



1801 Eureka Rd., Apt. 504; Roseville, CA 95661

845-545-1002 Fax: 845-595-2476

Email: sheri@conklinfinancialplanning.com

Date: _____

CLIENT DATA QUESTIONNAIRE

FOR

CONFIDENTIAL

**THIS QUESTIONNAIRE HAS BEEN DEVELOPED TO
SERVICE ALL OF MY FINANCIAL PLANNING CLIENTS.**

**SOME INFORMATION MAY NOT PERTAIN TO YOUR
SPECIAL CIRCUMSTANCES.**

IF YOU HAVE ANY QUESTIONS, PLEASE ASK ME.

TABLE OF CONTENTS

Introduction	1
Personal Information	2
Children's Data	3
Educational Data	3
Special Family Situations/Concerns	4
Parental Support	4
Special Health Concerns	4
Cash or Cash Equivalents	5
Securities (not retirement plans)	6
Personal Savings	6
Personal Investments/Securities Made this Calendar Year	7
Non-Working Assets	7
Retirement Plans	8
Personal Residence	9
Other Real Estate	10-11
Liabilities	12
Line of Credit	12
Life Insurance	13-14
Other Insurance	14
Sources of Income	15
Tax Data	16
Estate Planning	17
Assumptions/Goals	18
Summary of Goals	18
Retirement Assumptions	18
Financial Opinions/Preferences	19
Identifying Your Financial Values	20
Advisor Relationships	21
Additional Information	21

Introduction

I believe financial planning to be a very personal and important part of my client's life.

It represents a sharing of personal and professional knowledge and experience between the client and the planner. Accordingly, I believe it is most important for the client to be involved in the planning process beginning with the gathering of personal data and statement of personal goals.

The information requested herein is divided into two categories:

- 1) Quantitative information represented by the facts and figures of your financial structure, and
- 2) Qualitative information represented by your personal attitudes, goals, and objectives. The format of the questionnaire has been designed for ease of use. Where clarification may be appropriate, I have included instructions.

This questionnaire has been designed to be use by all. Therefore, certain sections or questions may not be applicable to your specific situation and you should indicate by entering "N/A".

The quality of the plan will be influenced by the completeness and accuracy of the information provided.

Should you have any questions when preparing this questionnaire, please do not hesitate to call my office for assistance. Thank you for your cooperation.

Personal Information

Client's marital status:

Married

Single

Widowed

Divorced

	Client	Spouse
First & Middle Initial		
Last Name		
Nickname		
Date of Birth		
Place of Birth		
U.S. Citizen (Y/N)		
Social Security #		
Home Address		
Home Phone		
E-Mail Address (H)		
E-Mail Address (B)		
Occupation		
Employer		
How Long Employed		
Business Address		
Business Phone		
If Retired, Retirement Date		

Children's Data

I request that all clients with children (dependent or not) complete the top section; clients who anticipate future expenses, kindly complete both sections. All anticipated expenses should be expressed as **annual amounts in today's dollars**. This information will be used to analyze the amounts needed to cover their educational expenses. All children should be listed, even if independent.

If you currently have child care expenses, or anticipate child care expenses, you may use the private school section to record this information.

Child's Name	Date of Birth	Current Grade*	SS Number	Marital Status (if independent)

*Current Grade: Enter grade in school as of January 1 of current year.

Educational Data

(Include grandchildren if you plan to contribute to their education)

	Available Assets/Owner*	Year Range	Private School	Public College	Private College	Graduate School
Child 1	\$	From Until				
Child 2	\$	From Until				
Child 3	\$	From Until				
Child 4	\$	From Until				

*Funds set aside: If assets have already been set aside to fund the education, indicate the current amount here. How held: (1) Trust Account; (2) Custodial Account; (3) 529 Plan; (4) Assets directly owned by child.

If you have more than 4 children, please make a copy of this page to use for the additional children.

Special Family Situations/Concerns

	Client	Spouse
Alimony - Annual Amount Paid/Received	\$	\$
Child Support Annual Amount Paid/Received	\$	\$
Begin/End Dates		

Parental Support

	Client	Spouse
Mother's Age		
Father's Age		
Are your parents currently self-supporting?		
Will your parents need future financial assistance from you?		
Comments/Description		

Special Health Concerns

	Description of Health (Family health history, smoker, diabetes, etc.)
Client	
Spouse	
Other Family Members Name: Name:	

Cash or Cash Equivalents

Use this page to list your cash and/or cash equivalents assets. Do not include any of your retirement assets here. They will be recorded later.

