

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:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full names of children (*present* marriage)** | **Age and**  **Date of Birth** | **Current Home Address, Cell #, & E-mail** | **Spouse’s name** | **Number of children** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full names of children (*prior* marriage)** | **Age and**  **Date of Birth** | **Current Home Address, Cell #, & E-mail** | **Spouse’s name** | **Number of children** |
| 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 myfamily.

\_\_\_\_\_ 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**

Property #1 Property #2 Property #3

(Residence) (Vacation or other

real property)

Address:

Name of owner(s)

(on deed)

Date of Acquisition:

Cost basis: $ $ $

(purchase price)

Present market value $ $ $

Balance owed on mortgage$ $ $

Balance owed on 2nd

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**

Approximate Name of owner

Financial Institution Account # Balance on Account

$

$

$

$

**Checking Accounts**

Approximate Name of owner

Financial Institution Account # Balance on Account

$

$ **Stocks**

Number of Approximate Current

Shares Company Value Owner

$

$

$

$

$

**Bonds**

Current

Face Amount Company Value Owner

$

$

$

**Mutual Funds**

Number of Current

Shares Company Value Owner

$

$

$

**IRA's**

Husband's

Primary Contingent

Institution Amount Beneficiary Beneficiary

$

$

Wife's

$

$

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

Husband's

Primary Contingent

Institution Amount Beneficiary Beneficiary

$

$

Wife's

$

$

**Business Interests**

Approximate

Description Value Owner

$

$

**Annuities**

Approximate

Company Value Owner

$

$

**Life Insurance**

Husband's Life Insurance

Cash

Company Policy # Value Face Amt. Beneficiary

$ $ $ $ $ $

Wife's Life Insurance

Cash

Company Policy # Value Face Amt. Beneficiary

$ $ $ $ $ $ **Autos, Boats**

Description Approx. Value Owner

$

$

$

**Jewelry, China, Crystal**

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

Description Approx. Value Owner

$

$

$

Approximate Value

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

**III. OTHER LIABILITIES**

Balance Maturity Secured

Due Date By

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_