



Financial Organizer & Risk Tolerance Questionnaire





Information Form

Contact Information

Full Name: _____ DOB: ____/____/____
 Spouse: _____ DOB: ____/____/____
Last First M.I.

Citizenship: _____ Spouse Citizenship: _____

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ E-mail Address: _____

Family Census

<i>Please list your children:</i>		<i>Please list your grandchildren:</i>	
Name	Date of Birth:	Name	Date of Birth:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Advisor Information

Please list your current professional advisors:

Attorney: _____
 Company: _____ Phone: _____
 Address: _____

Accountant: _____
 Company: _____ Phone: _____
 Address: _____

Employer Information

Company: _____
 Job Title/Position: _____ Department/Division: _____ Years With Company: _____

Spouse Company: _____
 Job Title/Position: _____ Department/Division: _____ Years With Company: _____



Simplified Balance Sheet

Assets		
Bank Accounts/ Credit Unions		\$ _____
		\$ _____
		\$ _____
TOTAL BANK ACCOUNTS		\$ _____
Brokerage Accounts		\$ _____
		\$ _____
		\$ _____
TOTAL BROKERAGE ACCOUNTS		\$ _____
Employer-Sponsored Retirement Plans		\$ _____
		\$ _____
		\$ _____
TOTAL EMPLOYER-SPONSORED RETIREMENT PLAN ASSETS		\$ _____
Personal Property	Cars: _____	\$ _____
	Antiques: _____	\$ _____
	Jewelry: _____	\$ _____
TOTAL PERSONAL PROPERTY		\$ _____
Real Estate		\$ _____
	(A) Primary Home	\$ _____
	(B) Additional Home	\$ _____
	(C) Additional Home	\$ _____
	(D) Additional Home	\$ _____
TOTAL REAL ESTATE		\$ _____



Liabilities

Real Estate:

(A) Primary Home Mortgage (Current Monthly Payment): _____ Current Balance: \$ _____
 Date of Loan: ___ / ___ / ___ Original Loan Amount: _____
 Loan Term: _____ Interest Rate: _____

(B) Additional Home Mortgage (Current Monthly Payment): _____ Current Balance: \$ _____
 Date of Loan: ___ / ___ / ___ Original Loan Amount: _____
 Loan Term: _____ Interest Rate: _____

Other:

(C) Loan (Please Describe/Current Monthly Payment): _____ Current Balance: \$ _____
 Date of Loan: ___ / ___ / ___ Original Loan Amount: _____
 Loan Term: _____ Interest Rate: _____

(D) Loan (Please Describe/Current Monthly Payment): _____ Current Balance: \$ _____
 Date of Loan: ___ / ___ / ___ Original Loan Amount: _____
 Loan Term: _____ Interest Rate: _____

TOTAL LIABILITIES \$ _____

Net Worth

ASSETS:

TOTAL BANK ACCOUNTS: _____
TOTAL BROKERAGE ACCOUNTS : _____
TOTAL EMPLOYER-SPONSORED RETIREMENT PLAN ASSETS: _____
TOTAL PERSONAL PROPERTY: _____
TOTAL REAL ESTATE: _____

TOTAL ASSETS: _____

—TOTAL LIABILITIES: _____

= NET WORTH \$ _____

Personal Cash Flow Details

Salary

	Client 1	Client 2
Annual Salary		
Annual Bonus		
Annual Raise Assumption		
Anticipated Promotion Date		
Other: _____		

Retirement Assumptions

	Client 1	Client 2
Anticipated Retirement Date		
Hire Date		

Retirement Plan Contributions

	Client 1	Client 2
Annual 401(k) Contributions		
Employer Match		
ESPP Savings		
IRA Contributions		

Pension

	Client 1	Client 2
Current monthly payment		
Total Annual Pension		

Social Security

	Client 1	Client 2
Current monthly payment		
Total Annual Pension		

Notes Receivable

	Rate	Monthly Payment	Current Balance	Fixed/ Variable	Remaining Term
Current monthly payment					
Total Annual Pension					

Personal Cash Flow Details Continued

	Monthly	Annually
Food		
Groceries		
Outside Meals		
Total Food		
Clothing		
Client & Co-Client		
Children		
Dry Cleaning & Repair		
Total Clothing		
Household		
Insurance P&C		
Association Dues		
Utilities		
Home Repairs & Upkeep		
Furniture & Appliances		
Property Tax (Please Include Rate)		
Trash Collections		
Domestic Help		
Lawn Care		
Household supplies		
Total Housing		
Education		
K-12 Private		
College		
Tutoring		
Continuing Education		
Total Education		

Transportation

Insurance		
Gas/Oil/Repairs		
Licenses/Registration		
Tolls/Parking		
Total Transportation		

Health & Fitness

Medical & Dental		
Drugs & Medicine		
Health Insurance Premiums		
Health club dues		
Personal trainer/exercise classes		
Total Health		

Entertainment / Recreation

Club dues		
Hobbies		
Sports Events		
Theatre		
Entertainment		
Baby-sitting		
Books/Magazines		
Music		
Total Entertainment/Recreation		

