Retirement Planning Questionnaire

Portfolio Management • Tax & Accounting Services • Retirement Planning

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Getting to Know You

To develop a personalized financial plan that aligns with your retirement goals, we need to understand your current financial situation, employment details, and long-term objectives. This section gathers essential information to help us tailor a strategy that works for you.

Client Information

Full Name:_____

Date of Birth:_____

Phone: ( ) - Email:_____

Address:_____

_____

Marital Status:_____

Spouse's Name (if applicable):_____

Spouse's Date of Birth:_____

Children's Names & Ages:_____

_____

Employment & Income Information

Understanding your income sources helps us estimate your financial security leading up to and during retirement.

Client's Current Employer / Company Name:_____

Client's Position:_____

Client's Annual Salary:_____

Client's Expected Retirement Age:_____

Spouse/ Partner's Employer / Company Name:_____

Spouse/ Partner's Position:_____

Spouse/ Partner's Annual Salary:_____

Spouse/ Partner's Expected Retirement Age:_____

Current Financial Advisors

If you are currently working with any financial professionals, listing them here ensures a well-coordinated approach to your financial planning. Having a solid team, whether it's financial planners, investment managers, or tax advisors, helps us work seamlessly to support your goals.

Do you currently have any financial advisors? If so, please list their names, roles, and contact information.

1. Name: _____
   Role: _____
   Contact Information:_____
2. Name: _____
   Role: _____
   Contact Information:_____
3. Name: _____
   Role: _____
   Contact Information:_____
4. Name: _____
   Role: _____
   Contact Information:_____
5. Name: _____
   Role: _____
   Contact Information:_____

Most Important Financial Objectives

Your financial plan should align with your biggest priorities. Please list your top three financial objectives, whether it's saving for a comfortable retirement, reducing debt, purchasing a home, funding your children's education, or increasing investments.

1._____
2._____
3._____

Income & Expense Projections

To develop a clear roadmap for your financial future, we need an estimate of your projected income. Include documents such as W-2s, 1099s, and tax returns for you and your spouse/ partner:

Income Sources	Current Year
W-2 Salary	
Partnership/Self Employment	
Military Allowance	
Taxable Retirement	
Non-Taxable Retirement	
Disability	
Real Estate	
Notes Receivable	
Interest	
Dividends	
Tax Exempt	

Deduction Projections

To provide accurate tax and financial projections, please list your deductions for the previous and current year.

Deduction Sources	Current Year
Mortgage Interest	
Property Taxes	
State & Local Taxes	
Charitable Contributions	
Medical Expenses	
Business Expenses	
IRA Contributions	
401(k) Contributions	
Education Expenses	
Childcare Expenses	
Other ____	

Cash Flow Summary

Understanding your cash flow is essential for financial planning. This section helps you see where your money comes from and where it is going. To complete this table, review your bank and credit card statements, paycheck stubs, and other financial records to estimate your monthly and annual expenses.

Expense Category	Monthly	Annual	Expense Category	Monthly	Annual
Monthly Savings			**Variable Expenses**		
			Food/Home		
Charities			Dining Out		
			Medical/Dental		
Fixed Expenses			Transportation/Gas		
Mortgage/Rent			Vehicle Repairs		
Second Mortgage			Personal Care		
Life Insurance			Clothing		
Health Insurance			Business Expenses		
Disability Insurance			Education		
Auto Insurance			Child Care		
Home Insurance			Dry-Cleaning		
Federal Tax			Vacations		
State Tax			Home Repair		
FICA/Social Security			Gifts		
Real Estate Tax			Domestic Help		
Utilities			Entertainment		
Vehicle Loans			Pre-Tax Contributions		
Bank Loans			After-Tax Contributions		
Rental Expenses			Partnerships		
Telephone			Investment		
Subscriptions/Dues			Other		

Assets

Assets are resources that hold value and contribute to your financial security. Understanding your assets is essential for retirement planning and investment strategies.

Asset Type	Rate	Amount	Available to Invest	Owner C/S/J	Notes
Cash					
Checking Savings					
Money Market Funds					
Tax-Free Money Market Funds					
CD's & Certificates					
Cash Value Life Insurance					
Deferred Assets					
IRA					
Annuities					
Pension					
Deferred Compensation					

Fixed Income

Description of Asset	# Shares	Purchased	Cost Basis	Notes
Taxable Bonds				
Tax-Free Bonds/Trust				
Accounts/Notes Receivable				

Stocks

Description of Asset	# Shares	Purchased	Cost Basis	Notes
Common/Preferred				
Mutual Funds				

Limited Partnerships

A **limited partnership** is a business arrangement where one or more partners have limited liability and are not involved in day-to-day operations. These investments can provide passive income and tax benefits while helping to diversify your financial portfolio.

Description	Cost	Value	Notes
Real Estate Partnerships			
Oil & Gas Partnerships			
Private Equity Funds			
Venture Capital Funds			
Hedge Funds			
Other			

Real Estate, Residence & Rental Property

Please provide details on any real estate you own, including your primary residence and any rental properties.

