PRESPER

FINANCIAL ARCHITECTS

Financial Planning Questionnaire For:

____

____

Date: ____________________ Planner: ____________________________

Assumptions

General Assumptions

The following assumptions will be used to create your financial plan unless you indicate to us otherwise. Any changes you would like to make should be indicated on this page.

Inflation rate for income: 3% ______________________

Inflation rate for expenses: 3% ____________________

Inflation rate for Social Security: 2% _______________

Inflation rate for college expenses: 6% _____________

Retirement age for client/spouse: 62yrs. ___________

Mortality age for client/spouse: 90yrs. _____________

Documentation

In order for us to have the most complete and accurate information for your plan, please try to provide us with the following documents.

- Most current investment statements
- Most current tax returns
- Most current life, annuity, disability, and long-term care policy statements
- Current Pay stubs
- Current retirement plan statement showing contributions
- Wills/Trust Documents

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Background

Personal Information

Please Select One ☐ Married ☐ Single ☐ Not Married/Planning Together

Client Name ______________________ DOB __________ SSN# ______________

Spouse Name ______________________ DOB __________ SSN# ______________

Address ____________________ City ______________ State _____ Zip ________

Phone ______________ Fax ________________

Employment Information

Client employer ______________________ Length of service ____________

Address ____________________ City ______________ State _____ Zip ________

Phone ______________ Ext. _____ Fax ______________

May we contact you at work? ☐ yes ☐ no

At what age do you plan to retire? ______

Spouse employer ______________________ Length of service ____________

Address ____________________ City ______________ State _____ Zip ________

Phone ______________ Ext. _____ Fax ______________

May we contact you at work? ☐ yes ☐ no

At what age do you plan to retire? ______

Dependents

Child's Name ______________________ DOB __________ Relationship __________

Child's Name ______________________ DOB __________ Relationship __________

Child's Name ______________________ DOB __________ Relationship __________

Child's Name ______________________ DOB __________ Relationship __________

Personal Property

Please list below the item and value of any personal property you would like included in your plan (i.e. cars, boats, jewelry).

________________ ________________ ________________

________________ ________________ ________________

Real Estate

Residence

Current value of home $____________ Original Mortgage date ____________

Term of mortgage ____________ Monthly payment (Principle & Interest) $____________

Current mortgage balance $____________ Current Interest Rate ____________

Cost Basis $____________ Who is the owner of this asset? ☐ client ☐ spouse ☐ joint

Home Equity Loan Amount $____________ Original loan date ____________

Term of loan ____________ Monthly payment (Principle & Interest) $____________

Current loan balance $____________ Current Interest Rate ____________

Other Loans

Type of loan/collateral	Original date	Term	Balance	Payment amount

Investment Real Estate

Current value of property $____________ Original Mortgage date ____________

Term of mortgage ____________ Monthly payment (Principle & Interest) $____________

Amount of monthly taxable income generated by property $____________

Current mortgage balance $____________ Current Interest Rate ____________

Who is the owner of this asset? ☐ client ☐ spouse ☐ joint ☐ other

Current value of property $____________ Original Mortgage date ____________

Term of mortgage ____________ Monthly payment (Principle & Interest) $____________

Amount of monthly taxable income generated by property $____________

Current mortgage balance $____________ Current Interest Rate ____________

Who is the owner of this asset? ☐ client ☐ spouse ☐ joint ☐ other

Business Real Estate

Current value of property $____________ Original Mortgage date ____________

Term of mortgage ____________ Monthly payment (Principle & Interest) $____________

Amount of monthly taxable income generated by property $____________

Current mortgage balance $____________ Current Interest Rate ____________

Who is the owner of this asset? ☐ client ☐ spouse ☐ joint ☐ other

(If more than one business property, please list on back of page)

Income

Earnings

Client's current salary $___________________________

Spouse's current salary $__________________________

Other Income

Include income such as expected inheritances, part-time employment, and etc. Please do not include dividend income here because they will be calculated separately.

Income description ______________________________ Expected amount $_________________________

Will this income be taxable or tax-free? ☐ taxable ☐ tax-free

What date will this income begin? _________________ When will this income end _________________

Income description ______________________________ Expected amount $_________________________

Will this income be taxable or tax-free? ☐ taxable ☐ tax-free

What date will this income begin? _________________ When will this income end _________________

Social Security

Social security will automatically be calculated by the program based on your income history starting with your current income through your retirement. Past income will not be considered. If you have a current social security statement available, we would prefer to use their estimated amount.

Please circle what age you would like your benefits to begin

Client's estimated social security at age 62 $___________ at age 65 $__________ at age 67 $___________

Spouse's estimated social security at age 62 $__________ at age 65 $__________ at age 67 $___________

Defined Pension Benefits

Income description ______________________________ Owner: ☐ client ☐ spouse

Monthly amount $________________ Start date ____________________

End date (if no end date please indicate death) _____________________

Percent of survivor benefit ________% Cost of Living Adjustment __________%

Income description ______________________________ Owner: ☐ client ☐ spouse

Monthly amount $________________ Start date ____________________

End date (if no end date please indicate death) _____________________

Percent of survivor benefit ________% Cost of Living Adjustment __________%

Expenses

College Expenses

Child's Name	Expected Start Date	Expected Annual Cost	Years Attending
______________________________	________________	$________________	____________
______________________________	________________	$________________	____________
______________________________	________________	$________________	____________
______________________________	________________	$________________	____________

*Cost of K-12 private school attendance should be added to your monthly cost of living expenses

General Expenses

Living expenses: i.e. mortgage, loans, utilities, groceries, and entertainment.
Please do not include any tax liabilities because they will be calculated separate.

