



Confidential Financial Planning Questionnaire

Please save a copy of this Questionnaire to your computer, complete it to the extent possible and, if possible, return it to us by e-mail prior to the introductory meeting. Although this is a fillable form, you are welcome to print it and complete it by hand, if you prefer. The documentation requested on the last page of the Questionnaire will be required to prepare a financial plan; it is at your discretion whether you wish to bring it to the initial meeting or provide it at a later date. If you prefer to provide electronic copies of the documents, we will provide you with access to a secure vault where you can upload the documents.

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The information you provide is strictly confidential and will not be disclosed to anyone without your consent.

Part I • Personal and Family Information

Client 1

Name _____

Home Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Fax _____

E-Mail _____

Birthdate _____

Client 2 (if applicable)

Name _____

Home Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Fax _____

E-Mail _____

Birthdate _____

Children and Other Dependents

Name	Relationship	Date of Birth	Dependent		Resides (City, State)
			Yes	No	
_____	_____	_____			_____
_____	_____	_____			_____
_____	_____	_____			_____
_____	_____	_____			_____

If any of your children/dependents have special needs, please add an asterisk next to his/her name.

Do you plan to have more children? _____ If yes, how many? _____

Prior Marriages

Client 1
Yes No

Client 2
Yes No

Have you been previously married?

Do you have financial obligations to a previous spouse?

Do you receive financial support from a previous spouse?

Your Health

Client 1
Yes No

Client 2
Yes No

Do you have any major health issues?

Are you concerned about your health?

Do you exercise regularly?

Does your family have a history of high blood pressure, obesity, and/or heart disease?

Part II • Financial Planning Goals and Objectives

Please list your specific financial planning goals and indicate their relative importance to each of you.
H = High Importance M = Medium Importance L = Low Importance

Goals

Client 1
H M L

Client 2
H M L

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Part III • Overview of Assets (Please indicate the value of the following assets:)

Non-Retirement Assets (indicate total # of accounts)

**Owned by
Client 1**

**Owned by
Client 2**

**Jointly
Owned**

Checking Accounts (#_____)

\$_____

\$_____

\$_____

Savings/CDs/Money Markets (#_____)

\$_____

\$_____

\$_____

Primary Home

\$_____

\$_____

\$_____

Home 2

\$_____

\$_____

\$_____

Stocks, Bonds and/or Mutual Funds (#_____)

\$_____

\$_____

\$_____

Employer-Provided Restricted Stock, Stock Options,
and/or Non-Qualified Plans (# of plans _____)

\$_____

\$_____

\$_____

Other Real Estate (# of properties _____)

\$_____

\$_____

\$_____

	Owned by Client 1	Owned by Client 2	Jointly Owned
Private Business Interests (#_____)	\$_____	\$_____	\$_____
Personal Property (home furnishings, jewelry, art, etc.)	\$_____	\$_____	\$_____
Interests in Existing Trusts	\$_____	\$_____	\$_____
Donor Advised Fund	\$_____	\$_____	\$_____
Other Assets (_____)	\$_____	\$_____	\$_____

Retirement/Education Specific (i.e. IRAs, 401(k)s, 529(s), etc.)

(indicate total # of accounts)

Savings/CDs/Money Markets (#_____)	\$_____	\$_____	
401(k)s/403(b)s/457s/Simple Plans (#_____)	\$_____	\$_____	
Traditional IRAs/Roth IRAs/SEP IRAs (#_____)	\$_____	\$_____	
Pension Plans (lump sum) (#_____)	\$_____	\$_____	
529s or Other Education Accounts (#_____)	\$_____	\$_____	
Other Assets (_____)	\$_____	\$_____	

Part IV • Overview of Liabilities (Please indicate the value of the following liabilities:)

	Owned by Client 1	Owned by Client 2	Jointly Owned
Primary Mortgage	\$_____	\$_____	\$_____
Other Mortgages (# of mortgages _____)	\$_____	\$_____	\$_____
Installment Loans (i.e. autos, boats) (# of loans _____)	\$_____	\$_____	\$_____
School Loans (# of loans _____)	\$_____	\$_____	\$_____
Credit Cards (# of cards _____)*	\$_____	\$_____	\$_____
Business Loans (# of loans _____)	\$_____	\$_____	\$_____
Other Liabilities (# of loans _____)	\$_____	\$_____	\$_____

**If you pay off all of your credit cards monthly and do not have any current balances, you do not need to include any information regarding your credit cards.*

Part V • Overview of Insurance Information

Life Insurance

(indicate total # of policies)

	Death Benefit	Cash Value	Beneficiary	Policy Owner
Whole/Variable/Universal Life				
Client 1(#_____)	\$_____	\$_____	_____	_____
Client 2 (#_____)	\$_____	\$_____	_____	_____
Term Life				
Client 1 (#_____)	\$_____	\$_____	_____	_____
Client 2(#_____)	\$_____	\$_____	_____	_____
Employer Sponsored				
Client 1 (#_____)	\$_____	\$_____	_____	_____
Client 2 (#_____)	\$_____	\$_____	_____	_____

