

# Financial Planning Questionnaire



To complete this form **by hand**:

- 1 Print all pages of this form.
- 2 Complete the form by filling in each space with black or blue ink. Do not use pencil.
- 3 When finished, simply bring the form to your meeting.

Or



To complete this form **electronically**:

- 1 Save this writable PDF to your computer, then open it using Adobe's Acrobat Reader.
- 2 Complete the form by typing into the designated fields and/or checking the appropriate buttons. *Tip: you can tab from field to field.*
- 3 When finished, save the form and email it to [clients@StrategicPoint.com](mailto:clients@StrategicPoint.com). Or you can bring a copy with you to our meeting.

General Information			
Your First & Last Name:		Today's Date:     /     /	
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Partner <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed			
Street Address:			
City:	State:	Zip Code:	
Home Phone: (     )     -	Email:		
Your Date of Birth:     /     /	Your Social Security #:     -     -		
Are You a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No			
Spouse's/Partner's (Co-Client's) First & Last Name:			
Spouse's/Partner's Date of Birth:     /     /		Spouse's/Partner's Social Security #:     -     -	
Is your Spouse/Partner a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No			

Employment Information			
Your Employment: <input type="radio"/> Self-Employed <input type="radio"/> Company Owner <input type="radio"/> Employee <input type="radio"/> Retired			
Company Name:			
Occupation:		Years with Company:	
Street Address:			
City:	State:	Zip Code:	
Work Phone: (     )     -	Ext:	Fax: (     )     -	
Work Email:			
Spouse's/Partner's Employment: <input type="radio"/> Self-Employed <input type="radio"/> Company Owner <input type="radio"/> Employee <input type="radio"/> Retired			
Company Name:			
Occupation:		Years with Company:	
Street Address:			
City:	State:	Zip Code:	
Work Phone: (     )     -	Ext:	Fax: (     )     -	
Work Email:			

## Assets

### Bank Accounts

Name of Account	Owner	Balance
Checking		\$
Money Market / Savings		\$
All CDs		\$
Other:		\$
How much of the above amount do you want earmarked for retirement?		\$

### Retirement Accounts

*List tax-deferred accounts separately and include accounts labeled: 401(k), 403(b), 457, ESOP, SEP, SIMPLE, Profit Sharing, TSA, Annuities, Traditional IRA and Roth IRA. Please attach copies of most recent statements.*

Name of Account	At	Owner	Balance
<i>Example: Lifespan 403(b)</i>	<i>Vanguard</i>	<i>Mary</i>	<i>\$42,000</i>
			\$
			\$
			\$
			\$
			\$
			\$
			\$

### Taxable Accounts

*List accounts separately and include: brokerage accounts, joint accounts, trusts, TODs, PODs, non-qualified annuities and accounts in an individual name. Please attach copies of most recent statements.*

Name of Account	At	Owner	Balance
<i>Example: Individual Account</i>	<i>Vanguard</i>	<i>John</i>	<i>\$51,000</i>
			\$
			\$
			\$
			\$
			\$

Notes

Assets Held for Education				
<i>List separately for each child and include 529 Plans, Coverdell IRAs, Custodial Accounts, Education Savings Bonds, Mutual Fund Accounts, etc.</i>				
Name of Account	Type	Owner	Beneficiary	Balance
<i>Example: CollegeBoundFund</i>	<i>529 Plan</i>	<i>Mary</i>	<i>Julia</i>	<i>\$15,000</i>
				\$
				\$
				\$
				\$

Business Ownership			
<i>Include businesses in which you have direct ownership.</i>			
Name of Business	Owner	Business Type	Appraisal (your share)
<i>Example: Peter's Painting Co.</i>	<i>Peter</i>	<i>S-Corp</i>	<i>\$250,000</i>
			\$
			\$
Do you plan to sell your business to create retirement assets?			<input type="radio"/> Yes <input type="radio"/> No
If yes, in what approximate year?			
Assumed annual growth rate of business: <i>(If left blank, we will grow your business by 8% until sold.)</i>			%

Personal Property		
<i>Include collectibles, boats, automobiles, etc.</i>		
Property	Owner	Value
<i>Example: Art Collection</i>	<i>Mary/John</i>	<i>\$75,000</i>
		\$
		\$

Real Estate			
<i>For additional properties, please attach a separate sheet.</i>			
Property	Investment or Personal	Owner	Value
<i>Example: 212 Windham</i>	<i>Personal Residence</i>	<i>Joint</i>	<i>\$315,000</i>
	Personal Residence		\$
	Second Home		\$
	Investment Property (1)		\$
	Investment Property (2)		\$
	Other:		\$
How much pre-tax income do you receive each year from your investment properties?			\$

Which of these real estate properties is available to be sold with the proceeds used for retirement?	
In what year would you like to sell the property?	

