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Confidential Financial Planning Questionnaire

Name: _____

Date: _____

Personal Information

Marital Status: (check one) Single Married **Date Married:** _____

Names & Ages:

Individual 1

Individual 2

First Name, Middle Initial		
Last Name		
Birth Date		
Retirement Age		
Gender (Male/Female)		

Home Address:

Address		
City, State, Zip		
	Individual 1	Individual 2
Home Phone	() -	() -
Work Phone	() -	() -
Mobile Phone	() -	() -
Email Address		
Web Page		

Employment:

Individual 1

Individual 2

Duties/Title		
Employer		
Work Address		
City, State, Zip		
Work Phone	() -	() -
Email		
Fax		

Investment Assets (Retirement and Non-retirement Accounts)

Please enclose copies of recent investment account statements or summary information you may have compiled on your own.

Possible Non-Retirement Investment Assets

- | | | |
|--|--------------------------------|---|
| 1.) Annuity | 11.) Mutual Fund International | 21.) Partnership – Energy |
| 2.) Bonds – Corporate | 12.) Mutual Fund Real Estate | 22.) Partnership – Equipment Lease |
| 3.) Bonds – International | 13.) Mutual Fund Stock | 23.) Partnership – Other |
| 4.) Bonds – Municipal | 14.) Money Market | 24.) Partnership – Research & Development |
| 5.) Certificate of Deposit | 15.) Mortgages & Notes | 25.) Partnership – Real Estate |
| 6.) Checking Account | 16.) Other Personal Assets | 26.) Real Estate/REIT |
| 7.) Collectibles (gold, silver, coins) | 17.) Other Tax-Deferred/Free | 27.) Savings Account |
| 8.) Ins. CV/SPWL/UnivLife | 18.) Other/Business | 28.) Stocks – International |
| 9.) Money Market | 19.) Personal Property | 29.) Stocks – Other Securities |
| 10.) Mutual Fund Balanced | 20.) Partnership – Cable TV | 30.) Other |

Possible Retirement Accounts

- 1.) 401(k) Plan
- 2.) 457 Deferred Compensation
- 3.) Keogh
- 4.) Profit Sharing
- 5.) SAR/SEP
- 6.) SIMPLE (IRA or 401(k))
- 7.) 403(b) Plan
- 8.) IRA
- 9.) Other

Note: Please include information on monthly additions (personal and/or company match) into existing accounts

Personal Assets Worksheet

Description	Group	Value	Apprec. rate	Owner
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	

Instructions: Please attach documentation or complete the form above for the “personal use” assets you own.

Description Enter the description of the personal asset. For example, Residence, Allen’s Car, Betty’s Ruby Ring.

Group Enter one of the following options:
 1.) Art, Antiques 2.) Automobiles 3.) Boats, RV’s
 4.) Jewelry, Furs 5.) Personal Property 6.) Residence

Value Enter the current dollar value of the asset.

Appreciation rate Enter the average expected appreciation (or depreciation) rate of the asset.

Account owner Enter the account owner of the asset from one of the following choices:
 1.) Child 2.) Individual 1 3.) Individual 2 4.) Joint
 5.) Community Property 6.) In Trust 7.) Other

Residence

	Residence #1	Residence #2
Current Residence Market Value	\$	\$
Original Cost + Improvements (Less Prior Deferred Gain)	\$	\$
Appreciation Rate	%	%

Sale of the Residence(s):	Residence #1	Residence #2
Individual 1's Age at Sale		
Sales Costs (Percent of Sale Price)	\$	\$
Cost of Replacement Home to Finance	\$	\$
New Mortgage (% of Replacement Home to Finance)	%	%
Interest Rate on New Mortgage Loan	%	%
Number of Years for the New Loan		

Instructions:

- Current Market Value:** Enter the current value of the house(s). If more than one house, enter the second house in column #2.
- Original Cost + Improvements:** Enter the original cost you paid for the house, plus the costs of improvements to the house since you purchased it.
- Appreciation Rate:** Enter the anticipated appreciation rate on the house(s).
- Individual 1's Age at Sale:** Enter the Individual 1's age, if you intend to purchase another house at a future age.
- Sales Costs (Percent of Sale Price):** Enter the sales costs as a percentage of the market value at the time of sale. For example, real estate broker commission or advertising costs, generally 6% to 10%.
- Cost of Replacement Home: (Today's dollars)** Enter the estimated cost of the new house in today's dollars.
- New Mortgage (% of Replacement Home to Finance):** Enter the new mortgage amount as a percentage of the price of the new house. For example, 80% - indicating a 20% down payment.
- Interest Rate on New Mortgage Loan:** Enter the assumed interest rate of the mortgage loan on the new house.
- Number of Years for the New Loan:** Enter the number of years on the mortgage loan. For example, 15 or 30 years.

Objective and Resource Information

Check the boxes next to the statements that most accurately reflect your attitudes about investing.

