

**Jacob J. Reid**

Life Planning Strategist™

## Financial Planning Questionnaire



# CAPITAL INSIGHT

## FINANCIAL GROUP

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Securities offered through Securities America, Inc. Member FINRA & SIPC. Advisory services offered through Securities America Advisors, Inc. Capital Insight Financial Group and Securities America companies are separate entities.



## Personal Information

1. \_\_\_\_\_

Title	First Name	Last Name	Date of Birth	Social Security #	Gender
Home Phone #	Business Phone #	Cell Phone #	Email Address		
Street	City	State	Zip		

2. \_\_\_\_\_

Title	First Name	Last Name	Date of Birth	Social Security #	Gender
Home Phone #	Business Phone #	Cell Phone #	Email Address		
Street	City	State	Zip		

## Dependents

1. \_\_\_\_\_

Relation & Dependent

Title	First Name	Last Name	Date of Birth	Social Security #	Gender
Street	City	State	Zip		

2. \_\_\_\_\_

Relation & Dependent

Title	First Name	Last Name	Date of Birth	Social Security #	Gender
Street	City	State	Zip		

## Notes



## Professional Advisors

### 1. Financial Advisor

First Name	Last Name	Business Phone #	Email Address
Street	City	State	Zip

### 2. CPA – Tax Preparer

First Name	Last Name	Business Phone #	Email Address
Street	City	State	Zip

### 3. Estate/Trust Attorney

First Name	Last Name	Business Phone #	Email Address
Street	City	State	Zip

### 4. Property Casualty Insurance Agent

First Name	Last Name	Business Phone #	Email Address
Street	City	State	Zip

## Notes



## General Information

What are your hobbies, areas of interest, clubs and associations you participate in?

Is there anyone that may become financially dependent on you in the future?

When you think about money, what keeps you awake at night?

Is there anyone else that you look to for financial advice?

At the end of this process, what would you feel is a successful outcome?

## Children's Education

Is it your goal for your children to attend college?  Yes  No

Public In-State  Public Out-of-State  Private

Do you currently have funds or accounts specifically set aside for education?  Yes  No

## Notes



## Estate Planning

Do you have a living trust?  Yes  No If yes, date signed \_\_\_\_\_

Do you have wills?  Yes  No

Do you and your spouse have durable powers of attorney for health?  Yes  No

Do you and your spouse have durable powers of attorney for financial matters?  Yes  No

What is your ultimate goal for the distribution of your wealth?

Inheritance to children / grandchildren \_\_\_\_\_ Charitable purposes during lifetime \_\_\_\_\_

Charitable purposes after death \_\_\_\_\_

Is your estate valuation over 5.5 Million?

\_\_\_\_\_

Have you taken any steps to avoid estate taxes (life insurance trust, annual gifting, etc.)?

\_\_\_\_\_

## Estate / Retirement / Trust Beneficiaries

\_\_\_\_\_  
Name Relation Percentage

\_\_\_\_\_  
Name Relation Percentage

\_\_\_\_\_  
Name Relation Percentage

## Notes



## Retirement Planning

	Client 1	Client 2
Most Desired Retirement Age	_____	_____
Acceptable Retirement Age	_____	_____
Desired pre-tax monthly income	\$ _____	\$ _____
Acceptable pre-tax monthly income	\$ _____	\$ _____

### Which of the following might be included in your plans?

Relocation: Sell home to purchase another? \_\_\_\_\_

Purchase vacation home? \_\_\_\_\_ Time share? \_\_\_\_\_

Work part-time? \_\_\_\_\_ Full-time / new career path? \_\_\_\_\_

Travel? \_\_\_\_\_ Are travel funds included in desired income? \_\_\_\_\_

Other \_\_\_\_\_

## Retirement Income Sources

	Client 1	Client 2
Are you eligible for Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Pension Income Description

		Pre-Tax Amount
Whose Pension: _____	Description _____	\$ _____ /month
Will this amount inflate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Survivor Benefit: _____	%
Whose Pension: _____	Description _____	\$ _____ /month
Will this amount inflate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Survivor Benefit: _____	%

## Notes



## Employer & Income Information

1. \_\_\_\_\_

Family Member	Employer Name	Title	Years Employed
Occupation & Brief Description			
Street	City	State	Zip
Monthly Pre-Tax Income	Annual Pre-Tax Income	Pension or Retirement Account	

2. \_\_\_\_\_

Family Member	Employer Name	Title	Years Employed
Occupation & Brief Description			
Street	City	State	Zip
Monthly Pre-Tax Income	Annual Pre-Tax Income	Pension or Retirement Account	

## Current Annual Household Income (gross) / Insurance Coverages

Please provide a copy of most recent year's tax returns and employer pay stubs

- Under \$50,000     
  \$50,001 to \$74,999     
  \$75,000 to \$99,999  
 \$100,000 to \$150,000     
  \$150,001 to \$200,000     
  \$200,001 and over

**Health Insurance:** Group coverage through employer \_\_\_\_\_ Private provider \_\_\_\_\_

**Disability Insurance:** Group coverage through employer \_\_\_\_\_ Private provider \_\_\_\_\_

### Life Insurance:

Insured	Company	Owner	Beneficiary	Type	Death Benefit	Annual Premium	Cash Value
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

### Long Term Care Insurance

Insured	Company	Daily Benefit	Years covered	Annual	Cash Value
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____



## Real Estate & Lifestyle Assets

1.

