

Personal Financial Planning Questionnaire

Conservative Financial Advice

This comprehensive, personal financial planning summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It's the essential first step in organizing a sensible financial plan for your future.

Please fill out this questionnaire as accurately and completely as possible. You may estimate or make rough guesses where necessary; if you do so, please identify these answers clearly by putting a question mark in the margin next to your response.

Part I • Personal and Family Information

1. Your full name _____ Social Security Number _____
Date and Place of Birth _____

2. Spouse's full name _____ Social Security Number _____
Date and Place of Birth _____

3. Home Address _____

Home Telephone Number () _____

4. **Prior Marriages**

	<u>Yes</u>	<u>No</u>
Have you been married previously?	<input type="checkbox"/>	<input type="checkbox"/>
Has your spouse been married previously?	<input type="checkbox"/>	<input type="checkbox"/>

5. **Children**

<u>Name</u>	<u>Age</u>	<u>Dependent</u>	
		<u>Yes</u>	<u>No</u>
_____	_____	<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"/>

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6. Grandchildren

Number _____ Age(s) _____

7.

Does anyone other than your children depend financially on you or your spouse? Yes No

If yes, give name(s) and relationship(s): _____

8.

Do any members of your family have significant health problems? Yes No

If yes, please explain: _____

9. Advisors

Name

Attorney _____

Banker _____

Insurance Agent _____

Stockbroker _____

10. Current Employment

	<u>Company</u>	<u>Position</u>	<u>Years Employed</u>	<u>Phone Number</u>
You	_____	_____	_____ () _____	
Spouse	_____	_____	_____ () _____	

Are you or your spouse engaged in any professional activities, paid, or unpaid, outside of your main employment (e.g., moonlighting, board memberships, volunteer work, professional association memberships, etc.)? Yes No

If yes, please explain: _____

Part II • Financial Planning Goals and Objectives

1. Financial Planning Goals

Please list your specific financial planning goals and indicate their relative importance to you and your spouse.

<u>Goal</u>	<u>You</u>		<u>Spouse</u>	
	<u>Very</u>	<u>Somewhat</u>	<u>Very</u>	<u>Somewhat</u>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Investment Objectives: Please indicate the relative importance of each of the following investment objectives to you and your spouse.

<u>Objective</u>	<u>You</u>			<u>Spouse</u>		
	<u>Very</u>	<u>Somewhat</u>	<u>Not</u>	<u>Very</u>	<u>Somewhat</u>	<u>Not</u>
Current Income: dividends or interest to spend and/or reinvest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidity: ability to quickly convert the investment into cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital Appreciation: possibility of original investment gaining in value over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety: little or no danger of losing the investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Shelter: Current and/or longer-term tax advantages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any significant investments planned in the near future (e.g., stock, direct real estate ownership, real estate limited partnerships, etc.): _____

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4. Stocks Owned —Stock Mutual Funds*

<u>Institution</u>	<u>Ownership**</u>	<u>Number of Shares</u>	<u>Current Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Please be sure to include all ownership, whether in your name, your spouse's name, or jointly owned with your spouse or another individual.

**Indicate husband, wife, or joint ownership.

	<u>Yes</u>	<u>No</u>
Do you and/or your spouse participate in a company stock option plan?	<input type="checkbox"/>	<input type="checkbox"/>

5. Bonds Owned —Direct Bond Investment*

<u>Institution</u>	<u>Ownership**</u>	<u>Number of Shares</u>	<u>Current Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Bonds Owned —Bond Mutual Funds*

<u>Institution</u>	<u>Ownership**</u>	<u>Number of Shares</u>	<u>Current Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Other Mutual Funds*

<u>Institution</u>	<u>Ownership**</u>	<u>Number of Shares</u>	<u>Current Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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8. **Receivables** (i.e., money owed to you and/or your spouse)

	<u>Notes Receivable</u>	<u>Other Receivables</u>
Description	_____	_____
Amount	_____	_____
Maturity Date	_____	_____

**Indicate husband, wife, or joint ownership.

9. **Retirement Accounts**

<u>Description</u>	<u>Vested Value</u>	
	<u>You</u>	<u>Spouse</u>
IRA	_____	_____
Keogh Plan	_____	_____
Pension Plan	_____	_____
Profit-Sharing Plan	_____	_____
ESOP	_____	_____
Def comp/Stk optn	_____	_____

