Financial Planning Questionnaire

StrategicPoint
A FOCUS FINANCIAL PARTNER

To complete this form by hand:
Print all pages of this form and bring the completed form to our meeting.

To complete this form electronically:
- Visit www.StrategicPoint.com/Forms and save the writable PDF to your computer, then open it using Adobe's Acrobat Reader.
- Complete the form by typing into the designated fields and/or checking the appropriate buttons. *Tip: you can tab from field to field.*
- When finished, save the form and email it to clients@StrategicPoint.com. Or you can bring a copy with you to our meeting.

GENERAL INFORMATION

YOUR First & Last Name:	Today's Date: / /	
Marital Status: ○ Single ○ Married ○ Partner ○ Separated ○ Divorced ○ Widowed		
Street Address:		
City:	State:	Zip Code:
Home Phone: ( ) –	Email:	
Your Date of Birth: / /	Are You a U.S. Citizen? ◉ Yes ◉ No	
SPOUSE'S/PARTNER'S (CO-CLIENT'S) First & Last Name:		
Spouse's/Partner's Date of Birth: / /	Is your Spouse/Partner a U.S. Citizen? ○ Yes ◉ No	
Spouse's/Partner's Email:		

EMPLOYMENT INFORMATION

YOUR Employment: ○ Self-Employed ○ Company Owner ○ Employee ○ Retired		
Company Name:		
Occupation:	Years with Company:	
Street Address:		
City:	State:	Zip Code:
Work Phone: ( ) – Ext:	Fax: ( ) –	
Work Email:		
SPOUSE'S/PARTNER'S Employment: ○ Self-Employed ○ Company Owner ○ Employee ○ Retired		
Company Name:		
Occupation:	Years with Company:	
Street Address:		
City:	State:	Zip Code:
Work Phone: ( ) – Ext:	Fax: ( ) –	
Work Email:		

FORM CONTINUES ➤

ASSETS

Bank Accounts

Type of Account	Owner	Balance
Checking		$
Money Market / Savings		$
All CDs		$
Other:		$
How much of the above amount do you want earmarked for retirement?		$

Retirement Accounts

List tax-deferred accounts separately and include accounts labeled: 401(k), 403(b), 457, ESOP, SEP, SIMPLE, Profit Sharing, TSA, Annuities, Traditional IRA and Roth IRA. Please attach copies of most recent statements.

Name of Account	At	Owner	Balance
Example: Lifespan 403(b)	*Fidelity*	*Mary*	*$42,000*
			$
			$
			$
			$
			$
			$
			$

Taxable Accounts

List accounts separately and include: brokerage accounts, joint accounts, trusts, TODs, PODs, non-qualified annuities and accounts in an individual name. Please attach copies of most recent statements.

Name of Account	At	Owner	Balance
Example: Individual Account	*Vanguard*	*John*	*$51,000*
			$
			$
			$
			$
			$
			$
			$

FORM CONTINUES ➤

Business Ownership

Include businesses in which you have direct ownership.

Name of Business	Owner	Business Type	Appraisal (your share)
Example: Peter's Painting Co.	*Peter*	*S-Corp*	*$250,000*
			$
			$
Do you plan to sell your business to create retirement assets?			○ Yes ○ No
If yes, in what approximate year?			
Assumed annual growth rate of business: *(If left blank, we will grow your business by 8% until sold.)*			%

Personal Property

Include collectibles, boats, automobiles, etc.

Property	Owner	Value
Example: Art Collection	*Mary/John*	*$75,000*
		$
		$

Real Estate

For additional properties, please attach a separate sheet.

Property	Investment or Personal	Owner	Value
Example: 212 Windham	*Personal Residence*	*Joint*	*$315,000*
	Personal Residence		$
	Second Home		$
	Investment Property (1)		$
	Investment Property (2)		$
	Other:		$
How much pre-tax income do you receive each year from your investment properties?			$
Which of these real estate properties is available to be sold with the proceeds used for retirement?			
In what year would you like to sell the property?			

Children and Other Dependents

Please list names, dates of birth, and relation for children, grandchildren, or any other dependents.

Name	Date of Birth	Relation
Example: Julia	*2/23/2001*	*Daughter*

Assets Held for Education

List separately for each child or grandchild and include 529 Plans, Coverdell IRAs, Custodial Accounts, Education Savings Bonds, Mutual Fund Accounts, etc.

Name of Account	Type	Owner	Beneficiary	Balance
Example: CollegeBoundFund	*529 Plan*	*Mary*	*Julia*	*$15,000*
				$
				$
				$

FUNDING NEEDS FOR CHILDREN AND OTHER DEPENDENTS

We will use the college savings information from the Assets section to determine our education funding projections.

