

# WEALTHCARE QUESTIONNAIRE



## HOUSEHOLD MEMBERS

Please enter persons in your household below:

First Name	Last Name	Salary	DOB	Life Expectancy	Gender
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Client

					<input type="checkbox"/> M <input type="checkbox"/> F
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Spouse/Partner

					<input type="checkbox"/> M <input type="checkbox"/> F
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First Name	Last Name	DOB	Gender
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Dependent # 1

			<input type="checkbox"/> M <input type="checkbox"/> F
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Dependent # 2

			<input type="checkbox"/> M <input type="checkbox"/> F
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Dependent # 3

			<input type="checkbox"/> M <input type="checkbox"/> F
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## CONTACT INFORMATION

State of Primary Residence:
Household Phone Number:
Household Email Address:

## ADVISOR INFORMATION

Advisor Name	
Advisor Fee:	Date of Next Meeting:

For the next series of inputs please note if the Owner is the Client (C), Spouse/Partner (SP) or held Jointly (JT) All amounts should be annual figures.

## INVESTMENT ASSETS

Please list Investment assets (current statements are an acceptable alternative). Examples: 401k, IRA, Annuities, ESOP, Brokerage, Roth IRA, 529, or other investments that should be subject to the capital market assumptions and should be included in the funding of the plan.

Account Description	As of Date	Owner	Balance	Cost Basis

## NON-INVESTMENT ASSETS

Please list non-investment assets. Examples: business interests, real estate, personal property, rental property, annuities with income riders, collectibles, etc. that were not included in the investment assets above.

Account Description	As of Date	Owner	Balance

## LIABILITIES

Please list Liabilities. Examples: debts, mortgages, loans, etc.

Account Description	As of Date	Owner	Balance

## RETIREMENT GOALS

At what age do you plan to retire? Client \_\_\_\_\_ Spouse \_\_\_\_\_ (input "Now" if already retired)

Estate Goal? (this is the amount of investable assets you want remaining at the end of the plan)

How much do you want to leave to your heirs at the end of the plan? \$ \_\_\_\_\_

Basic Living Expenses in retirement? (check one)

<input type="checkbox"/>	Estimate basic living expenses in retirement based on current (do not select this option if already retired).
<input type="checkbox"/>	Retire on an annual retirement spending budget of \$ _____.

Social Security: (check one)

<input type="checkbox"/>	Client prefers to not be dependent on Social Security in retirement.	
<input type="checkbox"/>	Estimate Social Security benefits	
<input type="checkbox"/>	Enter known annual benefit amounts: Client _____	Spouse/Partner _____

## LIFE GOALS

Do not include Basic Retirement spending. Examples: travel, vacation home, gifting, medical needs, etc.

Account Description	Owner	Annual Amount	Start Age	End Age	Inflation

## Education Goals

Enter Education Goals for only the annual amount of the expense to be funded by assets not with salary, loans or grants.

Account Description	Owner	Annual Amount	Start Age	End Age	Inflation

## SAVINGS

How much is currently being saved annually? Examples: Brokerage, 401ks, IRAs, Roth IRAs, 529s, etc. We will assume an end age of Ret-1 if not noted.

Account Description	Owner	Annual Amount	Start Age	End Age	Inflation

## OTHER SOURCES OF INCOME

Please enter other sources of income being received now or in the future. Examples: Rental Income, Annuities, Life Insurance Proceeds, Inheritance, Pensions, etc.)

Account Description	Owner	Annual Amount	Start Age	End Age	Spend or Save	Gross or Net	Inflation

## PRIORITIES

Rank all goals/priorities in order of importance using #'s 1-5, with #1 as most important and #5 as least important. Also discuss how other goals such as life or education would impact the priorities and add a note below if needed.

<input type="checkbox"/>	Spend more in retirement
<input type="checkbox"/>	Reduce the amount I'm saving in order to spend more today
<input type="checkbox"/>	Minimize investment risk
<input type="checkbox"/>	Retire at an earlier age
<input type="checkbox"/>	Leave a larger estate to heirs

## NOTES

Is there anything else important you wish to mention or want us to know?