10. **Real Estate Owned —Personal Use***

	<u>Ownership**</u>	<u>Cost</u>	<u>Approximate Market Value</u>	<u>Mortgage(s) and Home Equity Loans Outstanding</u>	<u>Monthly Payment</u>
Personal Residence(s)	_____	_____	_____	_____	_____
Vacation Home(s)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

11. **Real Estate Owned —Investment** (excluding limited partnerships)*

<u>Description</u>	<u>Ownership**</u>	<u>Cost</u>	<u>Approximate Market Value</u>	<u>Mortgage(s) Outstanding</u>	<u>Monthly Payment</u>
Undeveloped Land	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Income Producing	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

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* Please be sure to include all ownership, whether in your name, your spouse's name, or jointly owned with your spouse or another individual.

**Indicate husband, wife, or joint ownership.

12. Limited Partnership Interests*

	<u>Description</u>	<u>Ownership**</u>	<u>Date Acquired</u>	<u>Capital Contribution Made</u>
Real Estate	_____	_____	_____	_____
Oil/Gas	_____	_____	_____	_____
Other	_____	_____	_____	_____

13. Closely Held Business Interests (please attach recent financial statements)

Description _____
 Date Acquired _____ Percent Owned _____
 Estimated Fair Market Value _____

14. Other Investments

<u>Description</u>	<u>Ownership**</u>	<u>Estimated Fair Market Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Personal Property*

	<u>Estimated Fair Market Value</u>	<u>Recently Appraised</u>	
		<u>Yes</u>	<u>No</u>
Furniture and Household Goods	_____	<input type="checkbox"/>	<input type="checkbox"/>
Jewelry and Furs	_____	<input type="checkbox"/>	<input type="checkbox"/>
Automobiles, Trailers, etc.	_____	<input type="checkbox"/>	<input type="checkbox"/>

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Boats, Aircraft, etc.	_____	<input type="checkbox"/>	<input type="checkbox"/>
Art and Antiques	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other Collectibles	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other Items (of significant value)	_____	<input type="checkbox"/>	<input type="checkbox"/>

* Please be sure to include all ownership, whether in your name, your spouse's name, or jointly owned with your spouse or another individual.

**Indicate husband, wife, or joint ownership.

Part IV • Insurance Coverage

1. Life Insurance —Other than through employer

	<u>Face Value</u>	<u>Cash Surrender Value</u>	<u>Beneficiary (if not spouse)</u>	<u>Policy Owner</u>
Whole Life/Universal Life				
You	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Term				
You	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Other: _____				
You	_____	_____	_____	_____
Spouse	_____	_____	_____	_____

2. Life Insurance—Employer-sponsored

	<u>Face Value</u>	<u>Beneficiary (if not spouse)</u>
You	_____	_____
Spouse	_____	_____

3. General Insurance

	<u>Check appropriate boxes</u>			
	<u>You</u>		<u>Spouse</u>	
Are you and/or your spouse covered by the following insurance?	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Hospitalization, Major Medical, HMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-Term Personal Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Personal Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Director's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner's or Renter's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Personal Property (for valuables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part V • Liabilities*

(Excluding Real Estate Mortgages and Home Equity Loans Identified in Part III)

	<u>Amount Owed</u>	<u>Monthly Payment</u>
1. Loans		
Bank Loans	_____	_____
Student Loans	_____	_____
Insurance Policy Loans	_____	_____
Personal Loans	_____	_____
2. Consumer Credit		
Installment Debt	_____	_____
Major Credit Cards	_____	_____
Store Charges	_____	_____
Other Unpaid Bills	_____	_____
3. Brokers' Margin Accounts	_____	_____
4. Alimony/Support Obligations	_____	_____
Charitable Pledges	_____	_____
Other:	_____	_____

Part VI • Income Sources

1. Employment Income (current year)	<u>You</u>	<u>Spouse</u>
Gross Salary	_____	_____
Bonus	_____	_____
Commissions	_____	_____

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Self-Employment	_____	_____
Other: _____	_____	_____
_____	_____	_____

*Please include liabilities for both you and your spouse.

