

Premier Financial Planning, Inc.

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Date Completed _____
Client Signature _____
Client Name _____
Home Address _____
City _____ State _____ Zip _____
Own / Rent ? How long at this address? _____
Home Phone() _____ Cell() _____
Home Email _____
Birthdate _____ City/State _____
Social Security Number _____
Driver's License Number/Exp. _____
Mother's Maiden Name _____
Profession _____
Company _____
Title _____ Annual Salary _____
Address _____
City _____ State _____ Zip _____
Work Phone() _____ Fax() _____
Work Email _____
Tax ID _____ Ownership % _____
Date of Employment _____

Mailing address to use: Work / Home
Email to use: Work / Home

Dependent Children:

Name	Birthdate	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Non-dependent Children:

Name	Birthdate	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Client Questionnaire Packet

In order to provide comprehensive financial planning services, it is crucial that we gather as much information as possible about our clients. Be assured that this data will be kept confidential. Please take some time to fill out the following pages as completely as possible and attach the documents requested.

Spouse Signature _____
Spouse Name _____
Marriage Date _____ Tax Filing Status _____
Maiden Name _____
2nd Home Address _____
City _____ State _____ Zip _____
Home Email _____
Birthdate _____ City/State _____
Social Security Number _____
Driver's License Number/Exp. _____
Mother's Maiden Name _____
Profession _____
Company _____
Title _____ Annual Salary _____
Address _____
City _____ State _____ Zip _____
Work Phone() _____ Fax() _____
Work Email _____
Tax ID _____ Ownership % _____
Date of Employment _____

Mailing address to use: Work / Home
Email to use: Work / Home

Accountant _____
Firm _____
Address _____
Phone() _____ Fax() _____
Attorney _____
Firm _____
Address _____
Phone() _____ Fax() _____

Document Checklist

Please provide the following documents (if applicable) for our review. You may provide copies or we will make copies of the originals for our files as needed.

Tax Information:

- Most recent income tax returns (both federal and state)
- Most recent paystubs
- Tax basis information for personal investments (copies of purchase confirmations)
- Information regarding sales of investments year-to-date (copies of purchase and sale confirmations)

Investment Information:

- Photocopy of driver's license (to be kept on file at Premier for compliance purposes)
- Most recent statement for personal brokerage accounts, mutual fund investments, etc.
- Most recent statement for bank accounts, money market funds, certificates of deposit, etc.
- Most recent education savings plan statement
- Most recent retirement plan statement
- Most recent stock option plan statement
- Most recent employee stock purchase plan statement
- Most recent deferred compensation plan statement
- Schedule of investment real estate owned
- Most recent Social Security Benefit Statements
- Schedule of real estate time shares/partnerships
- Home mortgage note (escrow closing documents)
- Most recent mortgage statement
- Home grant deed
- Home equity line documents/recent statement
- Auto loan/lease documents
- Other loan documents and most recent statements

Risk Management:

- Personal life insurance policies/recent statement
- Personal disability insurance policies/recent statement
- Personal liability insurance policies/recent statement
- Auto insurance policy/recent statement
- Homeowner's insurance policy/recent statement
- Long-term care insurance policy/recent statement

Employment-related Documents:

- Employment contract
- Group life insurance information
- Group disability insurance information
- Group medical/dental/vision insurance information
- Stock option grants
- Employee stock purchase plan summary
- Employer retirement plan summary
- Employer retirement plan investment options
- Deferred compensation plan summary

Business-related Documents:

- Business Buy/Sell agreement
- Business Balance Sheet/Profit-Loss Statement
- Business tax returns (both federal and state)

Estate Planning:

- Wills/Living Trust/Other Estate Planning Documents

Life Planning Goals and Objectives

Scenario #1:

You might not be a billionaire, but you have all the money you could possibly need for now and in the future. What would you do with it? From this moment on, how will you live your life?

Scenario #2:

Your doctor has discovered that you have only five to ten years to live. The disease has no symptoms, so your death will come without warning. Given this information, how will you change your life? What would you do with your uncertain, but substantial time remaining?

Scenario #3:

You have learned that you will die within twenty-four hours. What feelings are you experiencing? What regrets, longings, deep and now-unfulfilled dreams do you have? What do you wish you had completed, been, had, and done in this life that is about to end?

Financial Goals and Objectives

What are your most important financial objectives *at this time*?

1. _____
2. _____
3. _____

What are your financial objectives for the next three to five years?

1. _____
2. _____
3. _____

What are your long-term financial objectives?

