
PLANNING QUESTIONNAIRE

PLANNING



GATEWAY FINANCIAL
PARTNERS

Preliminary Client Questionnaire



FA: _____	Agency: _____	Date: _____
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Client Name: _____ DOB: _____ US Citizen: Y N

Spouse Name: _____ DOB: _____ US Citizen: Y N

Address: _____ City, State, Zip: _____

Home Phone: _____ Fax: _____ E-mail: _____

Client Cell Phone: _____ Spouse Cell Phone: _____

Family Data:

Children	DOB	Marital Status	US Citizen	Spouse	DOB	Marital Status	US Citizen
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
Grandchildren				Grandchildren			
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
Great Grandchildren				Great Grandchildren			
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N

Income Summary

	Current (Gross)	At Retirement
Salary		
Salary (Spouse)		
Pension		
Pension (Spouse)		
Soc Sec		
Soc Sec (Spouse)		
Annuities		
Investment Income/Dividends		
Total		

Expense Summary (See Attachment 1)

	Current	At Retirement
Total Monthly Expenses		

Statement of Networth (See Attachment 2)

	Current	At Retirement
Total Assets		
Total Liabilities		
Net Worth		

Insurance

	Life 1	Life 2
Policy Number		
Institution Name		
Purchase Date		
Policy Typer		
Person Insured		
Owner		
Beneficiary		
Death Benefit		
Cash Value		
Cash Value Growth Rate		
Annual Premium		
Premium Term		
Premium Payer		
Reinvested At		
Total		

	Long Term Care	Disability
Policy Number		
Institution Name		
Purchased Date		
Insured		
Benefit Amount		
Owner		
Annual Premium		
Premium Term		
Premium Payer		
Elimination Payer		
Benefit Period		
Cola		
Total		

Personal Questions

Do you plan on any significant expenditures during retirement? (New Car, Vacation Home, Travel, etc.) Y N

How would you like to pass your estate?

Do you need to make any special financial provisions for any member of your family? Y N Who?

What is your largest obstacle in achieving your goals?

What is your Federal and State tax rate?

Attachment 1: Expenses



Personal and Family Expenses

	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Alimony		
Bank Charges		
Books/Magazine		
Business Expense		
Care for Parent/Other		
Cash - Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care		
Child Support		
Child Tutor		
Clothing - Client		
Clothing - Spouse		
Clothing - Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare - Dental		
Healthcare - Medical		
Healthcare - Prescription		
Healthcare - Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Recreation		
Self Improvement		
Vacation / Travel		
Public Transportation		
Student Loan Payment		
Other		
Total		

Home Expenses

	Monthly Budget Amount	
	Current	Alt 1 / Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/ Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		
Total		

Vehicle Expenses

	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Insurance		
Personal Property Tax		
Fuel		
Repairs/ Maintenance		
Parking/Tolls		
Docking/Storage		
Other		
Total		

Personal Insurance Expenses

	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Disability for Client		
Disability for Spouse		
Life for Client		
Life for Spouse		
LTC for Client		
LTC for Spouse		
Medical for Client		
Medical for Spouse		
Umbrella Liability		
Other		
Total		

Taxes

	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Client FICA		
Client Medicare		
Spouse FICA		
Spouse Medicare		
Federal Income		
State Income		
Local Income		
Other		
Total		

Benefits Savings / Expenses

	Current
401K	
HSA	
Other	
Total	

Attachment 2: Statement of Net Worth



ASSETS

Cash Accounts	Current Market Value
Checking Account	\$ _____
Savings Account	\$ _____
Money Market Account	\$ _____
Total Cash Accounts	\$ _____

Investments	
Stocks	\$ _____
Mutual Funds	\$ _____
Bonds	\$ _____
Private Equity	\$ _____
Real Estate	\$ _____
Stock Options	\$ _____
Cash Value of Life Insurance	\$ _____
Other	\$ _____
Total Investments	\$ _____

Retirement Accounts	Current Market Value
IRA (s)	\$ _____
401(k)(s)	\$ _____
Pension Plans	\$ _____
Annuities	\$ _____
Other	\$ _____
Total Retirement Investments	\$ _____

Personal Use Assets	
Primary Residence	\$ _____
Secondary Residence	\$ _____
Auto 1	\$ _____
Auto 2	\$ _____
Home Furnishings	\$ _____
Collectibles	\$ _____
Other	\$ _____
Total Personal Use Assets	\$ _____

Total Assets	
Cash Accounts	\$ _____
Investments	\$ _____
Retirement Accounts	\$ _____
Personal Use Accounts	\$ _____
TOTAL ASSETS	\$ _____

Statement of Net Worth (continued)



LIABILITIES

Long-Term Debt	Current Amount
Student Loans	\$ _____
Home Loan, Primary Home	\$ _____
Home Loan, Secondary Home	\$ _____
Auto Loan 1	\$ _____
Auto Loan 2	\$ _____
Other	\$ _____
Total Long-Term Debt	\$ _____

Short-Term Debt	Current Amount
Credit Cards	\$ _____
Personal Loans	\$ _____
Used Portion of Credit Line	\$ _____
Total Short-Term Debt	\$ _____

Total Liabilities	
Long-Term Debt	\$ _____
Short-Term Debt	\$ _____
TOTAL LIABILITIES	\$ _____

Total Net Worth	
Total Assets	\$ _____
Total Liabilities	\$ _____
TOTAL NET WORTH (Assets – Liabilities)	\$ _____

Mortgage & Loans

Mortgage/Loans	Institution Name	Current Balance	Interest Rate	Maturity Date