

CURTIS FINANCIAL PLANNING

Client Questionnaire and Document Needs List



FINANCIAL PROFILE

Date: _____

1. Personal Data

Name: _____ Age: _____ Birth Date: _____

Social Security #: _____ Driver's License #: _____

Spouse/Partner: _____ Age: _____ Birth Date: _____

Social Security #: _____ Driver's License #: _____

Home Address: _____

Home Phone #: _____ Work Phone #s: _____

Cell Phone #s: _____ Fax #s: _____

Email Address(es): _____

How do you prefer to be contacted for financial matters? Phone Email Text _____

Occupation(s)

Employee Self Employed

Job Title: _____

Employer or Company Name: _____

Employer or Company Address: _____

Annual Gross Salary Income: _____ Bonus: _____

Annual Net Self-Employment Income: _____

Estimated Annual Salary/Income Increase: _____

Other Employment Income (Please describe): _____

Do you have plans to make a job or career change? (Please describe): _____

Promotional Opportunities (Please describe): _____

When do you plan to retire?: _____



Spouse/Partner

Employee Self Employed

Job Title: _____

Employer or Company Name: _____

Employer or Company Address: _____

Annual Gross Salary Income: _____ Bonus: _____

Annual Net Self-Employment Income: _____

Estimated Annual Salary/Income Increase: _____

Other Employment Income (Please describe): _____

Do you have plans to make a job or career change? (Please describe): _____

Promotional Opportunities (Please describe): _____

When do you plan to retire?: _____

If one spouse/partner plans to not work and raise children, will career resume and at what age?: _____

Dependent(s)

Name: _____ Age: _____ Birth Date: _____ School Year: _____

Name: _____ Age: _____ Birth Date: _____ School Year: _____

In what year will child(ren) be attending:

Preschool: _____ Middle School: _____ High School: _____ College: _____

Private or Public Schools?: _____

Do you plan to fully fund or partially fund undergraduate education?: Yes No

Post graduate education?: Yes No

Are you saving separately for education?: Yes No

Are you, or will you, be helping other family members financially?: Yes No

Financial Values/Goals

Please list the reasons why you are seeking help from a financial planner; be as specific as you can.



2. Assets

Personal Assets

Primary Residence: _____

Current Market Value: _____

Date of Purchase: _____

Purchase Price: _____

Second Home: _____

Current Value: _____

Date of Purchase: _____

Purchase Price: _____

Investment Property: _____

Current Value: _____

Date of Purchase: _____

Purchase Price: _____

Automobile (year/model): _____

Current Value: _____

When do you plan to replace your auto?: _____

How often do you replace your auto?: _____

Do you typically pay cash or finance?: _____

2nd Automobile (year/model): _____

Current Value: _____

Art, Jewelry, Household: _____

Current Value: _____

Other Personal Assets: _____

Current Value: _____

Checking/Savings Accounts

Institution

Current Value

Owner

Cash/Checking Account(s): _____

Money Market Account(s): _____

CD, Credit Union, Other: _____

Taxable Assets

Please list the total value of accounts and attach statements with details of investment holdings.

Institution

Current Value

Owner

Brokerage Account(s): _____

Annuity Account(s): _____

Stock Options: _____

Other Investment Assets: _____



Retirement Assets Regular

Current Value

Owner

(Traditional) IRA:

Roth IRA:

Company Retirement Plans:

Current Value

Owner

401(k)/403(b)/457/Simple

SEP IRA

Deferred Comp Plan

Expected Monthly Pension Benefit:

Expected Social Security Income:

At age 62

At age 66

At age 70

Please attach copies of latest statements for all accounts and Social Security statement.

3. Other Income

Inheritance, Hobby Income, Royalties, Etc.: _____

4. Liabilities

Current Balance

Monthly Payment

Interest Rate

Date Opened/Term of Loan

Residence Mortgage: _____

Home Equity Line: _____

2nd Home Loan: _____

Investment Property: _____

Auto Loan: _____

2nd Auto Loan: _____

Credit Card Debt: _____



	<u>Current Balance</u>	<u>Monthly Payment</u>	<u>Interest Rate</u>	<u>Date Opened/ Term of Loan</u>
Personal Loan:	_____	_____	_____	_____
Student Loans:	_____	_____	_____	_____
401(k) Loan(s):	_____	_____	_____	_____

5. Income Taxes

Please provide your most recent Federal and State Tax Returns, including W2s, and pay stubs covering 30 days.

Tax Deductible Items	<u>Monthly</u>	<u>Annual</u>
Medical/Dental Care (out-of-pocket):	_____	_____
Prescription Drugs:	_____	_____
Medical Insurance Premium:	_____	_____
Dental/Vision Costs	_____	_____

Taxes

Property (Real Estate) Taxes:	_____	_____
Personal Property Taxes (Auto License Fee):	_____	_____

Charitable Contributions

Cash:	_____	_____
Goods:	_____	_____

Other Miscellaneous Deductions

Unreimbursed Employee Expenses:	_____	_____
Tax Preparation Fee:	_____	_____
Financial Advisor Fee:	_____	_____
Safe Deposit Box:	_____	_____
Other:	_____	_____

6. Insurance Premiums

	<u>Monthly</u>	<u>Annual</u>
Homeowner's or Renter's insurance:	_____	_____
Earthquake Insurance:	_____	_____
Auto Insurance:	_____	_____
Life Insurance:	_____	_____
Long Term Care Insurance:	_____	_____
Disability Insurance:	_____	_____
Liability/Umbrella:	_____	_____
Legal Insurance:	_____	_____



7. Cash Flow Worksheet.

Please use the Excel Cash Flow Worksheet to detail personal Expenses.

