



PERSONAL PLANNING PROFILE CONFIDENTIAL QUESTIONNAIRE

This questionnaire is designed to gather pertinent information needed to develop a financial plan that meets your needs and goals. The information that you provide will be held in strictest confidence.

DATE: _____

PERSONAL INFORMATION

	CLIENT 1	CLIENT 2
Name	_____	_____
Gender	_____	_____
Date of Birth	_____	_____
Social Security Number	_____	_____
Home Address	_____	
City, State, Zip	_____	
E-mail Address	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Place of Birth	_____	_____
Citizenship	_____	_____
Marital Status	_____	
Date of Marriage (if applicable)	_____	
Preferred Method of Contact	_____	_____

CHILDREN AND DEPENDENTS: Please include children and other person(s) for whom you provide support.

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #	SPECIAL NEEDS YES/NO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT

CLIENT 1

CLIENT 2

Employer Name	_____	_____
Work Address	_____	_____
City, State, Zip	_____	_____
Work Phone	_____	_____
Work E-mail Address	_____	_____
Job Title	_____	_____
Number of Years	_____	_____
Annual Salary	_____	_____
Retirement Plan	Check all that apply:	Check all that apply:
	<input type="checkbox"/> 401(k) / 403(b)	<input type="checkbox"/> 401(k) / 403(b)
	<input type="checkbox"/> IRA	<input type="checkbox"/> IRA
	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Roth IRA
	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SEP IRA
	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Other (please specify)
Target Retirement Age	_____	_____
Do you plan to change jobs in the near future?	_____	_____

FINANCIAL GOALS: What are your most important financial concerns and/or goals?

1. _____
2. _____
3. _____

MAJOR FAMILY EVENTS AND/OR EXPENSES: For planning purposes, please indicate the event, year and anticipated expense for major life-cycle events, e.g., tuition, wedding, B'nai Mitzvah, major celebrations, house down payment, or other major purchase.

Event	Year	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANNUAL INCOME AND EXPENSES: For planning purposes, please provide your best estimate for the figures requested. You can refer to your prior year tax return to obtain some information.

Household Income _____

Is your fairly uniform and predictable? _____

Taxable Savings _____

Retirement Savings _____

Taxes (Federal and State) _____

Living Expenses _____

Charitable Contributions/Gifts _____

ESTATE PLANNING: Do you (and/or your spouse, if applicable) have the following documents? If so, please indicate the year the document was last updated.

	Client 1	Client 2
	YEAR	YEAR
Will		
Durable Power of Attorney		
Medical Power of Attorney		
Trust		
HIPAA Authorization		
Do you anticipate any future inheritance or gift?		

REAL ESTATE AND PERSONAL ASSETS

	PRICE PAID	YEAR PURCHASED	OWNER	APPROXIMATE FAIR MARKET
Home/Condo				
Rental Real Estate				
Auto 1 Year, make model				
Auto 2 Year, make model				
Other Real Estate				
Collectibles (e.g., jewelry, artwork, coins). Please specify				
Other Personal Property (e.g., boat, musical instruments, etc.) Please specify				

SAVINGS AND INVESTMENT ACCOUNTS: Please list your savings, checking, investment and retirement accounts.

Account Description	Institution	Owner	Approximate Balance
Checking Account 1			
Checking Account 2			
Savings Account 1			
Savings Account 2			
Children's UTMA Accounts			
Profit Sharing Plan			
Brokerage Investment Account 1			
Brokerage Investment Account 2			
401k or 403b Retirement Account 1			
401k or 403b Retirement Account 2			
Traditional or Rollover IRA			
Roth IRA			
SEP IRA			
Other Retirement Plan (Please specify)			
College Savings Plans			
Annuities			
Other Accounts (Please specify)			

LIABILITIES

Loan Description	Owner	Interest Rate	Current Balance	Monthly Payment
Mortgage on Primary Residence				
Mortgage on Rental Property				
HELOC (Home Equity Line of Credit)				
Credit Card(s), if you carry a balance				
Auto Loan 1				
Auto Loan 2				
Student Loan				
Personal Loan				
Other (Please specify)				

INSURANCE COVERAGE

INSURANCE TYPE	Client 1 Coverage	Client 2 Coverage
HEALTH INSURANCE	Check one:	Check one:
	<input type="checkbox"/> Group	<input type="checkbox"/> Group
	<input type="checkbox"/> Individual	<input type="checkbox"/> Individual
DENTAL/VISION	Check one:	Check one:
	<input type="checkbox"/> Group	<input type="checkbox"/> Group
	<input type="checkbox"/> Individual	<input type="checkbox"/> Individual
LIFE INSURANCE	Check all that apply:	Check all that apply:
	<input type="checkbox"/> Group	<input type="checkbox"/> Group
	Death Benefit: _____	Death Benefit: _____
	<input type="checkbox"/> Individual	<input type="checkbox"/> Individual
	Death Benefit: _____	Death Benefit: _____
LONG-TERM DISABILITY	Check all that apply:	Check all that apply:
	<input type="checkbox"/> Group	<input type="checkbox"/> Group
	<input type="checkbox"/> Individual	<input type="checkbox"/> Individual
SHORT-TERM DISABILITY	Check all that apply:	Check all that apply:
	<input type="checkbox"/> Group	<input type="checkbox"/> Group
	<input type="checkbox"/> Individual	<input type="checkbox"/> Individual
LONG-TERM CARE	Check all that apply:	Check all that apply:
	<input type="checkbox"/> Group	<input type="checkbox"/> Group
	<input type="checkbox"/> Individual	<input type="checkbox"/> Individual

PROPERTY / LIABILITY	COMPANY
HOME / RENTERS	
HOME / RENTERS	
AUTO 1	
AUTO 2	
UMBRELLA LIABILITY	
PROFESSIONAL LIABILITY	
OTHER	