Charity

Church/Religious Organization		
Alma Mater		
Other		
Total Charity		

Miscellaneous

Childrens' allowances		
Cosmetic, Barber/Beauty shop		
Tobacco		
Pet care and food		
Stationery & Postage		
Political Contributions		
Other		
Total Miscellaneous		



Life Goals

Preliminary Goals:

Projected Retirement Year: _____

Estimated Income Need (in today's dollars): _____ *Note: do not include income taxes*

College Funding (annual funding goal): \$ _____

Type of school: _____

Note: National Average Cost for Public School (in-state): \$18,943

National Average Cost for Public School (out-of-state): \$32,762

National Average Cost for Private School: \$42,419

Wedding (s):

Note: Average wedding costs about \$26,444

<u>Child Name(s)</u>	<u>Year</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Auto Purchase:

Cost of last auto purchased: \$ _____

Every 3 years

Other-explain interval purchase: _____

Parental Support:

Parent Name(s): _____

Parent DOB/Age: _____

Annual Support Needs: _____

Major Purchases: _____

Major purchases include upgrading existing home, purchasing a second residence, once-in-a-lifetime vacations or any one-time adjustments not otherwise indicated above.

Employer Benefits

Employer-Provided

Add-Ons

ESPP Participant? _____

Current # of Shares: _____

% Contribution: _____

Stock Options

NQSO/ISO/Restricted Grants:

Date of Grant: #1 ___/___/___ #2 ___/___/___ #3 ___/___/___

Date of Exercise: ___/___/___

Outstanding Grants (*list or attach benefit page*): _____

Miscellaneous

Do you have a current will?	Yes?	<input type="checkbox"/>	No?	<input type="checkbox"/>
If so, Who is the Executor of your Will?				
Durable Power of Health	Yes?	<input type="checkbox"/>	No?	<input type="checkbox"/>
Durable Power of Attorney	Yes?	<input type="checkbox"/>	No?	<input type="checkbox"/>
Medical Power of Attorney	Yes?	<input type="checkbox"/>	No?	<input type="checkbox"/>
Have you established any Trusts?	Revocable	<input type="checkbox"/>	Irrevocable	<input type="checkbox"/>
Do you have a Family Mission Statement?	Yes?	<input type="checkbox"/>	No?	<input type="checkbox"/>

Summary of Benefits

Insurance

Employer Provided Group Term Life Insurance Coverage:

Client 1 Client 2

Voluntary Group Life Term Participation (check which applies):

	Client 1	Client 2	Client 1	Client 2	Client 1	Client 2		
1x-1.5x Salary	<input type="checkbox"/>	<input type="checkbox"/>	4x-4.5x Salary	<input type="checkbox"/>	<input type="checkbox"/>	7x Salary	<input type="checkbox"/>	<input type="checkbox"/>
2x-2.5x Salary	<input type="checkbox"/>	<input type="checkbox"/>	5x-5.5x Salary	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
3x-3.5x Salary	<input type="checkbox"/>	<input type="checkbox"/>	6x-6.5x Salary	<input type="checkbox"/>	<input type="checkbox"/>			

Long-Term-Care

LTC Through Employer:

	Client 1	Client 2
Premium:	\$ _____	\$ _____
Monthly Benefit:	\$ _____	\$ _____
Term:	\$ _____	\$ _____
Carrier:	_____	_____

Personal LTC Policy:

	Client 1	Client 2
Premium:	\$ _____	\$ _____
Monthly Benefit:	\$ _____	\$ _____
Term:	\$ _____	\$ _____
Carrier:	_____	_____

Personal Life Insurance Program

Insured	Company	Policy Type	Death Benefit	Annual Premium	Cash Value	Owner	Beneficiary
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_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Disability Program

Disability:

	Client 1	Client 2
Monthly Benefit:	\$ _____	\$ _____ to age 65
Carrier:	_____	_____
Portable:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
COLA:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Umbrella Program

Umbrella Policy: \$ _____ coverage
Carrier: _____

Survivor Expectations

This exercise reflects what expenses you want to continue providing for in the event of your premature death.

Retirement Income Objective: \$ _____ *Note: Do not include income taxes*

Estimated Retirement Expenses: \$ _____

Spouse Will Work? Yes No Amount: \$ _____

Pay off Mortgage? Yes No Amount: \$ _____

College Education Funding: Yes No

Number of Children: _____

Number of Grandchildren _____

Annual Cost: \$ _____

Create an Emergency Fund? Yes No Amount: \$ _____

Day care or Nanny services? Yes No Amount: \$ _____

Security

The following questions address your emergency preparedness status in the event you are a victim if identity theft or your credit becomes impaired/compromised:

- Do you have a **passcode** for all of your mobile devices?
- Do you have **remote wipe** set up for your mobile phone?
- Have you checked the free annual credit report for all family members, including children?
- Have you disabled the location feature on your mobile phone camera?
- Do you use random, long, and convoluted passwords?!
- Do you use an online vault to store your passwords and documents?
- Do you have a cross-cutting shredder?