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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		Investment Experience	
	Very Conservative Conservative Moderate Aggressive Very Aggressive		None Very Little Moderate Significant Extensive
Insurance Please provide copies of all in	nsurance 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		•
Employer Mater		•
Pre-Tax Deductions (Medical, Dental, etc.)		
, , ,		•
		•
		•
Other Deductions		
Federal Income Tax		
Social Security Tax Medicare Tax		
State Income Tax		•
State fricome rax		•
Annual Net Income		
7 Hillar I Vet Heome		•
Notes		
Pension		
	Client	
Anticipated Annual Amount (Gross)		
Beginning at Age		
Anticipated Annual Increase Rate (%)		
Survivor Benefit (%)		•
Notes:		
TVOICS.		
Social Security		
Please establish an account at www.ssa.gov to access your recen	ıt Social Security benefit statem	ent and earnings history.
Ç Ç		
	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 a	ccounts.			
	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				-
Art & Collectibles	-			
	-			
			1	
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	<del></del>	
Personal Loan Payments		
Tersonal Loan Layments	<del></del>	
	<del></del>	
	36 41	
Household Expenses	Monthly	Annual
Food & Household Incidentals		
Clothing & Personal Items		
Health & Beauty		
Club Memberships		
Entertainment		
Vacations	<del></del>	
Books, Newspapers, Subscriptions		
Home Furnishings & Goods		
Cable, Internet, Home Phone		
Cell Phone		
Electric		
Heat, Oil, Gas	<del></del> -	-
Water & Sewer		
Landscaping		
1 0		
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		
veterinary expenses		
	<del></del>	
Other Expenses	Monthly	Annual
<del></del>	<u> </u>	
Notes:		

## Additional Future Income / Expenses

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come / Expense Description			Amount (today's \$)	Annual Inflation	Beginning in Year	Duration
tes:						
ortgage & Loan Details						
ase provide information on the terms ase provide recent statements for all o		lebt.				
scription	Loan Orig Date	ination / Refinanci Amount	ing Details Rate	Outstanding Loan Amount	Term Remaining	Property Value
mary Residence Mortgage						
me Equity Loan						
me Equity Line of Credit						
ase note if you are making any extra tes:	payments in addition	ı to the minimum du	e monthly.			
mily Care Expenses						
mily Care Expenses ase list any anticipated expenses pert	aining to the ongoing	3 or future care and f	inancial support o	f special needs or elder	ly family members.	
ase list any anticipated expenses pert	taining to the ongoing	g or future care and f		·		Duratio
ase list any anticipated expenses pert	taining to the ongoing	g or future care and f	inancial support of Amount (today's \$)	f special needs or elder Annual Inflation	rly family members. Beginning in Year	Duration (# years
ase list any anticipated expenses pert	taining to the ongoing	g or future care and f	Amount	Annual	Beginning	
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	taining to the ongoing	g or future care and f	Amount	Annual	Beginning	

# **Education Savings**

Please list all education savings and any ongoing annual additions.

Account Type & Beneficiary	Ownership	Current Market Value	Location	Annual Additions
Notes:				
	s, including primary, second	dary, and higher educ	ation expenses.	
Please list all current and expected annual education expenses	s, including primary, second  Amount	dary, and higher educ Annual Inflation	ation expenses.  Beginning  in Year	Duration (# years)
Please list all current and expected annual education expenses		Annual	Beginning	
Please list all current and expected annual education expenses		Annual	Beginning	
Please list all current and expected annual education expenses		Annual	Beginning	
Education Funding Please list all current and expected annual education expenses  Beneficiary & Type of Education Funded  Notes:		Annual	Beginning	

# Professional Contacts

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

CPA			
	Name		
	Firm		
	Business Address	-	•
	Dushiess Hadress		
	m.1. 1		
	Telephone		
	Email	-	
Notes:			
Estate Attorney			
,	Name		
	Firm		
	Business Address		
		-	
	Telephone		
	Email		
Notes:			
Insurance Agent			
mourance rigent	Name		
	Firm		
	Business Address	-	
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Notes:			
Other			
Other	2.7		
	Name		
	Firm		
	Business Address		
	Telephone	<del></del>	
	Email	-	
Notes:	Difficult	-	
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