Liabilities			
Mortgages			
Mortgages	Balance Remaining	Term Remaining	Interest Rate
Primary Residence	\$		%
Second Home	\$		%
Investment Property (1)	\$		%
Investment Property (2)	\$		%
Other:	\$		%
Other:	\$		%
Home Equity Line of Credit Balance:			\$
Amount Available:			\$

Other Debt		
Debt	Balance	Interest Rate(s)
Vehicle	\$	%
Vehicle	\$	%
All Credit Cards	\$	%
Student Loans	\$	%
Other:	\$	%

Income and Retirement Analysis	
<b>Your</b> Current Annual Income?	\$
At what age do <b>you</b> expect to retire? <i>(If you are already retired, put in your current age.)</i> <i>(We will use this age to run your retirement projections.)</i>	
How much do <b>you</b> contribute to your retirement plans each year? <i>(Include the amount your employer adds through a profit sharing or matching program.)</i>	\$
<b>Spouse's/Partner's</b> Current Annual Income?	\$
At what age does your <b>spouse/partner</b> expect to retire? <i>(If she/he has already retired, put in her/his current age.)</i>	
How much does your <b>spouse/partner</b> contribute to her/his retirement plans each year? <i>(Include the amount her/his employer adds through a profit sharing or matching program.)</i>	\$
How much will you need to spend each month in retirement? <i>(Include taxes and think in terms of today's dollars.)</i> <i>(If you leave this question blank, we will assume you will need 85% of your current income.)</i>	\$

# Financial Planning Questionnaire (continued)

Additional Annual Savings:	\$
Type of Account:	

Pensions			
Client Name	Monthly Amount at Start	Age at Start	Inflation COLA
<i>Example: Mary</i>	\$1,200	65	<input checked="" type="radio"/> Yes <input type="radio"/> No
	\$		<input type="radio"/> Yes <input type="radio"/> No
	\$		<input type="radio"/> Yes <input type="radio"/> No
	\$		<input type="radio"/> Yes <input type="radio"/> No
What payout option does this pension represent? (We will assume joint and 50% survivor unless otherwise indicated.)			
<input type="radio"/> Single Life	Name Applicable Pension(s):		
<input type="radio"/> Joint and 50% Survivor	Name Applicable Pension(s):		
<input type="radio"/> Joint and 100% Survivor	Name Applicable Pension(s):		

Social Security		
Client Name	Age to Start Payments	Anticipated Monthly Payment
<i>Example: John</i>	66	\$1,436
		\$
		\$

Other Income and Expenses			
Do <b>you</b> expect to work part-time during retirement?			<input type="radio"/> Yes <input type="radio"/> No
If yes, for how many years?		At what salary (in current dollars)?	\$
Does your <b>spouse/partner</b> expect to work part-time during retirement?			<input type="radio"/> Yes <input type="radio"/> No
If yes, for how many years?		At what salary (in current dollars)?	\$
What is the value of any expected inheritance/gifts?			\$
In what year would you estimate that you might receive this inheritance?			
What is the value of any anticipated expenses or major purchases (other than education)?			\$
In what year should these expenses be applied?			
Is there anything else we should know about when we plan for your retirement?			

Notes

**Insurance Analysis**

For how many years will you need life insurance? <i>If you leave blank, we will assume until the first year of retirement.</i>	
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**Life Insurance: Term Policies**  
*Please attach your latest statement.*

Face Value	Insured	Group or Individual	Term Remaining	Premium per Year
<i>Example: \$500,000</i>	<i>John</i>	<i>Individual</i>	<i>10 years</i>	<i>\$700</i>
\$				\$
\$				\$
\$				\$
\$				\$

**Life Insurance: Permanent Policies**  
*Please attach your latest statement.*

Face Value	Type	Year Purchased	Insured	Cash Value	Premium per Year
<i>Example: \$100,000</i>	<i>Whole Life</i>	<i>1998</i>	<i>Mary</i>	<i>\$10,000</i>	<i>\$1,000</i>
\$				\$	\$
\$				\$	\$
\$				\$	\$
\$				\$	\$

**Long Term Disability Insurance**  
*Please attach policies if available.*

Name	Monthly Benefit	Group or Individual	Premium per Year
<i>Example: John</i>	<i>\$3,000</i>	<i>Individual</i>	<i>\$2,100</i>
	\$		\$
	\$		\$
	\$		\$
	\$		\$

# Financial Planning Questionnaire (continued)

Long Term Care Insurance				
<i>Please attach policies if available.</i>				
Name	Daily Benefit	Inflation Rider	Term	Premium per Year
<i>Example: Mary</i>	<i>\$150</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<i>3 years</i>	<i>\$1,500</i>
	\$	<input type="radio"/> Yes <input type="radio"/> No	years	\$
	\$	<input type="radio"/> Yes <input type="radio"/> No	years	\$

Notes

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## Funding Needs for Children and Other Dependents

*We will use the college savings information from the Assets section to determine our education funding projections.*

Name	Date of Birth	College Start Year	Years to Fund
<i>Example: Julia</i>	<i>2/23/2001</i>	<i>September 2013</i>	<i>4 years</i>

## Annual Cost

What is the annual cost of college you are willing to fund for each child?  
*Keep in mind that your children may get financial aid or choose to take out student loans to help pay for expenses. Therefore, list only the amount you are willing to pay in current dollars. For instance, if you expect a year of college (graduate school) to cost \$15,000 and you plan to pay two-thirds of that amount, then you would give "\$10,000" as your estimated cost.*

\$

Annual expenses for other dependents (for example, parents):

\$

## Estate Planning

Do you have updated wills?	<input type="radio"/> Yes <input type="radio"/> No
Do you have powers of attorney?	<input type="radio"/> Yes <input type="radio"/> No
Have you executed health care proxies?	<input type="radio"/> Yes <input type="radio"/> No
When were these documents last updated?	

# Financial Planning Questionnaire (continued)



Have you established any trusts?	<input type="radio"/> Yes <input type="radio"/> No
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If yes, names of trust(s) you have established:	

Notes

Whom may we thank for referring you?	
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Please bring your completed Financial Planning Questionnaire along with any appropriate attachments to the meeting with your StrategicPoint advisor.

**Please DO NOT complete this section PRIOR to meeting with your advisor.**

I acknowledge receipt of StrategicPoint Investment Advisor's Privacy Policy, Form ADV Part 2, Proxy Voting Policy and the BCP disclosure statement.



\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print Name