PERSONAL FINANCIAL DATA QUESTIONNAIRE

Congratulations on taking the first step toward reaching your goals! It has been said, “a journey of a thousand miles begins with a single step.” Completing this data form is your first step toward achieving your goals.

Before you begin you need to have a clear idea of where you are. This data form is designed to simplify, as much as possible, the gathering of your financial information. The analysis that comes from this data may provide the basis for making recommendations for specific investments and other financial tools that you may consider to help meet your family’s needs and achieve your goals. **This analysis can only be as accurate as the information you provide.**

When entering amounts, use only whole dollar numbers. If you prefer, you may supply copies of statements in lieu of completing the corresponding sections. If there is not enough space in a section, please make a copy of the page and clearly indicate the attachment.

FAMILY DATA

	First Name	M.I.	Last Name	Birth Date	Sex	Social Security No.
Client A	________	____	________	___/___/___	____	________
Client B	________	____	________	___/___/___	____	________

Home Address: Street ____________________

City ____________ State ____________ Zip ____________

Home Phone: (_____) ____________ Home Fax: (_____) ____________

Business Phone:
Client A: (_____) ____________ Client B: (_____) ____________

Cell Phone:
Client A: (_____) ____________ Client B: (_____) ____________

E-Mail Address:
Client A: ____________ Client B: ____________

DEPENDENTS

➲ Please list all children and indicate if they are dependent

	Name	Birth Date	Sex	College Choice*	Years in School	% Cost You Want to Pay
Children:	____________	___/___/___	___	________	_____	________
	____________	___/___/___	___	________	_____	________
	____________	___/___/___	___	________	_____	________
	____________	___/___/___	___	________	_____	________
	____________	___/___/___	___	________	_____	________
Others:	____________	___/___/___	___	________	_____	________
	____________	___/___/___	___	________	_____	________

***College Choice**: If a choice has not been made, simply enter the type of education planned (public or private) and the approximate cost for the dependent. If you do not want to fund college or education needs enter *"None"*.

Notes: ____

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OCCUPATION

	Occupation	Employer	Date Started		
Client A	____________	____________	___/___/___	☐ Retired	☐ Self-Employed
Client B	____________	____________	___/___/___	☐ Retired	☐ Self-Employed

Notes: ____

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INCOME - RECURRING

➲ List annual income or attach W2's and paycheck stub

If joint, use "Client A" column

Source	**Client A**	**Client B**
Salary & Wages	________	________
Bonus	________	________
Self Employed Income	________	________

Source (If Receiving)	**Client A**	**Client B**
Social Security Benefits	________	________
Other	________	________
	________	________

TAX INFORMATION

➲ Attach income tax return(s)

	Client A	Client B
IRA Deduction	____________	____________
Keogh/SEP Deduction	____________	____________
Qualified Plan Contributions (401k, Profit Sharing, etc)	____________	____________
(Section 457)	____________	____________
Alimony Paid	____________	____________
Other Adjustments	____________	____________
Tax Credits	____________	____________

Notes: ____

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RETIREMENT ASSUMPTIONS

Desired **Monthly, After-Tax Retirement Income** (in today's dollars) ____________

Retirement Considerations	Client A	Client B
Planned Retirement Age	________	________

Notes: ____

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QUALIFIED RETIREMENT PLANS

➲ List all account information or attach statements (i.e. 401(k), 403(b), 457, SEP IRA, etc.)

Plan A Description ______________ Plan*________ Owner** ________ Beneficiary**________

Value______________________

Annual Additions (indicate $ or %)

Client ____________ Employer ____________

Plan B Description ______________ Plan*________ Owner** ________ Beneficiary**________

Value______________________

Annual Additions (indicate $ or %)

Client ____________ Employer ____________

Plan C Description ______________ Plan*________ Owner** ________ Beneficiary**________

Value______________________

Annual Additions (indicate $ or %)

Client ____________ Employer ____________

Plan D Description ______________ Plan*________ Owner** ________ Beneficiary**________

Value______________________

Annual Additions (indicate $ or %)

Client ____________ Employer ____________

Plan E Description ______________ Plan*________ Owner** ________ Beneficiary**________

Value______________________

Annual Additions (indicate $ or %)

Client ____________ Employer ____________

* **Plan**: Enter the abbreviation that applies to **qualified plan type: I**-IRA, **K**-Keogh, **P**-Profit Sharing/401k, **S**-SEP-IRA/Simple, **T**-TSA/403b, **D**-Deferred Comp/457, **O**-Other, **R**-Roth IRA.

** **Owner** and **Beneficiary**: Enter the abbreviation that applies to the **owner or beneficiary of this qualified plan: A**-Client A, **B**-Client B, **CHI**-Child, **CHA**-Charity, **O**-Other.