Owner: please use the following codes to indicate the owner of each asset;

- C - Client's Property
- S - Spouse's Property
- JT - Joint Property
- CJT - Client's Joint Property with someone other than a spouse
- SJP - Spouse's Joint Property with someone other than client

Description	Current Value	Interest Rate	Location	Owner
Checking Account #1				
Checking Account #2				
Checking Account #3				
Savings/Money Market Account #1				
Savings/Money Market Account #2				
Savings/Money Market Account #13				
Certificate of Deposit #1				
Certificate of Deposit #2				
Certificate of Deposit #3				
Other*				
Other*				

*Other: Example - Series E Savings Bonds

Securities

(Not retirement plans, enter retirement plans on p.8)

Type: Please use the codes below to indicate the type of investment/security:

- | | | | |
|----|-----------------|-----|----------------------------|
| CS | Common Stock | MF | Mutual Fund |
| PS | Preferred Stock | BI | Business Interest |
| MB | Municipal Bond | UT | Unit Investment Trust |
| CB | Corporate Bond | MLP | Master Limited Partnership |

Owner: Please refer to the Cash/Cash Equivalent section for definitions.

Annual Interest/Dividends:

- (1) If income is reinvested, please place the letter "R" after the amount.
- (2) Please express interest on municipal bonds and corporate bonds as a percentage.

Security Name	Type	Owner	#Shares/Current Value	Purchase Date	Cost Basis

Personal Savings

Are you regularly investing/saving money (other than retirement plans)?

Name of Investment/Savings	Amount	Mode(Monthly/Quarterly/Yearly)

NOTE: Enter retirement plans on page 8.

Personal Investment/Securities Made In This Calendar Year

Asset Name	Date Purchased	Purchase Cost or Basis	Sales Value	Sale Date
1.				
2.				
3.				
4.				

Non-Working Assets

Use this section to list all non-working personal assets. Included are automobiles, furnishings, jewelry, and other items of significant value. Use your best estimate of current value. Do not list any real estate here.

	Client	Spouse
Auto #1		
Auto #2		
Personal Property		
Personal Collections		

Retirement Plans

Do you have a pension? ___ Yes ___ No

If yes, estimated monthly benefit is \$ _____ at age _____. COLA? ___ Yes ___ No

Defined Contribution retirement plans such as SEPs, 401Ks, IRAs, and Profit Sharing Plans are listed here. **Please provide your most recent statement on each of the investments listed below.**

Note: percentage means % of annual compensation.

Company Plans	<u>Client</u>	<u>Spouse</u>
Current Value	\$ _____	\$ _____
<u>Pre-Tax Contributions:</u>		
Your monthly contribution %	_____ %	_____ %
Your employer's estimated annual contribution	\$ _____	\$ _____
<u>After tax contributions:</u>		
Your monthly contribution %	_____ %	_____ %
Other Retirement Accounts	<u>Client</u>	<u>Spouse</u>
Type of Plan	_____	_____
Current Value	\$ _____	\$ _____
Description of Investment	_____	_____
Monthly or Yearly Contribution	\$ _____	\$ _____
Number of Shares/Units	_____	_____
Total amount vested, if known	\$ _____	\$ _____

If you have multiple retirement accounts, please make a copy of this page to use for the additional retirement accounts.

Personal Residence

Owner	
Date Purchased	
Purchase Price	\$
Current Market Value	\$
Expected Annual Appreciation (\$ or %)	
Annual Real Estate Taxes	\$
Annual Homeowners Insurance	\$
Annual Condo, Assn., or Other Fees	\$
How long do you plan to remain at this residence?	

Mortgage Information

Mortgage: Information provided should relate to the present mortgage/mortgages on the property.

	Beginning Balance	Current Balance	1 st Payment Date*	Interest Rate	Term(# of Payments)	Monthly Payments (P&I)**
Current Mortgage						
Adj. Rate?						
Second Trust						
Adj. Rate?						

*If your mortgage was refinanced during the current year, please provide a copy of the settlement statement.

**Principal and Interest: Do not include taxes and insurance in this figure.

Other Real Estate

This section is for real estate you hold primarily for investment purposes or as a second residence.

