

Financial Planning Questionnaire

PERSONAL INFORMATION		A	B	
Name				
Date of Birth	/ /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	/ /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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="checkbox"/> Monthly <input type="checkbox"/> Annually	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Other Income (non-investment)	\$	Source:	\$	Source:
Relationship Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner	

CHILDREN/GRANDCHILDREN (or any other participant to be included in this plan; attach additional list if needed)		
Name	Date of Birth	Relationship
	/ /	
	/ /	
	/ /	

FINANCIAL GOALS (Check all that apply.)		
<input type="checkbox"/> Retirement	<input type="checkbox"/> Travel	<input type="checkbox"/> Car
<input type="checkbox"/> Health care	<input type="checkbox"/> Leave bequest	<input type="checkbox"/> Celebration
<input type="checkbox"/> Private school	<input type="checkbox"/> College	<input type="checkbox"/> Provide care
<input type="checkbox"/> Major purchase	<input type="checkbox"/> Wedding	<input type="checkbox"/> Start Business
<input type="checkbox"/> New home <input type="checkbox"/> Home improvement	<input type="checkbox"/> Other _____	<input type="checkbox"/> Gift or donation

RETIREMENT AGE		A	B	
Target Retirement Age	Age:	Date:	Age: Date:	
How willing are you to retire later?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly willing	<input type="checkbox"/> Somewhat willing <input type="checkbox"/> Very willing	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly willing	<input type="checkbox"/> Somewhat willing <input type="checkbox"/> Very willing

RETIREMENT INCOME						
Social Security	Value:	Starting at age:		Value:	Starting at age:	
	\$ _____	<input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> Full retirement age _____		\$ _____	<input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> Full retirement age _____	
	(monthly)			(monthly)		
Pension Income	Value:	Start date	End date	Value	Start date	End date
	\$ _____	/ /	(or number of years) / /	\$ _____	/ /	(or number of years) / /
	(monthly)			(monthly)		
Other Income	Value:	Start date	End date	Value	Start date	End date
source	\$ _____	/ /	(or number of years) / /	\$ _____	/ /	(or number of years) / /
	(monthly)			(monthly)		
Other Income	Value:	Start date	End date	Value	Start date	End date
source	\$ _____	/ /	(or number of years) / /	\$ _____	/ /	(or number of years) / /
	(monthly)			(monthly)		

Note: If assets are held outside of Central Investment Advisors or Central Bank, please include a copy of a recent statement.

INVESTMENT ASSETS Include employer retirement (other than pension), Traditional/Roth IRA, Annuities, etc.				
Description	Owner	Current Value	Annual Additions	Assign (how to use)
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint			
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint			
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint			
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint			

OTHER ASSETS home, business, real estate, rental property, personal property, etc.				
Description	Owner	Current Value	Annual Additions	Assign (how to use)
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint			
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint			
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint			
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint			

EXTRA SAVINGS

Enter the maximum amount you could save each year in addition to what you are saving now: \$ _____

How willing are you to save more? Not at all Somewhat willing Slightly willing Very willing

LIFE INSURANCE	A	B	Notes
Group/Term Life Insurance Death Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	
Other Life Insurance Death Benefit Cash Value	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ \$ _____	

LIFESTYLE GOALS Rate the importance of each goal on a scale of 1 to 10 (Needs = 10, 9, 8 Wants = 7, 6, 5, 4 Wishes = 3, 2, 1)

Bequest New Car College	Celebration/wedding Donation/gift Home improvement	Healthcare Major purchase New home	Private school Provide care Start a business	Travel Vacation home Other	Level of Importance high (10) to low (1)	Description	Start year	Start at Retirement A B	Target amount	How often?	How many times?

RISK SCORE

How much risk are you willing to accept? On a scale of 1 to 100, with 1 being the LEAST risk and 100 being the GREATEST, what's your risk score?	A			B			
	Men			Women			
Two-thirds of all investors score between 40 and 60. Only 1 in 1,000 select a score lower than 20 or greater than 80. Does your score feel correct as you compare yourself to others?	Age group	>64	50-64	<50	>64	50-64	<50
	Average score	50	54	59	45	48	52

Debt Liabilities

TYPE OF LIABILITY	PAID	MONTHLY PAYMENT	BALANCE	INTEREST RATE	MATURITY DATE	LIEN HOLDER
Mortgage (1)		\$	\$			
Mortgage (2)		\$	\$			
Home Equity		\$	\$			
Auto (1)		\$	\$			
Auto (2)		\$	\$			
Credit Card (1)		\$	\$			
Credit Card (2)		\$	\$			
Credit Card (3)		\$	\$			
Credit Card (4)		\$	\$			
Student Loan (1)		\$	\$			
Student Loan (2)		\$	\$			
Other Debt		\$	\$			
Other Debt		\$	\$			
Other		\$	\$			

Other Liabilities / Responsibilities

DESCRIPTION	PAID TO	MONTHLY PAYMENT	END DATE	NOTES
Alimony		\$		
Alimony		\$		
Child Support		\$		
Child Support		\$		
Child Support		\$		
Child Support		\$		
Elder Care		\$		
Elder Care		\$		
Legal Judgement		\$		
Other		\$		
Other		\$		
Other		\$		

