CENTER FOR FINANCIAL PLANNING, INC.
REGISTERED INVESTMENT ADVISOR

CONFIDENTIAL PERSONAL FINANCIAL PLANNING GUIDE

PLEASE COMPLETE THIS CONFIDENTIAL PLANNING GUIDE AND RETURN IT PRIOR TO YOUR FIRST MEETING

This confidential planning questionnaire is necessary to help us begin preparing for the meeting and to make the best use of our time. If you are unsure of an answer, or uncomfortable providing a response, simply leave the question blank.

In addition, the following documents will be needed at our meeting for the purpose of study and analysis to make appropriate recommendations. It is understood that this material will be treated confidentially at all times.

- ☐ Most recent payroll stub (if applicable)
- ☐ Income Tax Returns (2 years preferred)
- ☐ Social Security Benefits Statement
- ☐ Employment Benefits Statements (Group Benefit and Retirement Plan)
- ☐ Investment Statements (Brokerage, Mutual Funds, IRA, CD, etc)
- ☐ Insurance and /or Annuity Contracts
- ☐ Estate Planning Documents (Wills and Trusts, if applicable)
- ☐ Business Arrangements (Buy/Sell, Stock Options, etc., if applicable)
- ☐ Any other information that will assist in evaluating your finances

Our integrity and commitment to excellence place us in the top tier of financial advisory and wealth management firms. Our decisions are driven by loyalty to our clients and an understanding that long-term success will be enhanced by always putting our clients' interests first.

Your meeting is scheduled for ________________________

Planner____

Last Name____

Today's Date________________

PERSONAL AND FAMILY INFORMATION

Client 1 Name:____Age_________Gender______

Birth Date___________US Citizen?______Soc. Security Number ___________________________

Marital Status: _____Single _____ Married _____ Divorced ______ Widowed

Any Previous Marriages? _________ If so, number and length of prior marriage(s)_____________

Are you a US Veteran? __________ If so, dates of service_______________________________

Client 2 Name ____Age:________ Gender______

Birth Date___________US Citizen?______Soc. Security Number___________________________

Relationship: _____ Spouse ____Partner/ Significant Other ____Other_____________

Any Previous Marriages? ________ If so, number and length of prior marriage(s)_____________

Are you a US Veteran? __________ If so, dates of service_______________________________

Address:____

City________________________________ State__________Zip ___________ -______________

Phone (Residence)___________________Preferred e-mail _______________________________

CHILDREN/ GRANDCHILDREN

Name **(First, Last)**	**Date of Birth**	**Age** /	**School Grade**	**Gender**	**Relationship (e.g. child, etc)**	**Soc Sec #**
________________________	__________	_____ /	_____	____	__________	_______________
________________________	__________	_____ /	_____	____	__________	_______________
________________________	__________	_____ /	_____	____	__________	_______________
________________________	__________	_____ /	_____	____	__________	_______________
________________________	__________	_____ /	_____	____	__________	_______________

(Social Security number is needed for establishment of UTMA, 529 or other Children's accounts)

Do you or any of your dependents have special needs?_________ List name and nature of special need:_________

____

Do you anticipate that you will be caring for elderly parents/relatives?__________________________

Other important family information:

EMPLOYMENT STATUS

Which of the following best describes your current employment/ business status? Please complete pertinent contact information, ***including most recent occupation and employer if you are currently retired***.

Client 1 (Name)____

Occupation / Job Title ____

Name of Employer____
(Current, or last employer if now retired)

_______ Currently Employed _______ Business Owner, partner or professional Practice

_______ Retired _______ Homemaker

Business Phone________________________ Cell_____________________________________

E-mail: Home __________________________ Business E-Mail_________________________

Preferred contact method (phone, email, work, home)___________________________________

Client 2 (Name)____

Occupation / Job Title____

Name of Employer____
(**Current, or last employer if now retired**)

_______ Currently Employed _______ Business Owner, partner or professional Practice

_______ Retired _______ Homemaker

Business Phone_________________________ Cell_______________________________________

E-mail Home ________________________ Business E-mail______________________________

Preferred contact method (phone, email, work, home)____________________________________

DISCUSSION PRIORITIES Items of immediate concern to you. Please RANK with 1 being the greatest concern

_____ Develop overall plan of action
_____ Tax Reduction/ Control
_____ Investments
_____ Education Funding
_____ Income Now
_____ Cash Management
_____ Estate Planning
_____ Retirement Planning
_____ Adequate Insurance Coverage
_____ Other______________________