Type: Please use the following codes:

SF	Single Family Dwelling	UL	Unimproved Land
CONDO	Condominium	VAC	Vacation Home
MULTI	Multiple Family Dwelling	OTHER	Provide Description

Regarding rental properties, I will use the information you provide and also refer to the most recent copy of Schedule E from your tax return when making tax and cash flow projections. If you have an adjustable rate loan, please include a copy of the schedule. If you own more than two investment properties, please make a photocopy of pages 10 & 11 to use for the additional properties. Refer to “Cash or Cash Equivalents” section for ownership code.

	Property 1	Owner	Property 2	Owner
Address				
Type				
Date Acquired				
Purchase Price				
Current Value				
Expected Annual Appreciation				
Management Fees				
Condo, Assn., or other fees				
Est. Repairs & Maintenance				
Misc. Expenses				
Lease Term				
Monthly Rent				
Current rent paid year to date				

Other Real Estate (Continued)

	Property 1	Owner	Property 2	Owner
Do you feel this property has been a good investment?				
How long do you plan to hold this property?				

Mortgage Information

	Beginning Balance	Current Balance	1 st Payment Date	Interest Rate	Terms(# of Payments)	Monthly Payments(P&I)
Property 1						
Original Mortgage						
Adj. Rate?						
Second Trust						
Adj. Rate?						
Property 2						
Original Mortgage						
Adj. Rate?						
Second Trust						
Adj. Rate?						

12
Liabilities
 (Other than Real Estate)

Description	Owner	Original Loan	Current Balance	Date of 1 st Payment	Term Mo/Yr	Interest Rate	Monthly Payment
Auto Loan #1							
Auto Loan #2							
Notes Payable to:							
Other Loans							
Credit Cards:							
Card #1							
Card #2							
Card #3							

Line of Credit

Institution	Owner	Line Limit	Outstanding Balance	Interest Rate	Avg. Monthly Payment	Home Equity (Yes or No)

OWNER: C - Client S - Spouse JT - Joint
 TERM: Number of Month

Regarding Credit Cards: If you are uncertain of the rate of interest charged, I will assume 18% per year. As to monthly payments, I realize they will vary from month to month. Therefore, please indicate your **average** monthly payment.

Life Insurance

Use this section for your life insurance policies. If you have more than three policies, please photocopy this page.

For insured, owner and beneficiary, please indicate whether: Client, Spouse, Child, Trust, and Other (Please Describe).

If dividends are paid on the policy, how are they distributed?

- Cash Paid in cash
- PU Addn Used to purchase paid up additional insurance
- Accum Accumulated with interest
- PR Premium reduction
- O Other (please describe)

Accumulated dividends: If dividends are accumulating, please provide most recent balance (if known).

	Policy 1	Policy 2	Policy 3
Insurance Company			
Policy Number			
Date Policy Issued			
Policy Type			
Insured			
Owner			
Beneficiary			
Face Amount	\$	\$	\$
Cash Value *	\$	\$	\$
Policy Loan /Interest Rate*	\$	\$	\$
Accumulated Dividends *	\$	\$	\$
Annual Premium	\$	\$	\$

*This information is usually provided on an annual statement.

Life Insurance (Continued)

	Client	Spouse
Do you feel your coverage is adequate?		
Have you smoked cigarettes within the past 12 months?		
Do you have any health concerns?		

Other Insurance

Please provide a copy of the cover page of the Homeowner's (renter's), automobile, and Umbrella policies.

Disability

Company Name	Type (Group /Personal)	Insured Party	Monthly Benefit	Annual Premium	Waiting Period

Long Term Care

Company Name	Type (Group/Personal)	Insured Party	Monthly Benefit	Annual Premium	Max. Benefit Period

Casualty

*Medical _____ Annual Premium _____
 Homeowner's _____ Annual Premium _____
 Automobile _____ Annual Premium _____
 Umbrella _____ Annual Premium _____

*Medical Annual Premium - Record medical, vision and dental policy premiums for client, spouse and dependents.

Sources of Income

	Current Year		Next Year		Year After	
	Client	Spouse	Client	Spouse	Client	Spouse
Gross Salary *						
Bonus/Commission						
Salary Reduction**						
Interest - Taxable***						
Interest - Non-Tax***						
Dividends - Taxable***						
State Tax Refund						
Federal Tax Refund						
Net Business Income						
Capital Gains/Losses						
Rents/Partnerships						
Pension/Retirement Benefits						
Social Security Benefits						
Other****						

* Salary: Indicate **gross** salary **before** deductions to qualified plans such as 401(k) plans.

