



Confidential Financial Planning Questionnaire

Prepared for:

Provided by:

Table of Contents

Personal Information	2-6
Trusted Contact Information	7
Insurance and Benefits	7-8
Estate Planning Information	9-10
Investment Information	11-15
Business Interests	16-18
Planning Summary	19
Important Information	20

Personal Information

1. Full name: _____

2. Home address: _____

Home phone: _____ Cell Phone: _____

E-mail address: _____

3. How long at this address? _____

4. Other addresses for past ten years: _____

5. What state or place do you claim as domicile? _____

6. Shall we use your home or business address for mailing purposes?

Home Business

7. Date of birth: _____

8. Do you have a birth certificate? Yes No

9. Are you married? Yes No
When? _____ Where? _____

(a) Full birth name of spouse: _____

(b) Date of spouse's birth: _____

(c) Place: _____

(d) Does your spouse have a separate income? Yes No

Source: _____

Should this income be considered in your personal investment plans?

Yes No

(e) If your spouse is not currently employed, does he/she have a profession or occupation to which he or she could turn to make a comfortable living, if necessary? Yes No

Describe the nature of the profession:

When did your spouse last work? _____

Does he or she plan to go back to work? Yes No

(f) Does your spouse have a Will? Yes No

Personal Information

10. Have you or your spouse been married before? Yes No
 If so, give names, dates, and places:

Children by former marriage? Yes No
 Former spouse dead or alive? Living Deceased
 Former spouse remarried? Yes No

11. Do you wish for your spouse to participate in decisions involving financial commitments or rearrangements? Yes No Why?

12. Children? Yes No
 Name Date of Birth Place

(a) Are there any adopted children? Yes No
 (b) Is it possible that there will be additional children? Yes No
 (c) Whom would you nominate as guardian for the children other than your spouse? _____

(d) Married Child's Spouse's Occupation Income Names and Ages
 Name Name of Grandchildren

(e) For each child who is not married, indicate the child's present occupation and income:

13. (a) Are you making definite provisions to send your children to college? Yes No
 How? _____

What college? _____

Estimated annual costs: _____

(b) If it is found practical to establish a special trust fund for your children's education, would you want your spouse to have complete control of this money, including the right of dissipation? Yes No

Personal Information

14. Do you have any other special plans for the future of your children (or grandchildren) which should be considered at this time? Explain:

15. Outside of your immediate family (spouse and children), are there any other persons who are wholly or partially dependent on you for support?

Name: _____

Relationship: _____

Dependent for income tax purposes? Yes No

Date of birth: _____ Nature and amount of dependency:

16. Add itional family data:

	Name	Age	Dependent on You?	If Deceased, Cause of Death
Client's Father	_____	_____	_____	_____
Client's Mother	_____	_____	_____	_____
Spouse's Father	_____	_____	_____	_____
Spouse's Mother	_____	_____	_____	_____
Brother	_____	_____	_____	_____
Brother	_____	_____	_____	_____
Sister	_____	_____	_____	_____
Sister	_____	_____	_____	_____
Brother-in-law	_____	_____	_____	_____
Brother-in-law	_____	_____	_____	_____
Sister-in-law	_____	_____	_____	_____
Sister-in-law	_____	_____	_____	_____

NOTES:

Personal Information

17. Who is your employer? _____

18. Business address: _____

Business phone: _____

Business e-mail: _____

19. What is the nature of your business?

20. Occupation and duties:

21. How long engaged in this capacity? _____

22. Previous occupations during the last five years?

23. Have you been covered under Social Security for the maximum, continuously since January 1, 1951, or age 22, whichever is later? Yes No
If not, indicate dates (or years) excluded, if known:

24. Have you ever served in the Armed Forces? Yes No
Branch of service: _____ Any service connected disability? Yes No
Are you receiving monthly compensation or retired pay? Yes No

25. Do you have a safety deposit box? Yes No Where? _____
How titled? _____
Purpose: _____

26. Excluding life insurance premiums, income taxes, savings and investments, about how much do you need every month to cover the actual expenses of your family and home? _____

27. (a) Barring accident and disease, about what do you estimate will be your average annual income from all sources for the next five to ten years?

_____ (b) What has been your average annual income during the past five years?

_____ (c) What is your total net income currently? _____

Personal Information

28. (a) For each person, a day will come when, by choice or otherwise, he or she must close their office door forever. When that day comes, you must be financially able to greet it. Assuming you have a choice, at what age would you like to be financially able to slow down if you should desire, or to retire from active practice of your business or profession? _____
- (b) Each of us has an obligation today to the "old white-haired person" that we will be one day. Our obligation can be met only by our resourcefulness and thrift during our productive years. In this respect, about how much do you want as a guaranteed pension to enable you to play golf, travel, raise flowers, or do whatever you may desire at that time? \$ _____
29. (a) What is the status of your health?
- (b) What is the status of your spouse's health?
- (c) Are your children all in good health? Yes No
- (d) Have you or any member of your family ever been declined, postponed or rated for life insurance? If so, indicate name of family member, company and dates: _____
- (e) Have you ever received or claimed indemnity benefits of a pension for any injury or sickness? Yes No
Company: _____ Date: _____
Nature of illness: _____
- (f) If you become disabled and are unable to work, how much guaranteed income will you need? \$ _____
- (g) Have you or your family been examined by or submitted a nonmedical application to any life insurance company in the past ninety days? Yes No
30. (a) What is your principal banking connection? _____
Address: _____
Personal contact: _____
- (b) What brokerage firms have you been using?
Name: _____
Address: _____
Name: _____
Address: _____

Trusted Contact Information

A **trusted contact** who you designate can be a friend, relative...anyone you trust. Designating someone as your trusted contact does **not** give that person authority to access or control your account. Instead, it gives your financial advisor someone to contact in the event of possible financial exploitation or suspected health issues.

Trusted Contact Name:	_____
Relationship:	_____
Phone:	_____ E-Mail: _____

Insurance and Benefits

32. What is the total insurance in force on your life, including group? _____

Face	Year	Cash
Amount	Bought	Value
Company	Plan	
Owner	Beneficiary	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Spouse's insurance coverage and benefits

Face	Year	Cash
Amount	Bought	Value
Company	Plan	
Owner	Beneficiary	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

33. Do you own cash value insurance on others? Yes No

Insured: _____

Company: _____ Policy Number: _____

Present cash value: _____

Who pays premium? _____

Purpose? _____

Owner: _____

34. Do you own any annuities? Yes No

If yes, what is the current value? _____

Insurance and Benefits

35. (a) Is the property and liability insurance on all of your assets titled in the same name or names as the owner of each asset? Yes No
Is your full equity insured in each case? Yes No
- (b) Do you have long-term care insurance? Yes No
Company? _____
Deductible amount? Elimi nation period? _____
Benefit period? _____

36. Are your spouse's feelings about the value of insurance similar to yours?
Yes No
If not, how would you characterize his/her feelings, compared to yours?

37. Vested interests: Yes No (e.g., pension, profit-sharing, deferred compensation, IRA or Keogh, inheritance not yet received)
- Owner: _____
Description: _____
Present value: _____
Comments: _____

38. Does your company provide you or your family with any employment benefits, such as pension or profit-sharing plan, stock option arrangement, deferred, compensation or insurance plan? Yes No

Details:

Name and address of person to contact for details:

NOTES:

Estate Planning Information

39. Have you made a Will? Yes No When was it executed? _____
Are the witnesses local? Yes No Are the witnesses still alive? Yes No
Any children born since the Will was drawn? Yes No
Did you earmark specific assets for payment of taxes, debts, and expenses of administration? Yes No
Where is the Will kept now? _____

40. Have you made any unintentional gifts, such as the purchase of property in joint names? Yes No If so, did you file a gift tax return? Yes No

41. Is your personal life insurance trusteed? Yes No

42. Are you creator and beneficiary of any trusts? Yes No

Who is beneficiary: _____

Who established the trust? _____

Date trust terminates: _____

Does beneficiary have power of appointment? _____

Present trust income: \$ _____

Present value of trust: \$ _____

Comments:

43. Have you utilized trusts to:

(a) increase your current spendable income?

(d) reduce probate costs?

(b) reduce estate taxes?

(e) for other reasons?

(c) reduce inheritance taxes?

44. Have you given anyone a power of attorney? Yes No

Date executed: _____ Date revoked: _____

45. Have you executed any documents which affect your privilege of transferring property (e.g., irrevocable trusts, stock agreements, etc.)? Yes No

What documents?

46. If you or any members of your family anticipate any inheritance or gifts, provide sources and amounts:

Estate Planning Information

47. (a) Do you have any special wishes or objectives for your Will? Yes No
What?:

(b) Do you have any favorite charities, persons, or institutions to whom you would like to leave a bequest? Yes No

Name: _____

Item or amount: _____

(c) If you want to make special provisions for any dependent persons, explain:

48. When you die, your executor will need cash to take care of funeral and medical expenses, pay current bills, and take care of your family and their immediate needs until your Will is probated. Do you at all times maintain a cash fund specifically earmarked for these purposes? Yes No

How much is it? _____

49. Proper use of the marital deduction may reduce your estate tax liability. This, however, involves giving your spouse control over at least a portion of your estate when you die. Which is more important to you:

(a) retaining complete control and paying a higher tax or

(b) giving your spouse some control and possibly paying a lower tax?

