



# Confidential Personal Planning Questionnaire

*Prepared for:*

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*Provided by:*

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## Personal Information

	Client	Spouse
Name:	_____	_____
Date of Birth:	___/___/___	___/___/___
E-Mail Address:	_____	_____
Height/Weight:	___ ft ___ inches/___ lbs.	___ ft ___ inches/___ lbs.
Tobacco Use?:	___ Yes ___ No _____	___ Yes ___ No _____
Hazardous	___ Yes ___ No _____	___ Yes ___ No _____
Occupation?:	_____	_____

## Children

	Child 1	Child 2	Child 3	Child 4
Name:	_____	_____	_____	_____
Date of Birth:	___/___/___	___/___/___	___/___/___	___/___/___

## Residence information

Street Address:	_____
City, State, Zip:	_____
Home Phone No:	_____ Cell Phone No: _____
Own? Mortgage Payment:	_____ Mortgage Balance: _____
Rent? Monthly Rent:	_____

## 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: _____

## Professional Advisor Information

Client's Will:	Date _____	Type _____
Spouse's Will:	Date _____	Type _____
Attorney's Name:	_____	Phone No.: _____
Accountant's Name:	_____	Phone No.: _____

## Employment/Income Information

	Client	Spouse
Occupation: ___	_____	_____
Employer: ___	_____	_____
Business Street Address:	_____	_____
City, State, Zip:	_____	_____
Phone Number:	_____	_____
Fax Number:	_____	_____
E-Mail Address:	_____	_____
Annual Income:	_____	_____
Other Income:	_____	_____

## Financial Information

Assets		Liabilities	
Savings _	_____	Installment Loans	_____
Investments _	_____	Mortgage(s)	_____
IRA(s) _	_____	Charge Accounts	_____
Real Estate	_____	Credit Cards	_____
Business Interests	_____	Personal Notes	_____
Personal Property	_____	Business Debt	_____
Other _	_____	Other	_____
Total Assets	_____	Total Liabilities	_____
Current Monthly Systematic Savings:	_____		

## Insurance Information

Life Insurance						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

  

Long-Term Care Insurance						
Insured	Company	Policy Number	Policy Date	Daily Benefit	Benefit Period	Annual Premium
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

  

Other Insurance			
Monthly Disability Benefit:	Client	_____	Spouse _____
Critical Illness Insurance Benefit:	Client	_____	Spouse _____
Health Insurance:	Client	_____	Spouse _____
P&C Expiration Dates:	Auto _____	Homeowners _____	Other _____

## Planning Priorities

Hi	High	Medium	Low	None
Protecting Family's Lifestyle	_____	_____	_____	_____
Protecting Income	_____	_____	_____	_____
Providing Education Funds	_____	_____	_____	_____
Implementing Savings Plan	_____	_____	_____	_____
Planning for Retirement	_____	_____	_____	_____
Minimizing Estate Shrinkage	_____	_____	_____	_____
Planning for Business Continuation	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
How much do you feel comfortable setting aside on a monthly basis?: _____				

## Important Information

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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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- How can I help you?
  
  
  
  
  
  
  
  
  
  
- Are you currently working with an advisor?
  
  
  
  
  
  
  
  
  
  
- What made you respond to the survey?
  
  
  
  
  
  
  
  
  
  
- When was the last time your account/portfolio was reviewed?
  
  
  
  
  
  
  
  
  
  
- What are your top three concerns?
  
  
  
  
  
  
  
  
  
  
- How are you managing your savings and investments now?
  
  
  
  
  
  
  
  
  
  
- How do you and your spouse make financial decisions?
  
  
  
  
  
  
  
  
  
  
- Are you concerned about healthcare in retirement?

- Do you want to leave a legacy to your children or charity?
  
- What would you do if you ran out of money in retirement?
  
- What keeps you up at night?
  
- What does ideal service look like to you?
  
- How much do you want to have?
  
- How much do you need?
  
- What is your philosophy on Insurance (Life Insurance- LTC- DI)
  
- How important are guarantees to you?