

Planner \_\_\_\_\_

**J.P. King & Associates, Inc.**  
**FINANCIAL PLANNING QUESTIONNAIRE**

Name                      Birthdate                      Social Security No.                      Citizenship

Client \_\_\_\_\_

Spouse \_\_\_\_\_

Children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Client

Spouse

Occupation \_\_\_\_\_

\_\_\_\_\_

Company \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_

## AREAS OF CONCERN

Please indicate priorities: A - Very important, B - Somewhat important, C - Not Important

- |  |   |
|--|---|
| <p>_____ Establishment of long-term goals</p> <p>_____ Maximizing net worth</p> <p>_____ Investment performance</p> <p>_____ Diversification and asset allocation</p> <p>_____ Income tax management</p> <p>_____ Increasing current income</p> <p>_____ Retirement planning</p> | <p>_____ Estate planning</p> <p>_____ Insurance</p> <p>_____ Business ownership issues</p> <p>_____ Education funding</p> <p>_____ Charitable giving</p> <p>_____ Stock option decisions</p> <p>_____ Other _____</p> |
|--|---|

What do you expect a financial planner to provide for you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CURRENT INCOME

	<u>Client</u>	<u>Spouse</u>
Salary	_____	_____
Bonus	_____	_____
Other*	_____	_____
Other*	_____	_____
Total	_____	_____

\* i.e. Rental income, investment income, royalties, etc.

## FUTURE INCOME

Do you anticipate any unusual income events, i.e. sale of home, inheritance, sale of business, etc.?

Please elaborate. \_\_\_\_\_

### Client

How long do you expect to stay with your current employment? \_\_\_\_\_

What income increases do you expect? \_\_\_\_\_

If you plan to change employment within the next two years, what income do you expect? \_\_\_\_\_

For how long? \_\_\_\_\_ What income increases do you expect? \_\_\_\_\_

### Spouse

How long do you expect to stay with your current employment? \_\_\_\_\_

What income increases do you expect? \_\_\_\_\_

If you plan to change employment within the next two years, what income do you expect? \_\_\_\_\_

For how long? \_\_\_\_\_ What income increases do you expect? \_\_\_\_\_

## STANDARD OF LIVING

What are your approximate annual living expenses, excluding taxes? \_\_\_\_\_

Do you foresee any changes, other than cost-of-living, to your annual living expenses? \_\_\_\_\_

If so, please elaborate. \_\_\_\_\_

Do you foresee any unusual expenditures, i.e. purchase of second home, home renovation, extended travel, purchase of a boat or motor home, etc.? \_\_\_\_\_

## SAVINGS

### Client

How much do you contribute annually to your taxable portfolio? \_\_\_\_\_

How much do you contribute annually to an IRA or Roth IRA? \_\_\_\_\_

How much do you contribute annually to a defined contribution plan, such as 401(k), 403(b), Keogh, TSA, etc.? \_\_\_\_\_

\_\_\_\_\_ What percentage does your employer match? \_\_\_\_\_

How much do you contribute to other deferred portfolios, such as annuities, pension fund, etc.? \_\_\_\_\_

### Spouse

How much do you contribute annually to your taxable portfolio? \_\_\_\_\_

How much do you contribute annually to an IRA or Roth IRA? \_\_\_\_\_

How much do you contribute annually to a defined contribution plan, such as 401(k), 403(b), Keogh, TSA, etc.? \_\_\_\_\_

\_\_\_\_\_ What percentage does your employer match? \_\_\_\_\_

How much do you contribute to other deferred portfolios, such as annuities, pension fund, etc.? \_\_\_\_\_

## EDUCATION FUNDING

<u>Name of Child</u>	<u>Birthdate</u>	<u>Start Year</u>	<u>End Year</u>	<u>School Level*</u>	<u>Annual Cost**</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\* Elementary, secondary, university.

\*\* Estimated cost in current dollars.

## RISK MANAGEMENT

### Life Insurance:

Company/ Type of Policy	Insured	Owner	Death Benefit	Premium Amount/ Frequency	Cash Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Disability Insurance:

Company	Insured	Monthly Benefit	Waiting Period for Benefits	Benefit Period	Premium Amount/ Frequency
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Health Insurance:

Client \_\_\_\_\_

Spouse \_\_\_\_\_

Children \_\_\_\_\_

### Long Term Care Insurance:

Company	Insured	Monthly Benefit	Waiting Period for Benefits	Benefit Period	Premium Amount/ Frequency
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## ADVISORS

