



**FINANCIAL PLANNING QUESTIONNAIRE**  
for Married Couple (Client to Complete)

Date: \_\_\_\_\_

**I. FAMILY AND PERSONAL INFORMATION**

Husband

Wife

Name: \_\_\_\_\_

Home address/City/State/Zip: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_

Pension/Month: \_\_\_\_\_

Social Security Income/Month: \_\_\_\_\_

Business Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Birth date \_\_\_\_\_

Birthplace \_\_\_\_\_

Prior Marriage (name of spouse, how terminated and when)  
\_\_\_\_\_

Date of the Marriage to your current spouse: \_\_\_\_\_

<b>Full names of children (<u>present</u> marriage)</b>	<b>Age and Date of Birth</b>	<b>Current Home Address, Cell #, &amp; E-mail</b>	<b>Spouse's name</b>	<b>Number of children</b>
1.				
2.				
3.				
4.				

<b>Full names of children (<u>prior</u> marriage)</b>	<b>Age and Date of Birth</b>	<b>Current Home Address, Cell #, &amp; E-mail</b>	<b>Spouse's name</b>	<b>Number of children</b>
1.				
2.				
3.				
4.				

Your Husband's Parents

Your Wife's Parents

Father's name \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_

\_\_\_\_\_

City/State \_\_\_\_\_

\_\_\_\_\_

Health \_\_\_\_\_

\_\_\_\_\_

Mother's name \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_

\_\_\_\_\_

City/State \_\_\_\_\_

\_\_\_\_\_

Health \_\_\_\_\_

\_\_\_\_\_

Financially sufficient?      YES      or      NO

Financially sufficient? YES      or      NO

**What are your biggest concerns? Please check those that apply to you.**

- \_\_\_\_\_ 1.      Not having adequate funds to pay for long-term care such as assisted living or nursing home, or in home care.
- \_\_\_\_\_ 2.      Becoming incapacitated due to a serious illness, accident or other physical or mental condition.
- \_\_\_\_\_ 3.      Stability of relationships within my family.
- \_\_\_\_\_ 4.      Possible divorce of a child.
- \_\_\_\_\_ 5.      Remarriage of my spouse after my death.
- \_\_\_\_\_ 6.      Having a child predecease me.
- \_\_\_\_\_ 7.      Not living long enough to get to know my children or grandchildren.
- \_\_\_\_\_ 8.      Not being financially secure.
- \_\_\_\_\_ 9.      Not having the financial capability to put my children through college.
- \_\_\_\_\_ 10.     Not having the financial ability to retire when I want to.
- \_\_\_\_\_ 11.     Other. Please explain here:

**Do you have long term care insurance?    Yes \_\_\_            No \_\_\_**

**II. ASSETS**

**Real Estate**

	<u>Property #1</u> <u>(Residence)</u>	<u>Property #2</u> <u>(Vacation or other</u> <u>real property)</u>	<u>Property #3</u>
Address:	_____	_____	_____
	_____	_____	_____
Name of owner(s) (on deed)	_____	_____	_____
Date of Acquisition:	_____	_____	_____
Cost basis: (purchase price)	\$ _____	\$ _____	\$ _____
Present market value	\$ _____	\$ _____	\$ _____
Balance owed on mortgage	\$ _____	\$ _____	\$ _____
Balance owed on 2 <sup>nd</sup> mortgage (home equity loan)	\$ _____	\$ _____	\$ _____

If you have a mortgage, interest rate: \_\_\_\_\_ %

Note: As to the following categories of investments feel free to attach copies of most recent account statements in lieu of filling out any portion of this. APPROXIMATE VALUES are sufficient.

**Savings Accounts, C.D.'s, Money Markets**

<u>Financial Institution</u>	<u>Account #</u>	<u>Approximate</u> <u>Balance</u>	<u>Name of owner</u> <u>on Account</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**Checking Accounts**

<u>Financial Institution</u>	<u>Account #</u>	<u>Approximate</u> <u>Balance</u>	<u>Name of owner</u> <u>on Account</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**Stocks**

<u>Number of Shares</u>	<u>Company</u>	<u>Approximate Value</u>	<u>Current Owner</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**Bonds**

<u>Face Amount</u>	<u>Company</u>	<u>Value</u>	<u>Current Owner</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**Mutual Funds**

<u>Number of Shares</u>	<u>Company</u>	<u>Value</u>	<u>Current Owner</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**IRA's**

Husband's

<u>Institution</u>	<u>Amount</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Wife's

_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

**Pension/Profit Sharing/401(k)/403(b)**

Husband's

<u>Institution</u>	<u>Amount</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Wife's

_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

**Business Interests**

<u>Description</u>	<u>Approximate Value</u>	<u>Owner</u>
_____	\$ _____	_____
_____	\$ _____	_____

**Annuities**

<u>Company</u>	<u>Approximate Value</u>	<u>Owner</u>
_____	\$ _____	_____
_____	\$ _____	_____

**Life Insurance**

Husband's Life Insurance

<u>Company</u>	<u>Cash Policy #</u>	<u>Value</u>	<u>Face Amt.</u>	<u>Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

Wife's Life Insurance

<u>Company</u>	<u>Cash Policy #</u>	<u>Value</u>	<u>Face Amt.</u>	<u>Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

**Autos, Boats**

<u>Description</u>	<u>Approx. Value</u>	<u>Owner</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**Jewelry, China, Crystal**

**Antiques, Collections** - List only those items of significant value.

<u>Description</u>	<u>Approx. Value</u>	<u>Owner</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Approximate Value

**Furnishings & Other Household Goods** (resale value) \$ \_\_\_\_\_

**III. OTHER LIABILITIES**

	<u>Balance Due</u>	<u>Maturity Date</u>	<u>Secured By</u>
Car loan/other loans or promissory notes	\$ _____	_____	_____
	\$ _____	_____	_____
Credit Card balances (if significant)	\$ _____	_____	_____
	\$ _____	_____	_____
Other debts (Please list)	\$ _____	_____	_____
	\$ _____	_____	_____

Do you have an Accountant? If so, please answer below:

Accountant Name: \_\_\_\_\_  
Accountant's Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Do you have a Financial Advisor? If so, please answer below:

Financial Advisor's Name: \_\_\_\_\_  
Financial Advisor's Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_