

FINANCIAL PLANNING QUESTIONNAIRE

WJM Financial, LLC

Overview & Document Check List

Much of the requested information - investment assets, living expenses, insurance coverage, debts, etc... - may be available on investment statements, budgets, or other documents that you already have. **TO THE EXTENT POSSIBLE, PLEASE PROVIDE STATEMENTS RATHER THAN ANSWERING QUESTIONS.**

Please include the following documents, which should provide most of the requested information:

- Income tax returns
- Most recent pay stub
- Pension statement from employer (if applicable)
- Life insurance and disability insurance policies
- Summary pages for homeowners, automobile, and liability insurance policies
- Most recent investment statements
- Most recent bank statements
- Most recent mortgage and other loan statements
- Estate planning documents (wills, power of attorney, trusts, etc...)
- Social Security Statements

Personal Information

<u>CLIENT</u>	<u>CO-CLIENT</u>
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Social Security Number: _____	Social Security Number: _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Employer city and state _____	Employer city and state _____
Work phone: _____	Work phone: _____
Work Email Address: _____	Work Email Address: _____

Current Address

Street: _____	Home phone: _____
City: _____ State: _____	Home fax: # _____
Zip Code: _____	Email Address: _____

If married, do you have a prenuptial agreement? _____

If married, in what state were you married? _____

If married, what other states have you lived in since marriage? _____

How were you referred to us? _____

	<i>Client</i>		<i>Co-Client</i>	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
Have you been previously married?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a citizen of a country other than the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any medical conditions that should be considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have military or civil service experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you anticipate receiving significant gifts, inheritances, or trust benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excluding children, do you expect to support anyone financially?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you own your own business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever declared bankruptcy, or are you aware of any adverse credit history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you granted a Durable Power of Attorney?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Health Care Proxy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you created trusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have other estate planning documents (not already accounted for)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a pension benefit from your employer upon retirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used a financial planner in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you file estimated tax payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there investments that you feel committed to for non-financial reasons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any other advisors with whom you are currently working.

	<i>Name</i>	<i>Company</i>	<i>May we contact?</i>	
			<i>Yes</i>	<i>No</i>
Attorney:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Accountant:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Children, Grandchildren, & Other Dependents

Name _____
Relationship _____
Date of birth _____
Dependent? _____

Name _____
Relationship _____
Date of birth _____
Dependent? _____

Name _____
Relationship _____
Date of birth _____
Dependent? _____

Name _____
Relationship _____
Date of birth _____
Dependent? _____

Name _____
Relationship _____
Date of birth _____
Dependent? _____

Name _____
Relationship _____
Date of birth _____
Dependent? _____

General Planning Objectives

Priorities – Please identify your most important financial planning objectives.

Client

1. _____
2. _____
3. _____
4. _____
5. _____

Co-client

1. _____
2. _____
3. _____
4. _____
5. _____

Incomes

	<i>Description</i>	<i>Annual amount</i>	<i>Expected annual increases</i>	<i>Comments</i>
Client	Employment salary	\$ _____	_____ %	_____
	Employment bonus	\$ _____	_____ %	_____
	Self-employment income	\$ _____	_____ %	_____
	Alimony received	\$ _____	_____ %	_____
	Other income	\$ _____	_____ %	_____
Co-client	Employment salary	\$ _____	_____ %	_____
	Employment bonus	\$ _____	_____ %	_____
	Self-employment income	\$ _____	_____ %	_____
	Alimony received	\$ _____	_____ %	_____
	Other income	\$ _____	_____ %	_____

Defined Benefit Pension Plans – If you anticipate receiving a pension upon retirement, please complete the following:

	<i>Client</i>	<i>Co-Client</i>
Amount of annual pension payment	_____	_____
Age when benefits begin	_____	_____
Annual cost of living adjustment (%)	_____	_____
Percentage available to survivor (%)	_____	_____

Expenses

NOTE: We can calculate living expenses in one of two ways: (1) we can estimate your level of living expenses as *total income - taxes - savings - total debt payments*, or (2) we can use an itemized cash flow projection.

If you would like to use the second option, an itemized cash flow projection, please complete the detailed expense summary below.

