

PERSONAL FINANCIAL PLANNING QUESTIONNAIRE

CLIENT NAME (1):	_____	CLIENT NAME (2):	_____
Home Address:	_____	Home Address:	_____
City, State, Zip:	_____	City, State, Zip:	_____
Home Phone:	_____	Home Phone:	_____
Work Phone:	_____	Work Phone:	_____
Fax: (Home or Work)	_____	Fax: (Home or Work)	_____
E-mail:	_____	E-mail:	_____
Birthdate:	_____	Birthdate:	_____

Contact me by (circle one)
E-mail or Phone

Primary Contact Person during business hours? _____

FAMILY MEMBERS (Please list children and other dependants.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
_____	_____	____/____/____	<u>Y</u> <u>N</u>	_____
_____	_____	____/____/____	<u>Y</u> <u>N</u>	_____
_____	_____	____/____/____	<u>Y</u> <u>N</u>	_____
_____	_____	____/____/____	<u>Y</u> <u>N</u>	_____

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 Yr) =	_____	TOTAL (Current Yr) =	_____

Who prepares your tax return?

- Self
 Paid Preparer

Name _____

Address _____

Phone (____) _____ - _____

Fax (____) _____ - _____

Do you have estate planning documents?

When and in what state were they drafted?

Wills	Y N	_____
Living Trusts	Y N	_____
Power of Attorney	Y N	_____
Living Will	Y N	_____
Other Documents	Y N	_____

How were your current investment assets selected? _____

Indicate which of the following statements summarize your attitudes or beliefs using a scale of 1-5.

(1 being most true and 5 least true)

Client 1 Client 2

Client 1	Client 2	
		I would rather work longer than reduce my standard of living in retirement.
		I feel that I/we can reduce our current living expenses to save more for the future if needed.
		I am more interested in long term growth on investments than short-term stability of capital.
		I prefer the ease of mutual funds over individual securities.
		I am comfortable with investments that promise slow, long term appreciation and growth.
		I don't brood over bad investment decisions I've made.
		I feel comfortable with aggressive growth investments.
		I have invested in stocks or stock mutual funds in the past.
		I am optimistic about my financial future.
		My immediate concern is for income rather than growth opportunities.
		I am a risk taker.
		I make investment decisions comfortably and quickly.
		I enjoy watching how my investments are doing .
		I usually pick the tried and true, the slow, safe but sure investments.
		I need to focus my investment efforts on building cash reserves.
		I prefer predictable, steady return on my investments, even if the return is low.

Rate your working relationships with each of the following advisors that apply:

Adviser	Satisfaction Rating				
	Dissatisfied		-	Very Satisfied	Not Applicable
Financial Planner	1	2	3	4 5	X
Broker	1	2	3	4 5	X
Broker	1	2	3	4 5	X
Accountant	1	2	3	4 5	X
Tax Preparer	1	2	3	4 5	X
Attorney	1	2	3	4 5	X
Insurance Agent	1	2	3	4 5	X

INSURANCE

	<u>Coverage/Cost</u>	<u>Group</u>	<u>Individual</u>	<u>Coverage/Cost</u>	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? Yes No

ASSETS

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

Bank Accounts

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CD's

<u>Where Held?</u>	<u>Interest Rate</u>	<u>Maturity Dat</u>	<u>Ownership</u>	<u>Avg. Value</u>
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____
_____	_____ %	_____	_____	\$ _____

Provide a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the lists above:

<u>Where Held?</u>	<u>Act. Owner</u>	<u>Taxable/IRA/401(k)</u>	<u>Active/Inactive</u>	<u>Avg. Value</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

PERSONAL PROPERTY

Estimated Value

Primary Residence _____
Other Real Estate _____
Vehicle _____
Vehicle _____
Other _____

CURRENT DEBTS

Current Balance Owed Interest Rate Monthly Pmt

Primary Residence _____
Other Real Estate _____
Vehicle _____
Credit _____
Cards _____
Other _____

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

What are your financial concerns and how would you like our work together to assist you?

These documents would also be beneficial to gather for our first appointment:

- Prior Year Tax Return
- Brokerage Account Statements
- Trust Account Statements
- Retirement Plan Account Statements
- Loan Documents
- Paycheck Stubs
- Mutual Fund Account Statements
- Employee Benefits Booklet
- Legal Documents such as Divorce Agreement
- Social Security Earnings/Benefits Statement

Please bring this completed form with you to your initial appointment.

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