

CONFIDENTIAL

# Financial Planning Questionnaire

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**INSTRUCTIONS:**

Take 60 minutes or less to organize your financial data. It is ok to approximate your figures.





## PERSONAL INFORMATION

### YOUR INFORMATION

DATE		YOUR DATE OF BIRTH		SPOUSE DATE OF BIRTH	
ADDRESS		CITY	STATE	ZIP	
YOUR NAME (FIRST, MIDDLE, LAST)			SPOUSE NAME (FIRST, MIDDLE, LAST)		
COMPANY NAME			SPOUSE COMPANY NAME		
WORK PHONE	CELL PHONE		SPOUSE WORK PHONE	SPOUSE CELL PHONE	
EMAIL ADDRESS	FAX NUMBER		SPOUSE EMAIL ADDRESS		

**Your preferred method of contact:**

- Work Phone  Cell Phone  Email

**Spouse preferred method of contact:**

- Work Phone  Cell Phone  Email

### CHILDREN AND/OR GRANDCHILDREN INFORMATION

NAME	DATE OF BIRTH	SPOUSE (IF APPLICABLE)	SPOUSE DATE OF BIRTH
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**What financial issues are of concern to you? (Check all that apply.)**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Investments       | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Estate Planning    | <input type="checkbox"/> Debt Reduction |
| <input type="checkbox"/> Retirement Income | <input type="checkbox"/> Disability     | <input type="checkbox"/> Education Planning | <input type="checkbox"/> _____          |
| <input type="checkbox"/> Income Taxes      | <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Trusts             | <input type="checkbox"/> _____          |

**Do you have any short term goals that would be relevant to your financial diagnosis?**

(i.e. buying a new home or boat. Check all that apply.)

- |   |   |                                |                                |
|---|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> Retirement       | <input type="checkbox"/> Supporting Parents | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Debt Refinancing | <input type="checkbox"/> New Home           | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |



## ANNUAL INCOME INFORMATION

INCOME	CURRENT YEAR		CHANGES IN FUTURE +/-	
<b>Salary &amp; Bonuses</b>	YOURS	SPOUSE	YOURS	SPOUSE
<b>Dividends &amp; Interest</b>	YOURS	SPOUSE	YOURS	SPOUSE
<b>Pension:</b>				
Military/Federal	YOURS	SPOUSE	YOURS	SPOUSE
State	YOURS	SPOUSE	YOURS	SPOUSE
Municipal	YOURS	SPOUSE	YOURS	SPOUSE
Other Pension	YOURS	SPOUSE	YOURS	SPOUSE
<b>IRA/401k</b>	YOURS	SPOUSE	YOURS	SPOUSE
<b>403B</b>	YOURS	SPOUSE	YOURS	SPOUSE
<b>457B</b>	YOURS	SPOUSE	YOURS	SPOUSE
<b>Social Security</b>	YOURS	SPOUSE	YOURS	SPOUSE
<b>Other</b>	YOURS	SPOUSE	YOURS	SPOUSE
<b>TOTAL ANNUAL INCOME</b>	YOURS	SPOUSE	YOURS	SPOUSE

At what age do you WANT to be financially independent? \_\_\_\_\_

At what age would you “ideally” like to retire? \_\_\_\_\_

How much monthly income (after tax) is needed to live comfortably? \$ \_\_\_\_\_

How much are you saving for retirement monthly? \$ \_\_\_\_\_

Do you have a pension?  Y  N If yes, what is the monthly amount \$ \_\_\_\_\_

Will you work after retirement?  Y  N If yes, what is your estimated monthly salary? \$ \_\_\_\_\_

OTHER COMMENTS

## INCOME TAXES

How much Federal & State Income Tax did you pay last year? \_\_\_\_\_

What are your yearly contributions for your IRAs/401K/403b/457b/TSA? \_\_\_\_\_

Do you anticipate significant changes in taxable income in the future?  Y  N If yes, please explain:

DETAILS

## ESTATE PLANNING & MARRIAGE INFORMATION

If this is a second marriage, is there a pre-nuptial agreement?  Y  N

Do you have a plan(s) for your business/practice at your death?  Y  N

Do you have a will/trust?  Y  N

Does your spouse have a will/trust?  Y  N

Do you have a durable family power of attorney?  Y  N

Do you have a living will and health care surrogate?  Y  N

Do you have a pre-need guardianship designation?  Y  N

What year was your estate plan reviewed by your attorney? \_\_\_\_\_

## LIFE, DISABILITY & LONG TERM CARE INSURANCE

What is the face amount of your personal life insurance? \$ \_\_\_\_\_

Policy Type:  Term  Universal  Other  None

What is the face amount of your spouse's life insurance? \$ \_\_\_\_\_

Policy Type:  Term  Universal  Other  None

What is the amount of life insurance provided by your employer? \$ \_\_\_\_\_

Policy Type:  Term  Universal  Other  None

What is the amount of your spouse's life insurance provided by their employer? \$ \_\_\_\_\_

Policy Type:  Term  Universal  Other  None

Do you have disability benefits at work or a personal policy?  Y  N

If yes, how much are monthly benefits? \_\_\_\_\_

How long will your assets cover a disability? \_\_\_\_\_

Does your spouse have disability benefits at work or a personal policy?  Y  N

If yes, how much are monthly benefits? \_\_\_\_\_

How long will your assets cover a disability? \_\_\_\_\_



Do you have Long Term Care insurance?  Y  N

What is the amount of your Long Term Care insurance daily benefit? \$ \_\_\_\_\_

What is the lifetime maximum benefit? \$ \_\_\_\_\_

Does long term care cover care at your home?  Y  N

Do you have a personal umbrella insurance policy?  Y  N

If yes, how much coverage? \$ \_\_\_\_\_

What is your plan for long term care?

