| Confidential Financial   | Date:                                 |   |            |
|--|---------------------------------------|---|------------|
| Household Members  |                                       |   |            |
|  |                                       |   |            |
| Name   | Age                                   | Occupation                                      |            |
|  |                                       |   |            |
| Name   | Age                                   | Occupation                                      |            |
|  |                                       |   |            |
| Name   | Age                                   | Occupation                                      |            |
|  |                                       |   |            |
| Name   | Age                                   | Occupation                                      |            |
|  |                                       |   |            |
| Name   | Age                                   | Occupation                                      |            |
| Use the Additional Comme   | nts section on page 2 if more lin     | es are needed                                   |            |
| Financial Planning Goal  | <u>S</u>                              |   |            |
| Please describe the goals and o                                  | bjectives you want to accomplis       | h through financial planning.                   |            |
|  |                                       |   |            |
|  |                                       |   |            |
|  |                                       |   |            |
|  |                                       |   |            |
| Incomo & Spanding  |                                       |   |            |
| Income & Spending  Average monthly take-home in                  | come: \$                              | Average monthly spendii                         | ng: \$     |
|  |                                       |   |            |
| Debts and Assets   |                                       |   |            |
| Non-Mortgage Debt  |                                       |   | \$         |
| or any other non-mortgage rel                                    |                                       | oans, credit cards not paid in full each month, |            |
| Mortgage Debt  |                                       |   | \$         |
| Cash   |                                       |   | \$         |
| Total value of checking/savings                                  | /money market accounts, mone          | ry market funds, certificates of deposit,       | , <u> </u> |
| and U.S. Savings bonds.  |                                       |   |            |
| Retirement Accounts  | 101/k) plans 102/h) plans Thrift      | Savings Plans, or any other employee            | \$         |
| retirement account.  | +01(k) piulis, 403(b) piulis, Tillijt | savings Fluis, or any other employee            |            |
| Other Investments (non-re  | eal estate)                           |   | \$         |
| Total value of investments that limted partnerships, or other in |                                       | ount such as mutual funds, stocks, bonds,       |            |
| Your Home's Market Value   | e                                     |   | \$         |
| Other Real Estate  |                                       | \$  |            |
| Other Assets   |                                       | \$  |            |

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## **Confidential Financial Planning Questionnaire**

## Self Assessment

Please rate each statement by circling the most accurate number (1 = strongly disagree, 5 = strongly agree)

| I/we follow a spending plan.                          | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| I/we avoid debt.                                      | 1 | 2 | 3 | 4 | 5 |
| I/we save regularly.                                  | 1 | 2 | 3 | 4 | 5 |
| I/we don't try to beat market returns.                | 1 | 2 | 3 | 4 | 5 |
| I am/we feel well prepared for financial emergencies. | 1 | 2 | 3 | 4 | 5 |
| I/we have made arrangements for our survivors.        | 1 | 2 | 3 | 4 | 5 |
| I/we understand how income taxes work.                | 1 | 2 | 3 | 4 | 5 |
| I am/we are comfortable making financial decisions.   | 1 | 2 | 3 | 4 | 5 |
| I/we want to learn more about personal finance.       | 1 | 2 | 3 | 4 | 5 |

## **Financial Resources and History**

| Please check all that apply.  |  | _                                    |  |  |  |  |  |
|---|--|--------------------------------------|--|--|--|--|--|
| Pension benefits  |  | Social Security benefits             |  |  |  |  |  |
| Employer matches retirement contributions   |  | Current estate planning documents    |  |  |  |  |  |
| Stock option grants   |  | Typically receive income tax refunds |  |  |  |  |  |
| Flexible spending accounts  |  | Typically owe additional income tax  |  |  |  |  |  |
| Health savings accounts   |  | Divorced/Widowed                     |  |  |  |  |  |
| Health insurance coverage   |  | Children outside the household       |  |  |  |  |  |
| Term life insurance   |  | Viewed credit reports recently       |  |  |  |  |  |
| Permanent life insurance  |  | Identify theft victim                |  |  |  |  |  |
| Long-term care insurance  |  | Behind on mortgage payments          |  |  |  |  |  |
| Renter's insurance  |  | Mortgage modification                |  |  |  |  |  |
| Homeowner's insurance   |  | Foreclosure                          |  |  |  |  |  |
| Umbrella liability insurance  |  | Bankruptcy                           |  |  |  |  |  |
| College funding   |  | Turned down for insurance            |  |  |  |  |  |
| Additional Comments  Please share any additional information that you think may be relevant to your financial situation or plans. |  |                                      |  |  |  |  |  |
|   |  |                                      |  |  |  |  |  |
|   |  |                                      |  |  |  |  |  |
|   |  |                                      |  |  |  |  |  |
|   |  |                                      |  |  |  |  |  |

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