

Confidential Financial Planning Questionnaire

Disclosure

This material is not intended as an offer or solicitation for the purchase or sale of any security or financial instrument. It is intended to gather important information designed to better assist with your financial planning process. It is distributed with the understanding that it is not intended to render accounting, legal or tax advice. Please consult your legal or tax advisor concerning such matters, as needed, to answer the following questionnaire.

Investment and insurance products are not insured by the FDIC or other governmental agency and are subject to investment risk, including possible loss of the principal amount invested.

Client Acknowledgement

To the best of my knowledge, the information provided in this questionnaire is true and correct and reflects an accurate picture of my current financial situation. Should any material changes occur prior to the preparation of my financial plan, I will advise my representative immediately.

I further acknowledge that the results of my financial plan will be based on the information I provide and may provide both general and specific recommendations. As my circumstances change, some of the recommendations made within this plan may no longer be appropriate and I should review my situation periodically.

I assume sole responsibility to decide whether to implement the advice contained in the financial plan and to determine that the recommendations have been implemented correctly.

I understand that the financial plan will include financial projections and make certain assumptions based on historical data that serve as a useful and reasonable basis to develop recommendations. I further acknowledge that there is no guarantee that my experience will match the projections prepared for me.

I agree and acknowledge that the payment of all taxes due on income or capital gains from the implementation of the recommendations remains my sole obligation.

Client signature

Date

Client signature

Date

Personal Background Information

Names & Ages:

Individual 1

Individual 2

First Name, Last Name		
Birth Date		
Social Security Number		
Gender (Male/Female)		

Marital Status: (check one) Single Married

Home Address:

Address		
City, State, Zip		
Home Phone	()	-
Cell Phone	()	-
Email Address		

Employment:

Individual 1

Individual 2

Employer		
Duties/Title		
Work Phone	()	-

Family Members

First, Middle, Last Name	Dependent	Relationship	Birth Date	Social Security Number

Do you want to plan for any educational needs? _____ (see last page if Yes)

Risk Tolerance Information

Check the boxes next to the statements that most accurately reflect your attitudes about investing.

- I am more concerned about protecting my assets than about growth.
- I prefer the ease of mutual funds to the uncertainty of trying to pick winning stocks.
- Professional advisors and mutual funds may achieve higher growth than I can.
- 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 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 reserve funds and insurance rather than growth.
- I prefer predictable, steady returns on my investments even if the return is low.

Please attach a copy of your most recent brokerage, mutual fund, and retirement statements.

Savings and Investment Assets (Personal accounts – not in a retirement plan or IRA)

Account Description	Owner	Current Value	Cost Basis (if known)	Monthly Personal Additions

Retirement Accounts (Tax Deductible Retirement Accounts and Roth IRAs)

Description	Type	Owner	Value	Monthly Personal Additions	Monthly Company Additions	Beneficiary

Type Enter the type of qualified plan from one of the following choices:

- 1) 401 K Plans 2) 457 Plans 3) IRA Account 4) Keogh 5) Other 6) Profit Sharing
7) SEP IRA 8) SIMPLE Plans 9) TSA/403b

Owner Enter the account owner of the investment from one of the following choices:

- 1) Individual 1 2) Individual 2 3) Joint 4) Community Property 5) IRR Trust 6) Child 7) Other

Residential, Real Estate & Business Assets

Description	Market Value	Cost Basis	Owner	Sell or Retain

Personal Assets Worksheet

Description	Group	Market Value	Cost Basis	Apprec. Rate	Owner
				%	
				%	
				%	
				%	
				%	
				%	
				%	
				%	

Group Enter one of the following options:

- 1) Art, Antiques 2) Automobiles 3) Boats, RV's
4) Jewelry, Furs 5) Personal Property 6) Residence

Account Owner Enter the account owner of the asset from one of the following choices:

- 1) Individual 1 2) Individual 2 3) Joint 4) Community Property
5) Irrevocable Trust 6) Child 7) Other

Liability Information

Description	Type	Owed To	Owed By	Date Opened	Original Amount	Account Balance	Monthly Payment	Interest	Payoff?
					\$	\$	\$	%	
					\$	\$	\$	%	
					\$	\$	\$	%	
					\$	\$	\$	%	

Type Enter the liability type from the following choices:

- | | | |
|--------------------------------|-------------------|---------------------------|
| 1) Residence Mortgage (Home 1) | 4) Auto Loans | 7) Other Liabilities |
| 2) Residence Mortgage (Home 2) | 5) Credit Cards | 8) Investment Real Estate |
| 3) Investment Loans | 6) Personal Loans | 9) RV and Boat Loans |

Owed To Name of the person or company the liability is owed to.