Name	Date of Birth	College Start Year	Years to Fund
Example: Julia	*2/23/2001*	*September 2013*	*4 years*

Annual Cost

What is the annual cost of college you are willing to fund for each child? *Keep in mind that your children may get financial aid or choose to take out student loans to help pay for expenses. Therefore, list only the amount you are willing to pay in current dollars. For instance, if you expect a year of college (graduate school) to cost $15,000 and you plan to pay two-thirds of that amount, then you would give "$10,000" as your estimated cost.*	$

Annual expenses for other dependents (for example, parents):	$

LIABILITIES

Mortgages

Primary Residence			
Start Date: / /	Original Amount: $		Balance Remaining: $
Term:	Interest Rate: %	Property Taxes: $	Insurance: $
Second Home			
Start Date: / /	Original Amount: $		Balance Remaining: $
Term:	Interest Rate: %	Property Taxes: $	Insurance: $
Investment Property			
Start Date: / /	Original Amount: $		Balance Remaining: $
Term:	Interest Rate: %	Property Taxes: $	Insurance: $

FORM CONTINUES ➤

Other			
Start Date: / /	Original Amount: $	Balance Remaining: $	
Term:	Interest Rate: %	Property Taxes: $	Insurance: $
Home Equity Line of Credit Balance:			$
Amount Available:			$

Other Debt		
Debt	**Balance**	**Interest Rate(s)**
Vehicle	$	%
Vehicle	$	%
All Credit Cards	$	%
Student Loans	$	%
Other:	$	%

INCOME AND RETIREMENT ANALYSIS		
YOUR Current Annual Income?	$	
At what age do YOU expect to retire? *(If you are already retired, put in your current age.)* *(We will use this age to run your retirement projections.)*		
How much do you contribute to YOUR retirement plans each year?	$	
Is there an Employer match?	○ Yes ○ No	
Amount ($ or %) matched by Employer?	$	%
SPOUSE'S/PARTNER'S Current Annual Income?	$	
At what age does your SPOUSE/PARTNER expect to retire? *(If she/he has already retired, put in her/his current age.)*		
How much does your SPOUSE/PARTNER contribute to her/his retirement plans each year?	$	
Is there an Employer match?	○ Yes ○ No	
Amount ($ or %) matched by Employer?	$	%
How much will you need to spend each month in retirement? *(Exclude taxes and think in terms of today's dollars.)* *(If you leave this question blank, we will assume you will need 85% of your current income.)*	$	
Additional Annual Savings:	$	
Type of Account:		

FORM CONTINUES ➤

Pensions			
Client Name	**Monthly Amount at Start**	**Age at Start**	**Inflation COLA**
Example: Mary	*$1,200*	*65*	● *Yes* ○ *No*
	$		○ Yes ○ No
	$		○ Yes ○ No
	$		○ Yes ○ No

What payout option does this pension represent? *(We will assume joint and 50% survivor unless otherwise indicated.)*		
○ Single Life	Name Applicable Pension(s):	
○ Joint and 50% Survivor	Name Applicable Pension(s):	
○ Joint and 100% Survivor	Name Applicable Pension(s):	

Social Security				
Client Name	**Current Payment Amount (if applicable)**	**Payment Amount at age 62**	**Payment Amount at Full Retirement Age**	**Payment Amount at age 70**
Example: John		*$1,474*	*$2,057*	*$2,822*
	$	$	$	$
	$	$	$	$

OTHER INCOME AND EXPENSES

Do YOU expect to work part-time during retirement?			○ Yes ○ No
If yes, for how many years?		At what salary (in current dollars)?	$
Does your SPOUSE/PARTNER expect to work part-time during retirement?			○ Yes ○ No
If yes, for how many years?		At what salary (in current dollars)?	$

What is the value of any expected inheritance/gifts?	$
In what year would you estimate that you might receive this inheritance?	

What is the value of any anticipated expenses or major purchases (other than education)?	$
In what year should these expenses be applied?	

Is there anything else we should know about when we plan for your retirement?

FORM CONTINUES ➤

INSURANCE ANALYSIS

For how many years will you need life insurance? *If you leave blank, we will assume until the first year of retirement.*	

Life Insurance: Term Policies

Please attach your latest statement.

Face Value	Insured	Group or Individual	Term Remaining	Premium per Year
Example: $500,000	*John*	*Individual*	*10 years*	*$700*
$				$
$				$
$				$
$				$

Life Insurance: Permanent Policies

Please attach your latest statement.

Face Value	Type	Year Purchased	Insured	Cash Value	Premium per Year
Example: $100,000	*Whole Life*	*1998*	*Mary*	*$10,000*	*$1,000*
$				$	$
$				$	$
$				$	$
$				$	$

Long Term Disability Insurance

Please attach policies if available.

Name	Monthly Benefit	Group or Individual	Premium per Year
Example: John	*$3,000*	*Individual*	*$2,100*
	$		$
	$		$
	$		$
	$		$

Long Term Care Insurance

Please attach policies if available.

Name	Daily Benefit	Inflation Rider	Term	Premium per Year
Example: Mary	*$150*	● *Yes* ○ *No*	*3 years*	*$1,500*
	$	○ Yes ○ No	years	$
	$	○ Yes ○ No	years	$

FORM CONTINUES ➤

ESTATE PLANNING		
Do you have updated wills?		○ Yes ○ No
Do you have powers of attorney?		○ Yes ○ No
Have you executed health care proxies?		○ Yes ○ No
When were these documents last updated?		
Have you established any trusts?		○ Yes ○ No
If yes, names of trust(s) you have established:		
1)	2)	
3)	4)	

General Notes

Whom may we thank for referring you?	

Please bring your completed Financial Planning Questionnaire along with any appropriate supporting documents to the meeting with your StrategicPoint advisor.

Please DO NOT complete this section PRIOR to meeting with your advisor.

I acknowledge receipt of StrategicPoint Investment Advisor's Privacy Policy, Form ADV Part 2, Proxy Voting Policy and the BCP disclosure statement.

✘ _____

Client Signature

_____

Print Name