Explain:

50. Some people give away money in order to reduce taxes. Still others make gifts in order to help loved ones or charity. Have you formed any opinion as to the possible personal benefits to be derived from such a program?

NOTES:

Investment Information

55. U.S. Bonds: Current Value % You Contribute

(a) In your name _____

(b) In joint names with spouse _____

56. Securities, including mutual funds: Yes No

Description	Objective	No. of Shares	Titled*	Cost	Market Value

* For the purposes of estate analysis, it is important to know how property is titled, that is, is it owned individually or jointly? Name(s) of owner(s)?

57. Natural Resources (Gas, Oil, Coal, etc.): Yes No

Title: _____

Type: _____

Location and name of company: _____

Present market value: _____

58. Copyrights, Patents and Royalties: Yes No

Title: _____

Description: _____

Value: _____ Income: _____

Comments: _____

Investment Information

59. Mortgages Owned: Yes No
Title held: _____
Location: _____
Present balance: _____ Resale value: _____
Payments: _____
Comments: _____

60. Notes Receivable: Yes No
Title held: _____
Maker: _____
Present value: _____ Terms: _____
Comments: _____

61. Livestock: Yes No
Title held: _____
Describe: _____

62. Leasehold Interests: Yes No
Title held: _____
Describe: _____

63. Real Estate (other than primary and secondary residences): Yes No
Title held: _____
Address: _____
Commercial Residential Unimproved
Present market value: _____
Mortgage balance: _____ Equity: _____
Title held: _____
Address: _____
Commercial Residential Unimproved
Present market value: _____
Mortgage balance: _____ Equity: _____

Investment Information

64. Residence: Yes No
Title held: _____
Address: _____
Present value: M Mortgage: Equ City: _____
Do you consider your present residence a permanent family home?
Comments: _____

65. Summer/Winter Home: Yes N o
Title held: _____
Address: _____
Present value: M Mortgage: Equ City: _____
Comments: _____

66. Automobiles:
For Car A:
Title held: _____
Who drives?: _____
Year: _____ Make: _____ Value \$ _____
For Car B:
Title held: _____
Who drives?: _____
Year: _____ Make: _____ Value \$ _____

67. Boat: Yes No
Title held: _____
Description: _____
Value : _____

68. Airplane: Yes No
Title held: _____
Description: _____
Value : _____
Have you ever flown as a pilot or crew member? Yes No When: _____
Comments: _____

Investment Information

69. Household and Personal Effects: (including rugs, draperies, furniture, antiques, sports equipment, clothing, jewelry, furs, paintings, hobby equipment, etc.)

Title: _____

Present depreciated replacement value: _____

Comments: _____

70. Do you have any outstanding liabilities? Yes No

(a) Bank loan: _____ at _____

(b) Margin account: _____ Company: _____

(c) Insurance loan: _____ Company: _____

(d) Personal note: _____ to _____

Terms: _____

71. From an investment plan point of view, what is your opinion of the current economic outlook?

(a) Was the present arrangement of your assets designed with this opinion in mind?

Yes No

(b) Has your opinion of the economic outlook changed during the past five years?

Yes No

If so, was a corresponding change made in your investment program?

Yes No

(c) On a scale of 1 to 10 (10=highest priority), how satisfied are you with the results you have achieved from your investment program during the past five years? _____

(d) On a scale of 1 to 10, what are your major investment objectives?

(1) Safety of principal? _____ (2) Current income? _____

(3) Deferred income? _____ (4) Capital gains? _____

(e) Based upon your opinion of the current economic outlook, about how much money do you feel you should maintain in cash or its equivalent? _____

(f) Have you formed any opinion on the merits of professional management of security investments? Yes No

What?: _____

Business Interests

If the business is a sole proprietorship, a partnership or a corporation, answer question 72, 73 or 74 as appropriate. Then complete question 75 to the end.

72. Sole Proprietorship

(a) Name and kind of business:

Book value: _____ Market value: _____

Would there be a purchaser at the latter price?

Have you calculated the tax liability created by your business?

(b) Who are your key people?

Ages of key people: _____

Good health?

(c) In the event of your death, do you want your family to inherit your business or would you prefer that the business be sold? _____

If you want the family to inherit the business: Do they possess the talent for effective management?

If you want the business sold: Have you given consideration to the problem of finding a prospective purchaser?

Yes Who? _____ No

If there is no purchaser, can you nominate the logical person to buy your business?

