



# Help Us Understand Your Current Financial Picture

Please complete the following questionnaire with accurate information so that we may use this data to help provide you with a thorough retirement analysis.

Contact Information		
	Partner 1	Partner 2
<b>First Name</b>		
<b>Last Name</b>		
<b>Birth Date</b>		
<b>Telephone</b>		
<b>Cell Phone</b>		
<b>Email</b>		
<b>Citizenship</b>		
<b>Marital Status</b>		
<b>Street Address Line 1</b>		
<b>Street Address Line 2</b>		
<b>City, State and Zip</b>		

Family and/or Beneficiary Information			
Name	Relationship	Birth Date	Beneficiary
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	



# FINANCIAL QUESTIONNAIRE

Goals: Retirement, Vacations, College, Second Home, Vehicles

Date	Type	Description
___/___/___		
___/___/___		
___/___/___		
___/___/___		
___/___/___		
___/___/___		
___/___/___		

## Income & Expenses

### Employment Income

	Partner 1	Partner 2
<b>Employer</b>		
<b>Gross Monthly Salary</b>	\$	\$
<b>Projected Annual Salary Increase %</b>	%	%
<b>Project Retirement Date</b>	___/___/___ <input type="checkbox"/> Retired	___/___/___ <input type="checkbox"/> Retired

### Social Security Income

Owner	Strategy	Start Age	Life or End Age	Gross Monthly Benefit	Projected COLA
			<input type="checkbox"/> Life or	\$	%
			<input type="checkbox"/> Life or	\$	%
			<input type="checkbox"/> Life or	\$	%

### Pension Income

Owner	Description	Start Age	Life or End Age	Gross Monthly Benefit	Projected COLA	% to Survivor
			<input type="checkbox"/> Life or___	\$	%	%
			<input type="checkbox"/> Life or___	\$	%	%
			<input type="checkbox"/> Life or___	\$	%	%



# FINANCIAL QUESTIONNAIRE

Family and/or Beneficiary Information	
<b>Current Monthly Household Expenses</b>	
\$	

Monthly Household Income and Income Gap Calculations		
<b>Primary Gross Household Monthly Income (All Sources)</b>	+	\$
<b>Partner Gross Household Monthly Income</b>		\$
<b>Total Gross Monthly Household Income</b>	-	\$
<b>Estimated Total Monthly Fixed Household Expenses</b>		\$
<b>Estimated Monthly Income Gap</b>		\$

Current Household Holdings	
Please complete all that apply.	
Asset	Total Value
<b>Cash &amp; Cash Equivalents ( CDs, Money Market, Etc.)</b>	\$
<b>Stocks</b>	\$
<b>Bonds</b>	\$
<b>Annuities</b>	\$
<b>Mutual Funds</b>	\$
<b>Other Property(ies) Net Equity (Excludes Primary Residence)</b>	\$
<b>Retirement Accounts (401k, 403b, IRA, Etc.)</b>	\$
<b>Other (529 Plans, Life Policy, Cash Values, Alternative Investments, Etc.)</b>	\$
<b>*Total Assets</b>	\$
<b>*Modified Household Net Worth (All Assets Less Debts and Excludes Primary Residence and Associated Debt)</b>	\$
<b>*Liquid Net Worth</b>	\$

**Financial Planning Considerations**

Please answer the below questions.

Today, what is your confidence level that you have a sufficient amount of financial assets to accomplish your life goals before, and during, your retirement?

**High**       **Medium**       **Low**       **Unsure**

When you think about financial planning, please rank your investment objectives from 1 to 5 (1 being the most important and 5 the least important).

Wealth Accumulation	Capital Preservation	Securing Retirement	Tax mitigation	Wealth Transfer
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Do you own life insurance?

If so, is it a joint policy?

**Yes**       **No**       **Joint**       **Unsure**

Assuming you have an income gap (expenses exceed income), what percentage (if any) would you like to hedge from a longevity perspective?

**100%**       **75%**       **50%**       **Other \_\_\_\_\_%**

Balanced against your interest in investing for future growth, how concerned are you about being able to quickly access your financial assets to meet unexpected financial challenges (like medical or home repair expenses)?

**High**       **Medium**       **Low**       **Unsure**

How concerned are you about the risk of inflation impacting your financial objectives?

