

**PERSONAL FINANCIAL PLANNING  
QUESTIONNAIRE**

# PERSONAL FINANCIAL PLANNING QUESTIONNAIRE

## CONFIDENTIAL

Please fill out this questionnaire as accurately and completely as possible. You may estimate or make rough guesses where necessary; if you do so, please identify these answers clearly by putting a question mark in the margin next to your response.

### Part I • Personal and Family Information

1. **Your full name** \_\_\_\_\_ Social Security number \_\_\_\_\_  
Date and place of birth \_\_\_\_\_
2. **Spouse's full name** \_\_\_\_\_ Social Security number \_\_\_\_\_  
Date and place of birth \_\_\_\_\_
3. **Home address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Home telephone number ( ) \_\_\_\_\_

4. **Prior marriages** Yes No
- Have you been married previously?
- Has your spouse been married previously?

5. **Children** Dependent
- | <u>Name</u> | <u>Age</u> | <u>Yes</u>               | <u>No</u>                |
|-------------|------------|--------------------------|--------------------------|
| _____       | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____       | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____       | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____       | _____      | <input type="checkbox"/> | <input type="checkbox"/> |

6. **Grandchildren**
- Number \_\_\_\_\_ Age(s) \_\_\_\_\_

7. **Does anyone other than your children depend financially on you or your spouse?** Yes No
- 
- If yes, give name(s) and relationship(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes No

8. Do any members of your family have significant health problems?

If yes, please explain:

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

9. Advisers

Name(s)

Phone Number

|                 |       |           |
|-----------------|-------|-----------|
| Attorney        | _____ | ( ) _____ |
| Banker          | _____ | ( ) _____ |
| Insurance agent | _____ | ( ) _____ |
| Stockbroker     | _____ | ( ) _____ |
| Trust officer   | _____ | ( ) _____ |
| Other           | _____ | ( ) _____ |

10. Current employment

|        | <u>Company</u> | <u>Position</u> | <u>Years Employed</u> | <u>Phone Number</u> |
|--------|----------------|-----------------|-----------------------|---------------------|
| You    | _____          | _____           | _____                 | ( ) _____           |
| Spouse | _____          | _____           | _____                 | ( ) _____           |

11. Other endeavors

Yes No

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.)?

If yes, please explain:

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

### Part II • Planning Goals and Objectives

I. 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"/> |

**2. Personal objectives**

Please indicate the relative importance of each of the following personal objectives to you *and* your spouse.

| <u>Objective</u>   | <u>You</u>               |                          |                          | <u>Spouse</u>            |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <u>Very</u>              | <u>Somewhat</u>          | <u>Not</u>               | <u>Very</u>              | <u>Somewhat</u>          | <u>Not</u>               |
| Saving regularly   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Making a major purchase (e.g., second home, car)                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking a dream vacation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Minimizing personal income taxes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Developing or revising your investment strategy                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Investing for a comfortable retirement income                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Providing for your children's education                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Providing for your grandchildren's education                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Making gifts to relatives  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Making gifts to charity  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Minimizing estate tax  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Determining how your estate assets will be distributed                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Avoiding probate costs   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Minimizing the burden of health care costs                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Providing for your family in the event of your or your spouse's death      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Providing for your family in the event of your or your spouse's disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Changing or modifying career   | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____   | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3. Investment objectives**

Please indicate the relative importance of each of the following investment objectives to you *and* your spouse.

| <u>Objective</u>  | <u>You</u>               |                          |                          | <u>Spouse</u>            |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | <u>Very</u>              | <u>Somewhat</u>          | <u>Not</u>               | <u>Very</u>              | <u>Somewhat</u>          | <u>Not</u>               |
| Current income: Dividends or interest to spend and/or reinvest                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liquidity: Ability to quickly convert the investment into cash                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Capital appreciation: Possibility of original investment gaining in value over time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety: Little or no danger of losing the investment                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tax shelter: Current and/or longer-term tax advantages                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please describe any significant investments planned in the near future (e.g., stock, direct real estate ownership, or real estate limited partnerships):

