



FINANCIAL GOAL PLAN QUESTIONNAIRE

Personal and Confidential

The following questionnaire is a very important tool in the financial planning process. The more we are able to know about your current financial situation and your future financial goals, the more valuable the financial plan will be to you. Please complete this questionnaire as best you can. If you are unsure how to answer a question please contact our office for assistance.

In addition to completing this questionnaire, please provide copies of the following items *(if applicable)*:

- Retirement Plan Statements
- Investment Account Statements
- Education Savings Plan statement (529, Education IRA)
- Stock Plan statements
- Any statements, tax returns, prospectus information, or other relevant documentation that may be helpful to the planning process

Client: _____

Date: _____

Personal Information

Client (C)

Spouse (S)

Name: _____

Name: _____

DOB: _____

DOB: _____

Marital Status: _____

Marital Status: _____

Employment Status: _____

Employment Status: _____

Gross Income: _____

Gross Income: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Dependent / Beneficiary Info

Name

Relationship

DOB

Name	Relationship	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Retirement Income Goal - Primary Goal

Age to Retire: _____ (C) _____ (S)

Life Expectancy: _____ (C) _____ (S)

or check to use default life expectancy (Mortality Tables with 30% probability)

Annual Income Goal: \$ _____ (from all sources)

Pre-Tax (default): or After-Tax: _____ % Estimated Federal Tax Rate in Retirement
_____ % Estimated State Tax Rate in Retirement

Use Historical Performance of Current Investments (default)

or Use Personal Estimate of Average Annual Investment Return: _____ %

Use Historical Avg. Annual Inflation (default)

or Use Personal Inflation Estimate: _____ %

If Retirement Income Goal changes for different periods, please provide summary of changes below:

Retirement Income Goal - Alternative Scenario

Age to Retire: _____ (C) _____ (S)
Life Expectancy: _____ (C) _____ (S)

or check to use default life expectancy (Mortality Tables with 30% probability)

Annual Income Goal: \$ _____ (from all sources)

Pre-Tax (default): or After-Tax: _____ % Estimated Federal Tax Rate in Retirement
_____ % Estimated State Tax Rate in Retirement

Use Historical Performance of Current Investments (default)
or Use Personal Estimate of Average Annual Investment Return: _____ %

Use Historical Avg. Annual Inflation (default)
or Use Personal Inflation Estimate: _____ %

If Retirement Income Goal changes for different periods, please provide summary of changes below:

Other Goal (1)

Description: _____
Year of Goal: _____ Cost: \$ _____ (per year, from savings or investments)
Frequency of Goal: _____ If Reoccurring, Year Goal Ends: _____
Will Cost Inflate? _____
Additional Input: _____

Other Goal (2)

Description: _____
Year of Goal: _____ Cost: \$ _____ (per year, from savings or investments)
Frequency of Goal: _____ If Reoccurring, Year Goal Ends: _____
Will Cost Inflate? _____
Additional Input: _____

Investor Risk Assessment



1) On a scale of 1-100, with 1 being the lowest and 100 being the highest, how much risk are you willing to accept to potentially increase returns?

_____ (Client) _____ (Spouse, if different)

2) How important is avoiding loss and preserving principal? (select one box)

1 2 3 4 5 6 7 8 9 10
Not very important *Very Important*
Willing to take risk to achieve growth *Desire safety, content with lower potential returns*

3) How would you rate yourself with the following investment objectives? (select one box)

←
→
Safety is Priority Growth is Priority
-5 -4 -3 -2 -1 +1 +2 +3 +4 +5
Low Risk of Potential Loss *High Risk of Potential Loss*
Lower Expected Returns *Higher Potential Returns*

4) How important is maximum growth? (select one box)

1 2 3 4 5 6 7 8 9 10
Not very important *Very Important*
Prefer safer investments, even if lower returns *Willing to take higher risk of potential loss*

5) How important is generating current income? (select one box)

1 2 3 4 5 6 7 8 9 10
Not important *Moderately Important* *Very Important*

6) When do you expect to begin drawing income from your investments? (select one box)

20+ years 10-20 years 5-10 years 0-5 years immediately

7) What type of average annualized returns do you typically expect in your portfolio? (select one box)

