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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	None
Conservative	Very Little
Moderate	Moderate
Aggressive	Significant
Very Aggressive	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.

	Client	Spouse
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	Spouse
Anticipated Annual Amount (Gross)		of our of
Beginning at Age		
Anticipated Annual Increase Rate (%)		
Survivor Benefit (%)		
Notes:		

Social Security

Please establish accounts at www.ssa.gov to access your recent Social Security benefit statements and earnings history.

	Client	Spouse
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
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	·			
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	woning	1 million
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
r	5	

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.

Property	
Value	

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).

СРА			
	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:			