



Confidential Financial Planning Questionnaire

Name _____

Date _____

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 agencies 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 portrayal of my current financial situation. Should any material changes occur prior to the preparation of my financial plan, I will advise Macke Financial Advisory Group immediately.

I further acknowledge that the results of my financial plan will be based on the information I provide, which may include 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 whether 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.

I agree that I am digitally signing this form by typing my name.

Client Signature

Date

Co Client Signature

Date

Request for Documents

In order for me to outline what your financial plan and the financial planning process will address, as well as the associated fee, please complete the enclosed data gathering form to the best of your ability and deliver it to our office.

- _____ Auto, homeowners and other liability insurance declaration pages
- _____ Life insurance, disability, long term care policies and any recent statements
- _____ Annuity contracts and most recent statement
- _____ Most recent Federal and State Tax Returns
- _____ Signed copies of your current estate planning documents - will, power of attorney, living trust, health care directive, etc.
- _____ Most recent investment statements (banks, stocks, bonds, mutual funds, IRA, 401k, 403b, etc.)
- _____ Cost Basis information for investment holdings
- _____ Description of beneficiary designations on life policies (including employer), annuities, IRA, 401(k), 403(b), etc.
- _____ List of expenses representative of the past 12 months
- _____ List of income sources and income since last year. Include copies of W2s, final paystubs from year end and most recent paystubs.
- _____ Most recent social security benefit statements
- _____ Investment options and performance for employer sponsored plans
- _____ Loan documents, credit card statements and amortization schedules
- _____ Employee benefit books
- _____ If self employed, copy of business succession plan and Articles of Incorporation
- _____ Notes receivable with amortization schedules
- _____ Current real estate tax bill

Personal Information

Marital Status: (check one)

Single Married

Date Married: _____

Client

Co-Client

First Name, Middle Initial

Last Name

Birth Date

Social Security Number

Primary Address:

Address

City, State Zip

Client

Co-Client

Home Phone

Cell Phone

Other Phone

Email Address

Web Page

Other Address:

Address

City, State Zip

Drivers License:

License Number

Expiration Date

State of Issue

Client

Co-Client

Employment:

Client

Co-Client

Employer

Occupation

Work Address

City, State Zip

Phone

Fax

Email Address

Do you or your spouse have any major health problems. If yes, briefly describe:

In one year from now, looking back on your relationship with your financial advisor, what will you expect to have accomplished?

Is there a family history of health issues such as Alzheimer's, Parkinson's, etc?

Dependent Information

Dependent Children:

<u>Dependent</u>	<u>Social Security Number</u>	<u>Birth Date</u>	<u>Dependent until age</u>

Education:

Percent of college costs parents plan to pay _____ %

Check to deduct educational expenses from retirement funds

<u>Child's Name</u>	<u>1st Year of College</u>	<u># of Years</u>	<u>School Type</u>	<u>Funds Available Now</u>	<u>Annual College Costs</u>	<u>Monthly Savings</u>

Instructions:

- 1st Year of College** Enter the calendar year the child will begin college.
- # of Years** Enter the number of years the child will be attending college.
- School Type** Select the type of school from the drop down list.
- Funds Available Now** Enter the present value of the funds available for college.
- Annual College Cost** Enter the amount of the annual college costs in today's dollars.
- Monthly Savings** Enter the monthly savings amount to be entered into the college fund.

Advisor Information

Attorney Name	_____
Firm	_____
Address	_____
City, State Zip	_____
Phone	_____
Fax	_____
Email Address	_____

Accountant Name	_____
Firm	_____
Address	_____
City, State Zip	_____
Phone	_____
Fax	_____
Email Address	_____

Life Insurance Agent	_____
Firm	_____
Address	_____
City, State Zip	_____
Phone	_____

Homeowners Ins Agent _____
Firm _____
Address _____
City, State Zip _____
Phone _____

Auto Insurance Agent _____
Firm _____
Address _____
City, State Zip _____
Phone _____

Stockbroker Name _____
Firm _____
Address _____
City, State Zip _____
Phone _____

Bank _____
Address _____
City, State Zip _____
Phone _____

Assets

House and Mortgage:

House Description	Purchase Amount	Ownership	Purchase Date	Market Value	Growth Rate
_____	_____	_____	_____	_____	%
_____	_____	_____	_____	_____	%
_____	_____	_____	_____	_____	%

