Financial Futures

achieving your goals through financial planning

Personal Data Questionnaire

Client Legal Name: ____________________	Co-Client Legal Name: ____________________
Client Preferred Name: ____________________	Co-Client Preferred Name: ____________________
Soc. Sec. Num. ______ - _____ - ______	Soc. Sec. Num.: ______ - _____ - ______
Date of Birth: ______ / _____ / ______	Date of Birth: ______ / _____ / ______
Mother's Maiden Name: ______________	Mother's Maiden Name: ______________
4-Digit PIN for Online Access: ________	4-Digit PIN for Online Access: ________
U.S. Citizen: Y / N	U.S. Citizen: Y / N
Cell Phone: ______ - ______ - ______	Cell Phone: ______ - ______ - ______
Home E-Mail: ____________________	Home E-Mail: ____________________
Date of Marriage: _____ / _____ / ______	Today's Date (Month/Day/Year): __________
Any Previous Marriages: Y / N	Any Previous Marriages: Y / N
Ever Declared Bankruptcy: Y / N	Ever Declared Bankruptcy: Y / N
Involved in any Lawsuits: Y/ N	Involved in any Lawsuits: Y/ N

Employer: ______________________	Employer: ______________________
Position: ______________________	Position: ______________________
Work Address: ____________________ ____________________	Work Address: ____________________ ____________________
Start Date of Employment: ____ / ____ / _____	Start Date of Employment: ____ / ____ / _____
Work Phone: ______ - ______ - ______	Work Phone: ______ - ______ - ______
Work Fax: ______ - ______ - ______	Work Fax: ______ - ______ - ______
Work E-mail: ____________________	Work E-mail: ____________________

Home Address: ____________________	Home Phone: ______ - _____ - ______
____________________	Move In Date (Month/Year): ___________
____________________	Home Fax: ______ - _____ - ______

Dependent's Name	Relationship	Date of Birth	SSN	Provide Support
______________________	______________	___ / ___ / ____	____ - ___ - ____	Y / N
______________________	______________	___ / ___ / ____	____ - ___ - ____	Y / N
______________________	______________	___ / ___ / ____	____ - ___ - ____	Y / N
______________________	______________	___ / ___ / ____	____ - ___ - ____	Y / N
______________________	______________	___ / ___ / ____	____ - ___ - ____	Y / N

Please describe your financial goals and objectives (in priority order):

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____

Professional Advisors	Name / Firm	Telephone	Satisfied with Service?
Accountant	________________________________	____________	Y / N
Attorney	________________________________	____________	Y / N
Insurance Agent	________________________________	____________	Y / N
Investment Broker	________________________________	____________	Y / N
Other ______________	________________________________	____________	Y / N

INCOME

Income Sources	Client	Co-Client
Annual Salary	______________________	______________________
Annual Bonus	______________________	______________________
Alimony Received	______________________	______________________
Child Support Received	______________________	______________________
Net Self-Employment	______________________	______________________
Rental Income	______________________	______________________
Other Income	______________________	______________________

INSURANCE

Life Insurance Policy #1

Company	Insured	Owner	Death Benefit	Beneficiary
__________________	__________	__________	$__________	___________________

Term _____ years   Year Began ______   Annual Premium $____________

Life Insurance Policy #2

Company	Insured	Owner	Death Benefit	Beneficiary
__________________	__________	__________	$__________	___________________

Term _____ years   Year Began ______   Annual Premium $____________

Disability Insurance Policy #1

Company	Insured	Monthly Benefit	Elimination Period
__________________	__________	$__________	____mos ____yrs

Duration of Benefit Period (choose one): ____ mos ____ yrs or until age ____

Inflation Option (choose one): None   CPI   Fixed at ___%

Who Pays Premium	Annual Premium	Premium:	Coverage for:
__________________	$______________	Pre-tax or After-Tax	__ Any Occ / __ Own Occ

Disability Insurance Policy #2

Company	Insured	Monthly Benefit	Elimination Period
___________________	___________	$___________	____mos ____yrs

Duration of Benefit Period (choose one)	Inflation Option (choose one)
____ mos ____ yrs or until age ____	None CPI Fixed at ___%

Who Pays Premium	Annual Premium	Premium:	Coverage for:
___________________	$_______________	Pre-tax or After-Tax	__ Any Occ / __ Own Occ