**Salary Reduction: Enter either the dollar amount or percentage you expect to contribute. Enter only deductions to qualified plans, e.g. 401k, 457, 403b.

***Interest and Dividends: If you so desire, you may omit this information, as well as other investment income. I will compute the amounts based on asset details furnished on previous pages.

****Other: List here any inheritances or gifts received or expected to be received. Enter income not included in any other category.

Tax Data

	This Year	Next Year	Year After
Number of Exemptions			
Filing Status(married, head of household, single or married filing separately)			
Charitable Contributions			
Employee Business Expenses			

Income Tax Withholding Date (Current Year)

Paid Year to Date - Client _____ (Federal) _____ (State)

Paid Year to Date - Spouse _____ (Federal) _____ (State)

Estimates Paid Year to Date _____ (Federal) _____ (State)

Estate Planning

Most of the information I need for your estate planning comes from the asset and insurance sections you have already completed. Use this section to provide information on your current wills, trusts, and other estate plans.

Please respond where appropriate with “yes”, or “no”.

Income protection: Refers to adequate income for the support of your spouse and family in the event of your disability, either short term or permanent.

If you or your spouse has given gifts in excess of \$10,000 in any year since 1976, they may affect your estate taxation.

	Client	Spouse
Have you prepared a will?		
Date of Execution		
Have you provided a copy to my office?		
Does it include trust provisions?		
Was it prepared in your current state of residence?		
Have you prepared a living (inter-vivos) trust?		
If necessary for your support, would you consume your estate as opposed to leaving to your heirs?		
Have you considered extended care protection (nursing home coverage)?		
Have you granted a durable power of attorney?		
Have you considered a natural death directive?		
Do you desire to make specific bequests to family?		
Do you desire to make specific Charitable bequests?		
Have you made significant family lifetime gifts?		
Have you made significant lifetime charitable gifts?		

Assumptions/Goals

Do you have major financial concerns about future obligations?

Retirement _____

Educational _____

Family _____

Other _____

Please describe:

Summary of Goals

Please summarize your goals in order of importance.

Retirement Assumptions

	Client	Spouse
Do you feel you are setting aside sufficient assets for your future?		
What is your desired age of retirement?		
In present day dollars, what monthly income would you like to have in retirement (before tax)?		
In your opinion, what might be the rate of future inflation?		
In your opinion, are you adequately controlling your income tax liability?		

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	Spouse
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 was your current investment assets selected?

Identifying Your Financial Values

To make the financial planning process successful for you, you must have a clear understanding of your needs and priorities. Your financial plan should focus on the areas that have “value” or importance to you. Please indicate using a scale of 1-Very Important; 2 - Somewhat Important; and 3- Not Important; that most accurately reflects the importance of each category at this time in your life.

	Client	Spouse
Having readily available money for emergencies and opportunities.		
Having financial protection against disability, liability, hospitalization, premature death and nursing home care.		
Accumulating dollars to provide for education (personal, children’s, and grandchildren’s).		
Accumulating dollars for reasons not listed above (e.g., down payment on a home, a vacation, a car), Please specify goals and estimate amounts.		
Avoiding unnecessary taxes.		
Accumulating resources to provide income for retirement.		
Putting your affairs in order to ensure a smooth transition of assets to family and beneficiaries at death.		

Advisor Relationships

Where Applicable, rate your working relationships with each of the following advisors:

1=Dissatisfied

5=Very Satisfied

	1	2	3	4	5	Not Applicable
Financial Planner						
Broker (1)						
Broker (2)						
Accountant						
Tax Preparer						
Attorney						
Insurance Agent (1)						
Insurance Agent (2)						

Additional Information

These items, as well as others, may be needed should you engage my services:

- | | |
|---|---------------------------|
| Most recent Federal and State tax return | Paycheck Stubs |
| Brokerage account statements | Trust account statements |
| Mutual Fund account statements | Employee Benefits booklet |
| Retirement plan account statements | Loan Documents |
| Legal documents | Insurance Policies |
| Documents explaining any partnership in which you are an investor | |
| Copy of corporate /partnership tax returns, if self-employed and/or incorporated. | |

For your financial consultation,

If you will be coming to my office, please bring this completed form with you.

If I will be teleconferencing with you, please keep a copy of your completed form and send me a copy at:

Conklin Financial Planning
 1801 Eureka Rd., Apt. 504
 Roseville, CA 95661
 Phone: 845-545-1002; Fax: 845-595-2476

OR fax it to me.

