

## FINANCIAL PLANNING QUESTIONNAIRE

**Client:** \_\_\_\_\_ **Spouse/Partner:** \_\_\_\_\_

Here are some hints and explanations to help you complete this form:

If a question does not apply to you just indicate "N/A" and go to the next question. If current or correct information is not readily available please make an effort to get the information (it will be worth it in the long run).

It is the policy of Pinney & Scofield, Inc. to treat the information provided herein as absolutely **CONFIDENTIAL. NOTHING** will be released to any other party (including family members) without the expressed permission of the parties filling out this form.

Review the following list of items we would like to have in order to assist you with financial planning. Please make copies of these items and return them with this questionnaire. If you have children living at home, include the same items for them if applicable. You may find it helpful to check each item off as you collect them to assure a complete file. **PLEASE DO NOT SEND US ORIGINALS (OR YOUR ONLY COPY) OF ANY DOCUMENTS.**

- \_\_\_\_\_ Recent and typical pay stub(s)
- \_\_\_\_\_ Tax return (most recent year available)
- \_\_\_\_\_ Mutual fund and bank account statements (most recent)
- \_\_\_\_\_ Brokerage account statements (most recent)
- \_\_\_\_\_ Retirement statements (e.g., company 401(k) plans, TIAA/CREF...)
- \_\_\_\_\_ Benefits statement(s) - should include investment choices for pensions, 401(k)s, insurance coverage, estimate of pension payments, etc.
- \_\_\_\_\_ Social Security Benefits Statement(s) - please include earnings history page
- \_\_\_\_\_ Outline of coverage for insurance policies (life, disability, homeowner's, auto, long-term care)

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work E-mail  
Address: \_\_\_\_\_

Work Email  
Address: \_\_\_\_\_

### Children:

**Name**

**Birth Date**

**Social Security #**

\_\_\_\_\_

\_\_\_\_\_

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**INCOME**

	<b>Client</b>	<b>Spouse/Partner</b>
Current income from wages	_____	_____
Frequency of pay (biweekly, semi-monthly)	_____	_____
Bonus income	_____	_____
Net self-employment	_____	_____
Expected annual increase in pay (%)	_____	_____
Age you expect to retire	_____	_____
Age you wish to retire	_____	_____
Social Security Benefit (if collecting)	_____	_____
Income you would expect to earn if your spouse were deceased	_____	_____
Age you would retire if your spouse were deceased	_____	_____

**CASH FLOW**

Please provide beginning and ending balances of your cash accounts for last year:

<b><u>Account</u></b>	<b><u>Beginning Balance</u></b>	<b><u>Ending Balance</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you have any large expenses or receipts last year that you would not typically incur on an annual basis (new car, home renovation project, inheritance, etc.)? If so, how much was the expense(s) and/or receipt(s)?

\_\_\_\_\_

\_\_\_\_\_

## SPECIALS

Special Expenditures (i.e. education costs, home improvement project, alimony, child support...):

Name of Expense	Yearly Cost in Today's Dollars	Start Year	Number of Years to Pay
e.g. college education	\$40,000	2011	4 years

Special Receipts (i.e. alimony, child support, inheritance...)

Name of Receipt	Yearly Dollar Amount	Start Year	Number of Years to be Received
e.g. child support	\$50,000	2008	20 years

**LIFE INSURANCE POLICIES**

	<b>Policy #1</b>	<b>Policy #2</b>	<b>Policy #3</b>
Type of insurance (group, individual, term, whole life...)	_____	_____	_____
Insured	_____	_____	_____
Owner	_____	_____	_____
Beneficiary	_____	_____	_____
Death benefit	_____	_____	_____
Cash value	_____	_____	_____
Issued date	_____	_____	_____
Annual premium	_____	_____	_____

