KELLY
FINANCIAL PLANNING, LLC

Financial Planning Questionnaire

CLIENT INFORMATION

Client Name (1)		Client Name (2)	
Home Address		Home Address	
City, State, ZIP		City, State, ZIP	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Fax (Hm or Wk)		Fax (Hm or Wk)	
E-mail		E-mail	
Date of Birth		Date of Birth	

Primary Contact Person during business hours?

Contact me/us by (check one): ☐ E-mail ☐ Phone

FAMILY MEMBERS

Please list children and other dependants.

Name	Relationship	Date of Birth	Dependant	Resides (City & State)
			☐ Y ☐ N	
			☐ Y ☐ N	
			☐ Y ☐ N	
			☐ Y ☐ N	

EMPLOYMENT

Client Employer (1)			Client Employer (2)		
Title/Job			Title/Job		
Number of years with this employer?			Number of years with this employer?		
Anticipated employment changes?			Anticipated employment changes?		
When do you plan to retire?			When do you plan to retire?		
Salary	$		Salary	$	
Self Employment Income	$		Self Employment Income	$	
Bonus/Commissions	$		Bonus/Commissions	$	
Other Earned Income	$		Other Earned Income	$	
TOTAL (Current Year) =	$		TOTAL (Current Year) =	$	

TAX & ESTATE PLANNING DOCUMENTATION

Who prepares your tax return?

☐ Self

☐ Paid Preparer

Preparer Name		Phone	
Address		Fax	
City, State, ZIP			

Do you have estate planning documents?

Have it?	Document	Year Drafted	State Drafted
☐	Wills		
☐	Living Trusts		
☐	Powers of Attorney		
☐	Living Wills		
☐	Other Documents:		

FINANCIAL OPINIONS / PREFERENCES

Of the following statements, summarize your attitudes or beliefs using a scale of 1 – 5. (1 = Most True, 5 = Least True)

Client 1	Client 2	
		I would rather work longer than reduce my standard of living in retirement.
		I feel that I/we can reduce our current living expenses to save more for the future if needed.
		I am more concerned about protecting my assets than about growth.
		I prefer the ease of mutual funds over individual securities.
		I am comfortable with investments that promise slow, long term appreciation and growth.
		I don't brood over bad investment decisions I've made.
		I feel comfortable with aggressive growth investments.
		I don't like surprises.
		I am optimistic about my financial future.
		My immediate concern is for income rather than growth opportunities.
		I am a risk taker.
		I make investment decisions comfortably and quickly.
		I like predictability and routine in my daily life.
		I usually pick the tried and true, the slow, safe but sure investments.
		I need to focus my investment efforts on building cash reserves.
		I prefer predictable, steady return on my investments, even if the return is low.

How were your current investment assets selected?

ADVISOR RELATIONSHIPS

Where applicable, rate your working relationships with each of the following advisors (1 = Dissatisfied, 5 = Very Satisfied).

Advisor	Name (optional)	Satisfaction Rating
Financial Planner		
Broker		
Broker		
Accountant		
Tax Preparer		
Attorney		
Insurance Agent (1)		
Insurance Agent (2)		

INSURANCE

	Client (1)			Client (2)		
	Coverage	Group	Individual	*Coverage*	Group	Individual
Health		☐	☐		☐	☐
Disability		☐	☐		☐	☐
Disability		☐	☐		☐	☐
Life		☐	☐		☐	☐
Life		☐	☐		☐	☐
Life		☐	☐		☐	☐
Homeowners		☐	☐		☐	☐
Auto		☐	☐		☐	☐
Auto		☐	☐		☐	☐
Umbrella Liability		☐	☐		☐	☐
Professional Liability		☐	☐		☐	☐
Long Term Care		☐	☐		☐	☐

Have you ever been turned down for Insurance? ☐ Yes ☐ No

ASSETS

(If you have this information in a format of your own design, please feel free to omit this section and attach necessary documentation.)

Bank Accounts *Checking (C), Savings (S), or Money Market (MM)*

Bank Name	Account Type	Ownership	Avg. Balance
	☐ C ☐ S ☐ MM		$
	☐ C ☐ S ☐ MM		$
	☐ C ☐ S ☐ MM		$

CDs

Institution	Interest Rate	Maturity Date	Ownership	Avg. Balance
	%			$
	%			$
	%			$

Do you have a pension? ☐ Yes ☐ No

If yes, estimated monthly benefit is $ _____ at age _____ **COLA?** ☐ Yes ☐ No

Personal Property

Primary Residence	$
Furnishings (Liquidation Value)	$
Vehicle	$
Vehicle	$
Other: _____	$
Other: _____	$

Attach a copy of your most current brokerage, mutual fund and retirement statements.

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

PERSONAL LIABILITIES

Credit Cards *(*If not paid in full each month)*

Credit Card	Interest Rate	Avg. Monthly Payment*	Current Balance
	%	$	$
	%	$	$
	%	$	$

Debts *(Residence, Auto, Business, School)*

Debt	Term	Interest Rate	Payment	Approximate Balance
		%	$	$
		%	$	$
		%	$	$
		%	$	$

Have you received a copy of your credit report recently? ☐ Yes ☐ No

Please comment on the advice you seek.