Description	Type: Residence / Rental	Purchase Date	Purchase Amount
Address		Market Value	Valuation Date
Property Tax	Frequency		

2.

Description	Type: Residence / Rental	Purchase Date	Purchase Amount
Address		Market Value	Valuation Date
Property Tax	Frequency		

## Mortgage Information

Information regarding your home and / or other real estate holdings:

Original cost of your home \$ \_\_\_\_\_

Estimate of today's market value \$ \_\_\_\_\_

How is the property titled? \_\_\_\_\_

Current mortgage balance \$ \_\_\_\_\_ Original loan amount \$ \_\_\_\_\_

Interest rate \_\_\_\_\_ % Fixed \_\_\_\_\_ Variable \_\_\_\_\_ # of Years \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_ Date of first payment \_\_\_\_\_

Is property tax and home insurance wrapped into mortgage?  Yes  No

Second Mortgage / Credit Line?  Yes  No

Interest Rate \_\_\_\_\_ % Amount \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

For rental or other real estate holdings, please provide similar information on a separate sheet.

## Notes





## Liabilities

### 1. Auto Loan

Liability Name:	Amount	Interest Rate	Payment Type
Payment Frequency	Amortization (Years)	Principal Amount	Start Date    End Date
Linked to Asset			

### 2. Equity Line

Liability Name:	Amount	Interest Rate	Payment Type
Payment Frequency	Amortization (Years)	Principal Amount	Start Date
Linked to Asset			

### 3. Credit Cards

Liability Name:	Amount Owed	Interest Rate	Payment Amount
Payment Frequency			

### 4. Credit Cards

Liability Name:	Amount Owed	Interest Rate	Payment Amount
Payment Frequency			

### 5. Misc.

Liability Name:	Amount	Interest Rate	Payment Type
Payment Frequency	Amortization (Years)	Principal Amount	

## Notes



## Investment Accounts and Bank Accounts

1. \_\_\_\_\_

Description	Account Type	Owner
Market Value \$	Date of Value	Cost Basis (If Known)

2. \_\_\_\_\_

Description	Account Type	Owner
Market Value \$	Date of Value	Cost Basis (If Known)

3. \_\_\_\_\_

Description	Account Type	Owner
Market Value \$	Date of Value	Cost Basis (If Known)

4. \_\_\_\_\_

Description	Account Type	Owner
Market Value \$	Date of Value	Cost Basis (If Known)

5. \_\_\_\_\_

Description	Account Type	Owner
Market Value \$	Date of Value	Cost Basis (If Known)

6. \_\_\_\_\_

Description	Account Type	Owner
Market Value \$	Date of Value	Cost Basis (If Known)

## 7. Additional Assets (Property, Items of significant value)

\_\_\_\_\_  
 Description  
 \_\_\_\_\_

## Notes



## Cash Flow Worksheet

General Living Expenses:	Monthly	General Living Expenses:	Monthly
Food, Groceries	\$ _____	Personal	\$ _____
Clothing	\$ _____	Allowances	\$ _____
Cleaners	\$ _____	Hobbies	\$ _____
House Payment	\$ _____	Pets	\$ _____
Home Maintenance	\$ _____	Vacations	\$ _____
Household Purchases	\$ _____	Entertainment (Eating Out)	\$ _____
Car Loan	\$ _____	Car Insurance (Annual)	\$ _____
Domestic Help	\$ _____	House Insurance (Annual)	\$ _____
Donations/Tithe	\$ _____	Umbrella Policy (Annual)	\$ _____
Dues/Subscriptions	\$ _____	Utilities (PG & E, Cable, Water, Phone)	\$ _____
Gifts/Birthday/Christmas	\$ _____	Auto Maintenance (Gas, Oil, Repairs)	\$ _____
Associations/Clubs	\$ _____	Medical (Premiums & Co-payments)	\$ _____
Property Tax (Annual)	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

## Notes



## Financial Information

Please provide copies of the documents listed below (to ensure accuracy of plan results)

- \_\_\_\_\_ Federal and State Income Tax Returns (most recent)
- \_\_\_\_\_ Current Pay Stub
- \_\_\_\_\_ Personal Financial Statement (If available)
- \_\_\_\_\_ Most Recent Bank and Brokerage Account Statements
- \_\_\_\_\_ Retirement Plan Statement (401(k), 403(b), etc.)
- \_\_\_\_\_ Retirement Plan – List of Investment Options
- \_\_\_\_\_ Social Security Statements
- \_\_\_\_\_ Trust Documents (as Grantor or Beneficiary)
- \_\_\_\_\_ Will(s)
- \_\_\_\_\_ Pension Fund Information
- \_\_\_\_\_ Life and Long Term Care Insurance Policies
- \_\_\_\_\_ Cash Value Life Insurance Current Statement of Values
- \_\_\_\_\_ Disability Insurance Policies & Current Statement
- \_\_\_\_\_ Group and Individual Accident & Health Insurance Policies
- \_\_\_\_\_ Pro / Post Nuptial Agreements
- \_\_\_\_\_ Other \_\_\_\_\_

## Notes