

Family First Financial Planning Confidential Questionnaire (cont.)

Employment

Client Employer (1) _____	Client Employer (2) _____
Title/Job _____	Title/Job _____
Number of years with this employer? _____	Number of years with this employer? _____
Anticipated employment changes? _____	Anticipated employment changes? _____
When do you plan to retire? _____	When do you plan to retire? _____
Salary _____	Salary _____
Self Employment Income _____	Self Employment Income _____
Bonus/Commissions _____	Bonus/Commissions _____
Other Earned Income _____	Other Earned Income _____
TOTAL (Current Year) = _____	TOTAL (Current Year) = _____

Retirement Income other than retirement savings (current or expected)

<u>Source</u> <small>(e.g., Pension, Annuity, Trust Income, Rental Property)</small>	<u>Owner</u>	<u>Total Value or Monthly Amt</u>	<u>Inflation Adj?</u> <small>(Y/N)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Advisors (Where applicable, who is your current advisor.)

	Name	Contact Information
Financial Planner	_____	_____
Acct / tax preparer	_____	_____
Investment broker	_____	_____
Attorney	_____	_____
Insurance Agent	_____	_____
_____	_____	_____

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Insurance

<u>Type</u>	Client (1)			Client (2)		
	<u>Company</u>	<u>Coverage Amount</u>	<u>Employer provided? (Y or N)</u>	<u>Company</u>	<u>Coverage Amount</u>	<u>Employer provided? (Y or N)</u>
Health	_____	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____	_____
Disability	_____	_____	_____	_____	_____	_____
Disability	_____	_____	_____	_____	_____	_____
Life	_____	_____	_____	_____	_____	_____
Life	_____	_____	_____	_____	_____	_____
Homeowners	_____	_____	_____	_____	_____	_____
Auto	_____	_____	_____	_____	_____	_____
Auto	_____	_____	_____	_____	_____	_____
Long Term Care	_____	_____	_____	_____	_____	_____
Umbrella Liability	_____	_____	_____	_____	_____	_____
Professional Liability	_____	_____	_____	_____	_____	_____

1) Has anyone ever been declined for any insurance? Yes ___ No ___

2) For any disability insurance listed above, please provide the following additional information:

Monthly benefit amount or % of base salary - _____ \$/month (_____ % of salary)

How long after disability before payments begin? (e.g., 30 days? 90 days? Other?) _____

What period is covered? (e.g., 2 years?, 5 years?, to age 65?) - _____

Is the coverage inflation adjusted? Yes ___ No ___

3) For any long term care insurance listed above, please provide the following information:

Monthly or daily benefit amount - _____ \$/month or day

What period is covered? (e.g., 3 years?, 5 years?, lifetime?) - _____

Is the coverage inflation adjusted? Yes ___ No ___

(Also, please bring your policy or the statement of coverage)

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Assets

If you have any of the information requested below in the form of statements or other documents, please feel free to submit copies of those documents rather than replicate that information in the space provided.)

Personal Property (Description, Type, etc.)	Estimated Value
Primary Residence: (_____)	\$ _____
Second Home: (_____)	_____
Vehicle: (_____)	_____
Vehicle: (_____)	_____
Other: (_____)	_____
Other: (_____)	_____
Other: (_____)	_____
Other: (_____)	_____

Non – Retirement Accounts

[Checking (C), Savings (S), Money Market (MM) or Certificate of Deposit (CD), Other (O)]

<u>Account Location</u> (Where Acct. is Held)	<u>Type of account</u> (C, S, MM, CD, O)	<u>Ownership</u> (Indiv. , Joint)	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Retirement Savings

<u>Acct. Name</u>	<u>Type of account</u> 401K, IRA, Taxable	<u>Owner</u>	<u>Current Bal.</u>	<u>Current Contribution</u> \$, % amount	<u>Employer Match</u> No or \$, % amount
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____

Do you contribute the maximum amount allowed each year to your employer-sponsored retirement plan?	Client (1)		Client (2)	
	Yes	No	Yes	No