Annual

8. Savings

You

Spouse/Partner

Contribution to 401(k)/403(b)/457/Simple: _____

Company Match - %/dollars: _____

IRA Contributions: _____

(Traditional, Roth, SEP, Non-deductible)

Savings to taxable accounts or reserves: _____

(brokerage, individual accounts, joint accounts)

9. Insurance Policies

Life Insurance

Company Name _____

Term Insurance – What is the death benefit and term of the policy?

Whole Life – What is the death benefit and the current cash value?

Disability Insurance

Company Name _____

Employee Benefit or Bought Individually?: _____

Short or Long Term Disability?: _____

Own Occupation or Any Occupation?: _____

Amount of Monthly Benefit?: _____

Long Term Care Insurance

Company Name _____

What is the total \$ value of the insurance?: _____

What is the elimination period?: _____

Did you buy inflation protection?: _____

California Partnership Benefits?: _____

10. Estate Planning

What kind of estate planning have you done? Do you have a will or trust?:

11. Emergency Fund

Do you have 6 months' living expenses saved and in a liquid investment account?: Yes No



12. Retirement Planning

Have you considered when you want to stop working?: Yes No

If yes, when?: _____

How do you envision your retirement years? Where do you want to be living and what would you like to be doing?: _____

What is the longevity in your family?: _____

Please provide any other information that you think is pertinent to your current financial situation: _____

13. Personal Advisors

Sometimes it is necessary to collaborate with your other advisors; these advisors will NOT be contacted without your permission.

Accountant or CPA: _____

Estate Planning Attorney: _____

Long Term Care Representative: _____

Life Insurance Representative: _____

Coach: _____

Business Lawyer: _____

Mortgage Broker: _____

Would you feel comfortable recommending these advisors to other people?: Yes No

Are you happy with the service they provide?: _____

Do you need a referral to a professional?: Yes No

If yes, what type of professional: _____



FINANCIAL QUESTIONNAIRE AND FINANCIAL SATISFACTION SURVEY

Name: _____ Date: _____

Money Personality Questions:

1. What keeps you up at night (or at least feeling anxious) when it comes to your personal finances?

2. If you could change one thing about your personal finances, what would it be?

3. Do you know where your money goes?

Yes No Explain: _____

4. Do you ever feel guilty about what you spend your money on or how much you spend?

Yes No Explain: _____

5. Do you feel you have all you need and want now?

Yes No Explain: _____

6. If you had more money to spend, what would you spend it on?

7. Do you ever feel afraid you won't have enough?

Yes No Explain: _____

8. Do you feel secure about your financial future?

Yes No Explain: _____

9. Where do you see the state of your finances in 5 years? 10 years?

10. What would being financially successful look like to you?



Financial Satisfaction Survey

I am satisfied...

1. ...with my ability to meet my financial obligations.
 Yes No Explain: _____
2. ...with the income my current job or career provides me.
 Yes No Explain: _____
3. ...with my spending habits.
 Yes No Explain: _____
4. ...with the level of debt I carry.
 Yes No Explain: _____
5. ...with the level and quality of insurance protection I currently have.
 Yes No Explain: _____
6. ...with the amount of money I save and invest on a regular basis.
 Yes No Explain: _____
7. ...with my current investment choices.
 Yes No Explain: _____
8. ...that I am on track to build a sufficient retirement nest egg.
 Yes No Explain: _____
9. Are you interested in sustainable, socially responsible investing?
 Yes No Explain: _____

I am satisfied...

10. ...with the level of employee benefits I receive.
 Yes No Explain: _____
11. ...with my style of personal bookkeeping and financial record management.
 Yes No Explain: _____



Financial Satisfaction Survey - Page 2

I am satisfied...

- 11. ...with my ability to provide financial help to my family members.
 Yes No Explain: _____
- 12. ...with my estate plan.
 Yes No Explain: _____
- 13. ...with my level of charitable giving.
 Yes No Explain: _____
- 14. ...with the level of financial education I have attained.
 Yes No Explain: _____
- 15. ...with how I respond emotionally to my personal financial issues.
 Yes No Explain: _____
- 16. ...with my ability to communicate about my financial matters.
 Yes No Explain: _____
- 17. ...with the feelings I have about my money life.
 Yes No Explain: _____
- 18. ...that financial issues do not cause stress or strain in the relationships that are important to me.
 Yes No Explain: _____
- 19. ...with the working relationships I have with my financial service providers (i.e., insurance agent, banker, broker, financial planner, accountant).
 Yes No Explain: _____



RISK TOLERANCE QUESTIONNAIRE

I plan to begin withdrawing money from my investments for major needs within (major needs may include retirement, child's education, home purchase, etc.);

- Less than 3 years
- 3 - 5 years
- 6 - 10 years
- 11 years or more

Once I begin withdrawing money from my investments, I plan to spend all of the funds within:

- Less than 2 years
- 2 - 5 years
- 6 - 10 years
- 11 years or more

In how many years do you expect to retire?

