

Today's date: ___/___/___

Financial Planning Questionnaire

Any financial plan, advice or recommendations will be based on the information you provide. Incomplete or inaccurate information may negatively impact the results. We realize that we may request more information than other planners. But the extra time you invest will help us develop a more complete picture. All information provided is in the strictest of confidence.

Personal Information

Contact Information

Individual 1

Full name: _____
Date of Birth: _____
Age: _____
Retirement Age: _____

Individual 2

Full name: _____
Date of Birth: _____
Age: _____
Retirement Age: _____

Addresses

Individual 1

Email: _____
Home Phone: _____
Cell Phone: _____
Address: _____
City: _____ State: ___ Zip: _____

Individual 2

Email: _____
Home Phone: _____
Cell Phone: _____
Address: _____
City: _____ State: ___ Zip: _____

Employment

Individual 1

Employer: _____
Job Title: _____
Phone: _____
Email: _____
Address: _____
City: _____ State: ___ Zip: _____
Years with employer: _____

Individual 2

Employer: _____
Job Title: _____
Phone: _____
Email: _____
Address: _____
City: _____ State: ___ Zip: _____
Years with employer: _____

Please comment on the advice that you seek and/or goals for the future.

Family Members (list children and other dependents)				
Name	Relationship	Birth Date	Dependent	Resides in City, State
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	

Estate Planning

Check the box if you have any of the following:

	Individual 1	Individual 2	Year Drafted
Will	<input type="checkbox"/>	<input type="checkbox"/>	_____
Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>	_____
Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medical Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Documents: _____			_____

Insurance Coverage

Type Coverage	Individual #1			Individual #2		
	Brief Description	Group Policy	Individual	Brief Description	Group Policy	Individual
Health		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Disability #1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Disability #2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life #1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life #2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Life #3		<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 #1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Auto #2		<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"/>
Ever been turned down for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Earned Income, Pension, & Social Security

	<u>Individual 1</u>	<u>Individual 2</u>
Earned Income - Current		
Earned income (Wages)	\$ _____	\$ _____
Interest / Dividend Income:	\$ _____	\$ _____
Business Income:	\$ _____	\$ _____
Other Income: _____	\$ _____	\$ _____
Social Security		
Age to start benefit:	_____	_____
Annual increase rate:	_____ %	_____ %
Estimated or current annual benefit:	\$ _____	\$ _____

Defined Pension Information Include information on pensions that provide an annual income level (i.e.: military pension, state pension, etc.)

	<u>Individual 1</u>		<u>Individual 2</u>	
	Pension 1	Pension 2	Pension 1	Pension 2
Anticipated annual amount:	\$ _____	\$ _____	\$ _____	\$ _____
Starting age:	_____	_____	_____	_____
Increase rate before retirement:	_____ %	_____ %	_____ %	_____ %
Increase rate after retirement:	_____ %	_____ %	_____ %	_____ %
Survivor benefit (%):	_____ %	_____ %	_____ %	_____ %

Special Income/Expenses

Special Income/Expense List any other sources of income or special expenses to be paid from your capital accts.

Description	Annual amount	Annual increase rate	Starting year	# of years
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____

Assets – Real Estate and Personal Property

Description	Ownership	Estim. Value
Primary Residence		\$ _____
Furnishings (liquidation value)		\$ _____
Vehicle #1:		\$ _____
Vehicle #2:		\$ _____
Vehicle #3:		\$ _____
Other:		\$ _____
Other:		\$ _____

Liabilities – Other Debts (Residence, autos, business, school, etc.)				
Description	Term of Loan (in years)	Intrst Rate	Avg. Monthly Payment	Current Balance
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$

When was the last time you checked your credit report? _____

Liabilities – Credit Cards				
Credit Card Company	Card Name	Intrst Rate	Avg. Monthly Payment	Current Balance
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$

Note: if you have a printout of your assets and/or liabilities in another format, feel free to attach a copy instead of entering them on this form.

Assets – Bank Accounts					
Institution	Chking	Svings	Money Market	Owner	Average Balance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

Assets – Certificates of Deposit (attach a copy of the most current statements)		
Institution	Who Owns CDs?	Average Balance
		\$
		\$
		\$
		\$

Risk Assessment Questionnaire

Risk Tolerance					
	Very Conservative	Conservative	Moderate	Aggressive	Very Aggressive
Investment Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	None	Very Little	Moderate	Significant	Extensive
Investment Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Opinions/Preferences		
Of the following statements, indicate your preferences using a scale of 1 – 5 (check one)		
Client #1 1 2 3 4 5	Client #2 1 2 3 4 5	1 = Most True; 5 = Least True
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I would rather work longer than reduce my standard of living in retirement.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I feel that I/we can reduce our current living expenses to save more for the future if needed.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I am more concerned about protecting my assets than about growth.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I prefer the ease of mutual funds over individual securities.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I am comfortable with investments that promise slow, long term appreciation and growth.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I don't brood over bad investment decisions I've made.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I feel comfortable with aggressive growth investments.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I don't like surprises.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I am optimistic about my financial future.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	My immediate concern is for income rather than growth opportunities.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I am a risk taker.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I make investment decisions comfortably and quickly.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I like predictability and routine in my daily life.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I usually pick the tried and true, the slow, safe but sure investments.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I need to focus my investment efforts on building cash reserves.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I prefer predictable, steady return on my investments, even if the return is low.

Tax Preparation by: <input type="checkbox"/> Self <input type="checkbox"/> Other (check one, fill out below if "Other")			
Preparer Name			
Address			
City, State, Zip			
Phone		Fax	

Please describe any expected changes in your life or finances in the short and/or long-terms.

Please describe how you see your retirement years.

Please send a completed copy of this form to us so that we receive it at least two business days before the Initial Meeting.

Email	Email scanned copy to compliance@RealityFinancialPlanning.com .
Fax	Fax it to (888) 839-5390.
Mail	Mail it to Reality Financial Planning Services, 3947 Clark Road, Sarasota, FL 34233

The items below, as well as others, may be needed should you engage our services.

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Prior year tax return 2. Brokerage account statements 3. Trust account statements 4. Retirement plan account statements 5. Loan documents | <ol style="list-style-type: none"> 6. Paycheck stubs 7. Mutual Fund account statements 8. Employee Benefits booklet 9. Legal documents 10. Insurance policies |
|--|--|