**High**       **Medium**       **Low**       **Unsure**

To what extent are you relying on the growth of your existing financial assets to meet increasing future costs?

**High**       **Medium**       **Low**       **Unsure**

If the market experienced significant decline (-20%), how confident are you that you would not have to sell your financial assets to meet your financial objectives?

**High**       **Medium**       **Low**       **Unsure**

To what extent are you concerned that your financial plan could be impacted by your death or that of your partner?

**High**       **Medium**       **Low**       **Unsure**

When you think about financial planning, how concerned are you about limiting the impact of increasing taxes?

**High**       **Medium**       **Low**       **Unsure**



# FINANCIAL QUESTIONNAIRE

## Risk Assessment

**Emergency Funds**  
 What dollar amount would you like in liquid or emergency funds?

	<b>Amount</b>	<b>\$</b>
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## Time Horizon

How many years can you let your retirement assets grow before you will have to begin withdrawals?

	<b>0-2 Years</b>	<input type="checkbox"/>
	<b>3-5 Years</b>	<input type="checkbox"/>
	<b>6-10 Years</b>	<input type="checkbox"/>
	<b>10+ Years</b>	<input type="checkbox"/>
	<b>13+ Years</b>	<input type="checkbox"/>

Answers to this question will help us determine how long you might leave your money before having to use it in retirement.

## Approach to Savings and Risk

How do you feel about saving and risk? Please select all that apply.

I do not want to see my principal amount decrease.	<input type="checkbox"/>
I cannot afford a significant loss to principal regardless of the interest earned.	<input type="checkbox"/>
As long as my rate of interest stays ahead of inflation, I don't want the exposure to non-guaranteed financial products.	<input type="checkbox"/>
If I can make a moderate rate of interest on my money, I can withstand some fluctuation.	<input type="checkbox"/>
I want the potential for higher returns, and I am willing to take some risks.	<input type="checkbox"/>

Answers to the question will help us determine your tolerance for risk.

## Risk Tolerance

You've just made a \$100,000 investment. You are exposed to the following best and worst-case scenarios. Which possibility would you choose? Please select one.

Best Case = \$102,000 Increases = \$2,000 Worst Case = \$100,000 Decrease = \$0	<input type="checkbox"/>
Best Case = \$104,000 Increases = \$4,000 Worst Case = \$96,000 Decrease = \$4,000	<input type="checkbox"/>
Best Case = \$108,000 Increases = \$8,000 Worst Case = \$92,000 Decrease = \$8,000	<input type="checkbox"/>
Best Case = \$112,000 Increases = \$12,000 Worst Case = \$88,000 Decrease = \$12,000	<input type="checkbox"/>
Best Case = \$116,000 Increases = \$16,000 Worst Case = \$84,000 Decrease = \$16,000	<input type="checkbox"/>

Answers to the question will help us determine your risk tolerance.



# FINANCIAL QUESTIONNAIRE

## Long-Term Care

### Existing Coverage Information

Owner	Company	Type	Start Date	Daily Benefit	Years	Inflation Type	Inflation %	Monthly Premium
		<input type="checkbox"/> Cash <input type="checkbox"/> Reimbursement	__/__/__	\$		<input type="checkbox"/> Simple <input type="checkbox"/> Compound	%	\$
		<input type="checkbox"/> Cash <input type="checkbox"/> Reimbursement	__/__/__	\$		<input type="checkbox"/> Simple <input type="checkbox"/> Compound	%	\$

## Signatures

I hereby attest that the information on this Financial Questionnaire has been provided by me and to the best of my knowledge is accurate. I further understand that the information provided will be used with your retirement software to create my retirement analysis. I understand fixed-only licensed insurance agents may not suggest the sale of an insurance product based upon the sale or liquidation of securities products. Proper registered registrations are required for such recommendations and sales. The information gathered with this form will be used for the sole purpose of helping create a financial strategy for your retirement. The financial professional providing the analysis does not provide tax or legal advice.

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**Partner 1 Signature** **Date**

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**Partner 1 Printed Name**

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**Partner 2 Signature** **Date**

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**Partner 2 Printed Name**

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**Advisor's Signature** **Date**

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**Advisor's Printed Name**