Fleishel

FINANCIAL ASSOCIATES

An Independent Registered Investment Advisor

Clarity and Confidence for Life

Confidential
Financial Planning Data Organizer

Prepared especially for:

Our Client

Securities Offered Through

RAYMOND JAMES®

FINANCIAL SERVICES, INC.

Member FINRA/SIPC

Introduction

Please complete this questionnaire and bring it to your initial consultation so we can maximize the efficiency and productivity of our time together during the appointment. ***Also, please bring a copy of your most recent tax return and your detailed investment account statements.***

Client Profile

Your Information	*Your Spouse's Information*
Name:	Name:
Address:	
Home/ Cell Phone:	Home Fax:
Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:
Occupation:	Occupation:
Employer: Years:	Employer: Years:
Employer Address:	Employer Address:
City, State, Zip:	City, State, Zip:
Employer Phone #:	Employer Phone #:
E-mail:	E-mail:
Anticipated retirement age:	Anticipated retirement age:
Wedding Anniversary (if applicable):	
Hobbies & Recreational Interests:	Hobb

Family Information

Your Children's Name(s)	***Gender***	***Social Security #***	***Date of Birth***	***Financially Independent***
				yes no
				yes no
				yes no
				yes no
				yes no
Parent's Name(s) (if alive)	***Age***	***City/State of Residence***	***Financially Independent***	***Health Condition***
Client			yes no	
Client			yes no	
Spouse			yes no	
Spouse			yes no	

Are there any particular concerns you have about your parents, children, their spouses or grandchildren that, we should be aware of in addressing your financial planning affairs? ____

Financial Life Checkup

Directions: The statements below will help you to think about and assess how satisfied you are with aspects of your life.

Not Satisfied		Moderately Satisfied		Very Satisfied
1	2	3	4	5

I am satisfied…	Husband	Wife
…with the income potential my current job or career provides me.		
…with my spending habits.		
…with the level of debt I carry.		
…with the "extras" that I am able to buy for myself and/or loved ones.		
…with the level and quality of insurance protection I currently have.		
…with the amount of money that I save and invest on a regular basis.		
…with my current investment choices.		
…that I am on track to build a sufficient retirement nest egg.		
…with my plans for my children/grandchildren's education.		
…with my estate plan.		
…with my level of charitable giving.		
…with how I respond emotionally to my personal finance issues.		
…that financial issues do not cause stress or strain in the relationships that are important to me.		
…with the working relationships I have with my financial service providers (that is, insurance agent, banker, financial planner, broker and accountant).		
Total		

4. Do you foresee any major expenditure in the next five years? ☐ yes ☐ no If yes, please describe:

____

____

5. What types of assistance are you looking for from an investment and financial planning firm like ours?

____

____

____

Financial Planning Questions

Income Taxes	***Yes***	***No***	***N/A***
• Are income taxes a major concern to you?	☐	☐	☐
• Do you anticipate a major increase or decrease in your tax liabilities in the near term? If so, explain ____	☐	☐	☐
• Please give us the name of your tax accountant ____			
Firm Name ____			
Phone number ____			
• Does your tax accountant provide proactive tax minimization advice?	☐	☐	☐

Retirement Planning	**Yes**	**No**	**N/A**
• Are you fully utilizing any employer-provided retirement plans?	☐	☐	☐
• Do you plan to work part time during retirement? If so, estimated annual income ________________. If so, how long? ________________________	☐	☐	☐
• Are you receiving or will you receive a monthly retirement pension (other than social security) at retirement? If so, list source and amount. ____________________________	☐	☐	☐
• Will you receive a significant inheritance, which should be considered in meeting your retirement needs? If so, describe ________________________________	☐	☐	☐
• Have you performed a retirement cash flow analysis in the past? (applicable for both retired and working persons)	☐	☐	☐
Insurance Planning			
• Do you feel adequately insured in all areas? (Life, disability, health, auto, property, umbrella, etc.) If not, list areas of concern ______________________________	☐	☐	☐
• Do you have, or are you considering the purchase of, nursing home and home care insurance?	☐	☐	☐
Estate Planning			
• Do you have a current will?	☐	☐	☐
• List the date your will was last written or reviewed. ______________________ your spouse's will? ____________________			
• Please give us the name of your estate planning attorney ____ Firm Name____ Phone ____			
• Estates over a certain amount can utilize family/marital trusts in order to reduce taxes. Have you implemented this approach?	☐	☐	☐
• If you have the above listed trust, have you carefully examined the titling of assets in order to determine/assure proper funding of the trusts?	☐	☐	☐
• Have your life insurance policies been placed in an irrevocable trust in order to reduce potential estate taxes?	☐	☐	☐
• Do you have a revocable living trust to reduce probate costs?	☐	☐	☐
• Do you own real estate outside of Florida?	☐	☐	☐
• Is this a second marriage requiring special estate planning considerations? You?	☐	☐	☐
Your spouse?	☐	☐	☐
• Is your goal to leave any significant assets to your children? If so, in today's dollars, how much would you like each child to inherit? ______________________________	☐	☐	☐
Other Miscellaneous			
If you have your own businesses, have you reviewed the retirement plan options (profit sharing, money purchase, Simple, SEPs, defined benefit, etc.) available?	☐	☐	☐
Do you plan to buy a new home any time soon? If so, explain ____________________________	☐	☐	☐
Where did you graduate from college and what was your field of study/degree? You ____________________________ Spouse ____________________________			☐

Family Balance Sheet for Our Client

Assets	*Institution*	*Current Value*
Cash		
Checking		
Money Market		
CD’s		
Annuities		
Retirement		
IRA / 401 (k)		

Investment Accounts	*Brokerage Firm*	*Shares*	*Cost*	*Value*

Life Insurance	*Type (Whole, Universal)*	*Death Benefit*	*Cash Value*	*Premium per year*

Property	*Description*	*Rental Income*	*Cost*	*Current Value*
Residence				
Other Property				
Auto/Boats				

Household Cash Flow			
	Name	Source	$Amount/Year
Wages			
Wages			
Other Income:			

What are your approximate annual expenses? $

LIABILITIES	*Description*	*Interest Rate*	*Maturity Date*	*Current Balance*
Mortgage				
Home Equity				
Line of Credit				
Credit Card(s)				
Personal Loans				