



P R E S P E R
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

Personal Information

Please Circle 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).

_____	_____
_____	_____
_____	_____

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 \$ _____
Current balance \$ _____ Current Interest Rate _____

Other Loans

<u>Type of loan/collateral</u>	<u>Original date</u>	<u>Term</u>	<u>Balance</u>	<u>Payment amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Investment Real Estate

Current value of property \$ _____ Original mortgage date ____/____/____
Term of mortgage _____ Monthly payments (P&I) only \$ _____
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 payments (P&I) only \$ _____
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 payments (P&I) only \$ _____
Amount of monthly taxable income generated by property \$ _____
Current mortgage balance \$ _____
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? _____

What date will this income begin? ____/____/____ When will this income end ____/____/____

Income description _____ Expected amount \$ _____

Will this income be taxable or 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

<u>Child's Name</u>	<u>Expected Start Date</u>	<u>Expected Annual Cost</u>	<u>Years Attending</u>
_____	___/___/___	\$ _____	_____
_____	___/___/___	\$ _____	_____
_____	___/___/___	\$ _____	_____
_____	___/___/___	\$ _____	_____

*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.

<u>Description</u>	<u>Expected Start Date</u>	<u>Expected Amount</u>	<u>Anticipated End Date</u>
_____	___/___/___	\$ _____	___/___/___
_____	___/___/___	\$ _____	___/___/___
_____	___/___/___	\$ _____	___/___/___

Assets and Investments

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

Cash and Equivalents

<u>Description</u>	<u>Current Value</u>	<u>Monthly Invest.</u>	<u>Cost Basis</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Return%</u>
_____	\$ _____	\$ _____	_____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____	_____

IRA's

<u>Description</u>	<u>Current Value</u>	<u>Monthly Investments</u>	<u>Owner</u>	<u>Beneficiary</u>
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____

Stocks

<u>Description</u>	<u>Current Value</u>	<u>Monthly Invest.</u>	<u>Cost Basis</u>	<u>Owner</u>	<u>Beneficiary</u>
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____

Mutual Funds

<u>Description</u>	<u>Current Value</u>	<u>Monthly Invest.</u>	<u>Cost Basis</u>	<u>Owner</u>	<u>Beneficiary</u>
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____

Managed Accounts

<u>Description</u>	<u>Current Value</u>	<u>Monthly Invest.</u>	<u>Cost Basis</u>	<u>Owner</u>	<u>Beneficiary</u>
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____

Other Investments

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

<u>Description</u>	<u>Current Value</u>	<u>Monthly Invest.</u>	<u>Cost Basis</u>	<u>Owner</u>	<u>Beneficiary</u>
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____

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 third party

Annuity description _____ Current value \$ _____
 Amount of monthly investments, if any \$ _____ Interest Rate if Fixed _____
 Who is the annuitant? client spouse third party

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 inquiries 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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