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PERSONAL AND CONFIDENTIAL

FINANCIAL PLANNING QUESTIONNAIRE

PLEASE MAIL ME, PRIOR TO OUR MEETING, THE FOLLOWING DOCUMENTS ALONG WITH THE FILLED OUT QUESTIONNAIRE SO THAT I CAN BE BETTER PREPARED.

FINANCIAL DOCUMENTS CHECKLIST

Personal

- Latest income tax returns
- Most recent paystub(s)
- Brokerage accounts, Mutual Funds - latest monthly statements
- Money Market Accounts, CDs – latest monthly statements
- Loan documents (Mortgage, Home equity line, Car loan, etc.)
- Retirement Plan statements (401K, Keogh, IRA, TSA, PERRA)
- Life insurance / Annuity account statements
 - Long-term care, disability, health and property & casualty insurance statements
- Wills and Trust Agreements
- Social Security Benefits statements for both individuals
- Other: _____

Business

- Income Tax Returns -2 years
- Profit & Loss Statements – 2 years
- Balance Sheet
- Buy-Sell Agreements
- Stock/Option/Bonus Plan
- Other: _____

Other:

PERSONAL INFORMATION

CLIENT NAME: _____ FIRST: _____ DOB: _____

SPOUSE / PARTNER: _____ FIRST: _____ DOB: _____

ADDRESS: _____ HM PHONE: _____

MARITAL STATUS: SINGLE WIDOWED MARRIED NOT MARRIED/TOGETHER OTHER

BEST TIME TO CALL: _____ BEST TELEPHONE # TO CALL: _____

Where would you like your mail send? Home _____ Business _____

OCCUPATION

CLIENT:

JOB TITLE: _____ EMPLOYER: _____ DATE STARTED: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ Ext. _____ FAX: _____ EMAIL: _____

SPOUSE / PARTNER:

JOB TITLE: _____ EMPLOYER: _____ DATE STARTED: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ Ext. _____ FAX: _____ EMAIL: _____

PROFESSIONAL ADVISORS

ACCOUNTANT: _____ Phone No. _____

ATTORNEY: _____ Phone No. _____

BROKER: _____ Phone No. _____

INSURANCE AGENT: _____ Phone No. _____

OTHER: _____

DEPENDENTS

FIRST NAME:

**DEPENDENT OF
CLIENT SPOUSE/PARTNER**

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

CASH FLOW

INCOME (annual)	CLIENT	SPOUSE / PARTNER
Salary and Bonuses		
Self-Employment		
Interest and Dividends		
Pension and Annuities		
Social Security		
Alimony		
Rental Property (Net)		
Other		
TOTAL INCOME		

EXPENSES	Monthly	Annual
Housing Total		
Child Care		
Transportation Total		
Groceries		
Clothing		
Furnishings		
Personal Care and Cash		
Medical / Dental / Rx		
Education / Self-improvement		
Debt / Installment Payments		
Entertainment – (dining, etc.)		
Vacations and Holidays		
Charitable Contributions		
Reinvested Interest and Dividends		
Other		
Other		
TOTAL EXPENSES		

ASSETS

Description	Present Value	Contribution	Ownership
Savings / Checking Accounts			
Money Market / CD Accounts			
Profit Sharing Plans (401k)			
Pension Plans (Defined Benefit Plan)			
IRA, SIMPLE, SEP			
Annuity			
Stocks			
Bonds			
Mutual Funds			
College Fund (529 Plan, Educational IRA, State Tuition Plan)			
Other:			

DO YOU OWN A BUSINESS?

WHAT TYPE: _____
 YOUR OWNERSHIP _____%

LIABILITIES

	1 ST MORTGAGE	2 ND MORTGAGE
Date of Origin		
Years Remaining		
Monthly Payment		
Interest Rate		
Balance Owed		

Current Value of Home: _____ Are you considering refinancing? Yes No

OTHER LIABILITIES	Balance Owed	Monthly Payments	Term
HOME EQUITY LINE			
CAR LOAN			
EDUCATION LOAN			
INVESTMENT LOAN			
CREDIT CARDS			

LIFE INSURANCE

Do you smoke? Yes No

Spouse? Yes No

Insurance Policy	Death Benefit \$	Cash Value \$	Annual Premium \$	Insured	Beneficiary

LONG-TERM CARE

Insurance Policy	Insured	Type	Benefit Amount	Annual Premium	Elimination Period (Days)	Benefit Period (Years)

DISABILITY

Insurance Policy	Insured	Type	Monthly Benefit	Annual Premium	Elimination Period	Benefit Period

GENERAL INSURANCE

Policy Type	Policy Name	Policy Benefits \$	Annual Premium \$
LIABILITY			
HOMEOWNER'S			
MEDICAL			
AUTO			

IMMEDIATE CASH NEEDS (needs to be funded in case of death)

NEEDS	Client's Death \$	Spouse's Death \$
DEPENDENT CARE		
CHARITABLE BEQUESTS		
OTHER BEQUESTS		

ACCUMULATION GOALS

Accumulation Goals	Cost of the Goal Or Amount Needed Per Year	Years until Needed	Number of Years Needed	Comments:

EDUCATION GOALS

NAME:	SCHOOL:	NAME:	SCHOOL:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RETIREMENT PLANNING

What age would you like to retire in? _____
 How much money, in today's dollars, will you need annually at retirement? \$ _____

ESTATE PLANNING

	CLIENT	PARTNER		
WILL				
Executor				
POWER OF ATTORNEY				
To Whom Delegated				
LIVING WILL				
LIVING TRUST				
Name of Trust				
Trustee(s)				
Successor Trustee(s)				
Are your assets re-titled to Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are beneficiary designations consistent with latest estate planning documents? <input type="checkbox"/> Yes <input type="checkbox"/> No				
LIFE INSURANCE TRUST				
Life Ownership changed to Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is your attorney the same for all documents? <input type="checkbox"/> Yes <input type="checkbox"/> No				

FUTURE GOALS AND OBJECTIVES

Please list your goals that you hope to achieve over the next several years. For example: From the financial perspective, what is your overall goal and what is your timeline to do so? Feel free to include personal, family, philanthropic or other interests that you have.

GOALS IN 1 YEAR:

GOALS IN 5 YEARS:

GOALS IN 10+ YEARS:
