

Please complete this questionnaire as accurately and thoroughly as possible. In some cases, a statement from your bank, broker/custodian, etc. will suffice.

Complete only the sections that apply to your financial plan.

FAMILY HEALTH AND DEPENDENCY

Do any members of your family have significant health problems? Yes No

If yes, please provide details:

Does anyone other than your children depend financially on you or your spouse? Yes No

If yes, please provide details:

FINANCIAL PLANNING GOALS

Please list your specific financial planning goals and indicate their **relative importance** to you *and* your spouse. If possible, quantify your goal (i.e., I would like to retire with \$50,000 per year of income).

GOAL	IMPORTANCE	
	You	Spouse
	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat
	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat
	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat
	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat

ASSETS AND LIABILITIES

Please include copies of your most recent statements or net worth statement.

ASSET SUMMARY	Attached or Value	ASSET SUMMARY (CONT.)	Attached or Value
Checking		Personal Residence(s)	
Savings/Bank			
		Personal Property	
		<i>Auto 1</i>	
		<i>Auto 2</i>	
Brokerage Accounts		<i>Furniture</i>	
		<i>Jewelry/Art</i>	
		<i>Other</i>	
		LIABILITIES SUMMARY	Attached or Balance
		1 st Mortgage (Int. Rate _____%)	
Stock Options		Date of Origin: _____ Term: _____	
		Monthly Payment (Principal + Int.)	
Mortgage/Note Receivable		2 nd Mortgage (Int. Rate _____%)	
Annuities		Date of Origin: _____ Term: _____	
		Monthly Payment (Principal + Int.)	
Life Insurance Cash Value			
		Home Equity Line	
Limited Partnerships			
		Credit Cards	
Retirement Plans		Notes Payable	
		Auto Loans	
		Investment Loans	
		Margin Account Balance	
Investment Property		Future Obligations	
		Other	

BORROWING & CREDIT

- Do you or your spouse have a line of credit with a bank? How Much? _____ Yes No
- Are you considering making a major durable goods purchase (car, trailer, appliance, etc.) soon? Yes No
 How much do you plan to spend? _____
- Are you considering the purchase of a home soon? Yes No
 Time Frame: _____ How much do you plan to spend? _____
- Are you considering any major home improvements? Yes No
 Time Frame: _____ How much do you plan to spend? _____
- Are you considering the purchase of a vacation time share? Yes No
 Time Frame: _____ How much do you plan to spend? _____
- Have you or your spouse considered leasing a personal automobile? Yes No
 Time Frame: _____ How much do you plan to spend? _____
- Are you considering securing a home equity loan? Yes No
 Time Frame: _____ How much do you plan to spend? _____

INCOME

Please include a copy of your most recent paystub(s).

Annual Income	You	Increase Rate/Year	Spouse	Increase Rate/Year
Salary (Gross)				
Bonus				
Net Business Income (Loss)				
Dividends/Interest				
Social Security				
Net Rental Income (Loss)				
Gifts				
Retirement Income				
Other				
TOTAL GROSS INCOME				

EXPENSES

Expense	Amount	% Increase per Year	% Increase /Reduction in Retirement
DEBT SERVICING	Per (MO /YR)		
Mortgage	Per		
Auto Loans / Lease	Per		
Other: _____	Per		
INSURANCE	Per (MO /YR)		
Homeowner's	Per		
Auto	Per		
Umbrella	Per		
Life Insurance	Per		
Disability	Per		
Long Term Care	Per		
Other: _____	Per		
GENERAL LIVING	Per (MO /YR)		
Electric	Per		
Water	Per		
Gas	Per		
Food	Per		
Dining Out	Per		
Clothing	Per		
Security	Per		
Internet	Per		
TV	Per		
Pool /Yard Maintenance	Per		
Auto Repair & Maintenance	Per		
Fuel	Per		
Vacations	Per		
Other: _____	Per		
Other: _____	Per		
Other: _____	Per		
MEDICAL AND TAXES	Per (MO /YR)		
Federal Taxes	Per		
Real Estate Taxes	Per		
Prescriptions and Doctors	Per		
Charitable Contributions	Per		

INSURANCE & ANNUITIES

Please include a copy of the Declaration Page from each policy.

