



# Financial Questionnaire

Personal information to share with your financial services professional

## PERSONAL INFORMATION

|                | Client one  | Client two  |
|----------------|---|---|
| Full name      |   |   |
| Date of birth  |   |   |
| Gender         | <input type="radio"/> Male <input type="radio"/> Female | <input type="radio"/> Male <input type="radio"/> Female |
| Married?       | <input type="radio"/> Yes <input type="radio"/> No      | <input type="radio"/> Yes <input type="radio"/> No      |
| Home address   |   |   |
| City/State/Zip |   |   |
| Occupation     |   |   |
| Employer       |   |   |
| Address        |   |   |

### Contact information

|        |  |
|--------|--|
| Home   |  |
| Work   |  |
| Mobile |  |
| E-mail |  |

### Dependents

| Full name | Date of birth |
|-----------|---------------|
|           |               |
|           |               |
|           |               |
|           |               |

|  |  |
|--|--|
| Do any of your loved ones have a special need? | <input type="radio"/> Yes <input type="radio"/> No |
|--|--|

## YOUR FINANCIAL PROFILE...

### Income

|            | Gross | Net | Pay frequency | Bonus | Government income | Other income |
|------------|-------|-----|---------------|-------|-------------------|--------------|
| Client one |       |     |               |       |                   |              |
| Client two |       |     |               |       |                   |              |

### Liabilities

|  | Client one      |                 | Client two      |                 | Jointly owned   |                 |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|  | Total liability | Monthly expense | Total liability | Monthly expense | Total liability | Monthly expense |
| Mortgage/rent (residence)                                    |                 |                 |                 |                 |                 |                 |
| Mortgage (other)   |                 |                 |                 |                 |                 |                 |
| Business loans   |                 |                 |                 |                 |                 |                 |
| Auto loans/leases  |                 |                 |                 |                 |                 |                 |
| Personal loans   |                 |                 |                 |                 |                 |                 |
| Credit cards   |                 |                 |                 |                 |                 |                 |
| Insurance premiums (Auto/life/home/medical)                  |                 |                 |                 |                 |                 |                 |
| Other monthly payments (Tuition, groceries, utilities, etc.) |                 |                 |                 |                 |                 |                 |

### Assets

|                         | Client one | Client two | Jointly owned |
|-------------------------|------------|------------|---------------|
| Real estate (residence) |            |            |               |
| Real estate (other)     |            |            |               |
| Cash/checking account   |            |            |               |
| CDs/savings account     |            |            |               |
| Mutual funds            |            |            |               |
| Common stock            |            |            |               |

**Assets (continued)**

|  | Client one | Client two | Jointly owned |
|--|------------|------------|---------------|
| Bonds<br>(U.S. Government/<br>Corporate/Municipal) |            |            |               |
| Annuities  |            |            |               |
| Retirement plans<br>(IRAs/401(k), etc.)            |            |            |               |
| College savings plans<br>(529/Coverdell)           |            |            |               |
| Business assets                                    |            |            |               |
| Trusts   |            |            |               |
| Life insurance (cash value)                        |            |            |               |
| Other assets<br>(autos, gems, artwork, etc.)       |            |            |               |

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**(Assets)** \_\_\_\_\_ - **(Liabilities)** \_\_\_\_\_ = **(Net worth)** \_\_\_\_\_

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## Retirement

|   | Client one | Client two |
|---|------------|------------|
| At what age do you plan to retire?  |            |            |
| How much are you contributing to an employer-sponsored retirement plan, such as a 401(k), 403(b) or SIMPLE IRA? |            |            |

## Survivor needs

In the event of a death, what percentage of income should be provided for your family's continuing income needs?

|  |   |
|--|---|
| Provide income for how long?   | <input type="radio"/> Years _____ or <input type="radio"/> Lifetime |
| In the event of a death, should your children's education be funded? | <input type="radio"/> Yes <input type="radio"/> No                  |

## Current life insurance

| Name of insured | Insurance benefit | Annual premium | Policy type |
|-----------------|-------------------|----------------|-------------|
|                 | \$                | \$             |             |
|                 | \$                | \$             |             |
|                 | \$                | \$             |             |
|                 | \$                | \$             |             |
|                 | \$                | \$             |             |

## College funding

| Child's name | Annual cost (in today's dollars)* | Years to attend | Percent funded by you |
|--------------|-----------------------------------|-----------------|-----------------------|
|              | \$                                |                 | %                     |
|              | \$                                |                 | %                     |
|              | \$                                |                 | %                     |
|              | \$                                |                 | %                     |
|              | \$                                |                 | %                     |

\*Include tuition, room and board, books and supplies

**Disability income**

|                       | Client one | Client two |
|-----------------------|------------|------------|
| Current annual salary | \$         | \$         |
| Percent to replace    | %          | %          |

**Current insurance**

| Name of insured | Monthly benefit | Annual premium | Benefit Period | Policy type |
|-----------------|-----------------|----------------|----------------|-------------|
|                 | \$              | \$             |                |             |
|                 | \$              | \$             |                |             |
|                 | \$              | \$             |                |             |
|                 | \$              | \$             |                |             |

**Long term care**

|  |    |
|--|----|
| Enter your estimated monthly long-term care costs (in today's dollars) | \$ |
|--|----|

**Current insurance**

| Name of insured | Daily benefit | Annual premium | Benefit Period (years) | Elimination period (days) |
|-----------------|---------------|----------------|------------------------|---------------------------|
|                 | \$            | \$             |                        |                           |
|                 | \$            | \$             |                        |                           |
|                 | \$            | \$             |                        |                           |
|                 | \$            | \$             |                        |                           |

## ABOUT YOU AND YOUR FAMILY...

What are some of your personal financial goals?

Are there any circumstances that might be a barrier to achieving your goals – these can include events, situations, attitudes, habits, relationships and anything else that might present a challenge?

What are your thoughts or concerns about retirement?

Do you expect any changes in your income, business or family in the near future?  Yes  No

Details:

Are there any major future financial obligations to consider?  Yes  No

Details:

Are there any special needs we should consider?  Yes  No

Details:

Is there any other information that I missed that you feel is important for us to consider?  Yes  No

## NOTES

The nonpublic personally identifiable information you provide to your financial services professional in this data collection form is protected by applicable federal and state laws. If you have questions or concerns about the protection of your personal information, please speak with your financial services professional for more information.