0-3%	4-6%	7-9%	10+%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Lower Risk</i>	<i>Low-Moderate Risk</i>	<i>Higher Risk</i>	<i>Speculative Risk</i>
<i>Lower Returns</i>	<i>Modest Returns Likely</i>	<i>Moderate Returns Possible</i>	<i>High Returns Possible</i>
<i>Losses Rare</i>	<i>Losses Possible</i>	<i>Significant Losses Possible</i>	<i>Substantial Losses Possible</i>
<i>Predictable</i>	<i>Some Uncertainty</i>	<i>Greater Uncertainty</i>	<i>Highly Unpredictable</i>
<i>Mostly Cash / MMkt</i>	<i>Mix of Bonds and Some Stocks</i>	<i>Mostly Stocks, Some Bonds</i>	<i>All Stocks / Alternatives</i>

Name	Date
Name	Date

Social Security Income

What age will you begin? (C) _____ *or* Full Retirement Age:

Estimated Income Amount: \$ _____ (annual) *or* Default Estimate:

What age will you begin? (S) _____ *or* Full Retirement Age:

Estimated Income Amount: \$ _____ (annual) *or* Default Estimate:

Income During Retirement - Pension (1)

Pension Owner: (C) (S) Description: _____

What age do benefits begin? _____ Estimated Income Amount: \$ _____ (annual)

Survivor Benefit, if any: _____ % COLA Adjustment, if any: _____ %

Other Information: _____

Income During Retirement - Pension (2)

Pension Owner: (C) (S) Description: _____

What age do benefits begin? _____ Estimated Income Amount: \$ _____ (annual)

Survivor Benefit, if any: _____ % COLA Adjustment, if any: _____ %

Other Information: _____

Income During Retirement (1) - Annuity, Part-time Employment, Rental Property, other

Owner: (C) (S) Description: _____

Year Income Begins: _____ Year Income Ends: _____

Estimated Income Amount: \$ _____ (annual)

Survivor Benefit, if any: _____ % Annual Inflation, if any: _____ %

Other Information: _____

Income During Retirement (2) - Annuity, Part-time Employment, Rental Property, other

Owner: (C) (S) Description: _____

Year Income Begins: _____ Year Income Ends: _____

Estimated Income Amount: \$ _____ (annual)

Survivor Benefit, if any: _____ % Annual Inflation, if any: _____ %

Other Information: _____

Retirement Plan (1) - 401(k), 403(b), Profit Sharing (please provide a copy of a recent statement)

Owner: (C) (S) Description: _____

Current Value \$ _____

Your Annual Contribution: \$ _____ Employer Contribution: \$ _____

Do you anticipate contributions to increase along with inflation? _____

When will contributions end? Retirement or other _____

Retirement Plan (2) - 401(k), 403(b), Profit Sharing (please provide a copy of a recent statement)

Owner: (C) (S) Description: _____

Current Value \$ _____

Your Annual Contribution: \$ _____ Employer Contribution: \$ _____

Do you anticipate contributions to increase along with inflation? _____

When will contributions end? Retirement or other _____

Retirement Accounts (1) - IRA, Rollover IRA, Roth-IRA (please provide a copy of a recent statement)

Owner: (C) (S) Description: _____

Current Value \$ _____

Your Annual Contribution: \$ _____ or Maximum

When will contributions end? Retirement or other _____

Retirement Accounts (2) - IRA, Rollover IRA, Roth-IRA (please provide a copy of a recent statement)

Owner: (C) (S) Description: _____

Current Value \$ _____

Your Annual Contribution: \$ _____ or Maximum

When will contributions end? Retirement or other _____

Retirement Accounts (3) - IRA, Rollover IRA, Roth-IRA (please provide a copy of a recent statement)

Owner: (C) (S) Description: _____

Current Value \$ _____

Your Annual Contribution: \$ _____ or Maximum

When will contributions end? Retirement or other _____

Brokerage / Investment Assets (1) (please provide a copy of a recent statement)

Owner: (C) (S) (Joint)
Description: _____
Current Value \$ _____ Basis, if known \$ _____
Your Annual Contribution: \$ _____
When will contributions end? Retirement or other _____
Purpose of Savings: Retirement or other _____

Brokerage / Investment Assets (2) (please provide a copy of a recent statement)