- I am more concerned about protecting my assets than about growth.
- I am comfortable with investments that promise slow, long term appreciation and growth.
- I don't brood over bad investment decisions I've made.
- I don't like surprises.
- I am optimistic about my financial future.
- My immediate concern is for income rather than opportunities.
- I am a risk taker.
- I make investment decisions comfortably and quickly.
- I like predictability and routine in my daily life.
- I usually pick the tried and true, the slow, safe but sure investments.
- I need to focus my investment efforts on reserve funds and insurance rather than growth.
- I prefer predictable, steady returns on my investments even if the return is low.

Financial Objectives:

	<u><<Low</u> <u>High>></u>				
Reducing income taxes	O	O	O	O	O
Protection from inflation	O	O	O	O	O
Maximum investment growth potential	O	O	O	O	O
Current spendable income from assets	O	O	O	O	O
Liquidity (convert assets to cash)	O	O	O	O	O

Note: Place a mark in the circle closely representing the financial objective for each of the above statements.

I could withstand a _____% drop in my portfolio in one year without feeling a need to change my strategy or advisor.

Choose one of the following risk levels:

1. Conservative
2. Somewhat Conservative
3. Moderate
4. Somewhat Aggressive
5. Aggressive

Dependent Children

Children & Ages:

First, middle Initial, last name	Birth date	Dependent until age

Education:

Percent of college costs parents plan to pay. _____ %
 Inflation rate for education expenses. _____ %
 Rate of return, after tax of education funds. _____ %
 Check to deduct education expenses from retirement funds.

Child's name	1 st year of college	# of years	School type	Funds available now	Annual college cost	Monthly savings
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

For All Children:

Percent of college costs parents plan to pay. _____ %
 Inflation rate for education expenses. _____ %
 Rate of return, after tax of education funds. _____ %
 Check to deduct education expenses from retirement funds.

Instructions:

1st year of college Enter the calendar year the child will begin college.
School type Select the type of school from one of these choices: 1.) Public 2.) Private
of years Enter the number of years the child will be attending college.
Annual college cost Enter the amount of the annual college costs in today's dollars.
Funds available now Enter the present value of the funds available now for college.
Monthly savings Enter the monthly savings amount to be entered into the college fund.

Income Tax Data

Please enclose a copy of your most recent Federal and State income tax returns.

Earned Income (Annually):

Please enclose a copy of your paycheck stub for your base salary and complete the questions below:

Client #1

Participate in
employer's retirement
plan.

Yes / No

Annual bonus \$ _____

Annual commissions \$ _____

Annual deferred comp \$ _____

Other earnings \$ _____

Client #2

Participate in
employer's retirement
plan.

Yes / No

Annual bonus \$ _____

Annual commissions \$ _____

Annual deferred comp \$ _____

Other earnings \$ _____

Retirement Social Security Benefits (Monthly):

Please enclose a copy of your most recent annual Social Security report if you are not retired. If you are retired, we will obtain your Social Security income information from your tax return.

Pension (Monthly Amounts):

Individual 1

Plan Name: _____

Pension State Tax Exempt? Yes No

Age	Monthly benefit	Increase Percent	Increase Amount
	\$	%	\$
	\$	%	\$
	\$	%	\$

Survivor benefit % _____

Plan Name: _____

Pension State Tax Exempt? Yes No

Age	Monthly benefit	Increase Percent	Increase Amount
	\$	%	\$
	\$	%	\$
	\$	%	\$

Survivor benefit % _____

Individual 2

Plan Name: _____

Pension State Tax Exempt? Yes No

Age	Monthly benefit	Increase Percent	Increase Amount
	\$	%	\$
	\$	%	\$
	\$	%	\$

Survivor benefit % _____

Plan Name: _____

Pension State Tax Exempt? Yes No

Age	Monthly benefit	Increase Percent	Increase Amount
	\$	%	\$
	\$	%	\$
	\$	%	\$

Survivor benefit % _____

Instructions:

Age – enter in the first row the current age. If the pension amount will change at a future age, then enter that age in the next row. If the benefit amount will to change again in future the years, continue to enter the new when the change occurs.

Pension Amount Per Year – enter in the first row the current pension amount. If the pension amount will change at a future age, then enter that new pension amount in the row directory below the current pension amount. If the pension amount will have additional changes in future years, continue to enter the new pension amounts at the new age. If the pension will continue until life expectancy (with only inflation increases) leave the additional lines blank.

Increase Rate (inflation rate) – enter in the first row the current increase rate to be used on the pension amount. If the pension amount changes, but the increase (inflation) rate stays the same, enter the same increase rate in the first row and on the second row. If the increase will change at any age, enter the new increase rate on the appropriate row.

Other Income and Expenses:

Description	Start age	Stop age	Amount	Percent increase
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

Instructions:

Note: Other income or expense items can occur in a single year, such as an inheritance or extended vacation or multiple years, such as an annuity or trust income, deferred compensation income for x years, a planned gifting program covering multiple years, etc.

Description: Enter a description of the income or expense.

Age: Enter age(s) when the income or expense will occur (start/stop age). All ages are based on individual 1.

Amount: Enter the amount of the income or expense. Enter a positive amount for an income and a negative amount for an expense.

Percent increase: Enter the percentage rate that you expect the income or expense will be increasing or leave blank if it will not change.