Do you have any specific goals or objectives that you want to discuss? If so, describe:

INCOME AND FINANCIAL STATUS

1. Which category best describes your **household's total annual income** last year, from all sources, before taxes??

______ 0-$50,000	______ $200,001 - $500,000
______ $50,001- $100,000	______ $500,001 - $1,000,000
______ $100,001 - $200,000	______ Over $1,000,000

Do you expect a substantial change in household income during the next two years?
____

____

2. **Annual Income**		**Client 1**	**Client 2**
Annual Salary, Wages		$ _________	$_________
Bonus / Commission / Cost of Living Increase		_________	_________
Interest		_________	_________
Dividends		_________	_________
Pension		_________	_________
Social Security		_________	_________
IRA Distribution		_________	_________
Annuity Payout		_________	_________
Other Retirement Plan_______________		_________	_________
Child Support.	Date ends __________	_________	_________
Alimony (Spousal Support)	Date ends__________	_________	_________

(Please attach copy of judgment showing terms of alimony and child support)

Other (Business Income, Rents, Partnership,Notes - List)

____	_________	_________
____	_________	_________

Does anyone owe you money that you expect to be repaid? Describe amount and terms of loan:

____$______________

About how much does it currently cost every month for you/ your family to live comfortably? (**pre-tax**) $______________

If not yet retired: How much monthly household income would you require to live on *during retirement* in today's dollars? (Gross income – pre tax) …..$______________

1/08

UPCOMING EXPENSES

Do you have any significant purchases/ expenses coming up in the next 2-3 years? **YES** **NO**

Describe: ____ $____________

____ $____________

____ $____________

FINANCIAL PLANNING STATUS AND AREAS OF CONCERN

I . EMERGENCY RESERVES/ LIQUID FUNDS

a) How much emergency cash do you desire to meet unanticipated needs? $____________

	YES	NO	NOT SURE
b) Do your cash accounts generate adequate yield?.......................................	____	____	_____
b) Do you believe your savings are well diversified?..	____	____	_____
c) Are you comfortable with the tax status of your savings?..............................	____	____	_____

II. DEBT MANAGEMENT

	YES	NO	NOT SURE
a) Is all the interest on your debt tax deductible?...	____	____	_____
b) Are you keeping your monthly debt payments as low as possible?.............	____	____	_____

III. HIGHER EDUCATION

	YES	NO	NOT SURE
a) Will you be providing for a child or grand child's higher education costs?......	____	____	_____

If yes for how many years? _______________

How many children/grandchildren?__________

b) How much do you estimate yearly costs will be per child in today's dollars? ________________

c) Name of College, if known_______________ Public or Private?________ In-state or Out?____

d) How much have you set aside for future education costs? ____________________________

	YES	NO	NOT SURE
e) Have you established a tax-favored account such as a 529, UTMA or Coverdell (Education) savings account?..	____	____	_____

IV. RISK MANAGEMENT / INSURANCE

Do you believe your family is adequately insured in the following areas?

	YES	NO	NOT SURE
a) Life Insurance…………………………………………………………………	____	____	_____
b) Disability Insurance…………………………………………………………….	____	____	_____
c) Long Term Health Care………………………………………………………..	____	____	_____
d) Homeowners………………………………………………………………….	____	____	_____
e) Automobile…………………………………………………………………….	____	____	_____
f) Personal Liability……………………………………………………………….	____	____	_____
g) Umbrella Liability Coverage…………………………………………………..	____	____	_____
h) Medical Coverage……………………………………………………………	____	____	_____

CURRENT INSURANCE COVERAGE - Please provide copy of company benefits package

Life Insurance

Person Insured	Company	Type of Policy (whole, term)	Death Benefit	Cash Value	Policy Loan	Annual Premium
______	______	______	______	______	$______	$______
______	______	______	______	______	$______	$______
______	______	______	______	______	$______	$______
______	______	______	______	______	$______	$______
______	______	______	______	______	$______	$______

Medical Insurance

Person Insured	Company	Deductible	Annual Premium
______	______	$______	$______
______	______	$______	$______

Disability Income Insurance

Person Insured	Company	Monthly Coverage	Waiting Period	Length of Benefit	Annual Premium
______	______	$______	______	______	$______
______	______	$______	______	______	$______