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**Part III • Assets**

1. **Cash on hand**     \$ \_\_\_\_\_

2. **Cash accounts**

*Present balance for each of the following:*

| <i>Type of Account</i> | <i>Your Name</i> | <i>Spouse's Name</i> | <i>Joint With Spouse</i> | <i>Other</i> |
|------------------------|------------------|----------------------|--------------------------|--------------|
| Checking Accounts      | _____            | _____                | _____                    | _____        |
| Savings Accounts       | _____            | _____                | _____                    | _____        |
| CDs                    | _____            | _____                | _____                    | _____        |
| Money Market Funds     | _____            | _____                | _____                    | _____        |
| Treasury Securities    | _____            | _____                | _____                    | _____        |
| U.S. Savings Bonds     | _____            | _____                | _____                    | _____        |
| Brokerage Accounts     | _____            | _____                | _____                    | _____        |
| <b>TOTAL</b>           | _____            | _____                | _____                    | _____        |

3. **Stocks owned – direct ownership\***

| <i>Name of Security</i> | <i>Ownership**</i> | <i>Number of Shares</i> | <i>Current Market Value</i> |
|-------------------------|--------------------|-------------------------|-----------------------------|
| _____                   | _____              | _____                   | _____                       |
| _____                   | _____              | _____                   | _____                       |
| _____                   | _____              | _____                   | _____                       |
| _____                   | _____              | _____                   | _____                       |
| _____                   | _____              | _____                   | _____                       |

4. **Stocks owned – stock mutual funds\***

| <i>Institution</i> | <i>Ownership**</i> | <i>Number of Shares</i> | <i>Current Market Value</i> |
|--------------------|--------------------|-------------------------|-----------------------------|
| _____              | _____              | _____                   | _____                       |
| _____              | _____              | _____                   | _____                       |
| _____              | _____              | _____                   | _____                       |
| _____              | _____              | _____                   | _____                       |

5. **Stock plans**

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <i>Yes</i>               | <i>No</i>                |
| a. Do you and/or your spouse participate in a company stock option plan?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you and/or your spouse participate in a company stock purchase plan? | <input type="checkbox"/> | <input type="checkbox"/> |

\*Please be sure to include all ownership, whether in your name, your spouse's name, or jointly owned with your spouse or another individual, throughout this section.

\*\*Identify in whose name the asset is held throughout this section.

6. Bonds owned – direct bond investment \*

| <u>Institution</u> | <u>Ownership**</u> | <u>Number of Bonds</u> | <u>Current Market Value</u> |
|--------------------|--------------------|------------------------|-----------------------------|
|                    |                    |                        |                             |
|                    |                    |                        |                             |
|                    |                    |                        |                             |
|                    |                    |                        |                             |

7. Bonds owned – bond mutual funds\*

| <u>Institution</u> | <u>Ownership**</u> | <u>Number of Shares</u> | <u>Current Market Value</u> |
|--------------------|--------------------|-------------------------|-----------------------------|
|                    |                    |                         |                             |
|                    |                    |                         |                             |
|                    |                    |                         |                             |
|                    |                    |                         |                             |

8. Other mutual funds\*

| <u>Institution</u> | <u>Ownership**</u> | <u>Number of Shares</u> | <u>Current Market Value</u> |
|--------------------|--------------------|-------------------------|-----------------------------|
|                    |                    |                         |                             |
|                    |                    |                         |                             |
|                    |                    |                         |                             |
|                    |                    |                         |                             |
|                    |                    |                         |                             |

9. Receivables (i.e., money owed to you and/or your spouse)

|               | <u>Notes Receivable</u> | <u>Other Receivables</u> |
|---------------|-------------------------|--------------------------|
| Description   |                         |                          |
| Amount        |                         |                          |
| Maturity date |                         |                          |

\*Please be sure to include all ownership, whether in your name, your spouse's name, or jointly owned with your spouse or another individual, throughout this section.

\*\*Identify in whose name the asset is held throughout this section.

