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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.**

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1

**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.

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**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) |  |  |
|  |  |  |
| 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 |  |  |

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**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\*** |  | **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.

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**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: |  |

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**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

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**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.

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**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 |  |  |
|  |  |  |
|  |  |  |

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**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 Client Spouse**

Current Value $\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

Pre-Tax Contributions:

Your monthly contribution % \_\_\_\_\_\_\_% \_\_\_\_\_\_\_\_%

Your employer’s estimated annual contribution $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_

After tax contributions:

Your monthly contribution % \_\_\_\_\_\_\_% \_\_\_\_\_\_\_\_\_%

**Other Retirement Accounts Client Spouse**

**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.

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**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** | **1st 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.

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**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 |  |  |  |  |

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**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** | **1st 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? |  |  |  |  |  |  |

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**Liabilities**

**(Other than Real Estate)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Owner** | **Original Loan** | **Current Balance** | **Date of 1st 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.

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**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.

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**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.

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**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.

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**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)

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**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? |  |  |

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**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? |  |  |

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**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?

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**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. |  |  |

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**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**

4925 e 125th Ave.

Thornton, CO 80241

Phone: 845-629-4391

Or upload to google drive.