Automobile Insurance

Automobile	Company	Policy Number	Liability Coverage	Collision (deduct)	Comprehensive (deductible)	Annual Premium
______	______	______	$______	______	______	$______
______	______	______	$______	______	______	$______

Homeowners Insurance – Complete and attach statement of declaration page

Property	Company	Policy	Coverage Property	Personal	Medical	Umbrella	Annual Premium
______	______	______	______	$______	______	______	$______
______	______	______	______	$______	______	______	$______

Long Term Health Care

Person Insured	Company	Daily Coverage	Waiting Period	Length of Benefit	Annual Premium
______	______	$______	______	______	$______
______	______	$______	______	______	$______

V. FINANCIAL INDEPENDENCE - Client 1 *(If still employed)* YES NO NOT SURE

a) Are you contributing to a retirement plan?... ____ ____ ______

Annual Employ*ee* contribution?...$_________________

Annual Employ*er* (match) contribution?...$_________________

b) Do you have company Stock in your retirement plan?................................ ____ ____ ______

c) Are you covered by a defined benefit pension plan? (Attach statement)..... ____ ____ ______

If so, will your pension continue to your spouse upon your death?............. ____ ____ ______

d) Do you know what your Social Security Benefits may be? (Attach stmt)..... ____ ____ ______

e) How much do you contribute to a Traditional or Roth IRA annually?...........$__________________

f) At what age do you expect to retire?__________ (If retired, date of retirement___________)

FINANCIAL INDEPENDENCE - Client 2 *(If still employed)* YES NO NOT SURE

a) Are you contributing to a retirement plan?.. ____ ____ _____

Annual Employ*ee* contribution?..$_______________

Annual Employ*er* contribution?..$_______________

b) Do you have company Stock in your retirement plan?.................................____ ____ _____

c) Are you covered by a defined benefit pension plan?..(Attach Statement) .....____ ____ _____

If so, will your pension continue to your spouse upon your death?.............. .____ ____ _____

d) Do you know what your Social Security Benefits may be?.(Attach Stmt) ..... ____ ____ _____

e) How much do you contribute to a Traditional or Roth IRA Annually?............$________________

f) At what age do you expect to retire?____________(If retired, date of retirement_________)

IF PRIMARY WAGE EARNER, OR BOTH ARE RETIRED: YES NO NOT SURE

a) Is your present income adequate to meet your monthly expenses?............... ____ ____ _____

b) Do you have non-taxable retirement income?.. ____ ____ _____

c) Are you minimizing taxes on your Social Security income?.......................... ____ ____ _____

d) Will your pension continue to your spouse upon your death?......................... ____ ____ _____

e) Are you covered by employer-sponsored health insurance?………....................____ ____ _____

f) Are you covered by Medicare Part A_____ Part B______ Part D_______

VI. INVESTMENTS YES NO NOT SURE

a) Are you comfortable with your overall investment portfolio?....................... ____ ____ _____

b) Are you satisfied with all of your individual investments?.......................... ____ ____ ______

c) Are you comfortable with your current investment *income*?....................... ____ ____ ______

d) Do you make your own investment judgments and decisions?.................. ____ ____ ______

e) Do you believe you understand the risks associated with your investments?___ ____ ______

f) Are you satisfied with the rate of return on your investments?.................... _____ ____ ______

g) Do you save and invest on a systematic basis?... _____ ____ ______

h) What percent of gross income should you be saving? ______%

i) Are you utilizing tax efficient investments?.. _____ ____ ______

	YES	NO	NOT SURE
j) Are you minimizing the income tax consequences of your stock options? (if applicable)	_____	____	______
k) Do you own all the types of investments you believe may benefit you?..........	____	____	______

l) If you own any highly appreciated assets, briefly describe ___________________________________

____

m) What is the best investment you ever made? ____

n) What is the worst investment you ever made?____

o) Are there any investment vehicles that you would not buy (describe)?___________________________

Why?____

INVESTMENT OBJECTIVE (Choose only one)

_____ Preserving existing assets above all else

_____ Conservative Income with minimum risk

_____ Maximum Income with some principal risk

_____ Moderate growth of assets, income secondary, some risk

_____ Maximum growth of assets, substantial risk.

What would be the largest decline in your portfolio value that you would be able to tolerate over a three year period?______________ %

What do you believe is a reasonable rate of return (Choose only one)

