Perino
WEALTH MANAGEMENT
of
RAYMOND JAMES®

Michael T. Perino, CRPC®, WMS, CDFA®
Financial Advisor

239-415-8041
Mike.Perino@RaymondJames.com

RAYMOND JAMES

# Financial planning questionnaire

## Client information

Please complete to the best of your ability. The information provided will assist us in providing a complete financial plan built around your personal goals.

| | Client | | Partner/spouse | | |
|---|---|---|---|---|---|
| Full legal name | | | | | |
| Gender | | | | | |
| DOB | | | | | |
| Marital status | | | | | |
| Physical address | Address | | Same ☐ | Address | |
| | City | Zip | | City | Zip |
| Email address | | | | | |
| Phone number | | | | | |
| Child(ren)'s name(s) & DOB | | | | | |

## Goals

Please list any goals you want to pursue in addition to your essential living expenses. For each goal, include the timeline or frequency of the goal, whether it is a need or want and the approximate cost. For example: purchase a new car every five years, go on a cruise every two years, etc.

| Goal | Timeline/frequency | Need/want | Approximate cost |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |

## Risk tolerance

What is your household risk tolerance?

| What is your willingness to take risk with your investments?<br>1-100 (1=lowest, 100=highest) | Client | Partner/spouse | Household average |
|---|---|---|---|
| | | | |

## Income

Please list any current income

| | Client | Partner/spouse |
|---|---|---|
| Employment status | | |
| Employment income | | |
| Other pre-retirement income<br>Noninvestment | | |

## Retirement information

What does retirement mean to you?

| | Client | Partner/spouse |
|---|---|---|
| What is your desired retirement age? | | |
| Are you willing to retire at a later time to reach your goals? | | |
| Based on your health and family history, how long do you expect to live? | | |
| Approximately how much will you need to meet your essential living expenses in retirement? | $ | $ |
| If one spouse retires before the other, will withdrawals need to be made from savings to meet expenses? | | |
| Will you have employee sponsored healthcare in retirement? | | |

## Retirement income

Please list any retirement income sources. Include pensions, rental income, part-time work, etc.

| Income description | Amount | Starts/ends | Inflation/ survivor pension |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## Social Security

To obtain an estimate of your Social Security benefits, please go to ssa.gov/myaccount.

| | Client | Partner/spouse | |
|---|---|---|---|
| **Are you eligible?** | | | |
| **What is your approximate benefit amount?** | | | ☐ Not sure, please estimate |
| **When will you collect?** | | | ☐ At full retirement age<br>☐ Unsure |

## Insurance

Please list any life insurance policies you own.

| Description | Coverage | Premium | Owner |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## Assets: investments, savings and other

Please list any investment assets held outside of Raymond James. Include employer retirement plans IRAs, brokerage accounts, etc.

| Account Description | Held at? | Current Value | Annual Additions | Owner |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Liabilities

Please list any outstanding loans, credit cards, automobile, mortgage, student loans, lines of credit, etc.

| Description | Balance | Monthly Payment | Owner |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## Professional contacts

Please list any other planning professionals we should be aware of (e.g., attorney, accountant, insurance agent, etc.).

| Name/title | Company | Contact information |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Action items

Please provide the important documents below.

- [ ] Social Security statements
- [ ] Employer retirement plan statements
- [ ] Income statements
- [ ] ______________________
- [ ] Investment/brokerage/bank statements
- [ ] Insurance policies
- [ ] Liability statements
- [ ] ______________________

Next steps toward your plan.

| Financial advisor action items | Your action items |
|---|---|
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INTERNATIONAL HEADQUARTERS: THE RAYMOND JAMES FINANCIAL CENTER
880 CARILLON PARKWAY // ST. PETERSBURG, FL 33716 // 800.248.8863