



BEACON
FINANCIAL
GROUP

YOUR CONFIDENTIAL
FINANCIAL PLANNING
QUESTIONNAIRE

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Confidential Financial Planning Questionnaire

The initial step in developing a sound financial plan involves having a clear idea of where you stand today. You can begin by collecting the financial information outlined in this questionnaire. It will provide you with a record of your assets, liabilities, income, and expenses.

Personal Information

Current date _____ Client Sex _____ Married _____

Client _____ Birthdate _____ S.S.# _____

Spouse/Partner _____ Birthdate _____ S.S.# _____

Address _____

City/State/Zip _____

Phone: (Home) _____ Client (W) _____ Spouse (W) _____

E-mail _____

Dependent Children

Name (Youngest first)	Social Security number	Birth date	Annual College cost (Today's \$\$\$)	College start year
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Percent of education costs parents will pay: _____ %

Employment

	Client	Spouse/Partner
Employer	_____	_____
Address	_____	_____
City/State/Zip	_____	_____
Phone	_____	_____
Occupation	_____	_____
Yr began	_____	_____

Investment Assets (Please attach a list or continue on back if necessary.)

	Name/Investment	Account Value(\$\$\$)
Checking account	_____	\$ _____
Savings account	_____	\$ _____
Money Market accounts	_____	\$ _____
Corporate/Govt bonds	_____	\$ _____
Certificates of Deposit (attach list with maturity dates)	_____	\$ _____
Notes Receivables	_____	\$ _____
Stock Mutual Funds	_____	\$ _____
Bond Mutual Funds	_____	\$ _____
Other securities (REIT, UIT, Commodities, etc.)	_____	\$ _____
Investment Real Estate	_____	\$ _____
Municipal Bonds/Funds	_____	\$ _____
Tax deferred annuities	_____	\$ _____
Cash value in life insurance	_____	\$ _____
Stocks (attach list)	_____	\$ _____
Business interests	_____	\$ _____
Total Investment Assets		\$ _____

Retirement Accounts	Client	Spouse/Partner
Traditional IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Keogh/SEP	\$ _____	\$ _____
Keogh/SEP	\$ _____	\$ _____
401(K)/TSA	\$ _____	\$ _____
401(K)/TSA	\$ _____	\$ _____
Other retirement assets	\$ _____	\$ _____
Combined Total Retirement Assets		\$ _____

Personal Assets

Current Value

Residence	\$ _____
Personal property	\$ _____
Autos	\$ _____
Recreational vehicles	\$ _____
Boats	\$ _____
Other, jewelry, etc.	\$ _____

Total Personal Assets \$

	Lender	Account Balance	Monthly Payment	Interest Rate
Residence Mortgage (Primary)	_____	\$ _____	\$ _____	_____ %
Residence Mortgage	_____	\$ _____	\$ _____	_____ %
Equity Loan/Line of Credit	_____	\$ _____	\$ _____	_____ %
Investment Loans	_____	\$ _____	\$ _____	_____ %
Auto Loans	_____	\$ _____	\$ _____	_____ %
Auto Loans	_____	\$ _____	\$ _____	_____ %
Charge Card Accounts	_____	\$ _____	\$ _____	_____ %
Total Debt		\$ _____	\$ _____	

Financial Goals

Description of Goal:

I

Insurance Policies

Disability Income Insurance Policies (short- and long-term)

Do you have a disability policy through your employer? Yes No
Do you own a private disability policy? Yes No

Life Insurance Policies

Do you own life insurance through work ? Yes No
Do you own life insurance purchased out of your employer? Yes No

Please provide a recent statement of all private and company owned life insurance coverage.

Annual Income

	Client	Spouse/Partner
Employment (wages, salaries, bonuses)	\$ _____	\$ _____
Self-employment/business income	\$ _____	\$ _____
Social Security benefits	\$ _____	\$ _____
Other government benefits	\$ _____	\$ _____
Pensions (if currently receiving)	\$ _____	\$ _____
Other income - taxable _____	\$ _____	\$ _____
Other income - nontaxable _____	\$ _____	\$ _____
	Combined Total Annual Income	\$ _____

Expenses

	Monthly	Annually
Committed Expenses: Income Taxes		
Federal income tax withholding and estimated payments - client	\$ _____	\$ _____
Federal income tax withholding and estimated payments - second person	\$ _____	\$ _____
State and local income tax withholding - client	\$ _____	\$ _____
State and local income tax withholding - second person	\$ _____	\$ _____
FICA (Social Security) tax - client	\$ _____	\$ _____
FICA (Social Security) tax - 2nd person	\$ _____	\$ _____
Total Taxes	\$ _____	\$ _____

Budget

	Monthly	Annually
HOUSEHOLD:		
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Home Maintenance	\$ _____	\$ _____
Furniture &	\$ _____	\$ _____
DEBTS:		
Home mortgages	\$ _____	\$ _____
Charge cards	\$ _____	\$ _____
Auto loans	\$ _____	\$ _____
Personal loans	\$ _____	\$ _____
Other investments	\$ _____	\$ _____
MONTHLY ADDITIONS:		
Savings deposits	\$ _____	\$ _____
Investments	\$ _____	\$ _____
Retirement plans-client	\$ _____	\$ _____
Retirement plans-2nd person	\$ _____	\$ _____
PERSONAL:		
Auto operation	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Education	\$ _____	\$ _____
Food	\$ _____	\$ _____
Medical expenses	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____
Subscriptions	\$ _____	\$ _____
TAXES:		
Property Taxes	\$ _____	\$ _____
Other taxes	\$ _____	\$ _____
INSURANCE:		
Medical	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Homeowners	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL (I)	\$ _____	\$ _____

(of household, debts, monthly savings, personal, taxes and insurance)

	Monthly	Annually
DISCRETIONARY EXPENSES :		
Entertainment/dining	\$ _____	\$ _____
Recreation/travel/vacation	\$ _____	\$ _____
Cash charitable contributions	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Hobbies	\$ _____	\$ _____
Home Improvements	\$ _____	\$ _____
Other discretionary expenses (tax deductible)	\$ _____	\$ _____
Other discretionary expenses (non deductible)	\$ _____	\$ _____
TOTAL DISCRETIONARY EXPENSES (II):		
	\$ _____	\$ _____
TOTAL EXPENSES (I + II)		
	\$ _____	\$ _____

Combined total annual income (Total from page 5) \$ _____

Total annual expenses (Total from page 6) \$ _____

Annual discretionary income (Difference) \$ _____

(Subtract annual expenses from annual income. This is what you may save or spend each year. Additional discretionary income may be obtained by reducing discretionary expenses.)

Financial Objectives

Rate each item for your level of concern.
 1 = Not at all concerned. 4 = Very concerned. (circle one)

Reducing income taxes	1	2	3	4
Protection from inflation	1	2	3	4
Maximum investment growth potential	1	2	3	4
Current spendable income from assets	1	2	3	4
Liquidity (convert assets to cash)	1	2	3	4

By completing this questionnaire, you've started the process of developing your personal financial plan. Keep this profile handy for your reference, and be sure to bring it with you when you meet with your Beacon financial consultant.

DOCUMENTS NEEDED

Review this checklist of items that you should bring when you meet with your Beacon financial consultant.

- Latest paycheck stubs and bank statements
- Most recent federal and state income tax returns
- Life and health insurance policies (including life, disability income, major medical, nursing home)
- All pertinent information/latest statements on present investments such as stocks, bonds, mutual funds, certificates, insurances, etc. (i.e., maturity dates and yields)
- Latest employee benefit manual/statements and retirement plan statement
- Latest wills and trusts