1. _____
2. _____
3. _____

What does "Financial Independence" mean to you? _____

At what age do you desire to become financially independent? _____

At what age do you desire to retire? Client _____ Spouse _____

Desired monthly income at retirement (before taxes, in today's dollars) \$ _____

Annual inflation rate (%) to be used in your planning projections _____

On a scale of 1 to 10 (1 = least important, 10 = most important), please rate the following features by their importance to you and your family's financial planning:

Minimizing the effects of inflation	_____	Business Continuity Planning	_____
Analysis of resources and expenses	_____	Planning for Retirement	_____
Stock option analysis	_____	Minimization of Taxes	_____
Analysis of employer-provided benefits	_____	Analysis of life insurance needs	_____
Analysis of disability insurance needs	_____	Analysis of health insurance needs	_____
Investment in securities (stocks/bonds)	_____	Analysis of property insurance needs	_____
Investments in real estate	_____	Educational Funding	_____
Estate Planning	_____	Other _____	_____

Have you used the services of a financial planner or investment manager in the past? Yes / No

If so, what did you like and dislike about the services you received? _____

Cash Management & Financial Information

I/we plan the following major expenditures:

	Year	Amount
Home/second home purchase	_____	\$ _____
Car purchase	_____	\$ _____
Wedding or other major event	_____	\$ _____
Medical expense (i.e. elective surgery)	_____	\$ _____
Vacation	_____	\$ _____
Dependent care (nursing home, etc.)	_____	\$ _____
Other _____	_____	\$ _____

Current Sources of Income & Cash Flow Received: (please provide copies of your current paystubs)

Client:	Annual Salary or Pension Income	\$ _____
	Bonus or Other Income	\$ _____
	Net Self-Employment Income	\$ _____
	Social Security Income	\$ _____
Spouse:	Annual Salary or Pension Income	\$ _____
	Bonus or Other Income	\$ _____
	Net Self-Employment Income	\$ _____
	Social Security Income	\$ _____
	Investments/Trust Deed Income	\$ _____
	Net Rental Real Estate Income	\$ _____
	Other Income: _____	\$ _____

Assets: (please provide copies of most recent statements)

Cash/checking accounts	\$ _____	Company retirement plan (client)	\$ _____
Interest bearing bank accounts	\$ _____	Company retirement plan (spouse)	\$ _____
Money market funds	\$ _____	Deferred comp plan (client)	\$ _____
Brokerage accounts	\$ _____	Deferred comp plan (spouse)	\$ _____
Personally-held securities	\$ _____	Net stock options (client)	\$ _____
Notes receivable	\$ _____	Net stock options (spouse)	\$ _____
Business interests	\$ _____	Residence (market value)	\$ _____
Installment sales	\$ _____	Second home (market value)	\$ _____
Limited partnerships	\$ _____	Personal effects	\$ _____
Investment real estate	\$ _____	Vehicles	\$ _____
Insurance cash value	\$ _____	Furniture/fixtures	\$ _____
IRA accounts – client	\$ _____	Gems/jewelry	\$ _____
IRA accounts – spouse	\$ _____	Art/antiques	\$ _____
		Other _____	\$ _____

Liabilities:

1st Mortgage:

Original Loan Amount: _____

Date Payments Began: _____

Term (months or years): _____

Current Interest Rate: _____

Fixed / Variable (circle one)

Indexed to: _____

Margin: _____

Current Loan Balance: _____

Home Purchase Price: _____

Home Purchase Date: _____

Home Equity Line of Credit:

Maximum Loan Amount: _____

Current Balance Due: _____

Current Interest Rate: _____

Other Amortizable Debt #1:

(i.e. Student Loans, Auto Loans, Personal Loan)

Original Loan Amount: _____

Date Payments Began: _____

Term (months or years): _____

Current Interest Rate: _____

Fixed / Variable (circle one)

Indexed to: _____

Margin: _____

Current Loan Balance: _____

Balloon Date (if applicable): _____

2nd Mortgage:

Original Loan Amount: _____

Date Payments Began: _____

Term (months or years): _____

Current Interest Rate: _____

Fixed / Variable (circle one)

Indexed to: _____

Margin: _____

Current Loan Balance: _____

Average Monthly Payment: _____

Purpose: _____

Other Amortizable Debt #2:

Original Loan Amount: _____

Date Payments Began: _____

Term (months or years): _____

Current Interest Rate: _____

Fixed / Variable (circle one)

Indexed to: _____

Margin: _____

Current Loan Balance: _____

Balloon Date (if applicable): _____

Consumer & Other Debt (i.e. credit cards):

Card	Current Balance	Interest Rate	Average Monthly Payment

Household Budget Information:

(please enter EITHER monthly or annual amounts)

Home Expenses:	Monthly	Annual
Mortgage Payment (principal + interest) or monthly rent		
Insurance Premium		
Property Taxes		
Repair and Maintenance		
Homeowner's Dues		
Gardener/Housekeeper/Pool Service		
Home Equity Loan or Equity Line Payment		
Other Home Expenses		

Second Home Expenses:	Monthly	Annual
Mortgage Payment (principal + interest)		
Insurance Premium		
Property Taxes		
Repair and Maintenance		
Homeowner's Dues		
Gardener/Housekeeper/Pool Service		
Other		

