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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 _____

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: _____

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:

