

# financial questionnaire





This comprehensive financial planning questionnaire is designed to help take inventory of your personal assets and liabilities. Additionally, it will help provide a clear understanding of your life passions and goals. The more complete the information you provide, the more thorough of an analysis we can conduct. You may find that some of the questions we ask do not apply to you, or that they are already answered in the statements that you provide us. Please feel free to skip over those questions.

Our professional designations and licenses, as well as our personal value system, hold us to the strictest of confidentiality, so you can trust that the information you supply will be respected and safeguarded with the utmost of care. Any documents you furnish will be returned to you in the same condition as when provided. Duplicate copies of your statements can be provided to us as well.

Once you have completed the questionnaire, please return it to your financial planner either by secure email, by fax to 301-652-9066 or by mail to Equity Planning Inc. at 7910 Woodmont Ave. Suite 900 Bethesda, MD 20814. If returning the questionnaire by email please contact Equity Planning, Inc. at (301) 652-8702 so we may coordinate sending/receiving the questionnaire securely. We thank you for your help in gathering this essential information and should you have any questions or concerns, please don't hesitate to call us at 301-652-8702 or 1-800-WLTHMAX.

## Checklist of Needed Documents

Please check off each box as you gather each document:

- Income Tax Return(s) (most recent)
- Paycheck stub(s) for you and your spouse showing deductions from gross income
- Wills and Trust documents
- Social Security Statements (most recent – or you may also visit [www.ssa.gov](http://www.ssa.gov) to retrieve your estimate online).
- All Insurance Policies
  - Automobile
  - Homeowner's/Renter's
  - Umbrella
  - Life Insurance
  - Disability Insurance
  - Long-term Care Insurance
  - Health Insurance
  - Any other type of insurance
- Investment Account Statements
- Bank Account Statements
- Retirement Plan Statements
- Liability Statements
  - Mortgage
  - Credit Card
  - Student Loans
  - Auto Loans
- Employee Benefit Statements
- Business Agreements (Deferred Compensation, Split-Dollar Agreements, Wage Continuation, Group Benefit Programs, etc.).



Clients		Gender	Date of Birth	Birth Place	Social Security # (optional)
Your Full Name					
Spouse's Full Name					
Family Members	Relationship				

Residence					
Residence Address	City	State	Zip	Home Phone:	Cell Phone:
Client 1 Email Address:			Client 2 Email Address:		

Occupations					
Your Occupation & Title			Date of Hire		
Your Employer & Address	City	State	Zip	Phone #	
Spouse's Occupation & Title			Date of Hire		
Spouse's Employer & Address	City	State	Zip	Phone #	

Primary Income	Base Salary	Estimated Bonus	Est. Commissions	Est. Stock Options
Your Primary Occupation				
Your Spouse's Primary Occupation				

Other Income	Source 1 Amount	Source 2 Amount	Source 3 Amount	Source 4 Amount
Rentals				
Royalties				
Fees or Commissions				
Trust Income				

Secondary Business Income	<input type="checkbox"/> Sole Proprietor Amount \$	<input type="checkbox"/> Partnership Share \$	<input type="checkbox"/> Corporation Dividend/Distribution \$
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Miscellaneous		
Do you have a Safety Deposit Box? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any family medical problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No



## Saving Type Asset

List each account separately, by ownership and amount

Vital Statistics	Institution	Jointly Held	Yourself	Spouse	Children	Named Beneficiary
Savings Account		\$	\$	\$	\$	
Savings Account		\$	\$	\$	\$	
Savings Account		\$	\$	\$	\$	
Credit Union		\$	\$	\$	\$	
Savings Bonds (Type)		\$	\$	\$	\$	
Certificate of Deposit		\$	\$	\$	\$	
Certificate of Deposit		\$	\$	\$	\$	
Certificate of Deposit		\$	\$	\$	\$	
Money Market Fund		\$	\$	\$	\$	
Money Market Fund		\$	\$	\$	\$	
Single Premium Deferred Annuity		\$	\$	\$	\$	
I.R.A.		\$	\$	\$	\$	
Keogh Plan		\$	\$	\$	\$	
Vested Pension		\$	\$	\$	\$	
Vested Profit Sharing		\$	\$	\$	\$	
Savings Plan at Work (401k, TDA)		\$	\$	\$	\$	
Checking Account		\$	\$	\$	\$	
Checking Account		\$	\$	\$	\$	
Other		\$	\$	\$	\$	
Other		\$	\$	\$	\$	

Do you contribute to an employer-sponsored retirement plan?

If yes, annual contribution amount \$ \_\_\_\_\_

If yes, annual company match \$ \_\_\_\_\_



## Stocks, Bonds, Mutual Funds, etc.

### Current Market Value

Item Name	Number of Shares	Jointly Held	Yourself	Spouse	Children	Named Beneficiary
Government Securities		\$	\$	\$	\$	
Treasury Bills, Notes, Bonds		\$	\$	\$	\$	
Corporate Bonds						
		\$	\$	\$	\$	
		\$	\$	\$	\$	
Stocks						
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
Mutual Funds						
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
Partnerships						
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
Other						
		\$	\$	\$	\$	
Planning Assumptions:						
Inflation Rate of 3% or _____						
Retirement Age of _____ and _____ (Client 1) (Client 2)						
Life Expectancy of _____ and _____ (Client 1) (Client 2)						



## Loans & Debts

(Include personal loans, college loans, home improvement loans, automobile or boat loans, passbook loans, credit card balances, store charges, checking credit lines, etc.)

Type of Loan	Monthly Payments	Initial Loan Date	Unpaid Balance	Interest Rate
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

## Miscellaneous Personal Property

(Show estimated market value of what you own today - NOT replacement value)

Item	Current Market Value
General Household Furnishings & Appliances	\$
Artwork, Antiques, etc.	\$
Jewelry (Yours)	\$
Jewelry (Spouse)	\$
Automobile #1	\$
Automobile #2	\$
Automobile #3	\$
Collections	\$
Other	\$
Other	\$



## Real Estate

Property	Year Purchased	Purchase Price	Improvements or Capital Expenditures	Current Market Value (Estimate)
Your Residence		\$	\$	\$
Other Home		\$	\$	\$
Other Home		\$	\$	\$
Land		\$	\$	\$
Land		\$	\$	\$
Land		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$

  

Mortgage/Equity Lines of Credit	Term	Interest Rate	Monthly Payment	Months Remaining	Unpaid Balance	Initial Loan Value	Initial Loan Ref. Date
Your Residence		%	\$		\$		
		%	\$		\$		
Second Residence		%	\$		\$		
		%	\$		\$		
		%	\$		\$		
		%	\$		\$		
		%	\$		\$		
		%	\$		\$		
		%	\$		\$		

Do you pay mortgage insurance? If so, what is the annual amount? \_\_\_\_\_

I pay \_\_\_\_\_ annually in real estate taxes. This amount \_\_\_\_\_ is \_\_\_\_\_ is not included in the monthly payment amount provided.



## Estate Planning

Item Name	Additional Items or Information	Client	Co-Client

1. Do you have a Will? \_\_\_\_\_
2. Do you have advanced directives?  
(living will, healthcare POA, durable POA, etc.) \_\_\_\_\_
3. When were these documents last updated? \_\_\_\_\_

## Education Goals

Student	Start Age	Number of Years	Annual Cost	Cost Increase %	Existing Assets

## Major Purchases (cars, vacations, 2nd homes, remodel, etc.)

Description	Start Year	Number of Years	Amount Needed	Existing Assets





## Life Insurance

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Company					
Date of Issue					
Type (Term, Whole, UL, Variable)					
Insured					
Owner					
Beneficiary					
Death Benefit					
Cash Value					
Annual Premium					
Outstanding Loan Amount					
Group or Individual					

1. What is your primary goal with your life insurance? \_\_\_\_\_

2. How did you arrive at the amount of life insurance that you have? \_\_\_\_\_

## Disability Insurance (personally owned policies only)

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Company					
Group or Personal					
Date of Issue					
Insured					
Monthly Benefit					
Are benefits taxable?					
Inflation Protection?					
Waiting Period					
Benefit Period (# of years, until age...)					
Annual Premium					

1. Has anyone in your family experience a long-term care need? \_\_\_\_\_

2. How would it affect your lifestyle if you became injured or disabled? \_\_\_\_\_



## Long-term Care Insurance

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Company					
Insured					
Daily Benefit					
Inflation Protection?					
Waiting Period					
Benefit Period					
Annual Premium					
Date of Issue					

## Personal Advisors

Attorney's Name	Firm Name	Length of Relationship
Are you committed to working with this attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attorney's Name	First Name	Length of Relationship
Are you committed to working with this accountant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attorney's Name	Firm Name	Length of Relationship
Are you committed to working with this agent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attorney's Name	First Name	Length of Relationship
Are you committed to working with this advisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		



### Education Funds (529 Plans, UTMA's, UGMA's)

Name	Owner	Donor	Beneficiary	Market Value	Annual Contributions

### Business Entities

(attach separate sheet if multiple)

Name:	
Type (LLC, Partnership, S Corp, C Corp)	
Ownership	
Purchase Date	
Purchase Amount	
Market Value	
Liability	
Growth Rate	
Buy/Sell Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Stock Options

(attach statement with vesting schedule)

Name:	Grant #1	Grant #2	Grant #3
Underlying Stock			
ISO of Non-Qualified			
Owner			
Exercise Price			
Grant Date			
Expiration Date			
# Shares			

### Education Goals

Student	Start Age	Number of Years	Annual Cost	Cost Increase %	Existing Assets

### Major Purchases (cars, vacations, 2nd homes, remodel, etc.)

Description	Start Year	Number of Years	Amount Needed	Existing Assets



## Retirement Planning Details

How do you envision your retirement?

How might your spending in retirement change (travel, downsize, healthcare)?

What is your greatest retirement concern?

Social Security Retirement Benefits	Client	Co-Client
Include Monthly Retirement Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date	Age _____	Age _____
Index (COLA) rate for Social Security	2% or _____%	2% or _____%

Defined Benefit Pensions	Client	Co-Client
Monthly Lump Sum Amount	\$ _____	\$ _____
Effective Date	Age _____	Age _____
Index (COLA) rate for benefits	0% or _____%	0% or _____%

Retirement Expenses	Monthly Amount	-or- % of Current Spending
Retirement Spending Goal	\$ _____	_____%

## Retirement Income (including annuity income or expected inheritance)

Type of Income	Client 1 or 2	Amount	Frequency	Index Rate	Start Age	End Age



A big part of our work for your financial plan is understanding what's important to you. Please help us understand your goals by answering the questions below.

*1. What motivated you to start this financial planning process?*

*2. What financial issues keep you up at night?*

*3. What opportunities do you face?*

*4. How important to you is leaving a legacy or making a difference in the lives of others?*

*5. What specific outcomes do you hope to achieve as a result of our relationship?*

*6. If there were three things you wish you could spend your time doing now, what would they be?*

*7. What do you value most in life?*

*8. What are the most important actions you feel you must take now in pursuit of your financial and life goals?*



## Cash Flow Assessment

As of \_\_\_\_\_ (date)

Your spending strategy will benefit you most if you do a little research first. Complete this form using actual income and expense amounts for the past 12 months. On a separate sheet, add up all monthly amounts for each item and divide by 12 to calculate your average monthly expenses.

STEP 1: CALCULATE EXPENSES		
Expense	Monthly Average	Interest Rate
Rent/Mortgage	\$ _____	_____ %
Home Insurance	\$ _____	
Auto Loans	\$ _____	_____ %
Auto Insurance	\$ _____	
Auto Fuel	\$ _____	
Auto Maintenance	\$ _____	
Bank Charges	\$ _____	
Groceries	\$ _____	
Clothing	\$ _____	
Child Care	\$ _____	
Commuting Costs	\$ _____	
Contributions	\$ _____	
Credit Cards	\$ _____	_____ %
Electricity	\$ _____	
Gas	\$ _____	
Telephone	\$ _____	
Water	\$ _____	
Sewage/Garbage	\$ _____	
Cable/Internet	\$ _____	
Dining/Entertainment/ Recreation	\$ _____	
Gifts Given	\$ _____	
Haircuts/Salon/Spa	\$ _____	
Household Repairs	\$ _____	
Medical/Dental	\$ _____	
Personal Loans	\$ _____	_____ %
Investments	\$ _____	
Retirement Savings	\$ _____	
School Loans	\$ _____	_____ %
Subscriptions	\$ _____	
Taxes (real estate, income)	\$ _____	
Travel/Vacation	\$ _____	
Savings	\$ _____	
Spending Cash	\$ _____	
Other	\$ _____	
<b>Total Expenses</b>	<b>\$ _____</b>	

STEP 2: CALCULATE INCOME	
Income	Monthly Average
Net Income (incl. wages, tips)	\$ _____
Bonus or Commissions	\$ _____
Spouse Net Income (incl. wages, tips)	\$ _____
Bonus or Commissions	\$ _____
Dividend Income	\$ _____
Gifts Received	\$ _____
Interest Income	\$ _____
Investing Income/Capital Gains	\$ _____
Reimbursements	\$ _____
Alimony	\$ _____
Child Support	\$ _____
Other (Social Security, Pensions, Trust, Royalties, etc.)	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

STEP 3: EVALUATE SPENDING	
Total Income	\$ _____
Total Expenses	- \$ _____
Different	= \$ _____
<b>Do you have a positive or negative number here?</b>	
Based on your averages and any adjustments you decide to make, you can construct a spending planner to use in the future. Just remember that your strategy should be flexible enough to allow you to enjoy the present and accommodate the unexpected.	

## Notes



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