10. Retirement accounts

| <u>Description</u>                                       | <u>Vested Value</u> |               |
|--|---------------------|---------------|
|  | <u>You</u>          | <u>Spouse</u> |
| IRA  |                     |               |
| Keogh plan   |                     |               |
| Pension plan   |                     |               |
| Profit-sharing plan                                      |                     |               |
| ESOP   |                     |               |
| Other (e.g., deferred compensation, stock options, etc.) |                     |               |

11. Real estate owned — personal use\*

|                       | <u>Ownership**</u> | <u>Cost</u> | <u>Approximate Market Value</u> | <u>Mortgage(s) and Home Equity Loans Outstanding</u> | <u>Monthly Payment</u> |
|-----------------------|--------------------|-------------|---------------------------------|--|------------------------|
| Personal Residence(s) |                    |             |                                 |  |                        |
| Vacation Home(s)      |                    |             |                                 |  |                        |

12. Real estate owned — investment (excluding limited partnerships)\*

| <u>Description</u> | <u>Ownership**</u> | <u>Cost</u> | <u>Approximate Market Value</u> | <u>Mortgage(s) Outstanding</u> | <u>Monthly Payment</u> |
|--------------------|--------------------|-------------|---------------------------------|--------------------------------|------------------------|
| Undeveloped land   |                    |             |                                 |                                |                        |
|                    |                    |             |                                 |                                |                        |
|                    |                    |             |                                 |                                |                        |
| Income producing   |                    |             |                                 |                                |                        |
|                    |                    |             |                                 |                                |                        |
|                    |                    |             |                                 |                                |                        |

\* Please be sure to include all ownership, whether in your name, your spouse's name, or jointly owned with your spouse or another individual, throughout this section.

\*\* Identify in whose name the asset is held throughout this section.

13. **Limited partnership interests\***

|             | <u>Description</u> | <u>Ownership**</u> | <u>Date Acquired</u> | <u>Capital Contribution Made</u> |
|-------------|--------------------|--------------------|----------------------|----------------------------------|
| Real Estate | _____              | _____              | _____                | _____                            |
| Oil/Gas     | _____              | _____              | _____                | _____                            |
| Other       | _____              | _____              | _____                | _____                            |

14. **Closely-held business interests (please attach recent financial statements)**

Description: \_\_\_\_\_

Date acquired \_\_\_\_\_ Percent owned \_\_\_\_\_ Estimated fair market value \_\_\_\_\_

15. **Other investments**

| <u>Description</u> | <u>Ownership**</u> | <u>Estimated Fair Market Value</u> |
|--------------------|--------------------|------------------------------------|
| _____              | _____              | _____                              |
| _____              | _____              | _____                              |
| _____              | _____              | _____                              |
| _____              | _____              | _____                              |

16. **Personal property\***

|                                    | <u>Estimated Fair Market Value</u> | <u>Recently Appraised</u> |                          |
|------------------------------------|------------------------------------|---------------------------|--------------------------|
|                                    |                                    | <u>Yes</u>                | <u>No</u>                |
| Furniture and Household Goods      | _____                              | <input type="checkbox"/>  | <input type="checkbox"/> |
| Jewelry and Furs                   | _____                              | <input type="checkbox"/>  | <input type="checkbox"/> |
| Automobiles, Trailers, etc.        | _____                              | <input type="checkbox"/>  | <input type="checkbox"/> |
| Boats, Aircraft, etc.              | _____                              | <input type="checkbox"/>  | <input type="checkbox"/> |
| Art and Antiques                   | _____                              | <input type="checkbox"/>  | <input type="checkbox"/> |
| Other Collectibles                 | _____                              | <input type="checkbox"/>  | <input type="checkbox"/> |
| Other Items (of significant value) | _____                              | <input type="checkbox"/>  | <input type="checkbox"/> |

\*Please be sure to include all ownership, whether in your name, your spouse's name, or jointly owned with your spouse or another individual, throughout this section.

\*\*Identify in whose name the asset is held throughout this section.



