

INITIAL FINANCIAL OVERVIEW (IFO) QUESTIONNAIRE

Personal and Confidential

Client Name: _____

Spouse Name: _____

Date: _____



Important Notice:

The information requested in this questionnaire is used to establish a foundation for your analyses in order for us to provide you with financial advice that is appropriate to your individual needs, circumstances and objectives. Thus, it is important for you to complete this document as accurate and thoroughly as possible. **Once you have completed the questionnaire, please mail, email, or fax the document (along with any corresponding statements) to us at least one week prior to your meeting.** If you have any questions regarding the information requested, please do not hesitate to contact our office.

Personal & Contact Information:

The following questions will help us understand what is important to you regarding your lifestyle, goals and objectives.

Personal Information		
	Client 1	Client 2
Name (First & Last)	_____	_____
Preferred Name (Nickname)	_____	_____
Date of Birth	_____	_____
Social Security Number	_____	_____
Marital Status/Relationship	_____	_____
Employment Status	Employed/Homemaker/ Retired/Unemployed	Employed/Homemaker/ Retired/Unemployed
Employer	_____	_____
Title	_____	_____
Do you have any health issues? If Yes , please give details	Yes/No	Yes/No
	_____	_____
	_____	_____
Hobbies/Personal Interests	_____	_____
	_____	_____
	_____	_____
Contact Information		
Primary Address	_____	_____
	_____	_____
Mailing Address (if different)	_____	_____
	_____	_____
Home Phone:	_____	_____
Cell Phone:	_____	_____
Work Phone:	_____	_____
Email Address:	_____	_____
	_____	_____
Preferred Contact Method	Home/Work/Cell/Email	Home/Work/Cell/Email

Children Information

Name	Relationship	Date of Birth	Dependent?	Dependent Through Age
_____	_____	_____	Yes/No	_____
_____	_____	_____	Yes/No	_____
_____	_____	_____	Yes/No	_____
_____	_____	_____	Yes/No	_____
_____	_____	_____	Yes/No	_____

Are any of your children/dependents disabled or suffering from any type of illness? Yes/No

If so, please indicate the name of the child/dependent and the type of disability or illness:

Below are various goals that most clients want to focus on sometime during their financial lives. Please select and prioritize those goals that are foremost in your mind at this time.

Goals & Objectives

Financial Goals

1= Highest Priority

_____ Cash Flow/Retirement Planning

_____ Insurance Needs Analysis (Life, Disability and Nursing Home)

_____ Education Funding Analysis

_____ Investment Portfolio Analysis and Re Diversification

_____ Income Tax Reduction Strategies

_____ Estate Planning

_____ Business Succession Planning

Additional Goals

Please list any personal goals that you would like to achieve (i.e. wedding, pay-off liabilities, home renovations, gifting, travel, home purchase, etc...)

Goals	Start Date	End Date	Estimated Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any information that you think may hinder you in achieving these goals (i.e. health issues, lack of planning/funding, etc...)

Investment Planning

Risk Tolerance

Please indicate your investment return expectations:

- _____ 1-3%
- _____ 3-5%
- _____ 6-8%
- _____ 8-10%
- _____ 10-12%
- _____ 12-15%
- _____ 15%+

How much risk do you feel comfortable with in your investment portfolio? (Circle one of the following choices with 10 indicating the most risk). 1 2 3 4 5 6 7 8 9 10

Please note if you have a preference or objection to any specific investments: _____

Assets & Liabilities

Please list your asset and liability information on the sheet below. Please include statements for any investment accounts and also be sure to indicate the account type (i.e. IRA):