Confidential Budget Data

A: _____

B: _____

Housing	Current Monthly Amount	Current Annual Amount	Projected Monthly Amount	Projected Annual Amount	Final Payment Date
1st Mortgage	\$	\$	\$	\$	
2nd Mortgage	\$	\$	\$	\$	
Home Equity Loan	\$	\$	\$	\$	
Rent	\$	\$	\$	\$	
Real Estate Taxes	\$	\$	\$	\$	
Home Insurance	\$	\$	\$	\$	
Association Fees	\$	\$	\$	\$	
Electricity/Oil/Gas	\$	\$	\$	\$	
Trash Pickup	\$	\$	\$	\$	
Water/Sewer	\$	\$	\$	\$	
Cable/Satellite TV	\$	\$	\$	\$	
Internet	\$	\$	\$	\$	
Telephone	\$	\$	\$	\$	
Home Repairs	\$	\$	\$	\$	
Home Maintenance	\$	\$	\$	\$	
Furniture	\$	\$	\$	\$	
Lawn Care	\$	\$	\$	\$	
Household Help	\$	\$	\$	\$	
Other	\$	\$	\$	\$	
Total	\$	\$	\$	\$	

Confidential Budget Data continued

Vehicle #1	Current Monthly Amount	Current Annual Amount	Projected Monthly Amount	Projected Annual Amount	Final Payment Date
Loan Payment	\$	\$	\$	\$	
Lease Payment	\$	\$	\$	\$	
Auto Insurance	\$	\$	\$	\$	
Personal Property Tax	\$	\$	\$	\$	
Fuel	\$	\$	\$	\$	
Repairs/Maintenance	\$	\$	\$	\$	
Parking/Tolls	\$	\$	\$	\$	
Storage	\$	\$	\$	\$	
Other	\$	\$	\$	\$	
Total	\$	\$	\$	\$	

Vehicle #2	Current Monthly Amount	Current Annual Amount	Projected Monthly Amount	Projected Annual Amount	Final Payment Date
Loan Payment	\$	\$	\$	\$	
Lease Payment	\$	\$	\$	\$	
Auto Insurance	\$	\$	\$	\$	
Personal Property Tax	\$	\$	\$	\$	
Fuel	\$	\$	\$	\$	
Repairs/Maintenance	\$	\$	\$	\$	
Parking/Tolls	\$	\$	\$	\$	
Storage	\$	\$	\$	\$	
Other	\$	\$	\$	\$	
Total	\$	\$	\$	\$	

Personal Insurance	Current Monthly Amount	Current Annual Amount	Projected Monthly Amount	Projected Annual Amount	Final Payment Date
Disability (A)	\$	\$	\$	\$	
Disability (B)	\$	\$	\$	\$	
Life (A)	\$	\$	\$	\$	
Life (B)	\$	\$	\$	\$	
Long Term Care (A)	\$	\$	\$	\$	
Long Term Care (B)	\$	\$	\$	\$	
Medical (A)	\$	\$	\$	\$	
Medical (B)	\$	\$	\$	\$	
Umbrella Liability	\$	\$	\$	\$	
Other		\$		\$	
Total	\$	\$	\$	\$	

Confidential Budget Data continued

Personal and Family		Current Monthly Amount	Current Annual Amount	Projected Monthly Amount	Projected Annual Amount	Final Payment Date
Alimony		\$	\$	\$	\$	
Adult Care		\$	\$	\$	\$	
Charitable Donations		\$	\$	\$	\$	
Child	Support	\$	\$	\$	\$	
	Care	\$	\$	\$	\$	
	Allowance	\$	\$	\$	\$	
Child	Support	\$	\$	\$	\$	
	Care	\$	\$	\$	\$	
	Allowance	\$	\$	\$	\$	
Clothing	A	\$	\$	\$	\$	
	B	\$	\$	\$	\$	
	Children	\$	\$	\$	\$	
Credit Card Debt (Monthly Payment)		\$	\$	\$	\$	
Dining Out		\$	\$	\$	\$	
Education		\$	\$	\$	\$	
Entertainment		\$	\$	\$	\$	
Gifts		\$	\$	\$	\$	
Groceries		\$	\$	\$	\$	
Healthcare (NOT Insurance Premiums)	Dental	\$	\$	\$	\$	
	Medical	\$	\$	\$	\$	
	Prescription	\$	\$	\$	\$	
	Vision	\$	\$	\$	\$	
Hobbies		\$	\$	\$	\$	
Household Items		\$	\$	\$	\$	
Laundry/Dry Cleaning		\$	\$	\$	\$	
Personal Care		\$	\$	\$	\$	
Recreation		\$	\$	\$	\$	
Student Loan		\$	\$	\$	\$	
Vacation/Travel		\$	\$	\$	\$	
Other		\$	\$	\$	\$	
Total		\$	\$	\$	\$	