How were your current plan investments selected? _____

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Personal Liabilities

Debts	Orig Date	Term	Interest Rate		Payment*	Approximate Balance
1 st Mortgage	_____	_____	_____ %	\$	_____	\$ _____
2 nd Mortgage	_____	_____	_____ %	\$	_____	\$ _____
Home equity loan	_____	_____	_____ %	\$	_____	\$ _____
Auto loan #1	_____	_____	_____ %	\$	_____	\$ _____
Auto loan #2	_____	_____	_____ %	\$	_____	\$ _____
Education loan	_____	_____	_____ %	\$	_____	\$ _____
_____	_____	_____	_____ %	\$	_____	\$ _____
_____	_____	_____	_____ %	\$	_____	\$ _____

Credit Cards

_____	N/A	N/A	_____ %	\$	_____	\$ _____
_____	N/A	N/A	_____ %	\$	_____	\$ _____
_____	N/A	N/A	_____ %	\$	_____	\$ _____
_____	N/A	N/A	_____ %	\$	_____	\$ _____
_____	N/A	N/A	_____ %	\$	_____	\$ _____
_____	N/A	N/A	_____ %	\$	_____	\$ _____
_____	N/A	N/A	_____ %	\$	_____	\$ _____

(*If not paid in full each month)

Are there any other obligations to be considered – Alimony, Child Support, Life Insurance requirement, etc.? Please describe.

Have you requested a copy of your credit report recently? Yes ___ No ___

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Tax & Estate Planning

Income and Estate Taxes

Who prepares your tax return(s)?

Self - prepared

or

Prepared by: _____

Address _____

City, St, ZIP _____

Phone _____

FAX _____

Estate Planning

	Client (1)		Client (2)	
	Yes	No	Yes	No
Do you have a will? If yes, when was it drafted? _____ In what state? _____	Yes	No	Yes	No
Has your will been reviewed and/or updated recently?	Yes	No	Yes	No
Have you appointed guardians for any dependent children?	Yes	No	Yes	No
Are you anticipating making any changes to your will	Yes	No	Yes	No
Do you have a durable Power of Attorney in place? If yes, when was it drafted? _____ In what state? _____	Yes	No	Yes	No
Do you have a health care Power of Attorney in place? If yes, when was it drafted? _____ In what state? _____	Yes	No	Yes	No
Do you have a signed living will? If yes, when was it drafted? _____ In what state? _____	Yes	No	Yes	No
Have you provided written instructions for distribution of your personal property?	Yes	No	Yes	No
Do you have letters of instruction that provide additional information for your family (e.g., preferences for final arrangements, location of important documents)?	Yes	No	Yes	No
Have you discussed the contents and whereabouts of your will and letters of instruction with your immediate family?	Yes	No	Yes	No
Do you have any trusts?	Yes	No	Yes	No

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What are the most important financial questions you are trying to answer?

Please comment on the financial planning advice you seek. Be as specific as possible. The more we know about your goals, objectives, concerns and requirements, the better we will be able to serve you.

Once we begin the planning process, we may need some additional documentation such as:

- Prior years' tax returns
- Brokerage account statements
- Trust account statements
- Retirement plan account statements
- Loan documents
- Credit card statements
- Paycheck stubs
- Mutual Fund account statements
- Employee Benefits booklet
- Legal documents
- Insurance policies

For your scheduled financial consultation:

- If you will be coming to our office, please bring this completed form with you. Also, if you would like to begin the planning process right away, please also bring any documents related to any of the information above

OR

- If we will be teleconferencing with you, please keep a copy of your completed form

AND either

mail us a copy at: Family First Financial Planning
759 SW Federal Highway, Suite 316
Stuart, FL 34994

fax us a copy at: (772) 781-4526

or forward by E-mail to: info@familyfirstfp.com

If you have any questions about this questionnaire or any other matter regarding our services, please contact us at any time either by phone at 772-781-7648 or by email at the address shown above.