<i>Expense</i>	<i>Monthly</i>	<i>or</i>	<i>Annual</i>
Auto Expenses			
Gasoline	_____		_____
Insurance	_____		_____
License and inspection	_____		_____
Lease payments (not loans)	_____		_____
Maintenance	_____		_____
Parking and tolls	_____		_____
Other	_____		_____
Bills (related to primary residence)			
Cable TV/Internet Service	_____		_____
Cellular phone	_____		_____
Electricity	_____		_____
Heat	_____		_____
Snow and Trash Removal	_____		_____
Telephone	_____		_____
Water/Sewer	_____		_____
Other bills	_____		_____
Education related expenses			
Tuition	_____		_____
Books and materials	_____		_____
Other education expenses	_____		_____
Health care			
Dental	_____		_____
Eye care	_____		_____
Physician	_____		_____
Prescriptions	_____		_____
Other health care	_____		_____
Insurance (excludes auto or homeowners)			
Life insurance	_____		_____
Disability insurance	_____		_____
Personal liability insurance	_____		_____
Other	_____		_____

<i>Expense</i>	<i>Monthly</i>	<i>or</i>	<i>Annual</i>
Personal care			
Haircuts	_____		_____
Health club	_____		_____
Spa	_____		_____
Other personal care	_____		_____
Primary residence			
Home and Yard Maintenance	_____		_____
Homeowners Insurance	_____		_____
Housecleaning	_____		_____
Household purchases and items	_____		_____
Rent payment (not mortgage)	_____		_____
Other	_____		_____
Routine living expenses			
Animal Care	_____		_____
Clothing	_____		_____
Dining out and entertainment	_____		_____
Dry Cleaning and Laundry	_____		_____
Gifts	_____		_____
Groceries	_____		_____
Hobby related expenses	_____		_____
Miscellaneous Expenses	_____		_____
Newspapers/subscriptions/books	_____		_____
Sporting goods	_____		_____
Vacations	_____		_____
Other:	_____		_____
Savings			
Retirement plans - client	_____		_____
Retirement plans - co-client	_____		_____
Taxable investment accounts	_____		_____
Education savings accounts	_____		_____
Savings/checking accounts	_____		_____
Other savings	_____		_____
Second Home			
Homeowners Insurance	_____		_____
Maintenance	_____		_____
Rent payment (not mortgage)	_____		_____
Utilities	_____		_____
Other:	_____		_____

<i>Expense</i>	<i>Monthly</i>	<i>or</i>	<i>Annual</i>
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Tax related expenses

Alimony payments	_____		_____
Charitable contribution (cash or check)	_____		_____
Charitable contribution (property)	_____		_____
Child care expenses	_____		_____
Job related expenses (non reimbursed)	_____		_____
Mortgage points paid	_____		_____
Professional liability insurance	_____		_____
Professional literature	_____		_____
Property taxes - primary residence	_____		_____
Property taxes - second residence	_____		_____
Tax preparation fees	_____		_____
Union Dues	_____		_____
Other tax-related expenses	_____		_____

Assets

Real Estate

	Purchase Price	Purchase Date (Month/Year)	Approximate Market Value	Have you made major improvements?
Primary residence				
Secondary residence				
Other:				
Other:				

Savings and Investment Accounts – Please list any accounts for which statement are not provided.

Name of account	Owner of this account			Financial institution	Approximate value	Ongoing savings?	
	Client	Joint	Co-client			Yes	No
_____	<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"/>	<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"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Stock Options / Employee Stock Purchase Plans – Please list any accounts for which statement are not provided.

Name of account	Account owner		Financial institution	Value	Ongoing savings?	
	Client	Co-client			Yes	No
_____	<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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Personal Assets (items such as automobiles, collectibles, antiques, furniture, hobby equipment, jewelry, etc...)

Asset Name	Owner		Estimated market value
	Client	Co-client	
_____	<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"/>	\$ _____

Liabilities

Current Debts - Please include statements. If statements are not available, please complete the following:

	Original amount borrowed	Origination date (Month/Year)	Interest Rate	Term	Fixed or Variable?	Current balance
Primary mortgage	\$ _____	____ / ____	____%	____yrs.	F V	\$ _____
Secondary mortgage	\$ _____	____ / ____	____%	____yrs.	F V	\$ _____
Line of credit	\$ _____	____ / ____	____%	____yrs.	F V	\$ _____
Credit card	\$ _____	____ / ____	____%	____yrs.	F V	\$ _____
Credit card	\$ _____	____ / ____	____%	____yrs.	F V	\$ _____
Student loan	\$ _____	____ / ____	____%	____yrs.	F V	\$ _____
Student loan	\$ _____	____ / ____	____%	____yrs.	F V	\$ _____
Auto loan	\$ _____	____ / ____	____%	____yrs.	F V	\$ _____
Auto loan	\$ _____	____ / ____	____%	____yrs.	F V	\$ _____
Other:	\$ _____	____ / ____	____%	____yrs.	F V	\$ _____
Other:	\$ _____	____ / ____	____%	____yrs.	F V	\$ _____