Other Insurance Coverage

	Client 1	Employer Sponsored	Client 2	Employer Sponsored
	Yes No	Yes No	Yes No	Yes No
Medical Insurance				
Auto and Homeowners/Renters		N/A		N/A
Personal Umbrella Policy		N/A		N/A
Long-Term Care				
Short-Term Disability				
Long-Term Disability				
Professional Liability				

Part VI • Annual Income Information

	Client 1	Client 2
Salary	\$_____	\$_____
Bonus	\$_____	\$_____
Commission	\$_____	\$_____
Self-Employment Income	\$_____	\$_____
Investment Income	\$_____	\$_____
Other Income (source(s)_____)	\$_____	\$_____

Part VII • Annual Expense Information

Living Expenses	Client 1	Client 2 (If separate from Client 1)
Annual Living Expenses (an estimate of all expenses except for income taxes, education, and other irregular expenses)	\$ _____	\$ _____

Education and Special Expenses. List any other special expenses including education, major home remodel, purchase of a second home, etc., that are currently occurring or that you expect to occur.

	Annual Amount	Starting Year	Number of Years
a. _____	\$ _____	_____	_____
b. _____	\$ _____	_____	_____
c. _____	\$ _____	_____	_____
d. _____	\$ _____	_____	_____
e. _____	\$ _____	_____	_____

If your children are school-age and are planning to attend college, what percentage of the annual cost would you like pay for? _____

Part VIII • Retirement Planning

	Client 1	Client 2
	Yes No	Yes No
Are you taking full advantage of elective deferrals (401(k), 403(b), 457 plans, etc.)?		
Will others be financially dependent on you after you leave your current employment?		
Do you expect to receive an inheritance?		
Will you be eligible for a pension?		
Have you estimated your annual expenses in retirement? If so, please insert the annual amount here: _____.		
If you have estimated your expenses, do you have a sense of whether or not your assets/income will be sufficient to cover your expenses?		
Do you plan to sell your current home once you leave your current employment?		
At what age do you plan to leave your current employment?	_____	_____

Describe how you imagine your life after you leave your current employment? Do you envision working in a different line of work? Full-time? Part-time? Do you envision traveling? Volunteering? Taking classes? (For couples, if you both have different ideas of what this looks like, please make sure to document each of your thoughts.)

Part IX • Estate Planning

Please indicate if one or both of you have the following documents:

Client 1
Yes No

Client 2
Yes No

Will

Living Trust

Other Trusts (i.e. ILITs, CRTs, GRATs)

Healthcare Power of Attorney

Property Power of Attorney

Are you currently receiving income as the beneficiary of a trust?

Part X • Other Information

Client 1
Yes No

Client 2
Yes No

Are you comfortable with financial planning terms and concepts such as asset allocation, annual return, diversification, etc?

Do you read any financial planning publications/websites such as *Money*, *Wall Street Journal*, Investopedia, etc., or watch any networks/shows such as CNBC, etc.?

Have you ever been dissatisfied with the recommendations of a financial planner/advisor?

If there is any other information you would like to provide, please document it below.

Part XI • Topics to Address

<input checked="" type="checkbox"/>	Please indicate which topics you would like to address in your financial plan.
	Emergency fund how much and where to save
	Debt – review of existing, ideas for refinancing, role of new debt
	Employment benefits
	Education planning – saving, funding, financial aid, child participation
	Retirement savings – how much and where to save
	Cash flow projections – current and future
	New home purchase (primary or vacation)
	Charitable giving
	Social Security planning
	Pension planning
	Retirement income strategies
	Retirement timing
	Long-term care insurance needs analysis
	Stock options/restricted stock
	Deferred compensation strategies
	Retirement plan selection for self-employed or business owners
	Employer or retirement investment accounts only
	Multiple retirement and non-retirement investment accounts
	Review of investment proposals
	Annuities
	Life insurance planning – currently own or considering purchase of term coverage
	Life insurance planning – currently own or considering purchase of permanent coverage
	Auto, home, disability, and/or long term care insurance
	Review of estate planning documents and asset titling and beneficiaries
	Planning for a family member with special needs
	Planning for or after a major life transition
	Other: _____
	Other: _____
	Other: _____

Part XII • Requested Documentation

In addition to completing this questionnaire, the following documentation will be needed to complete your financial plan:

- Tax returns for the last two years;
- Paycheck stubs for the last three pay periods;
- Most recent statements for the following:
 - Brokerage/mutual fund accounts;
 - Bank/savings/money market/CD accounts;
 - Retirement accounts such as IRAs, 401k(s), 403b(s), pensions, deferred compensation plan (s), etc.; and
 - All liabilities;
- Documentation related to any other employer-provided incentives such as non-qualified and incentive stock options, restricted stock grants, etc.;
- Employment benefits information;
- Auto, home, life, disability, and long-term care insurance statements and/or policies;
- Most recent Social Security statement (You can create an account at www.ssa.gov/myaccount to access current information; if you do not create an account, paper statements will be mailed to you every 5 years beginning at age 25);
- Completed cash flow (We can provide a template or you can provide a report from your own expense tracking system. If you do not currently track your cash flow, please be sure to provide an estimate of your annual living expenses in Part IV of this questionnaire.); and
- Any other relevant financial documentation.