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# Centerpoint Advisors, LLC

## Financial Planning Questionnaire

The financial planning questionnaire assists us in understanding your financial circumstances and objectives.  
This information allows us to suggest a financial strategy that will be tailored to your needs.

**Personal Information**

Today's date \_\_\_\_\_

Client's full name \_\_\_\_\_

Age \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Retirement Age \_\_\_\_\_

Spouse's full name \_\_\_\_\_

Age \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Retirement Age \_\_\_\_\_

**Contact Information**

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Primary Email (Client) \_\_\_\_\_  
Primary Email (Spouse) \_\_\_\_\_

Notes: \_\_\_\_\_

**Risk**

**Investment Attitude**

**Investment Experience**

\_\_\_\_\_ Very Conservative  
\_\_\_\_\_ Conservative  
\_\_\_\_\_ Moderate  
\_\_\_\_\_ Aggressive  
\_\_\_\_\_ Very Aggressive

\_\_\_\_\_ None  
\_\_\_\_\_ Very Little  
\_\_\_\_\_ Moderate  
\_\_\_\_\_ Significant  
\_\_\_\_\_ Extensive

**Insurance**

*Please provide copies of all insurance policies.*

**Client**

**Spouse**

|                          |       |       |
|--------------------------|-------|-------|
| Permanent life insurance | _____ | _____ |
| Term life insurance      | _____ | _____ |
| Cash values (less loans) | _____ | _____ |
| Long-term care insurance | _____ | _____ |

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Income**

Please provide copies of recent pay statements and your most recent tax return.

|   | <b>Client</b> | <b>Spouse</b> |
|---|---------------|---------------|
| Annual Earned Income (Gross)                    | _____         | _____         |
| Annual Increase Rate (%)                        | _____         | _____         |
| Qualified Plan Contributions (401k, 403b, etc.) | _____         | _____         |
| Employer Match                                  | _____         | _____         |
| Pre-Tax Deductions (Medical, Dental, etc.)      | _____         | _____         |
|   | _____         | _____         |
| Other Deductions                                | _____         | _____         |
|   | _____         | _____         |
|   | _____         | _____         |
| Federal Income Tax                              | _____         | _____         |
| Social Security Tax                             | _____         | _____         |
| Medicare Tax                                    | _____         | _____         |
| State Income Tax                                | _____         | _____         |
| Annual Net Income                               | _____         | _____         |

Notes \_\_\_\_\_  
\_\_\_\_\_

**Pension**

|                                      | <b>Client</b> | <b>Spouse</b> |
|--------------------------------------|---------------|---------------|
| Anticipated Annual Amount (Gross)    | _____         | _____         |
| Beginning at Age                     | _____         | _____         |
| Anticipated Annual Increase Rate (%) | _____         | _____         |
| Survivor Benefit (%)                 | _____         | _____         |

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Social Security**

Please establish accounts at [www.ssa.gov](http://www.ssa.gov) to access your recent Social Security benefit statements and earnings history.

|                                      | <b>Client</b> | <b>Spouse</b> |
|--------------------------------------|---------------|---------------|
| Anticipated Annual Amount (Gross)    | _____         | _____         |
| Beginning at Age                     | _____         | _____         |
| Anticipated Annual Increase Rate (%) | _____         | _____         |
| Survivor Benefit Amount              | _____         | _____         |

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Assets**

*Please list your cash savings, investments, property, and personal assets.*

**Liquid Cash Assets**

|                      | <b>Ownership</b> | <b>Current Market Value</b> | <b>Location</b> | <b>Annual Additions</b> |
|----------------------|------------------|-----------------------------|-----------------|-------------------------|
| Savings Account      |                  |                             |                 |                         |
| Money Market Account |                  |                             |                 |                         |
|                      |                  |                             |                 |                         |
|                      |                  |                             |                 |                         |
|                      |                  |                             |                 |                         |
|                      |                  |                             |                 |                         |
|                      |                  |                             |                 |                         |

**Investment Assets**

*Please provide recent statements for all investment and retirement accounts.*

|  | <b>Ownership</b> | <b>Current Market Value</b> | <b>Location</b> | <b>Annual Additions</b> |
|--|------------------|-----------------------------|-----------------|-------------------------|
|  |                  |                             |                 |                         |
|  |                  |                             |                 |                         |
|  |                  |                             |                 |                         |
|  |                  |                             |                 |                         |
|  |                  |                             |                 |                         |
|  |                  |                             |                 |                         |
|  |                  |                             |                 |                         |
|  |                  |                             |                 |                         |
|  |                  |                             |                 |                         |