Insurance Premiums:	Monthly	Annual
Life Insurance		
Disability Insurance		
Personal Liability Insurance		
Medical/Health/Vision/Dental Insurance		
Auto Insurance		
Other		

Other Deductible Expenses:	Monthly	Annual
Charitable Contributions		
Medicine, drugs, glasses, etc.		
Other medical fees		
Tax preparation fees		
Professional Dues		
Employee Business Expenses		
Vehicle Registration		
Financial Planning Fees		
Investment Management Fees		

Living Expenses:	Monthly	Annual
Food		
Clothing		
Drycleaning		
Entertainment/Dining Out		
Club dues/Expenses		
Hobby/Boat/Plane Expenses		
Vacations		
Gifts/Celebrations		
Auto Gasoline Expense		
Auto Loan/Lease Payment		
Auto Repair/Maintenance		
Utilities (phone, cable, water, electric, sewer, trash, etc.)		
Beauty Salon/Barber		
Dues/Subscriptions		
Pet Expenses (food, vet, etc.)		
Household furnishings – purchases		
Household furnishings – repair and maintenance		
Child Support/Alimony Paid		
Babysitter/Child care		
Children's Lessons/Sports/Activities		
Children's Educational Expenses		
ATM Withdrawals/Cash		
Other		

Debt Payment & Investing	Monthly	Annual
Credit Card #1 Payments (if not paid off monthly)		
Credit Card #2 Payments (if not paid off monthly)		
Student Loan Payments or Other Notes Payable		
Children's Educational Savings		
IRA Account Contributions		
401(k) & Other Retirement Plans		
Non-retirement Savings or Systematic Investments		
Employee Stock Purchase Plan		
Other		

Educational Funding

What are your plans for your children's education? _____

How much educational funding do you wish to provide?

Child's Name / Age				
Private School: # of years				
Private School: cost/year				
College: # of years				
College: cost/year				
Graduate School: # of years				
Graduate School: cost/year				
Other: # of years				
Other: cost/year				
Funds already set aside <i>(i.e. UTMA, Education IRA, 529 plan)</i>				

(Please estimate costs using today's dollars)

How much do you currently put towards each child's education on an annual basis? _____

Estate Planning

Do you have a Will? Client: YES / NO Spouse: YES / NO

Do you have a Living Trust? Client: YES / NO Spouse: YES / NO

Do you have a Healthcare Directive? Client: YES / NO Spouse: YES / NO

Do you have a Financial Durable Power of Attorney? Client: YES / NO Spouse: YES / NO

Where do you keep your original documents? _____

When were these documents last updated? _____

As a surviving spouse, how comfortable would you be making financial decisions?

Client: _____ Spouse: _____

Are you willing to leave your estate to your surviving spouse with no strings attached?

Client: _____ Spouse: _____

Assuming you both die, explain how you want to distribute assets to your children/heirs:

Client: _____

Spouse: _____

Is it likely that you will inherit a substantial amount of money? YES / NO

If yes, please give details: _____

Other estate planning objectives to consider? _____

Survivorship Income Needs:

Should client or spouse die prematurely, how much would he/she want to provide for the family's benefit for each of the following (in today's dollars)?

Final Expenses: Client \$ _____ Spouse \$ _____

Emergency Funds: Client \$ _____ Spouse \$ _____

How much monthly after-tax income would be needed for the surviving spouse's expenses (consider periods of life: for example, while children are still at home, after children are no longer at home, etc.)?

	Client	Spouse
Period #1:	_____ years/\$ _____	_____ years/\$ _____
Period #2:	_____ years/\$ _____	_____ years/\$ _____
Period #3:	_____ years/\$ _____	_____ years/\$ _____

Do you intend that your survivors have sufficient capital to liquidate all debts such as home mortgages, auto loans, business loans, etc.? _____

Do you intend to provide sufficient capital that all remaining education costs, as listed in the Education Funding section, would be fully funded? _____

Will your surviving spouse continue working or enter the workforce? Please estimate annual income and number of years until retirement: _____

Will your survivors keep or sell the family residence? _____

Any other considerations? _____

Retirement Planning

Sources of Funds for Retirement:

Projected monthly retirement income from (defined benefit, PERS or other) pension plans:

Client \$ _____ Spouse \$ _____

Projected monthly social security income:

Client \$ _____ Spouse \$ _____

Current Balances:

Client Spouse

Pension/profit sharing plan \$ _____ \$ _____

Deferred compensation plan \$ _____ \$ _____

IRA accounts \$ _____ \$ _____

IRA Rollover accounts \$ _____ \$ _____

401(k) or other retirement accounts \$ _____ \$ _____

Investment assets \$ _____ \$ _____

Sale of business \$ _____ \$ _____

Non-liquid assets \$ _____ \$ _____

Other _____ \$ _____ \$ _____

(please provide copies of most recent statements, if possible)