Long-Term Care Insurance Policy #1

Company	Insured	Daily Benefit	Elimination Period
___________________	_______________	$___________	____ days

Duration of Benefit Period (choose one)	Inflation Option (choose one)
____ yrs or ____ lifetime	None CPI Fixed at ___%

Who Pays Premium	Annual Premium	Premium:
___________________	$_______________	Pre-tax or After-Tax

Long-Term Care Insurance Policy #2

Company	Insured	Daily Benefit	Elimination Period
___________________	_______________	$___________	____ days

Duration of Benefit Period (choose one)	Inflation Option (choose one)
____ yrs or ____ lifetime	None CPI Fixed at ___%

Who Pays Premium	Annual Premium	Premium:
___________________	$_______________	Pre-tax or After-Tax

Other Insurance:

	Company	Annual Premium	Deductible	Coverage Amount
Homeowners	_________________	$_________	$_______	$______________
Renters	_________________	$_________	$_______	$______________
Auto	_________________	$_________	$_______	$______________
Umbrella	_________________	$_________	$_______	$______________
Professional Liability	_________________	$_________	$_______	$______________

ASSETS

Custodian / Bank	Description (1)	Ownership	Current Balance	Annual Additions
________________	__________________	_____________	$_____________	$_______________
________________	__________________	_____________	$_____________	$_______________
________________	__________________	_____________	$_____________	$_______________
________________	__________________	_____________	$_____________	$_______________
________________	__________________	_____________	$_____________	$_______________
________________	__________________	_____________	$_____________	$_______________
________________	__________________	_____________	$_____________	$_______________
________________	__________________	_____________	$_____________	$_______________
________________	__________________	_____________	$_____________	$_______________
________________	__________________	_____________	$_____________	$_______________
________________	__________________	_____________	$_____________	$_______________

(1) Description such as checking account, savings account, money market account, certificate of deposit, mutual fund name, stocks, bonds.

<u>Other Assets:</u>

	Ownership	Purchase Date	Purchase Price	Current Value
Primary Residence	________________	___/___/___	$___________	$____________
Secondary Residence	________________	___/___/___	$___________	$____________
Auto #1	________________	___/___/___	$___________	$____________
Auto #2	________________	___/___/___	$___________	$____________
Jewelry	________________	___/___/___	$___________	$____________
Other _____________	________________	___/___/___	$___________	$____________

<u>Qualified Assets:</u>

	Description	Ownership	Contribution %	Employer Match Details	Beneficiary
401(k), 403(b)	__________	__________	________%	_____________________	__________
401(k), 403(b)	__________	__________	________%	_____________________	__________
Traditional IRA	__________	__________	________%	_____________________	__________
Roth IRA	__________	__________	________%	_____________________	__________
Rollover IRA	__________	__________	________%	_____________________	__________
Other_________	__________	__________	________%	_____________________	__________

LIABILITIES

	Original Loan Amount	Date of Loan	Current Balance	Provider	Interest Rate	Term of Loan	Type of Loan	Monthly Payment
Mortgage #1	$______	__/__/__	$_____	_______	____%	____	______	$______
Mortgage #2	$______	__/__/__	$_____	_______	____%	____	______	$______
Car Loan #1	$______	__/__/__	$_____	_______	____%	____	______	$______
Car Loan #2	$______	__/__/__	$_____	_______	____%	____	______	$______
School Loan	$______	__/__/__	$_____	_______	____%	____	______	$______
Home Eq. Loan	$______	__/__/__	$_____	_______	____%	____	______	$______
Home Eq. Line	$______	__/__/__	$_____	_______	____%	____	______	$______
Other Loan	$______	__/__/__	$_____	_______	____%	____	______	$______
Credit Card #1	$______	__/__/__	$_____	_______	____%	____	______	$______
Credit Card #2	$______	__/__/__	$_____	_______	____%	____	______	$______
Credit Card #3	$______	__/__/__	$_____	_______	____%	____	______	$______

STOCK OPTIONS

Stock	Grant Date	Grant Price	Vesting Date	Type ISO / NQSO	Number of Shares	Expiration Date
__________	__/__/____	$________	__/__/____	__________	_______	__/__/____
__________	__/__/____	$________	__/__/____	__________	_______	__/__/____
__________	__/__/____	$________	__/__/____	__________	_______	__/__/____

