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

**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**

	<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.

**Personal Property Expenses**

**Monthly**

**Annual**

Rent or Mortgage Payment (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

Restaurants and Dining Out

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.

<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:

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