



BAIRD

The Popovich Financial Group

Financial Planning Update Questionnaire

The Popovich Financial Group

Date: _____

	Client 1	Client 2
Name		
Employment Status	Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Retired <input type="checkbox"/>	Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Retired <input type="checkbox"/>
Other Income (Non-Investment)		
Annual Gross Income Estimate		
DOB		

Net Worth

Accounts Held Outside of The Popovich Financial Group

If you would like to discuss consolidating your accounts, please provide copies of your most recent account statements, including accounts at other investment firms, employer plans, etc. Please write on the back if necessary.

Owner	Account Type (Taxable, IRA, 401(k), Roth, etc.)	Current Value (\$)	Statement Included? (Y/N)	Annual Contributions (if applicable)	Employer Contributions (if applicable) %	Employee Contributions (if applicable) %	Total Cost Basis
			YES <input type="checkbox"/> NO <input type="checkbox"/>				
			YES <input type="checkbox"/> NO <input type="checkbox"/>				
			YES <input type="checkbox"/> NO <input type="checkbox"/>				
			YES <input type="checkbox"/> NO <input type="checkbox"/>				
			YES <input type="checkbox"/> NO <input type="checkbox"/>				
			YES <input type="checkbox"/> NO <input type="checkbox"/>				
			YES <input type="checkbox"/> NO <input type="checkbox"/>				

Personal Real Estate

	Owner (Joint, etc.)	Purchase Price (\$)	Current Value (\$)	Anticipated Sale Date (if known)	Net Rental Income (\$)
Primary Residence					
Additional Property					
Additional Property					
Additional Property					

Loans and Obligations

	Current Balance (\$)	Interest Rate (%)	Monthly Principal and Interest Only Payments (\$)	When Loan Was Financed	Term Length of Loan (Years)	Escrow Account
Mortgage						YES <input type="checkbox"/> NO <input type="checkbox"/>
Home Equity						N/A
Auto Loan						N/A
Additional						N/A

Annuities

To discuss your annuity holdings, please provide copies of your most recent account statements, including accounts or other firms, employer plans, etc.

Business Interest (if applicable)

Business Name	Owner (Joint, etc.)	Ownership Interest (%)	Value of Your Interest (\$)	Basis (\$)	Ownership Structure (Partnership, LLC, etc.)	Anticipated Sale Date (if known)

Income, Insurance, and Expenses

Health Care

Would you like us to estimate the costs for you in retirement? Yes No

Do you have a supplemental policy? Yes No If yes, monthly payment in \$ _____

If no, please let us know what you are paying annually? \$ _____

Social Security

	Client 1	Client 2
Are you eligible?	Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving Now <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving Now <input type="checkbox"/>
Amount of benefit at full retirement age (Gross Amount)	\$ _____ Use Program Estimates <input type="checkbox"/>	\$ _____ Use Program Estimates <input type="checkbox"/>
When to start?	At Soc Sec Full Retirement Age _____ At Age _____ At Retirement _____	At Soc Sec Full Retirement Age _____ At Age _____ At Retirement _____

Updated Pensions and Other Income

Description	Owner	Cost of Living Adjustment (%)	Monthly Income (\$ Pre-tax)	Survivor Percentage on Pension (%)	Year Income Starts

Life Insurance

Insured	Owner & Beneficiary	Death Benefit (\$)	Annual Premium (\$)	Description (Policy Type, Company)	Coverage Cease (Age/Date)	Premiums Cease (Age/Date)	Cash Value (\$)

Long-Term Care

Company	Insured	Daily Max (\$)	Annual Premium (\$)	Elimination Period	Inflation Rider (%) (Compounded/Simple)	Length of Benefit Period

Disability Insurance

Company	Insured	Policy Start Date (mm/yyyy)	Premium Amount (\$___ every ___ months/years)	Tax Statue of Payment	Monthly Benefit Amount	Elimination Period (months/years)	Benefit Period (every ___ months/years)	Inflation Rider (%) (Compounded/Simple)

Retirement Goals (Not Applicable if Already Retired)

Annual after-tax spending goal \$ _____

Age of retirement: Client 1 – _____ Client 2 – _____

Accountant and Attorney Information

	Name	Company Name	Address	Phone Number	Email
CPA/Tax Professional					
Attorney					
Insurance Professional					
Other					