

Financial Planning Questionnaire

Wisconsin Wealth Advisors

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(608) 833-9393

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www.wiwealthadvisors.com

PERSONAL AND FAMILY

Name _____ Birth Date _____

Residence Address _____

Phone _____ Email _____ Fax _____

Occupation _____

Business Address _____

Phone _____ Email _____ Fax _____

Spouse's Name _____ Birth date _____

Occupation _____

Business Address _____

Phone _____ Email _____ Fax _____

Children

Name	Age	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are any of the above children handicapped or dependent on you for support past the normal dependency period?

If so, estimate monthly expenses _____

Are there others (such as parents) who are or will be dependent upon you for support? _____

If so, indicate relationship _____ age _____

Monthly expenses _____

Do you or any members of family have any health impairments? _____ if so, specify:

Your impairments _____

Family Impairments _____

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ASSETS AND LIABILITIES

ASSETS

Cash:

Cash On-hand _____
Checking Account _____
Savings Account _____

Real Estate:

Home _____
Land _____
Other _____

Business Interests/Assets: *(More detail asked later)*

Investments:

Bonds _____
Stocks _____
Mutual Funds _____
Certificate of Deposits _____
Other _____

Miscellaneous:

Personal Property _____
Pension or Profit Sharing _____
Cash Value of Life Insurance _____

TOTAL ASSETS

=====

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LIABILITIES

	Original Loan Amount	Pay Off Balance	Start Date (Start of Loan)	Interest Rate	Fixed or Variable	Length of Loan	Monthly Payment Amount
MORTGAGE							
First Mortgage							
Second Mortgage							
Notes Payable							
1.							
2.							
3.							
OTHER LIABILITIES							
1.							
2.							
3.							
4.							
5.							

TOTAL LIABILITIES _____

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PRESENT INCOME SOURCES

Name _____

Annual
Earned Income _____

Dividends _____

Interest _____

Other Income _____

TOTAL _____

OBJECTIVES AND RESOURCES

Your 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 are 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? _____

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

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

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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OBJECTIVES AND RESOURCES (Continued)

	At Present Are you Eligible? (Yes or No)	Monthly Income (Estimated or at retirement)	Current Value	Value at Retirement
Company Pension				
Business Keogh				
Professional Keogh				
Tax Sheltered Annuity				
Veterans Retirement Benefit				
Social Security				

EDUCATIONAL OBJECTIVES

Do you plan to send children to college? _____

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

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

ESTATE PLANNING

Name (s) _____

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 ? _____

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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?

BUSINESS INTERESTS

Name of Business _____

Nature of Business _____

Year Organized _____ Book Value of Business _____

Year/Net Earnings:

Current Year \$ _____

Last Year \$ _____

Two Years Ago \$ _____

Three Years Ago \$ _____

Ownership Distribution

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

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DISPOSITION OF INTEREST

Do you wish to:	At 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? _____

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? _____

When was this agreement last reviewed? _____

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LIFE INSURANCE

Name	Amount	Date Issues	Type	Annual Cost	Cash Value	Company

DISABILITY INCOME INSURANCE

Name	Monthly Income	Date Issues	Waiting Period	Benefit Duration	Annual Cost	Company

Have you ever been rated or refused insurance? Yes or No (Circle One)

Has your spouse ever been rated or refused insurance? Yes or No (Circle One)

If Yes is circled, what was the Rating/Refusal? _____

Have you used tobacco in the last year? Yes or No (Circle One)

Has your spouse used tobacco in the last year? Yes or No (Circle One)

If yes, what type of tobacco and frequency? _____

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LIABILITY INSURANCE

What are the limits on your liability insurance?

Auto:

Bodily Injury _____ Property Damage _____

Home:

Personal Liability _____

Umbrella Liability Policy _____

Recreational Vehicles:

Bodily Injury _____ Property Damage _____

Business Liability

Professional Liability