**Personal Assets**

|                    | <b>Ownership</b> | <b>Current Market Value</b> | <b>Location</b> | <b>Property Cost Basis</b> |
|--------------------|------------------|-----------------------------|-----------------|----------------------------|
| Primary Residence  |                  |                             |                 |                            |
| Vacation Home      |                  |                             |                 |                            |
| Automobile 1       |                  |                             |                 |                            |
| Automobile 2       |                  |                             |                 |                            |
| Jewelry            |                  |                             |                 |                            |
| Personal Property  |                  |                             |                 |                            |
| Art & Collectibles |                  |                             |                 |                            |
|                    |                  |                             |                 |                            |
|                    |                  |                             |                 |                            |
|                    |                  |                             |                 |                            |
|                    |                  |                             |                 |                            |
|                    |                  |                             |                 |                            |
|                    |                  |                             |                 |                            |

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Expenses**

Please estimate monthly or annual figures for living expenses related to shelter, food, clothing, transportation, insurance, bills, etc. You may find the Expense Budget Worksheet below helpful in assisting you with these estimations.

| <b>Personal Property Expenses</b>               | <b>Monthly</b> | <b>Annual</b> |
|---|----------------|---------------|
| Rent or Mortgage Monthly (Principal & Interest) |                |               |
| Property Taxes                                  |                |               |
| Mortgage Insurance                              |                |               |
| Tenant's or Homeowner's Insurance Premiums      |                |               |
| Automobile Loan Payments                        |                |               |
| Automobile Insurance Premiums                   |                |               |
| Auto Operating & Maintenance                    |                |               |
| Credit Card Payments                            |                |               |
| Personal Loan Payments                          |                |               |
|   |                |               |
|   |                |               |
|   |                |               |

| <b>Household Expenses</b>        | <b>Monthly</b> | <b>Annual</b> |
|----------------------------------|----------------|---------------|
| Food & Household Incidentals     |                |               |
| Clothing & Personal Items        |                |               |
| Health & Beauty                  |                |               |
| Club Memberships                 |                |               |
| Entertainment                    |                |               |
| Vacations                        |                |               |
| Books, Newspapers, Subscriptions |                |               |
| Home Furnishings & Goods         |                |               |
| Cable, Internet, Home Phone      |                |               |
| Cell Phone                       |                |               |
| Electric                         |                |               |
| Heat, Oil, Gas                   |                |               |
| Water & Sewer                    |                |               |
| Landscaping                      |                |               |
| Snow Removal                     |                |               |
| Property Improvements & Upkeep   |                |               |
| Domestic Help, Cleaning Services |                |               |
| Childcare Expenses & Daycare     |                |               |
| Babysitting                      |                |               |
| Pet / Animal Supplies            |                |               |
| Miscellaneous Household Expenses |                |               |
|                                  |                |               |
|                                  |                |               |
|                                  |                |               |

| <b>Health Insurance &amp; Medical Expenses</b> | <b>Monthly</b> | <b>Annual</b> |
|--|----------------|---------------|
| Life Insurance Premiums                        |                |               |
| Medical Insurance Premiums                     |                |               |
| Dental Insurance Premiums                      |                |               |
| Pet Insurance Premiums                         |                |               |
| Other Insurance Premiums                       |                |               |
| Medical Expenses                               |                |               |
| Dental Expenses                                |                |               |
| Veterinary Expenses                            |                |               |
|  |                |               |
|  |                |               |
|  |                |               |

| <b>Other Expenses</b> | <b>Monthly</b> | <b>Annual</b> |
|-----------------------|----------------|---------------|
|                       |                |               |
|                       |                |               |
|                       |                |               |
|                       |                |               |

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Additional Future Income / Expenses**

Please list any sources of additional cash inflows (sale of property, etc.) or expenses (new auto purchase, home remodeling, etc.) anticipated in the near future.

| Income / Expense Description | Amount<br>(today's \$) | Annual<br>Inflation | Beginning<br>in Year | Duration<br>( # years) |
|------------------------------|------------------------|---------------------|----------------------|------------------------|
| _____                        | _____                  | _____               | _____                | _____                  |
| _____                        | _____                  | _____               | _____                | _____                  |
| _____                        | _____                  | _____               | _____                | _____                  |
| _____                        | _____                  | _____               | _____                | _____                  |
| _____                        | _____                  | _____               | _____                | _____                  |
| _____                        | _____                  | _____               | _____                | _____                  |
| _____                        | _____                  | _____               | _____                | _____                  |

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mortgage & Loan Details**

Please provide information on the terms of any outstanding debt.

