Confidential

Financial Planning Data Organizer

Client Name(s):_____________________

Today's Date ____________________

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 Phone:	Home Fax:
Social Security #:	Social Security #:
Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:
Driver's License #, State, Exp. Date:	
Occupation:	Occupation:
Employer: Years:	Employer: Years:
Employer Address:	Employer Address:
City, State, Zip:	City, State, Zip:
Employer Phone #:	Employer Phone #:
E-mail: jgleeson@cfl.rr.com	E-mail:
Anticipated retirement age:	Anticipated retirement age:
Wedding Anniversary (if applicable):	
Hobbies & Recreational Interests:	Hobbies & Recreational Interests:

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? ____

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 ___________________________			☐

DOCUMENTS NEEDED

The following documents will be needed to complete your Financial Road Map.

Assets

- ( ) Most recent statements for ALL Investment & Retirement accounts.
- ( ) Current market value of all real property including your home
- ( ) Bank Statements (Certificates of Deposit, Maturity Dates, Interest Rates)
- ( ) Stock Options/Bonus Plans
- ( ) Value of collectibles (art or antiques of significance)
- ( ) Life Insurance policies with current statements indicating cash values, loans, if any and annual premiums

Liabilities

- ( ) Mortgage Notes Payable, Credit Cards: Balance owed, interest rate, terms
- ( ) Personal loans

The next items will be needed for your comprehensive financial plan.

You are welcome to bring them with you when you come to complete the Financial Road Map.

Financial Statements & Tax Reports

- ( ) Most recent personal & any corporate income tax returns
- ( ) If available, current personal and corporate financial statements, if any

Insurance & Annuity Policies & Contracts:

- ( ) Health Insurance-
  - ( ) Hospital & Major Medical
  - ( ) Disability Insurance
  - ( ) Long-term Care
- ( ) Automobile Insurance
- ( ) Property & Casualty/Liability

Social Security

- ( ) Social Security statements for both (self and spouse)

Other Asset accounts

- ( ) Real Property including home: Date of Purchase, Cost Basis, Location, (Income & expenses if rental property)
- ( ) Amortization Schedules on any Mortgages or Notes held

Most Recent Payroll Stub

- ( ) Self
- ( ) Spouse

Wills & Trust arrangements:

- ( ) Self
- ( ) Spouse

Company benefit plan booklets (group benefits & pension plans, if applicable):

- ( ) Your Employer
- ( ) Spouse's Employer

Business Arrangements, if applicable

- ( ) Buy/Sell
- ( ) Deferred Compensation

This material will be treated confidentially and any originals will be returned as soon as the planning process is completed or at an earlier time if request.