	Mortgage 1	Mortgage 2	Mortgage 3
Description:	_____	_____	_____
Original Principal:	_____	_____	_____
Ownership:	_____	_____	_____
Start Date:	_____	_____	_____
Interest Rate:	_____ %	_____ %	_____ %
Amortization (years):	_____	_____	_____
Payment Frequency:	_____	_____	_____
Outstanding Principal Amount (if available):	_____	_____	_____
Outstanding Principal Date (relates to above):	_____	_____	_____
Insured (life on mortgage, both or none):	_____	_____	_____
Insured (life on mortgage, both or none):	_____	_____	_____

Real Estate: (Income producing property)

	Real Estate 1	Real Estate 2	Real Estate 3
Description:	_____	_____	_____
Ownership:	_____	_____	_____
Purchase Date:	_____	_____	_____
Purchase Amount:	_____	_____	_____
Market Value:	_____	_____	_____
Cost Basis:	_____	_____	_____
Property Growth Rate:	_____ %	_____ %	_____ %
Rental Income (monthly amount):	_____	_____	_____
Rental Expenses (monthly amount):	_____	_____	_____
Annual Rental Growth Rate:	_____ %	_____ %	_____ %

Business Entities:

	Business Entity 1	Business Entity 2	Business Entity 3
Name:	_____	_____	_____
Type:	_____	_____	_____
Ownership:	_____	_____	_____
Purchase Date:	_____	_____	_____
Purchase Amount:	_____	_____	_____
Market Value:	_____	_____	_____

Liabilities

Description	Type	Owed To		Owed By	Date Opened
_____	_____	_____	_____	_____	_____
Original Amount	Account Balance	Monthly Payment	Interest	Payoff?	Balloon Pymt Age
_____	_____	_____	_____ %	_____	_____

Description	Type	Owed To		Owed By	Date Opened
_____	_____	_____	_____	_____	_____
Original Amount	Account Balance	Monthly Payment	Interest	Payoff?	Balloon Pymt Age
_____	_____	_____	_____ %	_____	_____

Description	Type	Owed To		Owed By	Date Opened
_____	_____	_____	_____	_____	_____
Original Amount	Account Balance	Monthly Payment	Interest	Payoff?	Balloon Pymt Age
_____	_____	_____	_____ %	_____	_____

Description	Type	Owed To		Owed By	Date Opened
_____	_____	_____	_____	_____	_____
Original Amount	Account Balance	Monthly Payment	Interest	Payoff?	Balloon Pymt Age
_____	_____	_____	_____ %	_____	_____

Instructions:

- Description** Describe the liability. For example, Home Equity, Lexus Car Loan, School Loan, Credit Card name, etc.
- Type** Select the liability type from the drop down list
- Owed To** Name of the person or company the liability is owed to
- Owed By** Enter the person who owes the liability from the drop down list
- Date Opened** Enter the date when the loan was opened
- Original Amount** Enter the original amount of the liability
- Account Balance** Enter the current account balance of the liability
- Monthly Payment** **(Payment & Interest Only)** Enter the monthly payment of the liability**
- Interest** Enter the interest rate on the liability
- Payoff?** Indicate if you want the liability to be paid off at death from the choices on the drop down list
- Balloon Payment Age** Enter the age a balloon payment will occur

** If you are making additional principal payments along with your regular principal and interest, you may enter the total of the payment, not including insurance and taxes.

Description	Type	Owed To	Owed By	Date Opened
Original Amount	Account Balance	Monthly Payment	Interest	Balloon Pymt Age
			%	

Description	Type	Owed To	Owed By	Date Opened
Original Amount	Account Balance	Monthly Payment	Interest	Balloon Pymt Age
			%	

Description	Type	Owed To	Owed By	Date Opened
Original Amount	Account Balance	Monthly Payment	Interest	Balloon Pymt Age
			%	

Description	Type	Owed To	Owed By	Date Opened
Original Amount	Account Balance	Monthly Payment	Interest	Balloon Pymt Age
			%	

Description	Type	Owed To	Owed By	Date Opened
Original Amount	Account Balance	Monthly Payment	Interest	Balloon Pymt Age
			%	

Income

Earned Income:

Client

	Annual Amount	Increase %
Salary:	_____	_____ %
Self Employment:	_____	_____ %

Co-Client

	Annual Amount	Increase %
Salary:	_____	_____ %
Self Employment:	_____	_____ %

Pension Income:

Client

Pension 1

Name: _____

Start Age: _____

Monthly Amount _____

Annual Increase % _____ %

Survivor % _____ %

Co-Client

Pension 1

Name: _____

Start Age: _____

Monthly Amount _____

Annual Increase % _____ %

Survivor % _____ %

Client

Pension 2

Name: _____

Start Age: _____

Monthly Amount _____

Annual Increase % _____ %

Survivor % _____ %

Co-Client

Pension 2

Name: _____

Start Age: _____

Monthly Amount _____

Annual Increase % _____ %

Survivor % _____ %

Social Security Income:

Client

Start Age: _____

Estimated Monthly Benefit at Full Retirement Age

or Current Monthly Benefit _____

Co-Client

Start Age: _____

Estimated Monthly Benefit at Full Retirement Age

or Current Monthly Benefit _____

Personal Expenses

	<u>Current Amount</u>		<u>Percent to be used for:</u>		
	Monthly *	Annual	Retirement	Disability	Survivor
Real Estate Taxes	_____	_____	_____ %	_____ %	_____ %
Homeowner's Insurance	_____	_____	_____ %	_____ %	_____ %
Rent/Lease Payment (not mortgage)	_____	_____	_____ %	_____ %	_____ %
Renter's Insurance	_____	_____	_____ %	_____ %	_____ %
Association/Maintenance Fees	_____	_____	_____ %	_____ %	_____ %
Lawn Maintenance	_____	_____	_____ %	_____ %	_____ %
Pool Maintenance	_____	_____	_____ %	_____ %	_____ %
Pest Control	_____	_____	_____ %	_____ %	_____ %
Cleaning & Maid Service	_____	_____	_____ %	_____ %	_____ %
Property Improvements	_____	_____	_____ %	_____ %	_____ %
Home Furnishings	_____	_____	_____ %	_____ %	_____ %
Utilities - Telephone	_____	_____	_____ %	_____ %	_____ %
Cell Phone	_____	_____	_____ %	_____ %	_____ %
Electric/Gas	_____	_____	_____ %	_____ %	_____ %
Water/Trash	_____	_____	_____ %	_____ %	_____ %
Cable/Internet	_____	_____	_____ %	_____ %	_____ %
Auto - Lease	_____	_____	_____ %	_____ %	_____ %
Gas/Oil	_____	_____	_____ %	_____ %	_____ %
Maintenance	_____	_____	_____ %	_____ %	_____ %
Insurance	_____	_____	_____ %	_____ %	_____ %
License and Registration	_____	_____	_____ %	_____ %	_____ %
Tolls and Parking	_____	_____	_____ %	_____ %	_____ %
Groceries	_____	_____	_____ %	_____ %	_____ %
Household Supplies	_____	_____	_____ %	_____ %	_____ %

Current Amount

Percent to be used for:

Monthly * Annual

Retirement Disability Survivor

	Monthly *	Annual	Retirement	Disability	Survivor
Dining Out	_____	_____	_____ %	_____ %	_____ %
Entertainment	_____	_____	_____ %	_____ %	_____ %
Recreation/Hobbies	_____	_____	_____ %	_____ %	_____ %
Memberships/Dues	_____	_____	_____ %	_____ %	_____ %
Books/Subscriptions	_____	_____	_____ %	_____ %	_____ %
Personal Gifts	_____	_____	_____ %	_____ %	_____ %
Charitable Donations	_____	_____	_____ %	_____ %	_____ %
Clothing	_____	_____	_____ %	_____ %	_____ %
Laundry/Dry Cleaning	_____	_____	_____ %	_____ %	_____ %
Nails/Hair/Skin Care (Salon)	_____	_____	_____ %	_____ %	_____ %
Child Expenses - School	_____	_____	_____ %	_____ %	_____ %
Lunch Money	_____	_____	_____ %	_____ %	_____ %
Special Activities	_____	_____	_____ %	_____ %	_____ %
Baby Sitting/Day Care	_____	_____	_____ %	_____ %	_____ %
School Supplies	_____	_____	_____ %	_____ %	_____ %
Child Support	_____	_____	_____ %	_____ %	_____ %
Alimony	_____	_____	_____ %	_____ %	_____ %
Pet Expenses	_____	_____	_____ %	_____ %	_____ %
Vacation & Travel	_____	_____	_____ %	_____ %	_____ %
Allowance/Miscellaneous	_____	_____	_____ %	_____ %	_____ %
Unreimbursed Medical & Dental	_____	_____	_____ %	_____ %	_____ %
Health & Beauty Supplies	_____	_____	_____ %	_____ %	_____ %
Health/Vision/Dental Insurance	_____	_____	_____ %	_____ %	_____ %