PENSION

	Owner	Start Year	Monthly Amount	Survivor Benefit	Inflation Rate
Pension #1	___________	______	$_________	_______%	_______%
Pension #2	___________	______	$_________	_______%	_______%
Pension #3	___________	______	$_________	_______%	_______%

ESTATE DOCUMENTS

	Y / N	Ownership	When Drafted?	What State?
Will #1	Y / N	___________________	__/__/____	____________
Will #2	Y / N	___________________	__/__/____	____________
Living Will #1	Y / N	___________________	__/__/____	____________
Living Will #2	Y / N	___________________	__/__/____	____________
Power of Attorney #1	Y / N	___________________	__/__/____	____________
Power of Attorney #2	Y / N	___________________	__/__/____	____________
Revocable Trust	Y / N	___________________	__/__/____	____________
Irrevocable Trust	Y / N	___________________	__/__/____	____________

LIVING EXPENSES

	Monthly	Annually
Mortgage / Rent	______________	______________
Real Estate Taxes	______________	______________
Private Mortgage Insurance (PMI)	______________	______________
House Maintenance	______________	______________
Landscaping	______________	______________
House Cleaning	______________	______________
Alarm	______________	______________
Pest Control	______________	______________
Homeowner’s Association / Condo Fees	______________	______________
Parking Fees	______________	______________
Oil / Gas	______________	______________
Electric	______________	______________
Telephone	______________	______________
Cell Phone Service	______________	______________
Internet Service	______________	______________
Cable TV / Satellite	______________	______________
Waste Collection	______________	______________
Water & Sewer	______________	______________

	Monthly	Annually
Car Payments	______________	______________
Gasoline	______________	______________
Car Maintenance	______________	______________
Parking / Tolls / Registration	______________	______________
Commuting Expenses (Train, Bus, etc.)	______________	______________
Tuition / School Supplies	______________	______________
Lessons / Camp	______________	______________
Allowance	______________	______________
Child Care / Babysitting	______________	______________
Pet Food	______________	______________
Veterinary Care	______________	______________
Life Insurance Premiums (Client)	______________	______________
Life Insurance Premiums (Co-Client)	______________	______________
Disability Insurance Premiums (Client)	______________	______________
Disability Insurance Premiums (Co-Client)	______________	______________
Medical Premiums	______________	______________
Dental Premiums	______________	______________
Vision Care Premiums	______________	______________
Homeowner's Insurance Premiums	______________	______________
Automobile Insurance Premiums	______________	______________
Long Term Care Insurance Premiums	______________	______________
Umbrella Insurance Premiums	______________	______________
Other Insurance Premiums	______________	______________

	Monthly	Annually
Prescriptions	______________	______________
Medical / Dental (out of pocket)	______________	______________
Toiletries / Personal Care	______________	______________
Cosmetics	______________	______________
Glasses / Contacts	______________	______________
Groceries	______________	______________
Take Out	______________	______________
Dining Out	______________	______________
Tobacco / Alcohol	______________	______________
Clothing / Shoe Purchases	______________	______________
Dry Cleaning	______________	______________
Entertainment	______________	______________
Vacations	______________	______________
Magazines / Subscriptions / Books	______________	______________
Hobbies	______________	______________
Pool Maintenance	______________	______________
Membership Dues (Gym, Golf Club, Pool, etc.)	______________	______________
Gifts	______________	______________
Charitable Contributions (Cash)	______________	______________
Religious Donations / Contributions (Cash)	______________	______________
Beauty Parlor	______________	______________
Barber	______________	______________
Professional Fees	______________	______________
Alimony Paid	______________	______________
Child Support Paid	______________	______________
Other ______________________________________	______________	______________

Please provide *COPIES* of the following information:	Check
1. Investment Statements	☐
2. Cost Basis information for taxable accounts	☐
3. Bank & Brokerage Statements	☐
4. Retirement Plan Statements	☐
5. Tax Returns (last 2 years)	☐
6. Two Recent Paystubs	☐
7. Mortgage & Loan Statements	☐
8. Social Security Statements	☐
9. Insurance Contracts (Declaration pages)	☐
10. Annuity Contracts	☐
11. Employee Benefit Information	☐
12. Copy of Driver's License	☐
13. Will	☐
14. Living Will	☐
15. Power of Attorney	☐
16. Health Care Directive	☐
17. Trust Documents	☐
18. Any other document pertinent to your financial life	☐