Insurance Type	You	Spouse	Premium Paid By	
			You	Employer
Life Insurance – Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance – Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance – Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance – Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance – Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuity - Fixed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuity – Variable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalization, Major Medical, HMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director’s Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner’s or Renter’s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Personal Property (for valuables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RETIREMENT PLANNING

If you are already retired, please skip this section, and proceed to Estate Planning.

At what age do you and your spouse plan to retire? You _____ Spouse _____

Have you invested in tax-deferred annuities or are you considering doing so? Yes No

Are you taking full advantage of elective deferrals (401k and 403b plans)? Yes No

Do you expect to receive an inheritance within the year? If so, \$ _____ Yes No

Does your spouse expect to receive an inheritance within the year? If so, \$ _____ Yes No

Are you eligible for Social Security benefits? Yes No

Is your spouse eligible for Social Security benefits? Yes No

Have you estimated how much income you will have upon retirement? Yes No

If you have estimated your retirement income, do you think it's sufficient to live on? Yes No

Will you have the option of taking a lump-sum pension payment at retirement? Yes No

What will your income requirements be when you retire (in today's dollars)? Yes No

Describe your plans for retirement. Include a description of your retirement lifestyle.

PROFESSIONAL ACTIVITIES

Are you or your spouse engaged in any professional activities, paid or unpaid, outside of your main employment (e.g., moonlighting, board memberships, volunteer work, professional association memberships, etc.)? Yes No

If yes, please provide details:

EDUCATION PLANNING

CHILDREN/GRANDCHILDREN INFORMATION				EDUCATION PLANNING		
Name	Date of Birth	Social Security #	Claimed as Dependent	Number of Years in College	Location	Type
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In State <input type="checkbox"/> Out of State	<input type="checkbox"/> Public <input type="checkbox"/> Private
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In State <input type="checkbox"/> Out of State	<input type="checkbox"/> Public <input type="checkbox"/> Private
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In State <input type="checkbox"/> Out of State	<input type="checkbox"/> Public <input type="checkbox"/> Private
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In State <input type="checkbox"/> Out of State	<input type="checkbox"/> Public <input type="checkbox"/> Private
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In State <input type="checkbox"/> Out of State	<input type="checkbox"/> Public <input type="checkbox"/> Private
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In State <input type="checkbox"/> Out of State	<input type="checkbox"/> Public <input type="checkbox"/> Private
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In State <input type="checkbox"/> Out of State	<input type="checkbox"/> Public <input type="checkbox"/> Private
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In State <input type="checkbox"/> Out of State	<input type="checkbox"/> Public <input type="checkbox"/> Private
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In State <input type="checkbox"/> Out of State	<input type="checkbox"/> Public <input type="checkbox"/> Private

ESTATE PLANNING

Please provide copies of wills, trusts, and any other estate or ancillary documents.

	You		Spouse	
	Yes	No	Yes	No
Do you have a will?				
Are there any amendments to the will?				
Are you planning to make any changes to the will?				
Is the will up to date?				
Do you have a Durable Power of Attorney?				
Do you have a Living Will?				
Do you have a Directive to Physicians?				
Do you have a Medical Power of Attorney?				
Do you have a Authorization for Disclosure of Protected Health Information (HIPAA Authorization)?				
Have you designated the distribution of personal property to heirs?				
Do you receive income from any trust?				
Have you created a trust except as part of your will?				
Do you expect to be named a beneficiary of a trust?				
Do you have a letter of instructions that provides information about your insurance policies, investments, funeral preferences, etc.?				
Have you discussed the contents and whereabouts of your will and letter of instructions with your immediate family?				
If applicable, have you appointed a financial guardian for your children?				
Have you established an adult guardianship arrangement for yourself in the event you become disabled or mentally incompetent?				

PLANNING, RECORD-KEEPING & TAXES

- Do you have a safe-deposit box for storage of valuable papers and possessions? Yes No
- Do you have a comprehensive and up-to-date inventory of your household furnishings and possessions? Yes No
- Do you periodically prepare a personal balance sheet, i.e., a listing of your assets and liabilities? Yes No
- Do you periodically prepare a budget that lists expected income and expenses? Yes No
- Do you prepare your own income tax return? Yes No
- In your opinion, is your personal record-keeping system adequate enough to be useful in preparing your tax return? Yes No

COMPLETION INFORMATION

Date completed: _____

By: _____ By: _____