



Personal Financial Planning
Questionnaire

CONFIDENTIAL

Client

Date

Strategically Integrating Faith and Finance

Financial Questionnaire

The purpose of this financial questionnaire is to gather some basic information about you and your current financial position. We will use the information contained within the document as a basis for discussion at our next meeting together. It will also form the basis for any advice we provide in the future. Be assured that whether or not you become a client, all information will be kept strictly confidential.

DOCUMENTS REQUESTED:

In addition to completing the relevant sections of the questionnaire, please provide copies of the following documents:

Most recent Federal and State Tax Returns

Two most recent paycheck stubs

Investment account statements (brokerage, IRA, 401(k), 403(b), etc.)

Other (if available):

Budget or spending plan

Social Security Statements

Recent statement(s) regarding any loans (including mortgage)

Life Insurance policy summaries

Employee benefit and pension information

PERSONAL INFORMATION

Date Questionnaire Completed: _____

How did you hear about us? Please select option from below:

Attended a Presentation
 Referred by Friend
 Google Search
 Business Card/ Brochure
 Social Media
 Other

	Client	Spouse
Name		
Date of Birth		
Phone Number	home mobile work	home mobile work
Email		
Occupation		
Employer		
Home Address		
City, State, Zip	city	state zip

**Additional information
may be required,
please provide contact
preferences below:**

What are the best days and times to contact you?

	am	pm
MON	_____	_____
TUE	_____	_____
WED	_____	_____
THU	_____	_____
FRI	_____	_____

Children/Dependents	Sex	DOB	Grade	Dependent
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y

** List the grade student will be in during the fall of the current calendar year.*

Do you anticipate additional children or dependents? If so, please estimate how many and when?

Do you, your children, or other dependents have any special medical or other situation that would impact your finances? If so please explain:

Preferred contact method:

- email
- home phone
- work phone
- mobile phone

PERSONAL INFORMATION (CONTINUED)

Which would best describe your current approach to your Financial Planning?

Past	Present	
<input type="checkbox"/>	<input type="checkbox"/>	DO-IT-YOURSELFER You find great satisfaction and comfort being actively involved in the management of all your personal financial affairs and decisions.
<input type="checkbox"/>	<input type="checkbox"/>	COLLABORATOR 1) You want to do the majority of the financial analysis yourself, and then have an advisor confirm your own research or 2) You want an advisor to do the majority of the financial analysis and you personally confirm the advisor's research.
<input type="checkbox"/>	<input type="checkbox"/>	DELEGATOR You prefer an expert worthy because you feel that you do not have the time, desire and/or aptitude to manage your finances yourself.

Which would best describe your desired future approach?

DO-IT-YOURSELFER
 COLLABORATOR
 DELEGATOR

Do you presently have someone that provides financial advice or guidance to you (i.e. broker, insurance agent, CPA, etc.)?

VEHICLES

Make/Model	Year	Primary Driver	Year to Replace	Cost to Replace	No. Years to Keep New Vehicle

EDUCATION FUNDS

If you are planning for education expenses, please complete the following per child:

Child Name	K - 12		Undergraduate		Graduate	
	Public	Private	Public	Private	Public	Private
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide an estimate of the cost of each of the above (current year cost) if known:

GOALS | OBJECTIVES | GENERAL INFORMATION

In which of the following areas do you have questions, concerns or issues that you feel need to be addressed?

- | | |
|---|--|
| <input type="checkbox"/> goal setting | <input type="checkbox"/> debt management |
| <input type="checkbox"/> estate planning/retirement | <input type="checkbox"/> investment planning |
| <input type="checkbox"/> business consulting | <input type="checkbox"/> financial education |
| <input type="checkbox"/> budgeting/cash flow management | <input type="checkbox"/> insurance |
| <input type="checkbox"/> weath creation | <input type="checkbox"/> other |

What are your most important short-term (less than a year) financial goals?

What are your most important mid-range (1-3 year) financial goals?

What are your most important long-term (more than 3 years) financial goals?

If you had one million dollars to impact the Kingdom of God, how would you use it ?

FINANCIAL SATISFACTION QUESTIONNAIRE

Rank the areas from 1 – 10 with 10 being “Extremely Satisfied” and 1 being “Not at All Satisfied.”

