



Jennifer M. Wolfsberg
Managing Principal
jwolfsberg@centerpointadvisors.net

John E. Wolfsberg
Managing Principal
jewolfsberg@centerpointadvisors.net

Olga P. Okaty, CFP®
Director of Financial Planning
olga@centerpointadvisors.net

Richard W. Greene
Managing Principal Emeritus
rgreene@centerpointadvisors.net

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 _____

Contact Information

Mailing Address _____
Telephone _____
Primary Email _____

Notes: _____

Risk

Investment Attitude

_____ Very Conservative
_____ Conservative
_____ Moderate
_____ Aggressive
_____ Very Aggressive

Investment Experience

_____ None
_____ Very Little
_____ Moderate
_____ Significant
_____ Extensive

Insurance

Please provide copies of all insurance policies.

Client

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

Notes: _____

Income

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

Client

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

Client

Anticipated Annual Amount (Gross)	_____
Beginning at Age	_____
Anticipated Annual Increase Rate (%)	_____
Survivor Benefit (%)	_____

Notes: _____

Social Security

Please establish an account at www.ssa.gov to access your recent Social Security benefit statement and earnings history.

Client

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

	Ownership	Current Market Value	Location	Annual Additions
Savings Account				
Money Market Account				

Investment Assets

Please provide recent statements for all investment and retirement accounts.

	Ownership	Current Market Value	Location	Annual Additions

Personal Assets

	Ownership	Current Market Value	Location	Property Cost Basis
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.

Personal Property Expenses

Monthly

Annual

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	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Household Expenses

Monthly

Annual

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	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Insurance & Medical Expenses

Monthly

Annual

Life Insurance Premiums	_____	_____
Medical Insurance Premiums	_____	_____
Dental Insurance Premiums	_____	_____
Pet Insurance Premiums	_____	_____
Other Insurance Premiums	_____	_____
Medical Expenses	_____	_____
Dental Expenses	_____	_____
Veterinary Expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Expenses

Monthly

Annual

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 (today's \$)	Annual Inflation	Beginning in Year	Duration (# 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 Loan Amount	Term Remaining	Property 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 (today's \$)	Annual Inflation	Beginning in Year	Duration (# years)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notes: _____

Education Savings

Please list all education savings and any ongoing annual additions.

Account Type & Beneficiary	Ownership	Current Market Value	Location	Annual Additions
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notes: _____

Education Funding

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

Beneficiary & Type of Education Funded	Amount	Annual Inflation	Beginning in Year	Duration (# years)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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:

