

# Financial Planning Questionnaire

## Client Information:

### Client

### Co-client

Full Name		
Date of Birth		
Address		
City/State/ZIP		
Phone (Home)		
Phone (Cell)		
Email		

## Financial Team

	Name	Address	Phone
Financial Professional			
Accountant			
Lawyer			
Insurance			
Other			

## Employment Information

### Client

### Co-Client

Employer		
Position		
Date of Hire		
Business Address		
Business Phone		
Business Email		

## Family Members Assumptions

Name	Date of Birth	Gender	Relationship

## Family Members Assumptions

Inflation Rate	3.0% or ____ %
----------------	----------------

	Client	Co-Client
Retirement Age	65 or _____	65 or _____
Life Expectancy	90 or _____	90 or _____



**Qualified Assets\* (Qualified retirement plans, IRAs, qualified annuities)**

Institution/ Account Name	Ownership	Market Value	Annual Contributions	Annual Employer Contributions (if applicable)	Beneficiaries	Statement Attached?

\*Please also provide account statements with asset allocation information.

**Monthly Income\***

	Client	Co-Client	Joint
Wages, Salary, Tips			
Cash Dividends			
Interest Received			
Social Security Income			
Pension Income			
Rents, Royalties			
Annuities			
Business Income			
Other Income			
<b>Sub-total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Total Monthly Income</b>			<b>\$</b>

**Tax Brackets**

	Marginal Tax Rate	Effective Tax Rate
Federal		
State		

\*Separate sheet attached with itemized expenses?  Yes  No

*Do you expect a significant change in your income during the next two years?*

*Do you want or expect to make changes to your current spending and savings strategies?*

**Personal Use Assets (e.g. Autos, homes, furnishings, jewelry, collectibles, etc.)**

Name	Ownership	Market Value

**Education Funds** (529 Plans or UTMA's)

Name	Owner	Donor	Beneficiary	Market Value	Annual Contributions

**Business Entities** (attach separate sheet if multiple)

Name:	
Type (LLC, Partnership, S Corp)	
Ownership	
Purchase Date	
Purchase Amount	
Market Value	
Liability	
Growth Rate	
Buy/Sell Agreement	Yes    No

**Stock Options** (attach statement with vesting schedule)

	Grant #1	Grant #2	Grant #3
Underlying Stock			
ISO or Non-Qualified			
Owner			
Exercise Price			
Grant Date			
Expiration Date			
# Shares			

**EDUCATION GOALS**

Student	Start Age	Number of Years	Annual Cost	Cost Increase (%)	Existing Assets

**MAJOR PURCHASES** (cars, vacations, 2<sup>nd</sup> home, remodel, etc.)

Description	Start Age	Number of Years	Amount Needed	Existing Assets

# RETIREMENT PLANNING DETAILS

*How do you envision your retirement?*

*How might your spending in retirement change (travel, downsize, health care)?*

*What is your greatest retirement concern?*

## Social Security Retirement Benefits

### Client

### Co-Client

Include Monthly Retirement Benefits?	_____ Yes _____ No	_____ Yes _____ No
Monthly Amount	_____ Use default formula _____ Use benefit estimate \$ _____	_____ Use default formula _____ Use benefit estimate \$ _____
Start Date	Age _____	Age _____
Index (COLA) rate for Social Security	2% or _____%	2% or _____%

## Defined Benefit Pensions

### Client

### Co-Client

Monthly or Lump Amount	\$ _____	\$ _____
Effective Date	Age _____	Age _____
Index (COLA) rate for monthly benefits	2% or _____%	2% or _____%

## Retirement Expenses

### Monthly Amount or % of Current Spending

Retirement Spending Goal	\$ _____	_____ %
--------------------------	----------	---------

## Retirement Incomes (including annuity income or expected inheritance)

Type of Income	Client or Co-Client	Amount	Frequency	Index or COLA rate (if any)	Start Age	End Age

# INSURANCE

*What is your primary goal for your life insurance policies?*

*How did you arrive at the amount of life insurance you have?*

<b>Life Insurance</b>	<b>Policy 1</b>	<b>Policy 2</b>	<b>Policy 3</b>	<b>Policy 4</b>	<b>Policy 5</b>
Company					
Type (e.g. term, universal)					
Effective Date					
Insured					
Policy Owner					
Beneficiary					
Contingent Beneficiary					
Death Benefit					
Annual Premium					
Cash Surrender Value					
Loan					
Statement Attached					

*What is your general health status, any health issues? Refused coverage?*

*Has anyone in your family experienced a long term care need? How would it affect your family's?*

*What type of lifestyle would you require if you became disabled or injured?*

**Disability Insurance**

**Policy 1**

**Policy 2**

**Policy 3**

Description (group LTD, group STD, individual DI)			
Effective Date			
Insured			
Monthly Benefit			
Taxable (yes/no)			
Index Rate for Benefit Amount			
Elimination Period			
Benefit Period			
Annual Premium			

**Long-Term Care Insurance**

**Policy 1**

**Policy 2**

**Policy 3**

Description			
Insured			
Daily Benefits			
Index for Inflation			
Waiting Period			
Benefit Period			
Annual Premium			

# ESTATE PLANNING\*

Client

Co-Client

Do you have a will?		
Do you have advance directives? (Living will, health care, power of attorney, durable power of attorney)		
When were the will / advance directives last updated?		

## Trust Details (indicate date of last update)

Family Member	Credit Shelter Trusts	Marital Trust	Living Trust	QTIP Trust	Other Testamentary Trusts
Client					
Co-Client					
Trustee(s)					

## Gifting: Current Strategies

Gift 1

Gift 2

Gift 3

Description			
Gifting Strategy (i.e. Cash Gift, Asset Gift)			
Amount			
Applicable Period			
Beneficiary Name			

**\*Please provide copies of all estate documents.**

*Do you have a sense about how much your estate may be eroded at your death? Would you like to examine strategies to minimize estate expenses and taxes due at your death?*

*(If there are children) What would you like to see happen at your death (receive assets immediately, receive assets at set times, receive income at set times, use assets for set purposes, etc.)?*

*Does your current estate plan reflect all of your wishes for what you want to happen when you pass away?*



# DOCUMENTS NEEDED FOR NEXT MEETING

The following documents will be needed for study and analysis as we work together to create a financial strategy for you. It is understood that this material will be treated confidentially and returned when the plan is completed, or earlier if requested.

	<b>Meet Recent Payroll Stubs</b>		<b>Insurance Policies and/or Statements</b>
			Life
	<b>Cash Flow Worksheet</b>		Medical
			Disability
	<b>Income Tax Returns</b>		Long-Term Care
			Auto and Home
	<b>Investments/Retirement Statements</b>		Liability
	Pension/Profit Sharing		Group Insurance
	SEP/SIMPLE		
	401k/TSA/PEDC		<b>Wills and Trusts</b>
	IRA/Roth		
	529		<b>Business Documents</b>
	Securities Accounts		Buy-Sell Agreements
	Savings and Investments		Deferred Compensation Agreements
	Annuities		Split Dollar Agreements
			Wage Continuation Agreements
	<b>Liabilities</b>		Employee/Consulting
	Mortgage Statements		Group Benefit Programs
	Credit Cards		Other Employer Paid Benefits
	Student Loans		
	Auto Loans		<b>Employee Benefit Statements/Booklets</b>
Other:			

Additional Disclosure/Sourcing Information Here.

**614-763-2255 | 9482 Wedgewood Blvd., Ste 130, Powell OH 43065**

**[www.cornerstoneseniormarketing.com](http://www.cornerstoneseniormarketing.com)**

Any information provided will be used to determine recommendations for you by a financial professional. This may include the sale of life insurance and/or annuity products. Insurance and annuity products are backed by the financial strength and claims-paying ability of the issuing company. Insurance