



Financial Planning Questionnaire

Family Name

Date

The information you provide in this financial planning questionnaire is completely confidential and will not be shared with any other person or professional outside of Medicus Wealth Planning without your consent.

This questionnaire is comprehensive and addresses all aspects of your finances including cash-flow, insurance, investments, retirement, tax, and your estate. Please be as thorough as you can. This questionnaire, along with the documents and statements you provide will be the basis of the financial plan, projections, and recommendations we put together.



Personal Information

Please list out your personal information below.

	Individual 1	Individual 2
First Name		
Last Name		
Date of Birth		
Desired Retirement Age		
Life Expectancy Age		
Home Address		
City, State, Zip		
Phone Number		
Email Address		
Employer		
Duties/Title		



Personal Assets

List all personal assets such as your home, vacation homes, vehicles, boats, RVs, jewelry, etc.

Description	Value	Cost Basis	Owner

Taxable Assets

List all non-retirement accounts such as bank accounts, taxable investments accounts, Trusts, CDs, etc.

Description	Value	Cost Basis	Monthly Additions	Owner

Retirement Accounts

List all retirement accounts such as 401(k)s, 403(b)s, Traditional/Roth IRAs, SIMPLE & SEP-IRAs, etc.

Description	Value	Personal Additions	Company Match	Owner
		(List in % of Income or \$ Terms)	(List in % of Income or \$ Terms)	

Liabilities

List all your liabilities. If you have a mortgage, only include your principal and interest payment.

Description	Creditor	Date Opened	Original Balance	Account Balance	Monthly Payment	Term (In Years)	Interest Rate



Life Insurance

List all your term and permanent life insurance policies

	Policy #1	Policy #2	Policy #3	Policy #4
Term or Permanent				
Company or Personal				
Insured				
Beneficiary				
Monthly Premium				
Death Benefit				
Cash Value				
Policy Lapse Date				

Disability Insurance

List all your short and long-term disability insurance policies

	Policy #1	Policy #2	Policy #3	Policy #4
Short-Term or Long-Term				
Company or Personal				
Insured				
Monthly Premium				
Monthly Benefit				
Elimination Period				
Length of Benefits				

Miscellaneous Insurance

List all your miscellaneous insurance policies

	Monthly Premium	Deductible	Coverage
Health/Dental/Vision			
Auto Insurance			
Home Owner's			
Personal Umbrella			
Earthquake			
Long-Term Care			



Taxes

Check the box according to your tax filing status and estimate the amount of your annual itemized deductions.

Tax Filing Status	Check One
Married Filing Jointly	<input type="checkbox"/>
Married Filing Separately	<input type="checkbox"/>
Head of Household	<input type="checkbox"/>
Single	<input type="checkbox"/>

Itemized Deductions	Annual Amount
Charitable Donations	
Property Tax	
Medical Expenses	
Mortgage Interest	Automatically Calculated
State Income Taxes	Automatically Calculated

Children & College Planning

Please list out all your children who are still considered dependents and their date of births. In addition, if you plan on paying for all or a portion of their college education fill out the remaining fields in the table.

Name	Birth Date	First Year of College	Estimated Annual Tuition (In Today's \$)	Current Savings Earmarked for Tuition	Monthly Additions to Savings	Account Type (529 Plan, CSA, UTMA, etc)



Earned Income

List out all sources of income. If you work as an employee fill in the first table. If you own your own business fill in the second table.

Name	Company	Base Salary	Estimated Annual Bonus/Commissions	Estimated Annual Raise (% terms)

Name	Company	Percentage Ownership	Business Entity	Total Annual Income

Social Security Income

If you're already taking social security income list out your gross benefit, not your net benefit. This can be found on the SSA.Gov website by logging in. If you haven't started taking social security, please list your estimated monthly benefit at full retirement age.

Name	Gross Monthly Benefit (if currently taking social security)	Estimated Monthly Benefit at Full Retirement Age

Pension Income

If you're already taking pension income list out your gross benefit before any taxes are withheld. If you have a pension but haven't started taking the benefit yet, fill out the gross estimated monthly amount. If you have the option to take the pension as a lump sum list the lump sum amount as well.

