



Financial Planning Questionnaire

Goals & Objectives

1. What are your top financial concerns?
2. What three significant "things" do you want to accomplish during the next ten years?
3. What is standing in your way?
4. What life-goals do you want to accomplish once you achieve financial independence?

Other Issues

1. How is your health? Are there any issues we need to be aware of?
2. How are your parents' financial health and status? Do you expect any inheritance(s)? If so, approximately, when and how much?

Retirement

Name

How old are you?

At what age do you expect to retire

What is your expected monthly SS payment at 62 and at your full retirement age

How much do you contribute to each retirement account (401(k), IRAs, SEP and Keogh)? Include any employer match.

Asset Protection

What insurance do you carry? Please provide company name, covered amount, deductible, and premium cost.

Company Name	Covered Amount	Deductible	Premium Cost
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Homeowner:

Auto:

Umbrella:

Disability:

Long-Term Care

Life:

Estate Planning

1. Do you have an up-to-date estate plan (wills, trusts, financial & medical powers of attorney, and living wills)? If so, please provide date, executor, or trustee name:
2. If your children are minors, have you selected a guardian?
3. Do you plan to make significant lifetime gifts to your children?
4. Do you wish to provide an inheritance to your children?
5. Have you included charitable giving in your estate plan?