Yes Who? _____ No

(d) Are you aware that your personal assets are subject to the claims of business creditors?

Yes No Comments:

73. Partnership

(a) Name and kind of business:

Name of Partners	Age	Ownership
------------------	-----	-----------

Your interest: _____

Book value: _____ Market value: _____

Do you feel there would be a purchaser at the latter price?

Are all the partners in good health?

Business Interests

- (b) In the event of your death, do you want your family to inherit your interest in the partnership or would you prefer that your interest be sold? _____

If you want the family to inherit the business: Has your partner agreed in writing to go into business with your spouse when you die? Yes No

If not, are you aware that the business must be liquidated? Yes No

If the business is to be sold, do you have a buy-sell agreement in writing?

Yes No If so:

Sales price: _____ How is it funded? _____

74. Closely Held Corporation

- (a) Name and kind of business:

Name of Stockholders

Age

Ownership

Name of Stockholders	Age	Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your interest: _____

Book value: _____ Market value: _____

Would there be a purchaser at the latter price? Yes No

- (b) Is there more than one class of stock? Yes No

If so, give percent of ownership of each stockholder:

- (c) Are there non-stockholder key employees? Yes No

Are all the stockholders in good health? Yes No

- (d) In the event of your death, do you want family to inherit your stock in the corporation or would you prefer that the stock be sold? _____

If you want the family to inherit your stock: Has any member of your family been groomed to replace you? Yes No

If yes, who? _____

If not, do they possess the talent for effective management? Yes No

If not, whom would you nominate to run the business for them? _____

Is it likely that the corporation will pay a regular dividend for the benefit of your heirs? Yes No

If you want your stock sold: Do you have a buy-sell agreement which guarantees a market for your stock and which assures the surviving stockholders that no outsider can buy into the firm except with their approval? Yes No

Sales price: _____ How is it funded? _____

Business Interests

- (e) Are you aware that the Internal Revenue Service may establish its own valuation of your stock for tax purposes? Yes No
- (f) Are you aware of Section 303 of the Internal Revenue Code which provides special tax relief for stockholders such as in closely held corporations?
Yes No
- (g) Are there any transfer restrictions on your stock? Yes No
Explain:
- (h) Are you aware of the possible income tax pitfalls in corporation stock redemption plans? Yes No Comments:
75. (a) Are the executives or key members of your firm insured for the benefit of the firm? Yes No
Details:
76. Which of the following employee benefit plans is the business:
All ready Using Interested In
- Group Life Insurance
 - Group Health Insurance
 - Group Disability Income
 - Group Carve Out
 - Salary Continuation
 - Deferred Compensation
 - Selective Bonus (IRC Section 162)
 - Post-retirement Death Benefit
 - Individual Retirement Accounts
 - 401(k) Plan
 - Flexible Spending Account/Cafeteria Plan
 - Pensions
 - Profit Sharing
 - Split Dollar
 - Salary Savings/Payroll Deduction
 - Key Person Insurance
 - Supplemental Executive Retirement Plans (SERPs)
 - Simplified Employee Pensions (SEPs)
 - Business Overhead Expense Insurance

Which do you feel is most important to you now? _____

What are two areas you think I can assist with?

How much can you and the business spend each month to handle these needs? _____

What are your objectives for this business providing security for you and your family?

Planning Summary

77. We would like to remind you that our analysis and planning may involve certain legal interpretations and recommendations. In this respect, we can neither give legal advice nor prepare the legal documents which may be necessary to implement your plan. Instead, we must rely upon an attorney of your choice, who will be compensated by you. We also can neither give you accounting advice nor prepare accounting/tax documents. Instead, you must rely upon your accountant.

(a) Name of attorney: _____
Address: _____
Telephone: _____

(b) Name of accountant: _____
Address: _____
Telephone: _____

78. Can you think of anything we have overlooked which should be considered in our planning?

79. We have attempted to bring to light all of the information surrounding your financial affairs, together with your innermost thoughts and objectives, in an effort to guide us in the intelligent arrangement of your financial plan. Although it may be somewhat repetitious, tell us in summary form the things you want most to accomplish for your family and your business. (List in order of relative importance.)

Family:

Business:

Upon receipt of this data, we will commence work on your plan. Once again, we want to remind you that this information will be held in the strictest confidence. We are certain you will be pleased with the work we will do for you.

NOTES:

Important Information

This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

The information, general principles and conclusions presented in this report are subject to local, state and federal laws and regulations, court cases and any revisions of same. While every care has been taken in the preparation of this report, VSA, L.P. is not engaged in providing legal, accounting, financial or other professional services. This report should not be used as a substitute for the professional advice of an attorney, accountant, or other qualified professional.

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