2. Income From Investments (current year)

	<u>You</u>	<u>Spouse</u>
Interest—Taxable	_____	_____
Interest—Non-taxable	_____	_____
Dividends	_____	_____
Rental Income—Net	_____	_____
Partnership Distribution Income	_____	_____
Annuities	_____	_____
Trusts and Estates	_____	_____
Social Security	_____	_____
Pension	_____	_____
Other: _____	_____	_____
_____	_____	_____

3. Miscellaneous Income (current year)

	<u>You</u>	<u>Spouse</u>
Gifts from Others	_____	_____
Sale of Assets	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Other: _____	_____	_____
_____	_____	_____

4. Income Trends Over the Next Three Years

	20__	20__
Employment Income	\$ _____	\$ _____
You	\$ _____	\$ _____
Spouse	\$ _____	\$ _____

5. Borrowing and Credit Considerations

	<u>Yes</u>	<u>No</u>
a. Do you or your spouse have a line of credit with a bank?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you aware of how the credit bureaus rate your personal credit?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you considering making a major durable goods purchase (car, trailer, appliance, etc.) in the near future?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you considering the purchase of a home (residence, vacation, etc.) in the near future?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you considering any major home improvements?	<input type="checkbox"/>	<input type="checkbox"/>

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- f. Are you considering the purchase of a vacation time share?
- g. Have you or your spouse considered leasing a personal automobile?
- h. Are you considering securing a home equity loan (i.e., a loan secured by the equity in your home)?
- i. Other: _____

Part VII • Retirement Planning

If you are already retired, please skip the questions in this section and proceed to Part VIII.

1. At what age do you and your spouse plan to retire? You _____ Spouse _____

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 2. Have you invested in tax-deferred annuities or are you considering doing so? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you taking full advantage of elective deferrals (401k and 403b plans)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you expect to receive any inheritances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your spouse expect to receive any inheritances? | <input type="checkbox"/> | <input type="checkbox"/> |

Please answer the next eight questions only if you are over 50.

- | | | |
|--|--------------------------|--------------------------|
| 6. Are you eligible for social security benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is your spouse eligible for social security benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you estimated how much income you will have upon retirement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. If you have estimated your retirement income, do you think it's efficient to live on? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Will you have the option of taking a lump-sum pension payment instead of an annuity at retirement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you considered alternate places for living when you retire? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. What will your income requirements be when you retire (in today's dollars)? | | |

13. Describe your plans for retirement. Include a description of your retirement lifestyle. ____

Part VIII • Estate Planning

Wills

	<i>Check appropriate boxes</i>			
	<i>You</i>		<i>Spouse</i>	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
a. Do you have a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are there any amendments to the will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you planning to make any changes to the will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the will up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you designated the distribution of personal property to heirs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trusts

	<i>You</i>		<i>Spouse</i>	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
a. Do you receive income from any trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you created a trust except as part of your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you expect to be named a beneficiary of a trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a letter of instructions that provides information about insurance policies, investments, funeral preferences, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you discussed the contents and whereabouts of your will and letter of instructions with your immediate family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, have you appointed a financial guardian for your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you established an adult guardianship arrangement for yourself in the event you become disabled or mentally incompetent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IX • Planning, Record-Keeping and Taxes

Yes *No*

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- | | | |
|---|--------------------------|--------------------------|
| 1. Are you satisfied with your personal record-keeping system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a safe-deposit box for storage of valuable papers and possessions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a comprehensive and up-to-date inventory of your household furnishings and possessions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your spouse have a list of the contents of his or her wallet or purse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you periodically prepare a personal balance sheet, i.e., a listing of your assets and liabilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you periodically prepare a household budget that lists expected income and expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you consider yourself knowledgeable on tax-savings techniques and the latest changes in the tax law? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In your opinion, is your personal record-keeping system adequate enough to be useful in preparing your tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you keep a notebook handy to record miscellaneous tax-deductible expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does your tax situation require immediate, large tax write-offs? | <input type="checkbox"/> | <input type="checkbox"/> |
-

Part X • Accuracy of Information Supplied

Overall, how would you classify the monetary information provided in this questionnaire?

- Very accurate
- Based on estimates that are reasonably accurate
- Based on rough estimates

Date completed: _____