

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 <input type="checkbox"/>	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? 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 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?			<input type="checkbox"/> Not sure, please estimate
When will you collect?			<input type="checkbox"/> At full retirement age <input type="checkbox"/> 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

