

Fullerton Financial Planning Confidential Questionnaire

CONTACT INFORMATION	Name:		Nickname:		Date of Birth:	
	Working At/Retired From:		Current/Former Occupation:		Retired?	Yes <input type="checkbox"/> No <input type="checkbox"/> Semi <input type="checkbox"/>
	Spouse Name:		Nickname:		Date of Birth:	
	Home#:		Cell:		Email:	
	Primary Address					
Were you referred to us? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, by whom? <input type="text"/>						

FAMILY	Number of children:		Number of grandchildren:	
	Do any of your children or grandchildren have special needs? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	Are any of your children or grandchildren listed as joint owners on any of your accounts? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	Family notes:			

LEGAL ITEMS	Which of the following legal documents do you have in place?			ADD'L ITEMS	Which of the following do you have in place?		
		Yes	No			Yes	No
	Will	<input type="checkbox"/>	<input type="checkbox"/>		Umbrella Policy	<input type="checkbox"/>	<input type="checkbox"/>
	Power of Attorney (POA) Assets	<input type="checkbox"/>	<input type="checkbox"/>		Long Term Care Insurance	<input type="checkbox"/>	<input type="checkbox"/>
	Power of Attorney (POA) Health	<input type="checkbox"/>	<input type="checkbox"/>		Death Benefit Type (Whole/Term/Universal)		
	Living Will	<input type="checkbox"/>	<input type="checkbox"/>		Life Insurance		
	Living Trust	<input type="checkbox"/>	<input type="checkbox"/>		Life Insurance:		

CASH FLOW	Please list a monthly income from each source:				Is your current cash flow sufficient and comfortable?		Yes	No
		You		Spouse			<input type="checkbox"/>	<input type="checkbox"/>
	Pension				Do you live off interest your investment dollars earn?		<input type="checkbox"/>	<input type="checkbox"/>
	(Survivor Options)				Do you anticipate any significant changes in cash flow?		<input type="checkbox"/>	<input type="checkbox"/>
	Social Security				Are you planning any major life style changes?		<input type="checkbox"/>	<input type="checkbox"/>
	Wages				Do you foresee any large purchases greater than \$5,000 within the next 3 years?		<input type="checkbox"/>	<input type="checkbox"/>
	Other Income				Do you contribute to charity?		<input type="checkbox"/>	<input type="checkbox"/>
	Are these amounts net or gross? Gross <input type="checkbox"/> Net <input type="checkbox"/>							
	How much are your monthly expenses? <input type="text"/>							
	Here are some common expenses: Mortgage, Food, Gas, Car Loan, Insurance, Utilities, Gifts/ Donations, Medical, Taxes, Social Security, etc.							

LIFE EVENTS

In the near future I expect to: (Please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Buy a home | <input type="checkbox"/> Care for a parent | <input type="checkbox"/> Help fund education costs for a family member |
| <input type="checkbox"/> Sell a home | <input type="checkbox"/> Start/Expand a business | <input type="checkbox"/> Sell a property |
| <input type="checkbox"/> Improve a home | <input type="checkbox"/> Pay off debt | <input type="checkbox"/> Receive an inheritance |
| <input type="checkbox"/> Retire | <input type="checkbox"/> Start a part-time job | <input type="checkbox"/> Purchase a property |
| <input type="checkbox"/> Other: | | |

ASSETS

Assets: Please check off the accounts you currently hold and bring the latest statement in for your visit (Optional)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Bank/Credit Union Accounts | | <input type="checkbox"/> Annuities | |
| <input type="checkbox"/> Mutual Funds/Stocks/Bonds | | <input type="checkbox"/> IRAs / 401K / 401B / TSAs | |
| <input type="checkbox"/> Brokerage Accounts | | <input type="checkbox"/> Life Insurance | |
| <input type="checkbox"/> Work Retirement Accounts | | <input type="checkbox"/> Long Term Care Insurance | |
| <input type="checkbox"/> CDs | | <input type="checkbox"/> Promissory Notes | |
| <input type="checkbox"/> Business Interest | | <input type="checkbox"/> Other Assets | |

Property:

Liabilities: Mortgage \$

Home Value \$		Add'l Liabilities	Balance Owed	Pay off Date
Autos and Personal Property \$			/ \$	/
Rental / Add'l Properties \$			/ \$	/

ADDITIONAL INFORMATION

If you are not already retired, when do you want to retire?

How did you acquire your wealth?

How involved would you like to be in your investments?

What is most important about your money to you?

Are you more concerned about growing your assets or protecting what you already have?

CONCERNS

Which of the following are your top three concerns?

- | | |
|---|--|
| <input type="checkbox"/> Need direction with 401K and / or IRA accounts | <input type="checkbox"/> Outliving nest egg |
| <input type="checkbox"/> Leaving a legacy to children / and or grandchildren | <input type="checkbox"/> Uncertainty about stock market |
| <input type="checkbox"/> Considering retirement and not sure if / we can afford to | <input type="checkbox"/> Avoid paying too much in taxes |
| <input type="checkbox"/> Not having a reliable income plan for retirement | <input type="checkbox"/> Losing too much money in the stock market |
| <input type="checkbox"/> Concerned about giving away life savings due to catastrophic illness | |

OBJECTIVES

Which of the following describes your risk tolerance when it comes to retirement assets?

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Buy a home | <input type="checkbox"/> Care for a parent | <input type="checkbox"/> Help fund education costs for a family member |
|-------------------------------------|--|--|

What are your Financial Objectives? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Income Now | <input type="checkbox"/> Guarantees Provided | <input type="checkbox"/> Growth Potential |
| <input type="checkbox"/> Tax-Deferred Growth | <input type="checkbox"/> Pass Assets to Beneficiaries | <input type="checkbox"/> Other |