

Financial Planning Questionnaire

Personal Information

Today's date:

Contact Information

Individual

Full name:

Date of Birth:

Age:

Retirement Age:

Individual 2

Full name:

Date of Birth:

Age:

Retirement Age:

Estate

Do you currently have an estate plan:

Yes _____

No _____

Expenses

**Estimated annual figures for expenses related to shelter, food, transportation, insurance, loans, etc.
Do not include taxes.**

Annual Living Expenses (today's dollars)

Now (estimated): _____

Retirement (desired income): _____

Insurance

Insurance Information You may need to review your insurance policies in order to get this information.

	<u>Individual 1</u>	<u>Individual 2</u>
Permanent life insurance:	\$ <input type="text"/>	\$ <input type="text"/>
Term life insurance:	\$ <input type="text"/>	\$ <input type="text"/>
Cash values (less loans):	\$ <input type="text"/>	\$ <input type="text"/>
Long-term care insurance:	\$ <input type="text"/>	\$ <input type="text"/>

Pension, Earned Income & Social Security

	<u>Individual 1</u>		<u>Individual 2</u>	
	Pension 1	Pension 2	Pension 1	Pension 2
	Anticipated annual amount:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Starting age:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Increase rate before retirement:	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Increase rate after retirement:	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Survivor benefit (%):	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

	<u>Individual 1</u>	<u>Individual 2</u>
Earned Income		
Earned income now:	\$ <input type="text"/>	\$ <input type="text"/>
Annual increase rate:	<input type="text"/> %	<input type="text"/> %
Social Security		
Age to start benefit:	<input type="text"/>	<input type="text"/>
Annual increase rate:	<input type="text"/> %	<input type="text"/> %
Estimated or current annual benefit	\$ <input type="text"/>	\$ <input type="text"/>

Special Income/Expenses

Special Income/Expense List any other sources of income or special expenses to be paid from your capital accounts.

Description	Annual amount	Increase rate	Starting year	# of years	Priority*
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Priority – Essential (E), Primary (P), Secondary (S), Optional (O)

Education Funding

Children's Education and Fund Expenses

Child's Name	Age	Age to start college	Cost per year*	# of years	Current college fund	529?	Planned Annual Additions
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>

Enter Name/Type of College(s) [Public or Private] if cost of attendance is unknown:

Inflation rate to use for college planner: %

Rate of return on college funds: %

**In today's dollars*

Assets

List capital assets including banking accounts, investment accounts, stocks, bonds, mutual funds, business interests and other financial assets.

No.	Asset name	Current value*	Annual Additions	Account description (i.e. stock, 401k, bank account, etc)	Owner
1		\$	\$		
2		\$	\$		
3		\$	\$		
4		\$	\$		
5		\$	\$		
6		\$	\$		
7		\$	\$		
8		\$	\$		
9		\$	\$		
10		\$	\$		
11		\$	\$		
12		\$	\$		
13		\$	\$		
14		\$	\$		
15		\$	\$		
16		\$	\$		
17		\$	\$		
18		\$	\$		
19		\$	\$		
20		\$	\$		
21		\$	\$		
22		\$	\$		
23		\$	\$		
24		\$	\$		
25		\$	\$		

Additional Assets

Other Asset Values	Value	Owner
Residence value:	\$ <input type="text"/>	<input type="text"/>
Personal property:	\$ <input type="text"/>	<input type="text"/>
Autos:	\$ <input type="text"/>	<input type="text"/>
Boats, RVs, etc:	\$ <input type="text"/>	<input type="text"/>
Other assets:	\$ <input type="text"/>	<input type="text"/>

Additional Debts

Other Debts/Liabilities	Balance	Owner	Payment Yrs Remaining	Current Mo. Payment	Interest Rate	Minimum Payment
Residence mortgage:	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
Credit card balances:	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
Autos loans:	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
Boats, RVs, etc. loans:	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
Other loans:	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>

Notes