**DISABILITY INSURANCE POLICIES**

	<b>Policy #1</b>	<b>Policy #2</b>	<b>Policy #3</b>
Type of policy (group or individual)	_____	_____	_____
Insured	_____	_____	_____
Monthly benefit amount	_____	_____	_____
What is the elimination period? (90, 180 days)	_____	_____	_____
How long will the benefits be paid?	_____	_____	_____
Annual premium	_____	_____	_____

## LONG-TERM CARE INSURANCE POLICIES

	Client	Spouse/Partner
Daily or monthly benefit	_____	_____
Is home care covered?	_____	_____
Length of coverage	_____	_____
Are benefits adjusted for inflation? If so, how often and by what percentage?	_____	_____
Annual premium	_____	_____

## ASSETS & LIABILITIES

Please list **all** your financial assets here, both retirement accounts and non-retirement accounts, except for those accounts managed by Pinney & Scofield, Inc. Please also include copies of all account statements.

If you are making contributions to the accounts, tell us how much and how often. Conversely if you are making withdrawals from the accounts tell us how much and how often.

### Non-Retirement Accounts:

Description of Account	Owner	Current Value	Contributions/ Withdrawals
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Retirement Accounts:**

Description of Account	Owner	Current Value	Contributions/ Withdrawals
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide us the formula used to compute your employer's matching contribution, if applicable:

e.g.: 2% of salary up to \$8,000

Client: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

**PENSION AND ANNUITY INCOME**

	Client	Spouse/Partner
Expected pension or annuity start year	_____	_____
What is/will be the annual income amount?	_____	_____
Source of income (name of insurance company, employer)	_____	_____
Does it have a cost of living increase? If so, what percentage?	_____	_____
Is there a survivor benefit? If so, what percentage?	_____	_____

## REAL ESTATE

	Property #1	Property #2	Property #3
Description	<hr/>	<hr/>	<hr/>
Current market value	<hr/>	<hr/>	<hr/>
Purchase price	<hr/>	<hr/>	<hr/>
Amount remaining on the mortgage	<hr/>	<hr/>	<hr/>
Payment per month (not including taxes and insurance)	<hr/>	<hr/>	<hr/>
Mortgage interest rate	<hr/>	<hr/>	<hr/>
Is mortgage rate fixed or variable?	<hr/>	<hr/>	<hr/>
Years remaining on mortgage	<hr/>	<hr/>	<hr/>
Real estate taxes	<hr/>	<hr/>	<hr/>
Other annual costs (repairs, utilities, condo fees..)	<hr/>	<hr/>	<hr/>
Rental income	<hr/>	<hr/>	<hr/>
Year of planned sale, if any	<hr/>	<hr/>	<hr/>
If planning to sell, what is the current cost basis?	<hr/>	<hr/>	<hr/>



## OUTSTANDING LIABILITIES

Please list all your outstanding non-mortgage liabilities (mortgages are to be listed under Real Estate). Under description, indicate what type of loan it is (e.g., charge account, car loan, student loan, home equity loan).

Description	Amount Outstanding	Interest Rate	Payment/ Month	# of Payments Remaining
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## ESTATE PLANNING

Please indicate the year the following legal documents were created and when they were last reviewed.

Document	Year Created	Year last reviewed
Will(s)	_____	_____
Power(s) of Attorney	_____	_____
Health care proxy(ies)	_____	_____
Other (e.g., trusts)	_____	_____

Bequest you would like to leave to children, friends, charities, etc.:

Client: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

Please provide us with contact information for your estate attorney:

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

Please provide us with contact information for your tax preparer:

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

## GOALS

Please list other desired goals you may have in the space provided. Examples include investment in business opportunities, first or second homes, recreational items (boat, vacation, etc.), or any other currently known future need for substantial cash.

Description of Goal	Amount Needed	Year of Goal
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there special questions or concerns you would like us to concentrate on in developing a financial plan for you? Also, include here any other facts about your situation you would like us to consider.

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Thank you very much for filling out this rather long form. We will do our best to develop a reasonable and coherent plan.

Signature(s) of party or parties filling out this form:

**Name**

**Date**

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