- I am retired
- 0 - 5 years
- 6 - 15 years
- More than 15 years

Which of the following best describes your expectations for performance?

- My level of return doesn't matter as long as I don't lose money over any more than a few months
- I am willing to accept a little lower return than the stock market in exchange for a little greater safety
- My performance should at least equal the stock market
- I want to beat the stock market and am willing to assume above-average risk in pursuit of capital growth

Additional Comments with regards to financial goals with this account:



I would describe my knowledge of investments as:

- None
- Limited
- Good
- Extensive

Review the following list and select the investments you currently own or have owned in the past. Then choose the one with the highest number of points.

- Capital preservation investments (1 point)
- Bonds and/or bond mutual funds (3 points)
- Stocks and/or stock mutual funds (7 points)
- International securities and/or international funds (10 points)

Which statement explains your greatest concern when selecting an investment?

- Potential for loss
- Mostly potential for loss, but some concern about potential for gain
- Mostly potential for gain, but some concern about potential for loss
- Potential for gain

Consider this scenario:

Imagine that over the past three months, the overall stock market lost 25% of its value. An individual stock investment you own also lost 25% of its value. What would you do?

I would:

- Sell all of my shares
- Sell some of my shares
- Do nothing
- Buy more shares

If you made a long-term investment of \$100,000, how much of a loss in a single year would you withstand before selling?

- 5%, or \$5,000 on a \$100,000 investment
- 10%, or \$10,000 on a \$100,000 investment
- 20%, or \$20,000 on a \$100,000 investment
- I would not sell my investments based on a single year loss



Describe the kind of risk with which you are comfortable:

- I don't want to lose any money ever. I could handle only a very small loss over a few months at most
- I could handle losses over one or two quarters, but would not be comfortable subjecting myself to longer down periods
- I could handle a one-year loss, but do not want to pursue a strategy that could result in longer periods of loss
- I could handle being down over a three-year period, but no longer
- I could accept being down over longer than 3 years if my long-term return potential was above average

Are you interested in socially responsible investing? Yes No

Any additional comments on investor risk tolerance:

Financial Position

What is your liquid net worth (excludes home)?

- Under \$250,000
- \$250,000 - \$500,000
- \$500,000 - \$1,000,000
- Over \$1,000,000

What percentage of your total investment assets will this account represent?

- Less than 20%
- 21% - 50%
- 51% - 75%
- 76% - 100%



What is your approximate household annual income?

- Under \$50,000
- \$50,000 - \$100,000
- \$100,000 - \$250,000
- Over \$250,000

What portion of your monthly net income goes toward paying off debt?

- Less than 10%
- 10% - 30%
- 30% - 50%
- Greater than 50%

Is this a taxable account?

- Yes
- No

Are you retired?

- Yes
- No

Other Comments:



DOCUMENTS NEEDED

YES N/A

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Most recent federal and state tax returns, all schedules. |
| <input type="checkbox"/> | <input type="checkbox"/> | Bank and brokerage statements with details of investment holdings. |
| <input type="checkbox"/> | <input type="checkbox"/> | 401(k), 403(b), 457 and IRA (Regular, SEP, Roth, Simple) pension statements. |
| <input type="checkbox"/> | <input type="checkbox"/> | Pay stubs(s) covering the last 30 days. |
| <input type="checkbox"/> | <input type="checkbox"/> | Latest Year W-2 Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Trust documents |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee benefits package/booklet. |
| <input type="checkbox"/> | <input type="checkbox"/> | RSU and stock option details. |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security Administration Estimate of Benefits form. |
| <input type="checkbox"/> | <input type="checkbox"/> | Statement of estimated pension benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | Deferral compensation details. |
| <input type="checkbox"/> | <input type="checkbox"/> | Annuity statements. |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of personal insurance declaration statements: Auto, home, liability, earthquake. |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of life, disability, long-term care insurance policies. |
| <input type="checkbox"/> | <input type="checkbox"/> | Information regarding medical insurance: premium, benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed cash flow spreadsheet. |
| <input type="checkbox"/> | <input type="checkbox"/> | For self-employed – Projections for income for next 5 years. |
| <input type="checkbox"/> | <input type="checkbox"/> | For self-employed – P&L for current year. |
| <input type="checkbox"/> | <input type="checkbox"/> | Mortgage: Latest billing statement and original document (if can locate easily). |
| <input type="checkbox"/> | <input type="checkbox"/> | Equity Line of Credit: Latest billing statement and original document. |

If you don't have time to make copies of the above documents, bring the originals. They will be scanned and returned to you promptly.