***Monthly/Annual** - you may enter a monthly amount, annual amount or both amounts. For example, if your auto operating expenses average \$150 per month, but you expect to spend another \$500 per year in repairs, you would enter the \$150 in the "Monthly" column and the \$500 in the "Annual" column.

Percentage of expenses used for: Retirement, Disability and Survivor percentages - if the monthly expenses amount is different in these three categories, then enter the percentage difference here. For example, if all expense amounts will decrease by 20% then enter 80% in the appropriate column(s).

Insurance Information

Life Insurance:

	Policy 1	Policy 2	Policy 3
Description:	_____	_____	_____
Premium Payer:	_____	_____	_____
Insured:	_____	_____	_____
Type (e.g. term, universal):	_____	_____	_____
Policy Owner:	_____	_____	_____
Beneficiary:	_____	_____	_____
Effective Date:	_____	_____	_____
Premium Frequency:	_____	_____	_____
Premiums:	_____	_____	_____
Death Benefit:	_____	_____	_____
Coverage Ceases (age or date):	_____	_____	_____
Market Value:	_____	_____	_____

Disability Insurance:

	Policy 1	Policy 2	Policy 3
Description:	_____	_____	_____
Insured:	_____	_____	_____
Monthly Benefit:	_____	_____	_____
Taxable:	_____	_____	_____
Index Rate for Benefit Amount:	_____ %	_____ %	_____ %
Waiting Period:	_____	_____	_____
Benefit Paid Until (years or age):	_____	_____	_____
Monthly Premium:	_____	_____	_____
Index Rate for Premium Amount:	_____ %	_____ %	_____ %

Long-Term Care Insurance:

	Policy 1	Policy 2	Policy 3
Description:	_____	_____	_____
Insured:	_____	_____	_____
Effective Date:	_____	_____	_____
Tax Qualified:	_____	_____	_____
Daily Benefit:	_____	_____	_____
Per Diem Plan:	_____	_____	_____
Frequency:	_____	_____	_____
Index for Benefit During LTC:	_____ %	_____ %	_____ %
Index for Benefit Before LTC:	_____ %	_____ %	_____ %
Waiting Period:	_____	_____	_____
Benefit Paid Until (<i>years or age</i>):	_____	_____	_____
Monthly Premium:	_____	_____	_____
Index Rate for Premium Amount:	_____ %	_____ %	_____ %
Premium Ceases (<i>age or date</i>):	_____	_____	_____

Estate Planning

Historical Data:

	<u>Client</u>	<u>Co-Client</u>
Taxable Lifetime Gifts:	_____	_____
Gift Taxes Already Paid:	_____	_____
Lifetime GSTT Exemption Used:	_____	_____

Estate Planning

Client

Do you have a Last Will and Testament? Yes No

If yes, what date was it executed? _____

What state was it executed in? _____

Do you have a Durable Power of Attorney? Yes No

If yes, what date was it executed? _____

What state was it executed in? _____

Do you have a Living Trust? Yes No

If yes, what date was it executed? _____

What state was it executed in? _____

What is the exact title? _____

Do you have a Healthcare Surrogate? Yes No

If yes, what date was it executed? _____

What state was it executed in? _____

Do you have a Living Will? Yes No

If yes, what date was it executed? _____

What state was it executed in? _____

Estate Planning

Co Client

Do you have a Last Will and Testament? Yes No

If yes, what date was it executed? _____

What state was it executed in? _____

Do you have a Durable Power of Attorney? Yes No

If yes, what date was it executed? _____

What state was it executed in? _____

Do you have a Living Trust? Yes No

If yes, what date was it executed? _____

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If yes, what date was it executed? _____

What state was it executed in? _____