Risk Management and Insurance Planning

Life Insurance Objectives: Please prioritize the following objectives concerning life insurance

	<i>Client</i>			<i>Co-client</i>		
	Very important	Somewhat important	Not important	Very important	Somewhat important	Not important
Provide for surviving spouse and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leave a legacy for future generations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate liquidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable bequests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life, Property, and Liability Insurance

	<i>Client</i>		<i>Co-Client</i>	
	Yes	No	Yes	No
Are you on the board of directors for any organizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any pending lawsuits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you own a boat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you own firearms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you own jewelry or furs in excess of \$1,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you own antiques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any hazardous hobbies (pilot, scuba diving, auto racing...)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Life Insurance Coverage: Please include policies if available. If policies are not available, please complete the following:

	Policy 1	Policy 2	Policy 3	Policy 4
Insured person				
Amount of coverage	\$ _____	\$ _____	\$ _____	\$ _____
Term or permanent?				
Beneficiary				
Annual premium	\$ _____	\$ _____	\$ _____	\$ _____

Disability Insurance: Please include policies if available. If policies are not available, please complete the following:

	<i>Policy 1</i>	<i>Policy 2</i>	<i>Policy 3</i>	<i>Policy 4</i>
Insured person				
Monthly benefit	\$ _____	\$ _____	\$ _____	\$ _____
Annual premium	\$ _____	\$ _____	\$ _____	\$ _____

Long-Term Care Insurance

	<i>Client</i>		<i>Co-Client</i>	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
Do you expect to provide financial support for parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect to need a nursing facility or other assisted living in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about available options in nursing homes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you opposed to the idea of relying on Medicaid for support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estate Planning

Desired Distribution of Assets

Survived by your partner – please indicate the manner in which you would like your assets distributed <u>if you die before your partner.</u>	<i>Client</i>		<i>Co-Client</i>	
Percent of assets transferred immediately to your partner.		%		%
Percent of assets transferred immediately to your children.		%		%
Percent of assets to charity.		%		%
Percent of assets to other. Please specify _____		%		%
TOTAL		100%		100%

Not survived by your partner – please indicate the manner in which you would like your assets distributed <u>if you die after your partner.</u>	<i>Client</i>		<i>Co-Client</i>	
Percent of assets transferred immediately to your children.		%		%
Percent of assets to charity		%		%
Percent of assets as a legacy		%		%
Percent of assets to other. Please specify _____		%		%
TOTAL		100%		100%

Lifetime Gifting

	<i>Client</i>		<i>Co-Client</i>	
	Yes	No	Yes	No
Have you ever made taxable gifts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed a gift tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan to make taxable gifts in the foreseeable future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Should grandchildren be considered in gift planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Existing Trusts: Please list any trusts that you have created. If available, please include trust documents.

<i>Name of trust</i>	<i>Grantor</i>		<i>Is trust funded?</i>	
	<i>Client</i>	<i>Co-client</i>	<i>Yes</i>	<i>No</i>
_____	<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"/>

Education Planning

<i>General</i>	<i>Yes</i>	<i>No</i>	<i>Amount</i>
Has any money been put aside for educational purposes?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Are there currently any ongoing savings for educational purposes?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Do your children own accounts to be used for their own educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Will your children be responsible for funding any of their educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Do you expect your children to receive gifts for education expense purposes?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
If not 100%, what percent or dollar amount do you plan to fund?	_____ %		\$ _____

	<i>Elementary School</i>	<i>High School</i>	<i>College</i>	<i>Graduate School</i>
Please check if included in planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Years of attendance to be considered.	_____ years	_____ years	_____ years	_____ years
Anticipated annual amount (today's dollars).	\$ _____	\$ _____	\$ _____	\$ _____

Contingency Planning – please indicate the adjustments that you are willing to make if your financial objectives cannot be achieved simultaneously.	<i>Client</i>	<i>Co-Client</i>
Switch from a private to public school.	<input type="checkbox"/>	<input type="checkbox"/>
Require student to provide a larger portion of his/her educational costs.	<input type="checkbox"/>	<input type="checkbox"/>
Adjust other objectives (retirement, lifestyle, etc...)	<input type="checkbox"/>	<input type="checkbox"/>
Borrow through student loan programs.	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Strategies – your answers to the following will help to identify or eliminate potential strategies.	<i>Client</i>		<i>Co-Client</i>	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
Are you willing to irrevocably transfer assets to your children (they have outright ownership at 18)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the student earns a full or partial scholarship, would you object to them keeping excess savings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the student decides against college, would you object to them keeping any excess savings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you anticipate contributions from other family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