_____ 12% or higher

_____ 10% -11.5%

_____ 8% - 9.5%

_____ 6% -7.5%

_____ 3% -5.5%

_____ Rate of return does not concern me. I am more interested in preservation of principal

VII TAXES

	YES	NO	NOT SURE
a) Do you feel you are paying too much in Federal and State taxes?...........	____	____	______
b) Did you receive a Federal Tax refund last year? ……………………………….	____	____	______
If yes, how much? $__________			
c) Do you need to evaluate strategies for saving taxes? …………………………	____	____	______
d) Are you currently utilizing any tax-advantaged investments?......................	____	____	______
e) Will you be receiving a retirement plan lump sum distribution shortly?..........	____	____	______

VIII. ESTATE PLANNING –

	YES	NO	NOT SURE
a) Do you have a will(s)?...	_____	____	_____
b) So you live in the same state in which your will was drafted?..........................	_____	____	_____

c) When was it last updated? Date____________

d) Do you have a Living Trust(s)?.. …_____ ____ _____

e) Living Trust Information

Client 1 Date________________Title of Trust ___________________________________

Client 2 Date________________Title of Trust ___________________________________

YES NO NOT SURE

f) Do you have a Durable Power of Attorney?... ._____ ____ _____

g) Do you have a Health Care Power of Attorney?.. _____ ____ _____

h) If you died yesterday, would your spouse/family have adequate income to maintain their standard of living?.. _____ ____ _____

i) To whom do you make significant gifts each year?_______________________________________

____

j) Do you expect to receive an inheritance? ……………………………………… _____ ____ _____

If so, describe. ____

____

IX. Other

1. Do you have a family foundation? ____ ____ _____
2. Do you sit on the board of any non-profit organizations? ____ ____ _____

Professional Advisors

Your Attorney ___________________________________

Address ___________________________________ E-mail_________________

___________________________________ Phone_________________

Your Accountant ___________________________________

Address ___________________________________ E-mail_________________

___________________________________ Phone_________________

Other advisors or people whom you want to have knowledge of your financial affairs?

Name____

Address____

____ Phone ___________________

Whom do you consult before making important financial decisions?__________________________

____

NET WORTH STATEMENT

If you have a record of your investments, other assets and liabilities and, personal property holdings on software such as Quicken or Microsoft Money, please attach. Otherwise, provide information on the following:

Please check all of the investments/ assets which you currently hold. **Attach a copy of the most recent statement from these investments.**

Check Owner
(both if Joint) NET WORTH INFORMATION

Client 1	**Client 2**	**Account Type**	**Client 1 Value**	**Client 2 Value**	**Statement Attached (check)**
		Non –Retirement Investment Accounts	**$**	**$**	
		Savings Bonds			
		Checking / Money Market Account			
		Savings Accounts/ CD			
		Brokerage accounts (List)			
		Others (describe)			
		Retirement Accounts:	**$**	**$**	
		Defined Benefit Plan at work (lump sum?)			
		Defined Contribution Plan (401k, 403b, TSA, other)			
		Non-qualified Deferred Compensation			
		Traditional IRA			
		Roth IRA			
		SEP IRA			
		SIMPLE IRA			
		Annuities			
		Other Retirement savings			
		Social Security **(Attach statement)**			
		Other ____			
		Educational/ Other savings for Children	**$**	**$**	
		UGMA/ UTMA			
		Other Trust Account			
		529 Savings Plan			
		Other Savings for Children			
		Non Working Assets – List Value	**$**	**$**	
		Home			
		Second Home			
		Automobile – Client 1			
		Automobile – Client 2			
		Boat			
		Personal Property (furniture, jewelry, art, etc)			
		Other:			

		LIABILITIES	**$**	**$**	
		Residence- Mortgage:			
		2nd Home Mortgage			
		Home Equity Loan/ Line of Credit			
		Automobile -			
		Automobile			
		Other- List			

Mortgage and Debt **YES** **NO**

Will your mortgage be paid off at financial independence?... ____ ______

If not, what is your current mortgage payment (interest and principal only, not escrow?)………$ _______________

What is the principal amount remaining on your mortgage?...$_______________

What is the interest rate on your mortgage?.. _______________%

How many years left for payments?...________________

Is this a ______Fixed or ________ Adjustable Rate Mortgage? If ARM, when will rate adjust? ______________

Will you have any other debt at financial independence?... **YES** **NO**

If so, what type and how much?____ $_______________

What other personal or financial information do we need to know to understand your situation and your goals?

____

____

____