## Part IV • Insurance Coverage

### 1. Life insurance — other than through employer

|                           | <u>Face Value</u> | <u>Cash<br/>Surrender Value</u> | <u>Beneficiary<br/>(if not spouse)</u> | <u>Policy Owner</u> |
|---------------------------|-------------------|---------------------------------|--|---------------------|
| Whole life/universal life |                   |                                 |  |                     |
| You                       | _____             | _____                           | _____                                  | _____               |
| Spouse                    | _____             | _____                           | _____                                  | _____               |
| Term                      |                   |                                 |  |                     |
| You                       | _____             | _____                           | _____                                  | _____               |
| Spouse                    | _____             | _____                           | _____                                  | _____               |
| Other insurance: _____    |                   |                                 |  |                     |
| You                       | _____             | _____                           | _____                                  | _____               |
| Spouse                    | _____             | _____                           | _____                                  | _____               |

### 2. Life insurance — employer-sponsored

|        | <u>Face Value</u> | <u>Beneficiary (if not spouse)</u> |
|--------|-------------------|------------------------------------|
| You    | _____             | _____                              |
| Spouse | _____             | _____                              |

### 3. General insurance

|  | <u>Check appropriate boxes</u> |                          |                          |                          |
|--|--------------------------------|--------------------------|--------------------------|--------------------------|
|  | <u>You</u>                     |                          | <u>Spouse</u>            |                          |
|  | <u>Yes</u>                     | <u>No</u>                | <u>Yes</u>               | <u>No</u>                |
| Are you and/or your spouse covered by the following insurance? |                                |                          |                          |                          |
| 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 personal disability                                 | <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"/> |
| 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"/> |
| _____  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part V • Liabilities\***  
*Excluding real estate mortgages and  
home equity loans identified in Part III*

|                                       | <u>Amount Owed</u> | <u>Monthly Payment</u> |
|---------------------------------------|--------------------|------------------------|
| 1. <b>Loans</b>                       |                    |                        |
| Bank loans                            | _____              | _____                  |
| Student loans                         | _____              | _____                  |
| Insurance policy loans                | _____              | _____                  |
| Personal loans                        | _____              | _____                  |
| 2. <b>Consumer credit</b>             |                    |                        |
| Installment debt                      | _____              | _____                  |
| Major credit cards                    | _____              | _____                  |
| Store charges                         | _____              | _____                  |
| Other unpaid bills                    | _____              | _____                  |
| 3. <b>Brokers' margin accounts</b>    | _____              | _____                  |
| 4. <b>Alimony/support obligations</b> | _____              | _____                  |
| 5. <b>Charitable pledges</b>          | _____              | _____                  |
| 6. <b>Other:</b> _____                | _____              | _____                  |
| _____                                 | _____              | _____                  |

**Part VI • Income Sources**

| 1. <b>Employment income (current year)</b> | <u>You</u> | <u>Spouse</u> |
|--|------------|---------------|
| Gross salary                               | _____      | _____         |
| Bonus                                      | _____      | _____         |
| Commissions                                | _____      | _____         |
| Self-employment                            | _____      | _____         |
| Other: _____                               | _____      | _____         |
| _____                                      | _____      | _____         |

*(Part VI continued on next page.)*

\*Please include liabilities for you and your spouse.

|    |   |            |               |              |
|----|---|------------|---------------|--------------|
| 2. | <b>Income from investments (current year)</b> | <u>You</u> | <u>Spouse</u> | <u>Joint</u> |
|    | Interest — taxable                            | _____      | _____         | _____        |
|    | Interest — non-taxable                        | _____      | _____         | _____        |
|    | Dividends                                     | _____      | _____         | _____        |
|    | Rental income — net                           | _____      | _____         | _____        |
|    | Partnership distribution income               | _____      | _____         | _____        |
|    | Annuities                                     | _____      | _____         | _____        |
|    | Trusts and estates                            | _____      | _____         | _____        |
|    | Social Security benefits                      | _____      | _____         | _____        |
|    | Pension                                       | _____      | _____         | _____        |
|    | Other: _____                                  | _____      | _____         | _____        |