Please provide recent statements for all outstanding loans.

| Description                | Loan Origination / Refinancing Details |        |       | Outstanding<br>Loan Amount | Term<br>Remaining | Property<br>Value |
|----------------------------|--|--------|-------|----------------------------|-------------------|-------------------|
|                            | Date                                   | Amount | Rate  |                            |                   |                   |
| Primary Residence Mortgage | _____                                  | _____  | _____ | _____                      | _____             | _____             |
| Home Equity Loan           | _____                                  | _____  | _____ | _____                      | _____             | _____             |
| Home Equity Line of Credit | _____                                  | _____  | _____ | _____                      | _____             | _____             |
| _____                      | _____                                  | _____  | _____ | _____                      | _____             | _____             |
| _____                      | _____                                  | _____  | _____ | _____                      | _____             | _____             |
| _____                      | _____                                  | _____  | _____ | _____                      | _____             | _____             |
| _____                      | _____                                  | _____  | _____ | _____                      | _____             | _____             |

Please note if you are making any extra payments in addition to the minimum due monthly.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Care Expenses**

Please list any anticipated expenses pertaining to the ongoing or future care and financial support of special needs or elderly family members.

| Description | Amount<br>(today's \$) | Annual<br>Inflation | Beginning<br>in Year | Duration<br>( # years) |
|-------------|------------------------|---------------------|----------------------|------------------------|
| _____       | _____                  | _____               | _____                | _____                  |
| _____       | _____                  | _____               | _____                | _____                  |
| _____       | _____                  | _____               | _____                | _____                  |
| _____       | _____                  | _____               | _____                | _____                  |
| _____       | _____                  | _____               | _____                | _____                  |
| _____       | _____                  | _____               | _____                | _____                  |
| _____       | _____                  | _____               | _____                | _____                  |

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education Savings**

Please list all education savings and any ongoing annual additions.

| <b>Account Type &amp; Beneficiary</b> | <b>Ownership</b> | <b>Current Market Value</b> | <b>Location</b> | <b>Annual Additions</b> |
|---------------------------------------|------------------|-----------------------------|-----------------|-------------------------|
| _____                                 | _____            | _____                       | _____           | _____                   |
| _____                                 | _____            | _____                       | _____           | _____                   |
| _____                                 | _____            | _____                       | _____           | _____                   |
| _____                                 | _____            | _____                       | _____           | _____                   |
| _____                                 | _____            | _____                       | _____           | _____                   |
| _____                                 | _____            | _____                       | _____           | _____                   |
| _____                                 | _____            | _____                       | _____           | _____                   |
| _____                                 | _____            | _____                       | _____           | _____                   |
| _____                                 | _____            | _____                       | _____           | _____                   |
| _____                                 | _____            | _____                       | _____           | _____                   |

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education Funding**

Please list all current and expected annual education expenses, including primary, secondary, and higher education expenses.

| <b>Beneficiary &amp; Type of Education Funded</b> | <b>Amount</b> | <b>Annual Inflation</b> | <b>Beginning in Year</b> | <b>Duration (# years)</b> |
|---|---------------|-------------------------|--------------------------|---------------------------|
| _____   | _____         | _____                   | _____                    | _____                     |
| _____   | _____         | _____                   | _____                    | _____                     |
| _____   | _____         | _____                   | _____                    | _____                     |
| _____   | _____         | _____                   | _____                    | _____                     |
| _____   | _____         | _____                   | _____                    | _____                     |
| _____   | _____         | _____                   | _____                    | _____                     |
| _____   | _____         | _____                   | _____                    | _____                     |
| _____   | _____         | _____                   | _____                    | _____                     |
| _____   | _____         | _____                   | _____                    | _____                     |
| _____   | _____         | _____                   | _____                    | _____                     |

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional Contacts**

Please provide contact information for the following professionals and advisors (if applicable).

**CPA**

Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Business Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_

**Estate Attorney**

Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Business Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_

**Insurance Agent**

Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Business Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_

**Other**

Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Business Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_