Name	Company Providing Benefit	Monthly Benefit	Cost of Living Adjustment	Amount of Lump Sum Option

Other Income

List out any other sources of income, not including income from rental properties, that will be addressed later. This could include passive income from a business interest, income from a Trust, an expected inheritance that you want to be included in your financial plan projections, etc.

Name	Income Description	Annual Amount	Annual Increase or Decrease (% terms)	Beginning Age	Ending Age



Rental Real Estate

Please list out any rental real estate properties you own.

	Property 1	Property 2	Property 3	Property 4
Property Name				
City, State				
Total Years Rented (including this year)				
Purchase Price				
Down Payment				
Current Market Value				
Land Value				
Annual Rent				
Rental Increase Rate				
Vacancy Rate				
Current Mortgage Balance				
Mortgage Interest Rate				
Mortgage Payment				
Annual Mgmt. Expenses				
Annual Maint. Expenses				
Annual Insurance Expense				
Annual Property Tax				
Annual HOA				
Other Expenses				



Personal Expenses

Many of your expenses have already been asked for in previous sections of this questionnaire, including insurance premiums, savings, itemized deductions, and taxes. Below is a template to estimate your remaining expenses and what you estimate them to be in retirement (in today's dollars). If you keep track of your expenses in another format, feel free to skip this section and provide us with an estimate of your expenses in your own format.

	Monthly Amount Now	Monthly Amount in Retirement
Rent (not mortgage payment)		
Groceries & Household Supplies		
Eating Out		
Utilities		
Cell Phone/Home Phone		
Gas (for automobiles)		
Automobile Maintenance		
Activities/Sports/Recreation		
Day Care		
Gifts/Birthdays/Holidays		
Domestic Help		
Clothing		
Home Maintenance/Improvements		
Home Furnishings		
Child Support		
Alimony		
Entertainment		
Vacations		
Hobbies		
Gym Membership		
Subscriptions (Netflix, Amazon, etc.)		
Pet Expenses		
Books/Movies		
Cable TV		
Internet		
Haircuts & Beauty		
Miscellaneous		
Total		



Large Expenditures

List out any large infrequent expenditures that you anticipate in the future. Examples could be buying a new car every 5-10 years, paying for a wedding, buying an RV upon retiring, etc.

Expense	Cost	Year Cost Will Occur	Frequency (i.e. one-time, every 5 years, etc.)

Estate Plan

Check the box next to any of the following estate planning documents that you currently have.

	Individual 1	Individual 2
Will	<input type="checkbox"/>	<input type="checkbox"/>
Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Marital Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Credit Shelter Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
QTIP Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Irrevocable Life Insurance Trust	<input type="checkbox"/>	<input type="checkbox"/>
Durable General Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Generation Skip Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Joint Revocable Trust	<input type="checkbox"/>	<input type="checkbox"/>
Testamentary Trust	<input type="checkbox"/>	<input type="checkbox"/>



Notes

Tell us about your areas of top concerns, specific goals you might have, areas of planning you'd like to focus on, and any other relevant information that wasn't addressed in this questionnaire.



Document Checklist

Please supply the following documentation below. We will make a copy and return the original back to you.

All investment/retirement account statements with cost basis included	<input type="checkbox"/>
Mortgage and other debt statements	<input type="checkbox"/>
Life and disability insurance statements	<input type="checkbox"/>
Homeowner's, Auto, and liability insurance statements	<input type="checkbox"/>
Most recent tax return	<input type="checkbox"/>
529 Plan statements (or any other custodial account statements)	<input type="checkbox"/>
Two most recent paystubs	<input type="checkbox"/>
Summary of employer benefits package	<input type="checkbox"/>
List of 401(k) fund options (or any other employer-sponsored plan)	<input type="checkbox"/>
Social Security benefits statements & earnings history	<input type="checkbox"/>
Pension plan benefit statement	<input type="checkbox"/>
Employer-sponsored stock option statement	<input type="checkbox"/>
Summary of monthly expenses (if not provided in this questionnaire)	<input type="checkbox"/>
All estate planning documents (wills, trusts, power of attorneys)	<input type="checkbox"/>