Notes: ______________________________

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PENSIONS

➲ List all investment assets or attach statements

Description	Participant*	Monthly Benefit	"COLA" Increase %	Benefits Start at Age	Death Benefit**	
						/ ☐ Lump Sum ☐ Monthly
						/ ☐ Lump Sum ☐ Monthly
						/ ☐ Lump Sum ☐ Monthly

* **Participant:** Enter **client the pension applies to:** **A**-Client A, **B**-Client B.
** Indicate after amount if death benefit is a **L**-lump sum or **M**-monthly payment.

Notes:

REGULAR SAVINGS STRATEGIES

Type of Account	Client A ($)	Client B ($)

INVESTMENT ASSETS - NON-QUALIFIED

➲ List all investment assets or attach statements

Name/Description*	Owner **	Value	Annual Additions

*Name/description: Checking Account, Money Market, Savings, Certificate of Deposit, Investment Accounts, & Annuities
** **Owner:** Enter the abbreviation that applies to the owner of these investment assets: **A**-Client A, **B**-Client B, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

Notes: ______________________________

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INVESTMENT ATTITUDES

Circle your opinion ❶ Strongly Disagree ❷ Disagree ❸ Neutral ❹ Agree ❺ Strongly Agree

Statement	Opinion				
I am willing to hold my investments in my portfolio for at least five years.	1	2	3	4	5
It is important that I am able to convert my investments into cash on short notice.	1	2	3	4	5
I am concerned that inflation may erode the value of my investments.	1	2	3	4	5
I am comfortable holding onto an investment during market fluctuations in order to achieve long-term objectives	1	2	3	4	5
I am uncomfortable with the possibility that my portfolio may lose value.	1	2	3	4	5
It is important that my portfolio earns the highest overall rate of return possible.	1	2	3	4	5
I do not need current income from my investments.	1	2	3	4	5
It is important that my portfolio generates the maximum amount of income possible.	1	2	3	4	5
I am most comfortable when my portfolio contains many different investments.	1	2	3	4	5
Tax-advantaged investments are very important to me.	1	2	3	4	5

BUDGET (Not Including Mortgage Or Taxes)

	Monthly/Amount		Monthly/Amount
Food	________	Automobile Expenses & Leases	________
Medical/Dental	________	Rent	________
Entertainment	________	Education Expenses	________
Charity/Gift Giving	________	____________________	________
Clothing	________	____________________	________
Home Maintenance	________	____________________	________
Utilities	________	Total	________
	________		________

Notes: ____

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MONEY OWED YOU

Description	Owner*	Original Amount	Original Date	First Payment	Current Balance	Int. Rate	Payment Amount	Term
____________	______	______	__/__/__	__/__/__	______	_____	______	______
____________	______	______	__/__/__	__/__/__	______	_____	______	______

***Owner**: Enter the abbreviation that applies to the **money owed you**: **A**-Client A, **B**-Client B, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

Notes: ____

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ANTICIPATED FUTURE INCOME

➲ Include future income from trusts and inheritances

Description	Amount	Rate of Increase	Taxable	Tax Basis	Lump or Annual	Start Year	End Year	Owner*
			☐ Y ☐ N					
			☐ Y ☐ N					
			☐ Y ☐ N					
			☐ Y ☐ N					
			☐ Y ☐ N					

***Owner:** Enter the abbreviation that applies to the **anticipated future income: A**-Client A, **B**-Client B, **J**-Joint Tenants

Notes: ______________________________

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BUSINESS AND OTHER ASSETS

Description	Owner*	Value	Cost Basis	Anticipated Growth Rate

***Owner:** Enter the abbreviation that applies to the **business asset: A**-Client A, **B**-Client B, **J**-Joint Tenants, **C**-Tenants-in Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

Notes: ______________________________

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LIFE INSURANCE

➲ List policies or attach statements

Company Name	Insured *	Type **	Owner *	Death Benefit	Cash Value	Annual Premium	Loan Amount	Loan Rate	Beneficiary*

***Insured, Owner, and Beneficiary:** Enter the abbreviation that applies to the **life insurance policy: A**-Client A, **B**-Client B, **CHI**-Child, **CHA**-Charity, **O**-Other, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

****Type:** Enter the abbreviation that applies to the **type of insurance: GT-**Group Term, **W**-Whole Life, **U**-Universal, **V-**Variable, **VU**-Variable Universal.

***Enter an abbreviation for the **premium payment mode: A**-Annual, **S**-Semi-annual, **Q**-Quarterly, or **M**-Monthly.

