

# 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

Name birth date Yes No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. **Grandchildren**

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

Yes No

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**2. Personal objectives**

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

<i>Objective</i>	<i>You</i>			<i>Spouse</i>		
	<i>Very</i>	<i>Somewhat</i>	<i>Not</i>	<i>Very</i>	<i>Somewhat</i>	<i>Not</i>
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.

<i>Objective</i>	<i>You</i>			<i>Spouse</i>		
	<i>Very</i>	<i>Somewhat</i>	<i>Not</i>	<i>Very</i>	<i>Somewhat</i>	<i>Not</i>
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- ATTACH ACCOUNT STATEMENTS**

1. **Cash on hand**     \$ \_\_\_\_\_

2. **Cash accounts**

*Present balance for each of the following:*

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

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

<u>Name of Security</u>	<u>Ownership**</u>	<u>Number of Shares</u>	<u>Current Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

5. **Stock plans**

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <u>Yes</u>               | <u>No</u>                |
| 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/401k		
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>\$/mth; term; interest %</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>\$/mth; term; interest %</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 Surrender Value</u>	<u>Beneficiary (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/Term/%</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>2010</u>	<u>2011</u>	<u>2012</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? How much? _____	<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? What? _____	<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? What? _____	<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>
Employment exp (commuting, etc)	_____	_____
Dues; memberships; etc	_____	_____
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 • Education Planning**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 1. Have you invested in 529 savings plan or are you considering doing so?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you invested in an UTMA/UGMA for your children?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will you send your children to Private_____ or Public_____ high school? Name_____ |                          |                          |
| 4. Will you send your children to Private_____ or Public_____ College? Name_____     |                          |                          |

**Part IX • 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 45.*

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 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?
12. If “yes” to question 11, where \_\_\_\_\_
13. Describe your plans for retirement. Include a description of your retirement lifestyle.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**. Part X • 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 XI • 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 • Additional Questions

**If you had all the money you needed (if money was no object) what would you do differently from what you are doing now?** \_\_\_\_\_

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**If a doctor said that you had just three years to live, what would you do differently from what you are doing now?** \_\_\_\_\_

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**If you discover that you had just one day to live, what would be your greatest regret?** \_\_\_\_\_

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**Part XII • Additional Documents Required**

1. copy of one month of pay stubs and most recent savings and investment statements
2. copy of wills; living wills; Trust agreements; gift tax returns; estate plans
3. company benefits booklet(s)
4. documents for any other company benefits such as stock options, restricted stock awards: etc
5. summary page for each insurance policy
6. income tax returns for past three years (state & federal)
7. summary of any previous financial plans that have been prepared
8. copy of personal financial statements for last three years
9. most recent report of vested pension benefit or profit sharing plans
10. Financial statements, tax returns and agreements regarding ownership in closely held corporations, partnerships, joint ventures, LLC's or other business
11. completed risk tolerance questionnaire (attached)

**Part XIII • 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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