|    |  |            |               |              |
|----|--|------------|---------------|--------------|
| 3. | <b>Miscellaneous income (current year)</b> | <u>You</u> | <u>Spouse</u> | <u>Joint</u> |
|    | Gifts from others                          | _____      | _____         | _____        |
|    | Sale of assets                             | _____      | _____         | _____        |
|    | Alimony                                    | _____      | _____         | _____        |
|    | Child support                              | _____      | _____         | _____        |
|    | Other: _____                               | _____      | _____         | _____        |

|    |  |             |             |             |
|----|--|-------------|-------------|-------------|
| 4. | <b>Income trends over the next three years</b> | <u>2005</u> | <u>2006</u> | <u>2007</u> |
|    | Employment income                              |             |             |             |
|    | You  | \$ _____    | \$ _____    | \$ _____    |
|    | Spouse   | \$ _____    | \$ _____    | \$ _____    |

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 5. | <b>Borrowing and credit considerations</b>   | <u>Yes</u>               | <u>No</u>                |
|    | a. Do you or your spouse have a line of credit with a bank?  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | b. Are you aware of how the credit bureaus rate your personal credit?  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | c. Are you considering making a major durable goods purchase (car, trailer, appliance, etc.) in the near future? | <input type="checkbox"/> | <input type="checkbox"/> |
|    | d. Are you considering the purchase of a home (residence, vacation, etc.) in the near future?                    | <input type="checkbox"/> | <input type="checkbox"/> |
|    | e. Are you considering any major home improvements?  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | f. Are you considering the purchase of a vacation time share?  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | g. Have you or your spouse considered leasing a personal automobile?   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | h. Are you considering securing a home equity loan (i.e., a loan secured by the equity in your home)?            | <input type="checkbox"/> | <input type="checkbox"/> |
|    | i. Other: _____  | <input type="checkbox"/> | <input type="checkbox"/> |

**Part VII • Expenditures**

|                     | <u>Current Annual</u> | <u>Post Retirement Changes</u> |
|---------------------|-----------------------|--------------------------------|
| Income taxes        | _____                 | _____                          |
| FICA tax            | _____                 | _____                          |
| Housing             | _____                 | _____                          |
| Monthly payment     | _____                 | _____                          |
| Insurance           | _____                 | _____                          |
| Taxes               | _____                 | _____                          |
| Telephone           | _____                 | _____                          |
| Utilities           | _____                 | _____                          |
| Repairs/maintenance | _____                 | _____                          |
| Other _____         | _____                 | _____                          |
| Food                | _____                 | _____                          |
| Clothing            | _____                 | _____                          |
| Transportation      | _____                 | _____                          |
| Automobile payments | _____                 | _____                          |
| Repairs/maintenance | _____                 | _____                          |
| Insurance           | _____                 | _____                          |
| Other _____         | _____                 | _____                          |
| Medical             | _____                 | _____                          |
| Insurance           | _____                 | _____                          |
| Doctors/dentists    | _____                 | _____                          |
| Other _____         | _____                 | _____                          |
| Other insurance     | _____                 | _____                          |
| Life                | _____                 | _____                          |
| Personal liability  | _____                 | _____                          |
| Disability          | _____                 | _____                          |
| Other _____         | _____                 | _____                          |
| Debt payments       | _____                 | _____                          |
| _____               | _____                 | _____                          |
| _____               | _____                 | _____                          |
| _____               | _____                 | _____                          |
| Recreation          | _____                 | _____                          |
| Dining out          | _____                 | _____                          |
| Vacations           | _____                 | _____                          |
| Sporting events     | _____                 | _____                          |
| Other _____         | _____                 | _____                          |

**Part VII • Expenditures (continued)**

|                   | <u>Current Annual</u> | <u>Post Retirement Changes</u> |
|-------------------|-----------------------|--------------------------------|
| Miscellaneous     | _____                 | _____                          |
| Education         | _____                 | _____                          |
| Gifts             | _____                 | _____                          |
| Contributions     | _____                 | _____                          |
| Personal grooming | _____                 | _____                          |
| Allowances        | _____                 | _____                          |
| Hobbies           | _____                 | _____                          |
| Other _____       | _____                 | _____                          |
| Current savings   | _____                 | _____                          |
| IRA/Keogh/401(k)  | _____                 | _____                          |
| Other retirement  | _____                 | _____                          |
| Other _____       | _____                 | _____                          |