Notes: ______________________________

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OTHER INSURANCE

Type	Owner*	Premium	Mode **	Benefit	Annual Increase	Waiting Period	Max. Benefit Period
Disability							
Disability							
Long-Term Care							
Long-Term Care							
Other							
Other							
Auto Insurance							
Home Owners							
Medical Insurance							

* Owner: Enter the abbreviation that applies to the **insurance policy:** **A**-Client A, **B** –Client B
** Enter an abbreviation for the **premium payment mode:** **A**-Annual, **S**-Semi-annual, **Q**-Quarterly, or **M**-Monthly.

Notes: ______________________________

REAL ESTATE - LIFESTYLE

	Description	Type *	Owner **	Purchase Date	Total Cost	Market Value
A.						
B.						
C.						

* **Type:** Enter an abbreviation for the **property type:** **P**-Primary, **S**-Secondary, **R**-Recreational, **I**-Investment, **RNT**-Rental, **O**-Other.
** **Owner**: Enter the abbreviation that applies to the real estate: **A**-Client A, **B**-Client B, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

Notes: ______________________________

REAL ESTATE - INVESTMENT

	Description	Type *	Owner **	Purchase Date	Total Cost	Market Value	Net Cost Flow***
A.							
B.							
C.							

* **Type:** Enter an abbreviation for the **property type: P**-Primary, **S**-Secondary, **R**-Recreational, **I**-Investment, **RNT**-Rental, **O**-Other.
**** Owner**: Enter the abbreviation that applies to the real estate: **A**-Client A, **B**-Client B, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.
*****Net Cost Flow**
After mortgage payments

Notes: ______________________________

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REAL ESTATE (Section Two: Mortgage Information for properties listed above)

	Description	Original Amount	Original Date	Current Balance	Monthly Payment	Payment Amount*	Term	Interest Rate	Type * *
A.									
B.									
C.									

*Amount without insurance and taxes
**Type: Enter A for Adjustable, F for fixed, I for interest only

Notes: ______________________________

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DEBTS/LIABILITIES

List debts/ liabilities other than real estate

Description	Owner*	Original Amount	Original Date	Term	Current Balance	Payment Amount	Payments Remaining	Int. Rate
			__/__/__					
			__/__/__					
			__/__/__					
			__/__/__					
			__/__/__					
			__/__/__					

*** Owner:** Enter the abbreviation that applies to the **liability:** **A**-Client A, **B**-Client B, or **C**-Joint.

Notes: ______________________________

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GOALS

Name/Description	Amount Needed	When?

* Enter an abbreviation for the **payment frequency**: **L**-Lump sum, **A**-Annual.

Notes: ______________________________

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ESTATE PLANNING AND QUESTIONS

➲ Provide any information which will help in determining your estate taxes and life insurance needs

Estate Planning Information	☐ Y ☐ N	Client A	Client B
Do You Have Wills?	☐ Y ☐ N	___/___/___	___/___/___
Do You Have Medical Durable Power of Attorney?	☐ Y ☐ N	___/___/___	___/___/___
Do You Have Durable Powers of Attorney?	☐ Y ☐ N	___/___/___	___/___/___
Do You Have Living Will?	☐ Y ☐ N	___/___/___	___/___/___
Do You Have Financial Powers of Attorney?*	☐ Y ☐ N	___/___/___	___/___/___

* Have you ever filed gift tax returns? (attach copy of latest return filed).
** Enter any additional information which may help in determining appropriate survivor income needs including person's name, specific ages, or events (include year).

Notes: ____

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SUPPLEMENTAL INFORMATION

ADVISORS

	Name	Phone No.
C.P.A.	________________________	__________________________
Attorney	________________________	__________________________
Insurance Representative	________________________	
Investment Advisor	________________________	

Have either of you been married previously?

____

____

Do either of you have valuable collectibles that comprise a significant portion of your assets? (*please explain)*

____

Do you have specific charitable interests for which you desire to provide significant resources? *please explain)*

____

____

Do you have a line of credit with a bank?____

How are investment decisions and major spending decisions determined in your household?

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ADDITIONAL INFORMATION OR COMMENTS

➲ **Use this space to provide us with additional information or comments.**

ADDITIONAL DOCUMENTS REQUEST

- ☐ Prior two years tax returns
- ☐ Any gift tax returns filed (latest year)
- ☐ Copies of will and trust documents
- ☐ Powers of Attorneys/medical durable POA's/living wills
- ☐ Recent financial statements of closely held business interests and current valuations
- ☐ Summary of fringe benefit programs through employment
- ☐ Life insurance policies and/or a summary of coverage
- ☐ Disability income policies and/or a summary of coverage
- ☐ Most recent investment brokerage statements
- ☐ Most recent 401(s)/profit sharing plan statements through employment
- ☐ Most recent IRA account statements
- ☐ Most recent copy of Social Security statement