KONSTANTAKIS
LAW OFFICE

FINANCIAL PLANNING QUESTIONNAIRE
for Single Person

(Client to Complete)

Date:_____

I.   FAMILY AND PERSONAL INFORMATION

Name _____

Home address _____

Home telephone (_____)_____Cell phone (_____)_____

Home e-mail _____

Employer _____

Job Title: _____

Salary:_____   _____

Pension/Month:_____

Social Security Income/Month:_____

Business Telephone:_____

Social Security Number_____   Date of birth_____

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

_____   _____

Full names of children	Age and Date of Birth	Current Home Address, Cell #, & E-mail	Spouse's name	Number of children
1.				
2.				
3.				
4.				

Father's name _____   Mother's name _____

Age _____   Age _____

City/State _____   City/State _____

Health _____   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.   Having a child predecease me.

_____ 6.   Not living long enough to get to know my children or grandchildren.

_____ 7.   Not being financially secure.

_____ 8.   Not having the financial capability to put my children through college.

_____ 9.   Not having the financial ability to retire when I want to.

_____ 10.   Other. Please explain here:

Do you have long term care insurance?   Yes __   No __

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II. ASSETS

Real Estate

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

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

Financial Institution	Account #	Balance	Name of owner on Account
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____

Checking Accounts

Financial Institution	Account #	Approximate Balance	Name of owner on Account
_____	_____	$_____	_____
_____	_____	$_____	_____

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Stocks

Number of Shares	Company	Approximate Value	Current Owner
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____

Bonds

Face Amount	Company	Value	Current Owner
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____

Mutual Funds

Number of Shares	Company	Value	Current Owner
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____

IRA's

Institution	Amount	Primary Beneficiary	Contingent Beneficiary
_____	$_____	_____	_____
_____	$_____	_____	_____

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Pension/Profit Sharing/401(k)

Institution	Amount	Primary Beneficiary	Contingent Beneficiary
_____	$_____	_____	_____
_____	$_____	_____	_____

Business Interests

Description	Approximate Value	Owner
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____

Annuities

Company	Approximate Value	Owner
_____	$_____	_____
_____	$_____	_____

Life Insurance

Company	Policy #	Cash Value	Face Amt.	Beneficiary
_____	_____	$_____	$_____	_____
_____	_____	$_____	$_____	_____

Autos, Boats

Description	Approx. Value	Owner
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____

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

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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: _____

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