1. The peace of mind I have in my financial life? _____
2. My ability to meet my financial obligations? _____
3. The income potential my current job or career provides me? _____
4. The level and quality of insurance protection I currently have? _____
5. My current investment choices? _____
6. My ability to build a sufficient retirement nest egg? _____
7. My style of bookkeeping and financial records management? _____
8. My plans for my children’s education? _____
9. My level of charitable giving? _____
10. The level of personal financial education I have attained? _____

FINANCIAL ASSESSMENT

When you answer these questions, it is important that you do so 100% truthfully.

1. Are you living on a budget? Yes No
2. Do you know your net worth? Yes No
3. Are you behind on paying any of your bills? Yes No
4. Do you currently have more than three active credit cards? Yes No
5. Do you have three months of income save ? Yes No
6. Is your rent payment/mortgage payment more than 30% of income? Yes No
7. Do you pray about your decision to give? Yes No
8. Are you saving for retirement? Yes No
9. Have you set any short-, mid-, or long-range savings goals? Yes No
10. Do you tithe? If not, does your giving exceeds ten percent? Yes No

SAVINGS | REAL ESTATE

CHECKING, SAVINGS, INVESTMENT, RETIREMENT

Type of Account	Company	Account Balance	Intended Use of Funds (if applicable)
Checking			
Savings/Money Market			
401(k) / 403(b)			
IRA, Roth IRA			
Other			

DEPOSITS TO SAVINGS/INVESTMENT

	Specific Account Name	Account Type	Amount	Frequency	
				Annual	Monthly
Retirement Savings				<input type="checkbox"/>	<input type="checkbox"/>
Retirement Savings				<input type="checkbox"/>	<input type="checkbox"/>
Retirement Savings				<input type="checkbox"/>	<input type="checkbox"/>
Education Savings				<input type="checkbox"/>	<input type="checkbox"/>
Other				<input type="checkbox"/>	<input type="checkbox"/>

REAL ESTATE/MORTGAGE

	Primary Residence	Other Property/ 2nd Mortgage	Other Property
Description			
Current Value			
Purchase Date			
Original Purchase Amount			
Original/Refinanced Loan Amount			
Term of Loan (in years)			
Current Loan Balance			
Interest Rate			
Monthly Payment (principal & interest)			
Monthly Real Estate Tax Amount			
Monthly Insurance Amount			
Extra Monthly Principal			
Total Monthly Payment			

OTHER ASSETS | ESTATE

Does your employer provide a match for your retirement savings?

If yes, how much? %

Will you have an employer funded pension at retirement? If available, please provide your benefit statements.

If yes, what is your projected benefit? \$ Monthly Annual

OTHER ASSETS

Not noted previously. If you own a business, please provide general information regarding the structure (e.g. S Corp, LLC,) value, etc.

Asset Description	Estimated Value

ESTATE

Client	Do You Have?	Date Drafted	State
<input type="checkbox"/>	Will		
<input type="checkbox"/>	Living Trust		
<input type="checkbox"/>	Durable Power of Attorney		
<input type="checkbox"/>	Health-Care Proxies/Living Will		
Spouse			
<input type="checkbox"/>	Will		
<input type="checkbox"/>	Living Trust		
<input type="checkbox"/>	Durable Power of Attorney		
<input type="checkbox"/>	Health-Care Proxies/Living Will		

INSURANCE

LIFE INSURANCE

Including employer provided insurance (or include policy summary)

Insurance Company	Insured	Beneficiary	Insurance Cash Value (if permanent)	Length of Policy (if term)	Death Benefit	Annual Premium

DISABILITY INSURANCE

or include policy summary

Insured	Premium Payment		Monthly Benefit	Waiting Period	Length of Policy (term)	Benefit to age	Annual Premium
	Personal	Employer					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

LONG-TERM CARE INSURANCE

or include policy summary

Insured	Premium Payment		Daily Benefit	Inflation Rider?		Annual Premium
	Personal	Employer		Y	N	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Do you have a personal umbrella liability policy? If so, please indicate coverage amount.

Please list any other insurance coverage that you would like us to be aware of.

FINANCIAL QUESTIONNAIRE

Identify the major topics you would like to discuss during our meeting.

In summary, what do you expect to accomplish by obtaining Financial Planning services ?

Please list any additional points of interest or concern.
