURRENT FINANCIAL SITUATION	<ul style="list-style-type: none"> • Please complete Statement of Financial Position (see attached) & submit any related documents as necessary. • Please complete Cash Flow Analysis (see attached) & submit any related documents as necessary. • Please provide a copy of your most recent paycheck. • Please provide college savings account statements. • Are you saving for a public or private college? _____
INSURANCE PLANNING	<ul style="list-style-type: none"> • List below your current insurance policies: _____ _____ _____ _____ • Please provide Insurance policy documents such as life, disability, health, homeowners, auto, renters, long-term care and umbrella.
INVESTMENT PLANNING	<ul style="list-style-type: none"> • Please provide the most recent quarterly statements for your investment accounts, including cost basis of holdings. • Please complete the Vanguard "Investor Questionnaire" (see attached) and submit the completed form to us.
RETIREMENT PLANNING	<ul style="list-style-type: none"> • Please complete the longevity questionnaire & submit its results (www.longevityillustrator.org) • Please provide the most recent quarterly statements for your tax-advantaged retirement accounts (e.g., 401k, IRA, etc.). • Please provide information on any pensions, annuities, etc. • Please provide your Employer Sponsored Retirement Plan Summary, including your menu of investment choices (e.g., mutual funds) for your retirement account. • Please provide your Social Security projected benefit statement.
TAX PLANNING	<ul style="list-style-type: none"> • Please provide your tax returns for the most recent two years.
ESTATE PLANNING	<ul style="list-style-type: none"> • Do you have a will? _____ • If you have a will, when was it last updated? _____ • Do you have a durable power of attorney? _____ • Do you have a health care power of attorney? _____ • Do you have a living will? _____