Phone: (941) 366-5700
Fax: (888) 839-5390

Reality FINANCIAL PLANNING SERVICES, LLC — REAL SOLUTIONS FOR REAL PEOPLE

inquire@realityfinancialplanning.com

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		Individual 2	
Full name:	___________________________	Full name:	___________________________
Date of Birth:	___________________________	Date of Birth:	___________________________
Age:	____________	Age:	____________
Retirement Age:	____________	Retirement Age:	____________

Addresses

Individual 1		Individual 2	
Email:	________________________________	Email:	______________________________
Home Phone:	_____________________________	Home Phone:	_____________________________
Cell Phone:	_______________________________	Cell Phone:	_______________________________
Address:	________________________________	Address:	_______________________________
City:_______________ State: ___ Zip: _______		City:______________ State: ___ Zip: ________	

Employment

Individual 1		Individual 2	
Employer:	____________________________	Employer:	____________________________
Job Title:	____________________________	Job Title:	____________________________
Phone:	____________________________	Phone:	____________________________
Email:	____________________________	Email:	____________________________
Address:	____________________________	Address:	____________________________
City:______________ State: ___ Zip: ______		City: ______________ State: ___ Zip: ______	
Years with employer:	____________________	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 Y / N**	**Resides in City, State**
			◯/◯	
			◯/◯	
			◯/◯	
			◯/◯	
			◯/◯	
			◯/◯	

Estate Planning

Check the box if you have any of the following:	Individual 1	Individual 2	Year Drafted
Will	☐	☐	__________
Revocable Living Trust	☐	☐	__________
Durable Power of Attorney	☐	☐	__________
Medical Power of Attorney	☐	☐	__________
Other Documents: ____			__________

Insurance Coverage						
	Individual #1			**Individual #2**		
Type Coverage	**Brief Description**	**Group Policy**	**Indiv-idual**	**Brief Description**	**Group Policy**	**Indiv-idual**
Health		◯	◯		◯	◯
Disability #1		◯	◯		◯	◯
Disability #2		◯	◯		◯	◯
Life #1		◯	◯		◯	◯
Life #2		◯	◯		◯	◯
Life #3		◯	◯		◯	◯
Homeowners		◯	◯		◯	◯
Auto #1		◯	◯		◯	◯
Auto #2		◯	◯		◯	◯
Umbrella Liability		◯	◯		◯	◯
Professional Liability		◯	◯		◯	◯
Long Term Care		◯	◯		◯	◯
Ever been turned down for insurance?	◯ Yes ◯ No			◯ Yes ◯ No		

Earned Income, Pension, & Social Security

	Individual 1	Individual 2
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.)

	Individual 1		Individual 2	
	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**
	○	○	○		$
	○	○	○		$
	○	○	○		$
	○	○	○		$

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

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Assets – Other (Retirement accounts, brokerage accounts, businesses, etc. Bring a copy of the most current brokerage, mutual fund and retirement statements to the Initial Meeting.)			
Institution	**Description (include owner)**	**Monthly Additions**	**Estimated Value**
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

How were your current investment assets selected?

Education Funding

Children's Education and Fund Expenses

Child's Name	**Age**	**Age to start college**	**Cost per year***	**# of years**	**Current college fund**
________________	______	_________________	$____________	________	$_________________
________________	______	_________________	$____________	________	$_________________
________________	______	_________________	$____________	________	$_________________
________________	______	_________________	$____________	________	$_________________
________________	______	_________________	$____________	________	$_________________
________________	______	_________________	$____________	________	$_________________
________________	______	_________________	$____________	________	$_________________

Inflation rate to use for college planner: ________%

Rate of return on college funds: ________%

College fund account types (529,UGMA,Ect): ______________________ ***In today's dollars**

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Risk Assessment Questionnaire

Risk Tolerance					
	Very Conservative	Conservative	Moderate	Aggressive	Very Aggresssive
Investment Attitude	◯	◯	◯	◯	◯
	None	Very Little	Moderate	Significant	Extensive
Investment Experience	◯	◯	◯	◯	◯

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
◯ ◯ ◯ ◯ ◯	◯ ◯ ◯ ◯ ◯	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 concerned about protecting my assets than about growth.
◯ ◯ ◯ ◯ ◯	◯ ◯ ◯ ◯ ◯	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 don’t like surprises.
◯ ◯ ◯ ◯ ◯	◯ ◯ ◯ ◯ ◯	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 like predictability and routine in my daily life.
◯ ◯ ◯ ◯ ◯	◯ ◯ ◯ ◯ ◯	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.

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Current Monthly Income & Expenses

Income

Income Per Month

Salary 1
Salary 2
Interest/Dividends
Dividends
Notes
Other____________

Total Gross Income
Less:
Tithe

Tax

Net Spending Income

Income vs. Expenses

Net Spending Income

Less Expenses

Unbudgeted Dollars

Expenses

Housing
Mortgage (Rent)
Insurance
Taxes
Electricity
Gas
Water/Sanitation
Basic / LD Telephone
Cable TV/Internet
Maintenance
Assoc/Condo Fees
Cell Phone
Other____________

Food / Groceries

Automobile
Payment 1
Payment 2
Gas & Oil
Insurance
Taxes/Licenses
Maint/Repair

Clothing

Emergency Savings

Retirement Savings

Insurances
Life
Medical
Other____________

Credit Debt
Credit Card 1
Credit Card 2
Loans & Notes

Entertainment & Recreation
Eating Out
Trips/Vacations
Babysitters
Hobbies
Other____________

Miscellaneous
Toiletry, Cosmetics
Beauty, Barber
Laundry, Dry Cleaning
Allowances, Lunches
Subscriptions
Gifts / Holidays
Prescriptions/Med
Education
Cash
Other ____________
Other ____________

Tax Preparation by: ◯Self ◯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 to compliance@RealityFinancialPlanning.com. **EMAIL FILE**
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.	
1. Prior year tax return	6. Paycheck stubs
2. Brokerage account statements	7. Mutual Fund account statements
3. Trust account statements	8. Employee Benefits booklet
4. Retirement plan account statements	9. Legal documents
5. Loan documents	10. Insurance policies