Coordinated Personal Financial Planning…

FPAI

FINANCIAL PLANNING ASSOCIATES, INC

Carl D., Goodin, President

Data Survey

Client Name:

Client Name:

Referred by:

Date of initial meeting:

Date of 1st planning meeting:

Date of 2nd planning meeting:

Date of 3rd planning meeting:

Overview

This *Data Survey* is designed to help you gather the required information for your customized financial plan.

Please bring the source documents listed below, or photocopies of them to your planning meetings.

- Most recent statements from trust companies, brokers, investment companies, and banks. Cost basis information regarding your investment assets. Information concerning your business activities and assets, and direct participation programs. Information concerning minor children's assets.
- Mortgage and other loan information, including mortgage loan origination documents. Cost basis information regarding your home(s).
- Personal financial statement and spending plan, if available.
- All insurance policies, including disability income, long-term care, life, health/medical, homeowners, auto, personal liability, etc. Information regarding any activities, which could give rise to personal liability.
- Employee benefit information including booklets, statements, W-2 forms last tax year, TWO most recent pay stubs, and other information.
- Tax returns (Federal, State, Gift/Estate) for the most recent three years, plus current year expected information.
- Latest wills, powers of attorney, trust documents, divorce decrees/separation agreements, pre/post-nuptial agreements, and other estate planning information.
- Other relevant documentation

What are your prioritized financial objectives?

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

What are the problems?

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

Client Information

Base Family

		(co-client if different)
Last Name:		
Marital status *(e.g., married, divorced, single)*:		
Former marriages: (Y/N, date terminated, etc.)		
Military service: (branch, dates, benefits, etc.)		
Number of dependents:		
Address:		
City:		
State:		
Country:		
Zip Code:		
Home phone number:		

Basic

	Client	**Co-client**
Given Name:		
Gender:		
Date of Birth *(mm/dd/yy/)*:		
Social security number:		
Drivers license (number, issuing state):		
Passport information (number, issuing country):		
E-mail address:		
Business phone#:		
Fax #:		
Occupation:		
Duties:		
Employer:		
Employer address 1:		
Employer address 2:		
Employer address 3:		
Date of employment:		

Name of Child or Dependent	**Gender**	**Date of Birth**
1st child:		
2nd child:		
3rd child:		
4th child:		
5th child:		
6th child:		
1st other dependent:		
2nd other dependent:		

Name of Grandchild	Gender	Date of Birth	Parents
1st grandchild:			
2nd grandchild:			
3rd grandchild:			
4th grandchild:			
5th grandchild:			
6th grandchild:			
7th grandchild:			
8th grandchild:			
9th grandchild:			
10th grandchild:			
11th grandchild:			

Advisors

Advisory Type *(Lawyer, Accountant, etc.)*	Full Name	Address	Business #

Will Information

	Client	Co-client
Is there a Will? *(yes or no)*		
On what date was the Will last updated?		
Where is the Will located? *(safety deposit box, etc.)*		

Additional Information

Does either spouse anticipate a change of employment?

Client's education/background:

Co-client's education/background:

Identify any health considerations affecting client, spouse, children, grandchildren, parents, or any dependent person(s).

Name	*Condition/considerations*
___________	____
___________	____
___________	____
___________	____
___________	____

Note: Include information regarding special needs of handicapped children or other dependents, parents if their support will be provided by client or co-client, and information which affects the insurability of client, spouse, or any other person listed as dependent.

Financial Independence (Retirement) Planning / Lifestyle…

Where will you live during your retirement?

What will you do during your retirement?

What will you own during your retirement?

What do you want to retire from?

What do you want to retire to?

What will be important to you during retirement?

What have you observed about other peoples' retirement?

Other Information

(Use this section to enter any other information that you feel would be relevant to your client's financial plan.)