Name	Address	Phone
Attorney	_____	_____
Accountant	_____	_____
Other	_____	_____

# BALANCE SHEET

## ASSETS

### Investment Assets

Checking Accounts \_\_\_\_\_  
    1. \_\_\_\_\_  
    2. \_\_\_\_\_  
Savings Accounts \_\_\_\_\_  
Certificates of Deposit \_\_\_\_\_  
Money Market Funds \_\_\_\_\_  
Brokerage Accounts \_\_\_\_\_  
    1. \_\_\_\_\_  
    2. \_\_\_\_\_  
    3. \_\_\_\_\_  
    4. \_\_\_\_\_  
Stock Options (Vested) \_\_\_\_\_  
Mutual Funds \_\_\_\_\_  
    1. \_\_\_\_\_  
    2. \_\_\_\_\_  
    3. \_\_\_\_\_  
    4. \_\_\_\_\_  
Partnerships \_\_\_\_\_  
Retirement Accounts \_\_\_\_\_  
    Client: \_\_\_\_\_  
        Employer Funded \_\_\_\_\_  
        Employee Funded \_\_\_\_\_  
    Spouse: \_\_\_\_\_  
        Employer Funded \_\_\_\_\_  
        Employee Funded \_\_\_\_\_  
Rental Property \_\_\_\_\_  
Notes Receivable \_\_\_\_\_  
Value of Business \_\_\_\_\_  
Deferred Compensation \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

**Total Investment Assets** \_\_\_\_\_

### Non-Investment Assets

Home \_\_\_\_\_  
Second Home \_\_\_\_\_  
Personal Property \_\_\_\_\_  
Collectibles \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

### Total Non-Investment Assets

\_\_\_\_\_

### TOTAL ASSETS

\_\_\_\_\_

## LIABILITIES

Home Mortgage \_\_\_\_\_  
Home Equity Loan \_\_\_\_\_  
Rental Property \_\_\_\_\_  
    Mortgage \_\_\_\_\_  
Margin Account \_\_\_\_\_  
Car Loan(s) \_\_\_\_\_  
Notes Payable \_\_\_\_\_  
Revolving Charges \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

### TOTAL LIABILITIES

\_\_\_\_\_

(ASSETS-LIABILITIES)

### NET WORTH

\_\_\_\_\_

## **RETIREMENT**

If you were to retire now, in today's dollars, how much would you need in monthly after-tax income to maintain your current lifestyle? \_\_\_\_\_

### **Client**

Do you plan to semi-retire? If so, at what age? \_\_\_\_\_ How much do you expect to earn monthly in semi-retirement (in today's dollars)? \_\_\_\_\_

Do you intend to fully retire? If so, at what age would you like to fully retire? \_\_\_\_\_

Do you have a pension plan? If so, please elaborate \_\_\_\_\_

What monthly income do you expect from Social Security? \_\_\_\_\_

### **Spouse**

Do you plan to semi-retire? If so, at what age? \_\_\_\_\_ How much do you expect to earn monthly in semi-retirement, (in today's dollars)? \_\_\_\_\_

Do you intend to fully retire? If so, at what age would you like to fully retire? \_\_\_\_\_

Do you have a pension plan? If so, please elaborate \_\_\_\_\_

What monthly income do you expect from Social Security? \_\_\_\_\_

## **ESTATE PLANNING**

What state do you claim as your legal domicile? \_\_\_\_\_

Do you have a will(s)? \_\_\_\_\_ Do(does) they (it) need to be updated? \_\_\_\_\_

Have you established a Living Trust? \_\_\_\_\_

Do you have (a) Durable Power of Attorney? \_\_\_\_\_ Do(does) they (it) need to be updated? \_\_\_\_\_

## **QUESTIONS AND COMMENTARY**

Do any of your children have special needs? \_\_\_\_\_

Do you have, or anticipate having, any additional dependents? \_\_\_\_\_

How much do you wish to keep in an emergency fund to meet immediate needs? \_\_\_\_\_

Do you foresee any unusual cashflow events, i.e. sale or purchase of a business, inheritance, pending legal settlement, etc.? \_\_\_\_\_

Are you eligible for stock options? If so please provide details. \_\_\_\_\_

## DOCUMENT CHECKLIST

Please provide the following documents, as they apply (copies are fine):

- \_\_\_\_\_ Bank Statements
- \_\_\_\_\_ Brokerage & Mutual Fund Statements
- \_\_\_\_\_ Investment Basis Information
- \_\_\_\_\_ Federal & State Income Tax Returns
- \_\_\_\_\_ W-2 Forms
- \_\_\_\_\_ Recent Pay Stub
- \_\_\_\_\_ Company Benefits Information
- \_\_\_\_\_ Mortgage Statement
- \_\_\_\_\_ Life Insurance Policies
- \_\_\_\_\_ Disability Insurance Policies
- \_\_\_\_\_ Long-Term Care Insurance Policies
- \_\_\_\_\_ Current Wills
- \_\_\_\_\_ Trust Documents
- \_\_\_\_\_ Gift Tax Returns
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_