



**FIDUCIARY FIRST ADVISORS**  
SMART FINANCIAL DECISIONS

# Financial Planning Questionnaire

· Please fill out all that apply ·

Confidential Information

Fiduciary First Advisors • 501 Third Street • Wausau, WI 54403  
715-848-8110 • [www.fiduciaryfirstadvisors.com](http://www.fiduciaryfirstadvisors.com)

# Personal Data

**Client 1**

**Client 2**

First Name, MI		
Last Name		
Date of Birth		
Marital Status		
Gender		
Social Security Number		
Home Phone		
Cell Phone		
Address		
City		
State		
Zip		
Email Address		
Preferred Communication Method		
Occupation		
Employer Name		
Employer Address		
Primary Beneficiary & Percentage (Required)		
How is Primary Beneficiary Related?		
Primary Beneficiary #2 & Percentage/Relation (if applicable)		
Primary Beneficiary #3 & Percentage/Relation (if applicable)		
Contingent Beneficiary Name, Percentage, Relation (Optional)		
Contingent Beneficiary #2 Name, Percentage, Relation (Optional)		
Contingent Beneficiary #3 Name, Percentage, Relation (Optional)		



## Part II: Priorities & Goals

### Retirement Goals

	Client 1	Client 2
Retirement Age		
Annual Income Needed		
Final Net Worth Desired		

### Retirement Income Sources

	Client 1	Client 2
Social Security (monthly)		
Pension (monthly)		
Part time income		
Business Income		
Other (ie: Rental Property )		

Please describe other retirement goals and priorities not listed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you plan to purchase a retirement home?

When? \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Do you plan to set aside a gift for a person other than your significant other upon your death?

If yes, for whom? \_\_\_\_\_

Do you plan to assist with any education expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for whom? \_\_\_\_\_

How Many Years? \_\_\_\_\_ Planned Yearly Amount: \$ \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Part III: Current Income & Expenses

#### Income

	Client 1	Client 2
Yearly Gross Income		
Secondary Income		
Investment Income		
Other:		

#### Monthly Expenses

	Client 1	Client 2
Mortgage / Rent Payment		
Property Taxes		
Home / Renters Insurance		
Property Management		
Auto Payments		
Auto Insurance		
Vehicle Maintenance		
Gas Expenditure		
Recreational Vehicle Pmts		
Medical Insurance		
Medical Out of Pocket		
Insurance (other)		
Vacation		
Utilities / Telephone		
Child Care		
Alimony / Child Support		
Groceries		
Dining Out		
Other:		

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



### Part III: Current Income & Expenses (cont.)

#### Liabilities

	Balance	Monthly Payment/Interest Rate
Mortgage		
Home Eq. / Line of Credit		
Auto		
Recreational Vehicle		
Student Loan		
Credit Card(s)		
Personal Loan		

### Part IV: Estate Planning

Do you have a will?  Yes  No

Do you have a trust?  Yes  No

Do you have a power of attorney (POA) appointed:

For Health?  Yes  No

For Finances?  Yes  No

Minors?  Yes  No

Have your beneficiaries been updated?  Yes  No

### Part V: Tax Planning

Do you currently use an accountant to prepare your taxes?  Yes  No

If so, name and firm? \_\_\_\_\_

Please provide a copy of your most recent tax return and any of the previous that apply.

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Part VI: Insurance

Do you currently have life insurance?  Yes  No

Do you currently have disability insurance?  Yes  No

Do you currently have a Long-Term Care policy?  Yes  No

## Part VII: Assets & Investments

Are you currently with another financial planner?  Yes  No

Do you currently have a 401(k), 403(b), or 457(b) Plan?  Yes  No

Do you currently have an IRA or Roth IRA?  Yes  No

Do you currently have a pension?  Yes  No

Do you currently have any annuities?  Yes  No

Please provide a copy of your most recent statement for any of the previous that apply.

## Part VIII: About Your Appointment

How did you hear of Fiduciary First Advisors? \_\_\_\_\_

If referred, by whom? \_\_\_\_\_

Along with your completed profile please remember to bring:

Income tax return

Employee Benefit Statements

Most recent investment(s) statement

Payroll or Pension check stubs

Social Security Statement

Copy of Will or Trust