**Part VIII • Retirement Planning**

*If you are already retired, please skip the questions in this section and proceed to Part IX.*

1. At what age do you and your spouse plan to retire?      You \_\_\_\_\_      Spouse \_\_\_\_\_
- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| 2. Have you invested in tax-deferred annuities or are you considering doing so? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you taking full advantage of elective deferrals (401k and 403b plans)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you expect to receive any inheritances?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your spouse expect to receive any inheritances?                         | <input type="checkbox"/> | <input type="checkbox"/> |

*Please answer the next eight questions only if you are over 50.*

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 6. Are you eligible for Social Security benefits?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is your spouse eligible for Social Security benefits?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you estimated how much income you will have upon retirement?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. If you have estimated your retirement income, do you think it's sufficient to live on?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Will you have the option of taking a lump-sum pension payment at retirement?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you considered alternate places for living when you retire?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. What will your income requirements be when you retire (in today's dollars)? _____       |                          |                          |
| 13. Describe your plans for retirement. Include a description of your retirement lifestyle. |                          |                          |

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## Part IX • Estate Planning

|    |   | <u>Check appropriate boxes</u> |                          |                          |                          |
|----|---|--------------------------------|--------------------------|--------------------------|--------------------------|
|    |   | <u>You</u>                     |                          | <u>Spouse</u>            |                          |
|    |   | <u>Yes</u>                     | <u>No</u>                | <u>Yes</u>               | <u>No</u>                |
| 1. | <b>Wills</b>  |                                |                          |                          |                          |
|    | a. Do you have a will?  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | b. Are there any amendments to the will?  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | c. Are you planning to make any changes to the will?  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | d. Is the will up-to-date?  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | e. Have you designated the distribution of personal property to heirs?  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <b>Trusts</b>   |                                |                          |                          |                          |
|    | a. Do you receive income from any trust?  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | b. Have you created a trust except as part of your will?  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | c. Do you expect to be named a beneficiary of a trust?  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do you have a letter of instructions that provides information about insurance policies, investments, funeral preferences, etc? | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Have you discussed the contents and whereabouts of your will and letter of instructions with your immediate family?             | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | If applicable, have you appointed a financial guardian for your children?   | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Have you established an adult guardianship arrangement for yourself in the event you become disabled or mentally incompetent?   | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Part X • Planning, Recordkeeping, and Taxes

|     |  | <u>Yes</u>               | <u>No</u>                |
|-----|--|--------------------------|--------------------------|
| 1.  | Are you satisfied with your personal record-keeping system?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | Do you have a safe-deposit box for storage of valuable papers and possessions?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | Do you have a comprehensive and up-to-date inventory of your household furnishings and possessions?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | Do you have a list of the contents of your wallet or purse?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | Does your spouse have a list of the contents of his or her wallet or purse?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | Do you periodically prepare a personal balance sheet; i.e., a listing of your assets and liabilities?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | Do you periodically prepare a household budget that lists expected income and expenses?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | Do you prepare your own income tax return?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | Do you consider yourself knowledgeable on tax-saving techniques and the latest changes in the tax law?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | In your opinion, is your personal record-keeping system adequate enough to be useful in preparing your tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Do you keep a notebook handy to record miscellaneous tax-deductible expenses?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Are you familiar with the potential benefits of tax-sheltered investments?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Does your tax situation require immediate, large tax write-offs?   | <input type="checkbox"/> | <input type="checkbox"/> |

**Part XI • Accuracy of Information Supplied**

Overall, how would you classify the information provided in this questionnaire?

- Very accurate
- Based on estimates that are reasonably accurate
- Based on rough estimates

Date completed: \_\_\_\_\_

**NOTES**

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