Property 1

- Primary Residence Address: _____
- Purchase Date: _____
- Purchase Price: _____
- Current Market Value: _____
- Mortgage Balance: _____
- Monthly Mortgage Payment: _____
- Expected ROI: _____
- Expected Rent Increase: _____
- Rate Term Improvements: _____
- Annual Taxes: _____
- Expenses & Maintenance Costs: _____
- Other Relevant Details: _____

Property 2

- Properties Address & Details: _____
- Purchase Date: _____
- Purchase Price: _____
- Current Market Value: _____
- Mortgage Balance: _____
- Monthly Mortgage Payment: _____
- Rental Income: _____
- Expected ROI: _____
- Expected Rent Increase: _____
- Rate Term Improvements: _____
- Annual Taxes: _____
- Expenses & Maintenance Costs: _____
- Other Relevant Details: _____

Property 3

- Properties Address & Details: _____
- Purchase Date: _____
- Purchase Price: _____
- Current Market Value: _____
- Mortgage Balance: _____
- Monthly Mortgage Payment: _____
- Rental Income: _____
- Expected ROI: _____
- Expected Rent Increase: _____
- Rate Term Improvements: _____
- Annual Taxes: _____
- Expenses & Maintenance Costs: _____
- Other Relevant Details: _____

Property 4

Properties Address & Details: _____

Purchase Date: _____

Purchase Price: _____

Current Market Value: _____

Mortgage Balance: _____

Monthly Mortgage Payment: _____

Rental Income: _____

Expected ROI: _____

Expected Rent Increase: _____

Rate Term Improvements: _____

Annual Taxes: _____

Expenses & Maintenance Costs: _____

Other Relevant Details: _____

Property 5

Properties Address & Details: _____

Purchase Date: _____

Purchase Price: _____

Current Market Value: _____

Mortgage Balance: _____

Monthly Mortgage Payment: _____

Rental Income: _____

Expected ROI: _____

Expected Rent Increase: _____

Rate Term Improvements: _____

Annual Taxes: _____

Expenses & Maintenance Costs: _____

Other Relevant Details: _____

Secured Liabilities

Type	Original Amount	Term Year	Date 1st Pmt	Rate %	Balance Due	C/S/J
Mortgage I 2nd						
Vehicle Loan						
Bank Loan						
Bank Loan						
Personal Loans						
Student Loans						
Margin Loan						
Other						

Unsecured Liabilities

Type	Highest Amount	Term Year	Date 1st Pmt	Rate%	Balance Due	C/S/J
Credit Card						
Credit Card						
Credit Card						
Credit Card						
Credit Card						
Credit Card						
Medical Bills						
Unpaid Taxes						
Lines of Credit (not backed by collateral)						
Unpaid Legal Judgments						
Other Unsecured Debts (describe)						

LIFE INSURANCE

Insured	Company Name	Face Amount	Cash Value	Policy Loan	Owner C/S
Client	Group Term				
Partner/Spouse	Group Term				

Health Insurance Information

Primary Health Insurance Provider: _____
Policy Number: _____
Coverage Type (Individual/Family): _____
Policyholder Name: _____
Group or Employer-Sponsored Plan? (Yes/No): _____
Monthly Premium: $_____
Annual Deductible: $_____
Out-of-Pocket Maximum: $_____
Co-Payments (Doctor Visits, Specialists, Prescriptions): _____
Does this plan cover long-term care? (Yes/No): _____
Does this plan include vision and dental coverage? (Yes/No): _____
Do you have supplemental health insurance? (Yes/No): _____
If yes, provider: _____
Monthly premium: $_____
Do you have a Health Savings Account (HSA) or Flexible Spending Account (FSA)? (Yes/No):
_____
If yes, balance: $_____
Do you have disability insurance? (Yes/No): _____
If yes, provider: _____
Monthly premium: $_____
Short-term or long-term coverage? _____
Any planned changes to your health insurance coverage in the next 3 years?
_____
Additional Notes: _____

WILLS & TRUSTS

Date of last review _____
Executor _____
Guardian _____
Trustee _____
Do you have a safe deposit box? If so. location? _____

DISABILITY INCOME

If you were disabled. What monthly income would your family need?
You$ _____ Spouse$ _____
What sources and amounts of income do you have in the event of your disability?

Source	Waiting Period	Benefit Period	Integrated with Soc. Sec	Monthly Benefit & Owner	Premium

RISK/RETURN PROFILE

1. On a scale from O to 5. with 5 being a substantial preference and O being an aversion, rate the following instruments of savings and investment with a circle indicating the degree of your preference.

Savings Account	**0**	**1**	**2**	**3**	**4**	**5**
Money Market Fund	0	1	2	3	4	5
U.S. Government Bond	0	1	2	3	4	5
Corporate Bond	0	1	2	3	4	5
Mutual Fund (grow1h)	0	1	2	3	4	5
Common Stock (grow1h)	0	1	2	3	4	5
Mutual Fund (income)	0	1	2	3	4	5
Municipal Bond	0	1	2	3	4	5
Real Estate (direct ownership)	0	1	2	3	4	5
Variable Annuity	0	1	2	3	4	5
Limited Partnership Unit (real estate. 0il and gas, cattle, equipment leasing)	0	1	2	3	4	5
Commodities, Gold. Collectibles	0	1	2	3	4	5

2. On a scale from 0 to 5, circle the number to the right of each of the seven items below that most accurately reflects your own financial concerns, with a 5 indicating a very strong concern and a 0 indicating no concern.

Liquidity	**0**	**1**	**2**	**3**	**4**	**5**
Safety of Principal	0	1	2	3	4	5
Capital Appreciation Current Income	0	1	2	3	4	5
Inflation Protection	0	1	2	3	4	5
Future Income	0	1	2	3	4	5
Tax Reduction/Deferral	0	1	2	3	4	5

3. Counselor's comments and observations:

1. To ensure accurate documentation of your financial information, you may decide to include copies of the following documents:
   - Your most recent 1040 tax return.
   - Your most recent will and trust.
   - Your insurance policies.
   - Your stock and bond holdings.

2. Ideally, what service(s) would you like your advisors to provide for you on a regular basis?

3. Have you had any unfavorable investment experiences that we should be aware of?

Thank you for taking the time to complete this questionnaire. We look forward to working with you to create a financial plan tailored to your needs and goals.

Notes

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