Owed By Enter person who owes the liability from one of the following choices:

- | | | | |
|-----------------|-----------------|----------|-----------------------|
| 1) Individual 1 | 2) Individual 2 | 3) Joint | 4) Community Property |
| 5) IRR Trust | 6) Child | 7) Other | |

Payoff? Indicate if you want the liability to be paid off at death from one of the following choices:

- | | | | |
|-------|----------------|------------------------------|------------------------------|
| 1) No | 2) Both Deaths | 3) Individual 1's Death Only | 4) Individual 2's Death Only |
|-------|----------------|------------------------------|------------------------------|

Property, Casualty and Liability Insurance

Coverage	Company	Coverage Amounts	Deductible	Premiums
Homeowners				
Automobile				
Personal Umbrella Liability				
Other				

Life Insurance Information

Term Life Insurance Policies: (attach additional information if more than 2 policies)

Company Name	Description	Policy Number	Insured	Owner	Beneficiary	Annual Premium	Death Benefit	Expiration Date

Permanent Life Insurance Policies: (attach additional information if more than 2 policies)

Company Name/Description	Policy Number	Insured	Owner	Beneficiary	Period	Annual Premium	Death Benefit	Cash Value	Loan Amount
					Now				
					Retirement				
					Now				
					Retirement				

Disability Policies: (attach additional information if more than 2 policies)

Company Name	Description	Policy Number	Insured	Personal or Company	Annual Premium Amount	Short Term Benefit	Long Term Benefit	Percent Taxable

Long Term Care Policies: (attach additional information if more than 2 policies)

Company Name	Description	Policy Number	Insured	Personal or Company	Annual Premium Amount	Premium Term	Benefit

Income and Tax Information (Annual amounts):

	Amount	Increase rate
Salary and Wages – Individual 1		%
Salary and Wages – Individual 2		%
Self-Employment – Individual 1		%
Self-Employment – Individual 2		%
Social Security Income – Individual 1		
Social Security Income – Individual 2		
Pension Income – Individual 1		
Pension Income – Individual 2		
Other Taxable Income (or active loss)		%
Other Non-Taxable Income		%

Filing Status and Itemized Deductions

Number of individuals over age 65 or blind _____

Tax Filing Status (Check one) Single: _____ Married: _____ Head of Household: _____

Itemized Deductions:

	Percent of Gross Income	and/or	Dollar Amount	Annual rate of Increase
Charitable Contributions	%	and/or	\$	%
Misc. Itemized Deductions	%	And/or	\$	%
Property tax (as % of market value)	%	And/or	\$	%
Medical Expenses	%	And/or	\$	%

Retirement Analysis

What are your plans for retirement?

Can you describe your planned lifestyle in retirement? _____

How does this compare to your current lifestyle? _____

How much are you systematically investing outside of your retirement plans? _____

Do you plan to sell any assets to fund your retirement? _____

Do you anticipate any additional income needs during retirement? _____

Do you anticipate working part-time in retirement? _____

Is there any anticipated windfall of assets or income that will be used for retirement? _____

	Individual 1	Individual 2
Retirement Age		

Retirement Social Security Benefits:

	Individual 1	Individual 2
Age to start retirement SS benefits (62-70)		
Actual amount of expected SS benefits (today's \$ / month)	\$	\$

Retirement Income Sources: Pension Plans (monthly):

	Individual 1		Individual 2	
Pension Plan Name				
Defined benefit plans (in today's dollars)	\$	\$	\$	\$
Age when the income will start				
Increase rate	%	%	%	%
Percent available to survivor during retirement	%	%	%	%

Estate Planning

What provisions have you made for your estate?

	Individual 1	Individual 2
Last Will & Testament		
Marital Trust provision		
QTIP Trust provision		
Credit Shelter/Bypass Trust provision		
Family/Minor Trust provision		
Charitable Bequest		
Living Trust		
Irrevocable Life Insurance Trust		
Power of Attorney		
Health Care Power of Attorney		
Annual Gifting		

Education Funding

Child's Name	1 st Year of College	School Type	# of Years	Annual College Cost	% of Cost to Fund	Funds Available Now	Monthly Savings
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$

Other Income and Expenses

Other Financial Goals: (Specific items where you wish to compute the amount of immediate capital needed or the monthly deposits needed to fund a future expense.)

Description	Year Needed	Amount Needed	Inflation Rate
		\$	%
		\$	%
		\$	%
		\$	%

These items may be needed, should you engage our services:

Prior Year Tax Return	Paycheck Stubs
Brokerage Account Statements	Mutual Fund Account Statements
Trust Account Statements	Employee Benefits Booklet
Retirement Plan Account Statements	Legal Documents
Loan Documents	Insurance Policies

If you will be coming to our office for your financial consultation, please bring this completed form with you.

If we will be teleconferencing with you, please (1) keep a copy of your completed form, (2) fax or mail a copy to us at the following address:

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