Owner: (C) (S) (Joint)
Description: _____
Current Value \$ _____ Basis, if known \$ _____
Your Annual Contribution: \$ _____
When will contributions end? Retirement or other _____
Purpose of Savings: Retirement or other _____

Other Investments (1) - 529, Cash-Value Policies, Company Stock (please provide a copy of a recent statement)

Owner: (C) (S) (Joint)
Description: _____
Current Value \$ _____
Your Annual Contribution: \$ _____
When will contributions end? Retirement or other _____
Purpose of Savings: Retirement or other _____

Other Investments (2) - 529, Cash-Value Policies, Company Stock (please provide a copy of a recent statement)

Owner: (C) (S) (Joint)
Description: _____
Current Value \$ _____
Your Annual Contribution: \$ _____
When will contributions end? Retirement or other _____
Purpose of Savings: Retirement or other _____

Personal and Business Assets (1) - Homes, Business Interest, Vehicles, Property, Real Estate, Other

Owner: (C) (S) (Joint)

Description: _____

Current Value \$ _____

Sell asset to fund goals? No Yes

If yes, what year to sell? _____ Expected Proceeds \$ _____

Personal and Business Assets (2) - Homes, Business Interest, Vehicles, Property, Real Estate, Other

Owner: (C) (S) (Joint)

Description: _____

Current Value \$ _____

Sell asset to fund goals? No Yes

If yes, what year to sell? _____ Expected Proceeds \$ _____

Personal and Business Assets (3) - Homes, Business Interest, Vehicles, Property, Real Estate, Other

Owner: (C) (S) (Joint)

Description: _____

Current Value \$ _____

Sell asset to fund goals? No Yes

If yes, what year to sell? _____ Expected Proceeds \$ _____

Personal and Business Assets (4) - Homes, Business Interest, Vehicles, Property, Real Estate, Other

Owner: (C) (S) (Joint)

Description: _____

Current Value \$ _____

Sell asset to fund goals? No Yes

If yes, what year to sell? _____ Expected Proceeds \$ _____

Liabilities - Mortgage, Car Loan, Home Equity, Credit Card, other

Description: _____
Whose Debt? (C) (S) (Joint)
Current Balance: \$ _____ Years Until Paid Off: _____

Description: _____
Whose Debt? (C) (S) (Joint)
Current Balance: \$ _____ Years Until Paid Off: _____

Description: _____
Whose Debt? (C) (S) (Joint)
Current Balance: \$ _____ Years Until Paid Off: _____

Description: _____
Whose Debt? (C) (S) (Joint)
Current Balance: \$ _____ Years Until Paid Off: _____

Estate Documents

General Will:	(C) <input type="checkbox"/>	(S) <input type="checkbox"/>	Not Needed <input type="checkbox"/>	Last Reviewed: _____
Bypass Trust included in Will:	(C) <input type="checkbox"/>	(S) <input type="checkbox"/>	Not Needed <input type="checkbox"/>	Last Reviewed: _____
Various Beneficiary Designations:	(C) <input type="checkbox"/>	(S) <input type="checkbox"/>	Not Needed <input type="checkbox"/>	Last Reviewed: _____
Medical Directive:	(C) <input type="checkbox"/>	(S) <input type="checkbox"/>	Not Needed <input type="checkbox"/>	Last Reviewed: _____
Power of Attorney:	(C) <input type="checkbox"/>	(S) <input type="checkbox"/>	Not Needed <input type="checkbox"/>	Last Reviewed: _____

Insurance Policies

Term Life Owner: (C) (S) Description: _____
 Term Life Beneficiary: _____ Death Benefit: \$ _____
 Anticipated Policy End: _____

Term Life Owner: (C) (S) Description: _____
 Term Life Beneficiary: _____ Death Benefit: \$ _____
 Anticipated Policy End: _____

Cash Value Life Owner: (C) (S) Description: _____
 Cash Value Life Beneficiary: _____ Death Benefit: \$ _____
 Current Cash Value: \$ _____

Long Term Disability Owner: (C) (S) Description: _____
 % of Income Replacement: _____ Benefit Period: _____
 Anticipated Policy End: _____

Long Term Care Owner: (C) (S) Description: _____
 Policy Terms: _____
 Anticipated Policy End: _____

Umbrella Liability Coverage: (C) (S) Description: _____
 Coverage Amount: \$ _____

Other Relevant Information or Questions
