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# PLANNING QUESTIONNAIRE

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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		
<b>Total</b>		

## 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		
<b>Total</b>		

	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		
<b>Total</b>		

### Expense Summary (See Attachment 1)

	Current	At Retirement
Total Monthly Expenses		

### Statement of Networth (See Attachment 2)

	Current	At Retirement
Total Assets		
Total Liabilities		
<b>Net Worth</b>		

### 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?

## 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		
<b>Total</b>		

## 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		
<b>Total</b>		

## Vehicle Expenses

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

### Taxes

	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Client FICA		
Client Medicare		
Spouse FICA		
Spouse Medi- care		
Federal Income		
State Income		
Local Income		
Other		
<b>Total</b>		

### 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		
<b>Total</b>		

### Benefits Savings / Expenses

	Current
401K	
HSA	
Other	
<b>Total</b>	

# Attachment 2: Statement of Net Worth

## ASSETS

Cash Accounts	Current Market Value
Checking Account	\$ _____
Savings Account	\$ _____
Money Market Account	\$ _____
<b>Total Cash Accounts</b>	\$ _____

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

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

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

Total Assets	
Cash Accounts	\$ _____
Investments	\$ _____
Retirement Accounts	\$ _____
Personal Use Accounts	\$ _____
<b>TOTAL ASSETS</b>	\$ _____



## LIABILITIES

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

Total Liabilities	
Long-Term Debt	\$ _____
Short-Term Debt	\$ _____
<b>TOTAL LIABILITIES</b>	\$ _____

Total Net Worth	
Total Assets	\$ _____
Total Liabilities	\$ _____
<b>TOTAL NET WORTH (Assets – Liabilities)</b>	\$ _____

Short-Term Debt	
Credit Cards	\$ _____
Personal Loans	\$ _____
Used Portion of Credit Line	\$ _____
<b>Total Short-Term Debt</b>	\$ _____

## Mortgage & Loans

Mortgage/Loans	Institution Name	Current Balance	Interest Rate	Maturity Date

## Attachment 3: **Getting to Know You**

1.) Favorite alcoholic beverage? Beer/Wine?

2.) Favorite food

3.) Favorite hobby - golf, running, etc.

4.) Favorite sports team

5.) Pets?

6.) Favorite vacation spot

7.) Favorite book

8.) Favorite tv show

9.) Favorite candy

Notes/Comments:

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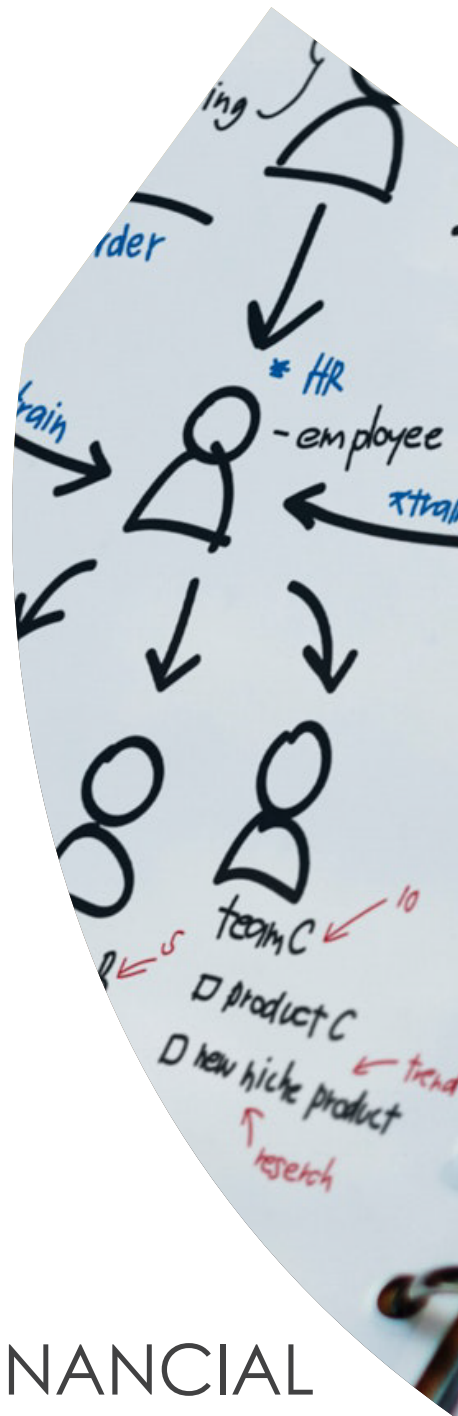
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Your **partner**  
in **planning**



# GATEWAY FINANCIAL PARTNERS

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