Monthly expenses $____

Future increase or decrease amount $________________________

When do you anticipate this change? ________________________

Other Expenses: i.e. vacations, large purchases, weddings, and etc.

Description	Expected Start Date	Expected Amount	Anticipated End Date
______________________________	________________	$______________	_________________
______________________________	________________	$______________	_________________
______________________________	________________	$______________	_________________

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Assets & Investments

*You do not need to fill out this information for any assets that you have provided statements for.

Cash and Equivalents

Description	Current Value	Monthly Invest.	Cost Basis	Owner	Beneficiary	Return%
	$	$				
	$	$				
	$	$				
	$	$				

IRA's

Description	Current Value	Monthly Invest.	Owner	Beneficiary
	$	$		
	$	$		
	$	$		
	$	$		

Stocks

Description	Current Value	Monthly Invest.	Cost Basis	Owner	Beneficiary
	$	$			
	$	$			
	$	$			
	$	$			

Mutual Funds

Description	Current Value	Monthly Invest.	Cost Basis	Owner	Beneficiary
	$	$			
	$	$			
	$	$			
	$	$			
	$	$			
	$	$			
	$	$			
	$	$			

Assets & Investments

Managed Accounts

Description	Current Value	Monthly Invest.	Cost Basis	Owner	Beneficiary
________________	$____________	$______________	______________	__________	_____________
________________	$____________	$______________	______________	__________	_____________
________________	$____________	$______________	______________	__________	_____________
________________	$____________	$______________	______________	__________	_____________

Other Investments

Please indicate in the description if this IRA is Deductible, Nondeductible, Roth, or Educational.

Description	Current Value	Monthly Invest.	Cost Basis	Owner	Beneficiary
________________	$____________	$______________	______________	__________	_____________
________________	$____________	$______________	______________	__________	_____________
________________	$____________	$______________	______________	__________	_____________
________________	$____________	$______________	______________	__________	_____________

Retirement Plans / 401K / 403B

Account description ________________ Current Value $_______________

Percentage of your income contributed ________% Employer match _________%

Percentage you are vested _________% Account owner: ☐ client ☐ spouse

Account description _______________ Current Value $_______

Percentage of your income contributed ________% Employer match _________%

Percentage you are vested _________% Account owner: ☐ client ☐ spouse

Account description ________________ Current Value $_______________

Percentage of your income contributed ________% Employer match _________%

Percentage you are vested _________% Account owner: ☐ client ☐ spouse

Annuities

Annuity description _________________ Current Value $_______________

Amount of monthly investments (if any) $_____________ Interest Rate if Fixed _______%

Who is the annuitant? ☐ client ☐ spouse

Annuity description _________________ Current Value $_______________

Amount of monthly investments (if any) $_____________ Interest Rate if Fixed _______%

Who is the annuitant? ☐ client ☐ spouse

Insurance

Life Insurance

Policy description ______________________________ Policy type: ☐ term ☐ permanent

Death benefit amount $__________________ When will this policy expire ______________

Owner: ☐ client ☐ spouse **Insured:** ☐ client ☐ spouse ☐ second to die

Beneficiary: ☐ estate ☐ surviving spouse ☐ children ☐ other

Cash value of policy, if any $______________________

Policy description ______________________________ Policy type: ☐ term ☐ permanent

Death benefit amount $__________________ When will this policy expire ______________

Owner: ☐ client ☐ spouse **Insured:** ☐ client ☐ spouse ☐ second to die

Beneficiary: ☐ estate ☐ surviving spouse ☐ children ☐ other

Cash value of policy, if any $______________________

Policy description ______________________________ Policy type: ☐ term ☐ permanent

Death benefit amount $__________________ When will this policy expire ______________

Owner: ☐ client ☐ spouse **Insured:** ☐ client ☐ spouse ☐ second to die

Beneficiary: ☐ estate ☐ surviving spouse ☐ children ☐ other

Cash value of policy, if any $______________________

Estate Planning Documents

Please check below if you have any of the following established.

- ☐ Wills, Living Wills, Simple Wills
- ☐ Power of Attorney (Durable or Health)
- ☐ Marital Power of Appointment
- ☐ Irrevocable Life Insurance Trust
- ☐ GRAT
- ☐ GRUT
- ☐ QPRT
- ☐ CRAT
- ☐ CRUT

Disclaimer

This plan will be prepared using only the information you have provided us with and a series of assumptions that we use as a standard method. We are making these assumptions in good faith, however, they are assumptions and by definition are imprecise. The reports we generate for you should not be construed as guaranteed projections. The reasonableness of assumptions may change over time due to a variety of dynamic factors such as tax law, investment trends, and your personal circumstances. Therefore, it is important that you periodically review your plan, its assumptions, and the conclusions drawn from those assumptions. Tax aspects of your plan should be discussed with a qualified tax professional and legal issues should be reviewed by an attorney. Investment inquires should only be discussed with the investment professional you have chosen to work with. All prospectuses, memoranda, and other disclosures should be carefully read for your knowledge and understanding.

- This information will be used to help assess your current financial needs.
- Your responses will not be sold or shared with any unauthorized parties.

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