DETAILS

Would you like a review of your insurable risks and related coverage?  Y  N

## INVESTMENTS

Do you have a money manager/financial planner?  Y  N

If so, are you pleased with the service provided?  Y  N

Is your investment advice coordinated with your tax and estate planning?  Y  N

Describe your experience and any changes in your financial planning that you would like to see.

DETAILS

## INVESTMENT KNOWLEDGE

Limited  Good  Extensive

DETAILS



## DREAMS, VISIONS, IMAGES

### FOR USE OF WEALTH

In the table below, you will find a number of possible uses to which you could put your current or future wealth. For each one, please place an “X” in one of the three boxes to the right based upon the following definitions:

**Heart’s Core:** A deeply held core value, as to how the wealth should be used. This is a value that you “stand for.”

**Ought To:** Something you feel obligated to do, based on a commitment you may have made or a belief held by your family, someone outside your family, or society in general.

**Fun To:** The “icing on the cake.” Doing this would add zest or spice to your life, is not an obligation you feel, and is not truly a deeply held core value, but it sure would be fun!

POSSIBLE USES OF YOUR WEALTH	HEART’S CORE	OUGHT TO	FUN TO	N/A
<b>Providing for my family’s ongoing needs</b> (This involves day-to-day living expenses, mortgage, and car payments, vacations, funding children’s education, etc.)				
<b>Adjusting selected elements of current lifestyle</b> (Things like a second home, a boat, an airplane, traveling, an “expensive hobby,” etc.)				
<b>Supporting parents, siblings, other family members in need</b>				
<b>Providing an inheritance for my children</b>				
<b>Supporting a major change in my career</b>				
<b>Actualizing a very different direction for my life</b>				
<b>Charitable giving / philanthropy</b>				

**Do you have a passion in life?  
Tell us about it.**

DETAILS

**If you could do anything, time & money aside, what would it be?**

DETAILS



## CONFIDENTIAL NET WORTH | ASSETS

### PERSONAL ASSETS

<b>Checking Accounts</b>	BALANCE
<b>Money Markets</b>	MARKET VALUE
<b>Certificates Of Deposit</b>	MARKET VALUE
<b>Stocks (Attach Brokerage Statement)</b>	MARKET VALUE
<b>Bonds (Attach Brokerage Statement)</b>	MARKET VALUE
<b>Mutual Funds (Attach Brokerage Statement)</b>	MARKET VALUE
<b>Other</b>	MARKET VALUE

### RETIREMENT ASSETS

<b>IRA Accounts   YOURS</b>	MARKET VALUE
<b>IRA Accounts   Spouse</b>	MARKET VALUE
<b>Roth IRA</b>	MARKET VALUE
<b>Other</b>	MARKET VALUE
<b>401K</b>	MARKET VALUE
<b>457B</b>	MARKET VALUE
<b>403B</b>	MARKET VALUE
<b>Drop</b>	MARKET VALUE
<b>Self Employment Plan</b>	MARKET VALUE
<b>Company Retirement Plan</b>	MARKET VALUE
<b>State/Local Gov't Retirement Plan</b>	MARKET VALUE
<b>Military/Federal Retirement Plan</b>	MARKET VALUE



## CONFIDENTIAL NET WORTH | ASSETS

### REAL ESTATE ASSETS

RESIDENCE ADDRESS	MARKET VALUE
RENTAL ADDRESS	MARKET VALUE

### BUSINESS OR PRACTICE ASSETS

BUSINESS/PRACTICE ADDRESS	MARKET VALUE
BUSINESS/PRACTICE ADDRESS	MARKET VALUE

### OTHER ASSETS

DESCRIBE	MARKET VALUE
DESCRIBE	MARKET VALUE

### TOTAL ASSETS

Total all the information entered for market value to identify your total assets.

TOTAL ASSETS
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## CONFIDENTIAL NET WORTH | LIABILITIES

### MORTGAGE BALANCE

#### RESIDENCE

#### REMAINING BALANCE

#### MONTHLY PAYMENT

First Mortgage

REMAINING BALANCE

MONTHLY PAYMENT

Second Mortgage

REMAINING BALANCE

MONTHLY PAYMENT

Other

REMAINING BALANCE

MONTHLY PAYMENT

#### RENTAL

First Mortgage

REMAINING BALANCE

MONTHLY PAYMENT

Second Mortgage

REMAINING BALANCE

MONTHLY PAYMENT

Other

REMAINING BALANCE

MONTHLY PAYMENT

#### OTHER LIABILITIES

Auto Loans

REMAINING BALANCE

MONTHLY PAYMENT

REMAINING BALANCE

MONTHLY PAYMENT

Credit Cards

REMAINING BALANCE

MONTHLY PAYMENT

REMAINING BALANCE

MONTHLY PAYMENT

OTHER

REMAINING BALANCE

MONTHLY PAYMENT

OTHER

REMAINING BALANCE

MONTHLY PAYMENT

#### TOTAL LIABILITIES

Total all the information entered in the remaining balance column to identify your total liabilities.

TOTAL LIABILITIES

#### NET WORTH

TOTAL ASSETS - TOTAL LIABILITIES =

NET WORTH



## ADDITIONAL INFORMATION

Do you expect any future Inheritance?  Y  N

IF YES, PLEASE PROVIDE DETAILS.

What do you hope to gain from our services?

DETAILS

Do you have any other financial, tax or estate planning concerns to address?

DETAILS

## CONGRATULATIONS IN COMPLETING THE FIRST STEP OF REACHING YOUR FINANCIAL GOALS.

Please provide a copy of a recent financial statement, if available, and your most recent federal income tax return if not prepared by our firm.



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