Insurance Information

Please enclose a copy of the documents listed below. If you have coverage through your employer, please provide a copy of the guide detailing your benefits.

1. Life insurance policies (Illustrations and declaration page)
2. Auto insurance policies (Declaration page)
3. Homeowners insurance policies (Declaration page)
4. Health insurance policies (Declaration page)
5. Disability insurance policies (Declaration page)
6. Long-term care insurance policies (Declaration page)
7. Employer benefit booklet and summaries

Personal Expenses (complete only if easily available)

	Monthly*	Annual
Rent/lease Payment (not mortgage)		
Food and household incidentals		
Groceries		
Household Supplies		
Eating Out		
Utilities, Telephone		
Gas / Electric		
Water / Trash		
Phone		
Auto operating and maintenance		
Gas / Oil		
Repair		
Parking Tolls		
Child Expenses		
School Expenses		
Lunch Money		
Special Events		
Baby Sit / Day Care		
Gifts / Birthday		
Holidays		
Domestic Help		
Clothing		
Laundry / Cleaning		
Property Improvements & Upkeep		
Home Furnishings		
Childs Support		
Alimony		
Entertainment		
Vacations		
Hobbies		
Memberships / Dues		
Pet Expenses		
Books / Subscriptions		
Cable TV		
Supplies		
Miscellaneous		

***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 expense amounts will be different in these three categories, then enter the percentage difference amount here. For example, if all expense amounts will decrease by 20% then enter 80% in the appropriate column(s).

Note: If you don’t want to fill out the personal expense items above, enter a lump sum amount in the Income Needed per Month in the “Miscellaneous” row. Do NOT include insurance premiums, taxes or debt payments. These will be gathered from other areas.

Retirement Goals

Target Retirement Age: Individual 1: _____ Individual 2: _____

After-tax Income Desired at Target Retirement Age: \$ _____ /month, or \$ _____ /year

I would like my Retirement Income Goal to change over the years as follows:

Age: _____ New Income Goal: \$ _____ /month, or \$ _____ /year

Age: _____ New Income Goal: \$ _____ /month, or \$ _____ /year

Age: _____ New Income Goal: \$ _____ /month, or \$ _____ /year

Please answer the following questions (circle the answer that most closely describes your feeling):

1. I want to retire at my target retirement age, even if I don't have enough money saved to have the retirement income I would like:
 (a) I strongly agree (b) I agree (c) I disagree (d) I strongly disagree

2. I will work beyond my target retirement age if I don't have enough money saved in order to have the retirement income I would like:
 (a) I strongly agree (b) I agree (c) I disagree (d) I strongly disagree

In addition to our monthly retirement income, we anticipate the following onetime expenses during our retirement (i.e. child's wedding, 2nd home, travel during early years, cars, home improvements, RV, boat, etc.):

Description	Age	\$ Amount
		\$
		\$
		\$
		\$
		\$

Savings

Current Monthly Savings

Account Type	Individual 1	Individual 2
401(k), 403(b), SEP IRA, SIMPLE IRA	\$	\$
Company Match	\$	\$
Traditional IRA	\$	\$
Roth IRA	\$	\$
Taxable Accounts	\$	\$
Other Savings:	\$	\$

Our monthly savings will increase with our wages: Yes or No

We anticipate being able to increase our current savings as follows:

1. Age: _____ \$ Amount: _____ Description: _____
2. Age: _____ \$ Amount: _____ Description: _____
3. Age: _____ \$ Amount: _____ Description: _____

Financial Goals

(Specific items where you wish to compute the amount of immediate capital needed or the monthly deposits needed to fund a future expense.)

Description	Year needed	Amount needed
		\$
		\$
		\$
		\$

Survivor Information

Immediate Survivor Cash Needs:

	Individual 1	Individual 2
Final expenses (burial, medical, etc.)	\$	\$
Emergency funds, reserves	\$	\$
Other Survivor cash needed (charitable gift, etc.)	\$	\$

Capital Consumption / Retention Option (Survivor and Retirement):

	Individual 1	Individual 2
Amount of capital to be retained at life expectancy	\$	\$

If you wish to have a specific amount of capital left to your ultimate heirs, enter the amount above. Otherwise the survivor capital needed will be computed with the assumption that all capital will be consumed by life expectancy.

Estate Planning Information

Please enclose a copy of your most recent Will and/or Trust documents.

Check the box if you have any of the following:	Individual 1	Individual 2
Will	<input type="checkbox"/>	<input type="checkbox"/>
Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Marital Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Credit Shelter Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
QTIP Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Irrevocable Life Insurance Trust	<input type="checkbox"/>	<input type="checkbox"/>
Durable General Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Generation Skip Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Joint Revocable Trust	<input type="checkbox"/>	<input type="checkbox"/>
Testamentary Trust	<input type="checkbox"/>	<input type="checkbox"/>

Estate Planning Goals

Please answer the following questions (check the box in the column that most closely describes your feeling):

	Very Important	Important	Not Important
Leaving an Inheritance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making gifts during your lifetime:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for a Charity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simplifying my Estate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding Probate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing Estate Taxes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating all heirs equally:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Estate Planning Goals or Considerations:
