

Personal data

Name	Marital Status	Date of Birth	S.S. Number	Citizenship
Client				
Spouse				
Child				
Child				
Child				
Child				
Child				
Child				

Legal Residence

Street Address _____

City, State & Zip _____

Home Telephone _____

Occupational data

Are either you or your spouse self-employed? _____

If yes, type of business: _____

_____ Sole Proprietor _____ Partnership _____ Corporation

	Client	Spouse
Your Title	_____	_____
Employer	_____	_____
Employer Street Address	_____	_____
City, State & Zip	_____	_____
Telephone	_____	_____
Years of Service	_____	_____

Occupational data

Work-Related Benefits

Does your company have (check as many as appropriate):

	Client	Spouse
Pension Plan		
401k Plan		
Profit Sharing		
Thrift/Savings Plan		
Plan Allowing Voluntary Contributions		
Stock Option Plan		
Deferred Compensation		
Comprehensive Major Medical		
Dental Benefits		

Does your employer provide life insurance?
Coverage:

Amount of Contribution:

Does your employer provide short-term disability?

Length of time: Income/percent of salary:

Long-term disability?

Length of time: Income/percent of salary:

Are any of these plans contributory?
If yes, how much do you contribute?
\$ _____

Income Sources

	Client	Spouse	Joint
Base Salary			
Bonuses			
Fees and Commissions			
Rental Income			
Royalties			
Trust Income			
Business Income			

Miscellaneous Items

Do you have a safe deposit box?

Do you have valid executed wills?
Year drafted:

Do you have an accountant?
If yes, name:

Do you have an attorney?
If yes, name:

Do you or any family member have any medical problems?
Smokers?

Asset inventory

1. Savings

	Titled Owner	Amount	% Return	Maturity Date
Passbook savings				
Passbook savings				
Credit union account				
Credit union account				
Checking account				
Checking account				
Certificate of deposit				
Certificate of deposit				
Certificate of deposit				
Certificate of deposit				
Money market fund				
Money market fund				
Savings bonds				
Treasury bills				
IRA				
IRA				
IRA				
IRA				
Custodial accounts				
Custodial accounts				
Annuities				
Annuities				
Other				
Other				

Miscellaneous personal property

(Show estimated market value of what you own today — not replacement value)

Amount

General Household
Furnishings and Appliances

Artwork, Antiques, etc.

Jewelry: Yourself

Spouse

Automobiles: Car 1

Car 2

Car 3

Boat, Trailer, etc.

Collections: Guns

Stamps

Rare Coins

Other

Other

Protection analysis

1. Life Insurance

	Policy #1	Policy #2	Policy #3	Policy #4
Name of insured				
Insurance Co.				
Premium amount				
Dividends				
Dividend Use				
Policy loans				
Type of policy				
Amt. of coverage				

	Policy #5	Policy #6	Policy #7	Policy #8
Name of insured				
Insurance Co.				
Premium amount				
Dividends				
Dividend Use				
Policy loans				
Type of policy				
Amt. of coverage				

2. Disability insurance

	Policy #1	Policy #2	Policy #3	Policy #4
Insured				
Insurance Co.				
Amt. of coverage				
Individ. or group				
Premium/mode				
Waiting period				
Benefit period				

Asset inventory

Is there a regular pattern of saving?
 If yes, in what amount and by
 what method (i.e., payroll savings, etc.)
 If no, what was the primary
 source of cash assets?

Attitude toward current
 rate of saving:

Usual method of
 selecting savings vehicles:

Identify accounts earmarked
 for specific objectives and those
 the client feels cannot
 be repositioned. Explain.

Attitude toward current performance:

What is a reasonable after-tax return?

Education

Annual financial obligation for education

Child	Age	Annual Expense in Today's Dollars		Existing Savings	Planned Annual Savings	Type of Account
		Undergraduate	Graduate			

Family needs

Note: be prepared to fill in the items in parentheses with the appropriate information. Read the introductory comment in quotation marks and read the questions aloud. Allow both client and spouse to answer.

"The next questions are a little unusual because we need to assume you have passed away."

Give a brief description of your family's financial situation if you were to die today:

Client:

Spouse:

Are you happy with this situation?

Is it important to give your family (mention names) the financial option or opportunity to continue living in your present home?

Is it important to provide a monthly income to (name spouse and children) until the children were self-sufficient?

What amount—in today's dollars—would you want provided on a monthly basis: assume your house is paid for.

Client:

Spouse:

What do you feel is a realistic future inflation rate?

Is it important to you that your children have the opportunity to complete their education?

What amount would you want to provide each child for this?

What will the source of these funds be?

Risk Tolerance

Keeping in mind that all investments involve some risk, what amount of risk is reasonable to take to meet your financial objectives?

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1
Conservative (low risk)

5

10
Speculative (high risk)

Financial goals and objectives

1. Is there anything of importance to you (from a financial standpoint) that hasn't been discussed?

2. Do you feel there is anything else we should know about your finances, personal situation or any other unusual circumstances that might cause a change in your future plans?

3. When it comes to making investment or savings decisions, is there someone whose advice you seek or do you (and your spouse) make decisions on your own?

4. What do you expect financial planning to do for you?

