Financial Planning Questionnaire

Today's Date_____

General Information

	Client	Co-Client
Legal Name		
Preferred Name		
Date of Birth		
Employer		
Employer Address		
Occupation		
Work Phone		
Work Email		

Current Address

Street		
City	State	Zip Code
Home Phone	Home Fax	
Email		

How were you referred to us?

Single	Married	Widowed	Divorced	Partnered
	Date	Date	Date	Date

Children

	Child 1	Child 2	Child 3	Child 4
Name				
Date of Birth				
Health				
Living with you?				
Marital Status				
College Planned				
Grandchildren				

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General Planning Objectives

Please indicate which areas of financial planning are of concern to you. Rank your concern according to importance (1 = lowest, 10 = highest)

Insurance	Estate Planning	Retirement	Education Planning
Cash Flow	Taxes	Investments	

1. Given your current situation, what are your financial and non-financial goals for the next five years:

5-Year Financial Goals	5-Year Non-Financial Goals

2. What would you like to accomplish in the next year, both financially and from a non-financial perspective?

1-Year Financial Goals	1-Year Non-Financial Goals

3. What is your projected/ideal retirement age (if not retired)?

Client	Co-Client

Income

Projected Income (wages)

	This Year	Next Year
Client		
Co-Client		

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Small Business

Do you have an ownership interest in a small business? Please provide the following details:

Type of Business	C Corp	S Corp	Partnership	Proprietorship
Nature of business				
Percent of ownership	%			
What is the value of your interest? $				
Do you have a buy-sell agreement in place?				
Do you have a transition or succession plan in place?				

Estate Planning

Do you have the following documents?

	Client: Date of Document	Co-Client: Date of Document
Wills		
Durable Power of Attorney		
Living Will		
Health Care Proxy		
Revocable Trusts		

Insurance

Type of Insurance (Life, Disability, Long-Term Care)	If Life Insurance, indicate if term or whole life	Amount	Who is the insured?	Group or private policy?

Assets and Liabilities

Type of Account	Whose name is on this account?	Current Value
Bank/Credit Union Accounts:		
Checking Account		
Checking Account		
Savings Account		
Savings Account		
Other		
Total Bank/Credit Union Assets		

Taxable Investment Accounts:
(This does not include IRAs or company retirement plans)

Stock Certificates		
Dividend Reinvestment Plan Accounts		
Account at Brokerage Firm		
Account at Brokerage Firm		
Account at Mutual Fund Company		
Account at Mutual Fund Company		
Other		
Total Taxable Investment Assets		

Tax-Deferred Assets:

IRA		
IRA		
Roth IRA		
Roth IRA		
Company Retirement Plan (401k, 403b, 457)		
Company Retirement Plan (401k, 403b, 457)		
Annuity		
Annuity		
Other (Please identify)		
Other (Please identify)		
Total Tax-Deferred Assets:		

Type of Account	Whose name is on this account?	Current Value
Personal Assets:		
Personal Residence		
Second Home		
Investment Real Estate		
Collectibles/Artwork		
Auto		
Auto		
Boat		
Other		
Total Personal Assets:		
Total Assets:		
Liabilities:		
Mortgage		
Home Equity Line		
Credit Card		
Credit Card		
Student Loan		
Auto Loan		
Other		
Other		
Total Liabilities:		
Net Worth:		

Do you have an interest in investing in SRI?

Do you expect to receive an inheritance in the future?

Please indicate any other important information or areas of concern:

Thank you for completing this questionnaire.

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