

**Terry Balding & Associates**  
515 W. Main Street  
Sun Prairie, WI 53590  
(608) 837-9099 1-800-727-3039  
FAX (608) 825-6468  
**tabalding@hirep.net**

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## FINANCIAL PLANNING QUESTIONNAIRE

### PERSONAL AND FAMILY

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Residence Address \_\_\_\_\_

Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Children's Names

Age

Birthdate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## **RISK COMFORT LEVEL**

Please mark the level of risk relative to your investment decisions that you feel most comfortable with.

\_\_\_\_\_ 10 HIGH

\_\_\_\_\_ 9

\_\_\_\_\_ 8

\_\_\_\_\_ 7

\_\_\_\_\_ 6

\_\_\_\_\_ 5 MEDIUM

\_\_\_\_\_ 4

\_\_\_\_\_ 3

\_\_\_\_\_ 2

\_\_\_\_\_ 1 LOW

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## ASSETS AND LIABILITIES

### ASSETS

#### Cash:

On-hand \_\_\_\_\_  
Checking Account \_\_\_\_\_  
Savings Account \_\_\_\_\_

#### Real Estate:

Home \_\_\_\_\_  
Land \_\_\_\_\_  
Other \_\_\_\_\_

#### Investments:

Bonds \_\_\_\_\_  
Stocks \_\_\_\_\_  
Mutual Funds \_\_\_\_\_

#### Miscellaneous:

Personal Property \_\_\_\_\_  
Pension or Profit Sharing \_\_\_\_\_  
Life Insurance \_\_\_\_\_  
    Permanent \_\_\_\_\_  
    Term \_\_\_\_\_  
    Group Term \_\_\_\_\_  
    Business Owned \_\_\_\_\_

TOTAL ASSETS \_\_\_\_\_

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**LIABILITIES**

Mortgages

Mortgagee

- 1) Original Amount of Mortgage \_\_\_\_\_  
Original Date of Mortgage \_\_\_\_\_  
Rate of Interest \_\_\_\_\_
- 2) Original Amount of Mortgage \_\_\_\_\_  
Original Date of Mortgage \_\_\_\_\_  
Rate of Interest \_\_\_\_\_

Notes Payable \_\_\_\_\_  
\_\_\_\_\_

Other Liabilities \_\_\_\_\_  
\_\_\_\_\_

TOTAL LIABILITIES \_\_\_\_\_

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## **PRESENT INCOME SOURCES**

INCOME	_____ Name	_____ Name
Annual Earned Income	_____	_____
Dividends	_____	_____
Interest	_____	_____
Other Income	_____	_____
TOTAL	_____	_____

## **OBJECTIVES AND RESOURCES**

Approximate top tax bracket \_\_\_\_\_

Dollar amount paid in income taxes last year \_\_\_\_\_

What inflation rate do you expect over the next 10 to 20 years? \_\_\_\_\_

What is your present monthly take home pay. \_\_\_\_\_

What is your present monthly living expenses? \_\_\_\_\_

What is your estimated monthly living expense for your children and spouse alone?  
\_\_\_\_\_

What is your estimated monthly living expense for your spouse alone?  
\_\_\_\_\_

Amount you are presently investing monthly for financial security?  
\_\_\_\_\_

Additional amount you could set aside monthly for financial security?  
\_\_\_\_\_

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Age when you desire to be financially independent (able to retire)

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Gross monthly income desired at that age ( In today's dollars)

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Do you wish to retain the bulk of your assets for your heirs, living during retirement on the interest, or do you wish to liquidate your assets over your expected lifetime?

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At the present time are you covered by or eligible for:	Yes/No	Current Value	Value at Retirement
Company Pension	_____	_____	_____
Business Keogh	_____	_____	_____
Professional Keogh	_____	_____	_____
Tax Sheltered Annuity	_____	_____	_____
Veterans Retirement Benefit	_____	_____	_____
Social Security	_____	_____	_____

Estimated Monthly Income at Retirement \$ \_\_\_\_\_

**EDUCATIONAL OBJECTIVES**

Do you plan to send children to college?

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What amount of money would you want to set aside for education?

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Would they be going to a private, state, or professional college?

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## **ESTATE PLANNING**

	Client	Spouse
Do you have a Will or Trust?	_____	_____
When was it executed?	_____	_____
Has it been reviewed in the last three years?	_____	_____
Do you anticipate an inheritance?	_____	_____
What is the estimated amount?	_____	_____
When?	_____	_____

## **GIFT GIVING OBJECTIVES**

Do you have any plans for gifts to your relatives or others during your lifetime? \_\_\_\_\_

If so, give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which charities, if any, would you like to provide for, how much and in what manner? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## **BUSINESS INTERESTS**

Name of Business \_\_\_\_\_

Nature of Business  
\_\_\_\_\_

Year Organized \_\_\_\_\_ Book Value of Business \_\_\_\_\_

Net Earnings: 19\_\_, \$ \_\_\_\_\_ ; 19\_\_, \$ \_\_\_\_\_ ; 20\_\_, \$ \_\_\_\_\_

## **OWNERSHIP DISTRIBUTION**

Names	Relationship (if any)	% Controlled
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **DISPOSITION OF INTEREST**

Do you wish to:	Upon Retirement	At Death
Retain interest for heirs	_____	_____
Sell Interests	_____	_____

### **IF RETAIN:**

Name of Heirs	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have sufficient preparations been made for continued management during the adjustment period?

\_\_\_\_\_

Who will manage? \_\_\_\_\_

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How do you plan to transfer to heirs? \_\_\_\_\_

What income will the business pay your heir? \_\_\_\_\_ How paid? \_\_\_\_\_

**IF SELL INTEREST;**

Who will buy your interest? \_\_\_\_\_

Is there a buy-sell agreement \_\_\_\_\_

What price will be paid under the agreement? \_\_\_\_\_

Where will the additional money come from? \_\_\_\_\_

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When was this agreement last reviewed? \_\_\_\_\_

**LIFE INSURANCE**

	Amount	Type	Annual Cost	Cash Value
Self	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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## **DISABILITY INCOME INSURANCE**

	Monthly Income	Waiting Period	Benefit Duration	Annual Cost
Self	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Company?	_____			

Have you ever been rated or refused insurance?

Self \_\_\_\_\_ Spouse \_\_\_\_\_

Have you smoked in the last year?

Self \_\_\_\_\_ Spouse \_\_\_\_\_

## **LIABILITY INSURANCE**

What are the limits on your liability insurance?

Auto:

Bodily Injury \_\_\_\_\_ Property Damage \_\_\_\_\_

Home:

Personal Liability \_\_\_\_\_

Umbrella Liability Policy \_\_\_\_\_