

# Personal Financial Planning Questionnaire

## Part I • Personal and Family Information

Your full name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_

Spouse's full name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### **Prior Marriages**

Have you been married previously?

Yes No

Has your spouse been married previously?

### **Children**

Name

Age

Dependent

Yes No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Grandchildren**

Number \_\_\_\_\_

Age(s) \_\_\_\_\_

Does anyone other than your children depend financially on you or your spouse?

If yes, give name(s) and relationship(s):

Yes No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part II • Financial Planning Goals and Objectives**

**Financial Planning Goals**

Please list your specific financial planning goals and indicate their relative importance to you and your spouse.

<u>Goal</u>	<u>You</u>		<u>Spouse</u>	
	<u>Very</u>	<u>Somewhat</u>	<u>Very</u>	<u>Somewhat</u>
a. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III • Insurance**

**1. Life Insurance – Other than through employer**

	<u>Face Value</u>	<u>Cash Surrender Value</u>	<u>Beneficiary</u>	<u>Policy Owner</u>
Whole Life/Universal Life				
You	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Term				
You	_____	_____	_____	_____
Spouse	_____	_____	_____	_____

**2. Life Insurance – Employer Sponsored**

	<u>Face Value</u>	<u>Beneficiary</u>
You	_____	_____
Spouse	_____	_____

### 3. General Insurance

Check appropriate boxes

	<u>You</u>		<u>Spouse</u>	
Are you and/or your spouse covered by the following insurance?	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
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"/>
Long – Term Personal 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"/>

### **Part IV • Retirement Planning**

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

	<u>Yes</u>	<u>No</u>
Are you taking full advantage of elective deferrals (401k and 403b plans)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect to receive any inheritances?	<input type="checkbox"/>	<input type="checkbox"/>
Does your spouse expect to receive any inheritances?	<input type="checkbox"/>	<input type="checkbox"/>

**Please answer the following only if you are over 50.**

1. Are you eligible for social security benefits?  Yes  No
2. Is your spouse eligible for social security benefits?  Yes  No
3. Have you estimated how much income you will have upon retirement?  Yes  No
4. If you have estimated your retirement income, do you think it's sufficient to live on?  Yes  No
5. Will you have the option of taking a lump-sum pension payment instead of an annuity at retirement?  Yes  No
6. Have you considered alternate places for living when you retire?  Yes  No
7. What will your income requirements be when you retire (in today's dollars)? \_\_\_\_\_
8. Describe your plans for retirement. Include a description of your retirement lifestyle.

---



---

**Part V • Pension and Social Security**

1. Defined Benefit Pensions

Include information on pension plans that provide an annual income based on your years of service or income level.

	<u>You</u>	<u>Spouse</u>
Starting Age	_____	_____
Anticipated annual amount	_____	_____
Survivor benefit percentage	_____	_____

2. Social Security

Age to start benefits	_____	_____
Anticipated Annual Amount	_____	_____

**Part VI • Expenses**

1. Annual living Expenses (in today's dollars). Estimate the annual cost of your living expenses excluding taxes.

Currently \_\_\_\_\_

During Retirement \_\_\_\_\_

2. Education and Special Expenses. List any other sources of income or special expenses including education expenses and college funds, that you expect.

<u>Description</u>	<u>Annual Amount</u>	<u>Starting Year</u>	<u>Number of Years</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Part VII • Other Matters**

Check appropriate boxes

	<u>You</u>		<u>Spouse</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
a. Do you have a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you planning to make any changes to the will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you have a living will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you have a signed health care proxy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Statement of Assets and Liabilities

<u>Assets</u>	<u>Spouse 1</u>	<u>Spouse 2</u>	<u>Joint</u>	<u>Total</u>
Checking and savings	\$	\$	\$	\$
Investments				
Real Estate				
Business assets, net				
Life insurance				
Pensions and IRAs				
Personal property				
Other	_____	_____	_____	_____
Totals (1)	\$ _____	\$ _____	\$ _____	\$ _____
 <u>Liabilities</u>				
Mortgages	\$	\$	\$	\$
Notes				
Other	_____	_____	_____	_____
Totals (2)	\$ _____	\$ _____	\$ _____	\$ _____
Net Assets (1-2)	\$ _____	\$ _____	\$ _____	\$ _____