Owner	Name & Type	Cost Basis	Current Value	Current Liability	Liability Details (i.e. Bank, Interest Rate, Monthly Payment, Term)
Cash Equivalents (i.e. Checking, Savings, CDs etc...)					
Joint	Best Bank Checking		\$10,000		
Investment Assets (Stocks, Bonds, IRAs, 401(k)s, Brokerage Accounts, etc...)					
John	Schwab IRA		\$204,000		
Real Estate (Residence, Rental Property, Land, etc...)					
Joint	Residence	\$350,000	\$475,000	\$80,000	Chase, 4%, \$605, 20yrs
Personal Assets (i.e. Vehicles, Collectibles, Furnishings, etc...)					
Jane	2012 Toyota Camry		\$15,000		
Business Assets (i.e. S-Corps, C-Corps, LLCs, LLPs, Equipt, Receivables, etc..)					
John	Accounts Receivables		\$200,000		
Education Accounts					
John	John Jr.'s IN 529 Plan	\$5,000	\$5,500		

Do you plan on liquidating/selling any of these assets in the near future? _____

If so which ones, for how much, and when? _____

Cash Flow/Retirement Planning

Income Sources

Below, please list all current and future income sources that you expect to receive and the time period for which you expect to receive them:

Annual Income Sources: (Wages, Bonuses, Rental Income, S-Corp Dividends, Self-Employment, Retirement Income, Receivables etc...)		Amount	Time Period	Expected Changes/Additional Notes
John	XYZ Corp Wages	\$ 300,000	2013-2022	Decrease to \$200,000 from 2023-2025
Retirement Income Sources: (IRA Distributions, Pensions, Social Security, Sale Proceeds, etc...)		Amount	Time Period	Expected Changes/Additional Notes
Jane	ABC, Inc. Pension	\$ 20,000	2028+	100% survivorship election
	Social Security Income		Begin at age:	
	Social Security Income		Begin at age:	
	Required Minimum IRA Distributions		Begin at age 70 1/2	

Client:

Spouse:

At what ages do you plan on retiring? _____

We normally assume a life expectancy of age 90.

Please indicate if you would like us to assume a different age: _____

What percent do you currently defer to your retirement plan? _____

What percent does your employer match? _____

The next page will ask you to list your annual expenses and anticipated expenses. Please complete this section as thoroughly as possible and indicate any future changes to these expenses that you would like us to take into consideration.

Expenses

Expenses	Annual Amount	Changes/Notes
Housing		
Mortgage		
Utilities		
Phone/ Cable/ Internet		
Association Dues		
House Cleaning		
Lawn Care/Snow Removal		
Furnishings		
Repair/Maintenance/ Improvements		
Insurance		
Homeowners Insurance		
Auto/ Boat Insurance		
Life Insurance		
Umbrella Insurance		
Personal Expenses		
Auto Gas/ Oil/ Licenses		
Groceries/Dining		
Clothing/Personal Care		
Pocket Cash		
Estate Planning Gifts		
Gifts/ Holidays		
Vacation Costs		
Hobbies/ Entertainment		
Books/Subscriptions		
Other/ Misc. Expenses		
Periodic/Future/One-Time Purchases		
Client's Vehicle Purchases		\$ _____ in 20__ & every __ years thereafter
Spouse's Vehicle Purchases		\$ _____ in 20__ & every __ years thereafter
Disability Insurance		Time Period:
Deductible Expenses		
Real Estate Taxes		
Charitable Contributions		
Client's Medical Insurance		
Spouse's Medical Insurance		
Prescriptions		
Medical Out of Pocket		
Tax Preparation/ Invest. Fees		
Total		

Do you plan on having any additional significant purchases (such as a retirement home, renovation expense, or any other major expense) in the future? _____

If so, please describe the purchases/expenses and let us know an estimated cost and time period to assume: _____

Please indicate if you have any of the following:

- Deferred Comp Plan
- Pension
- Rental Properties
- Stock Options

If you have a deferred comp plan, what percentage do you contribute? Client Spouse

Client: If you have a pension, what is the amount and terms of the payout? _____

What is the survivorship benefit (amount/time period)? _____

Spouse: If you have a pension, what is the amount and terms of the payout? _____

What is the survivorship benefit (amount/time period)? _____

Below, please find a checklist of items that we would like you to provide to us. We may also ask you some questions regarding these items later on in this questionnaire:

Financial Information Checklist	✓
Investment/Retirement Account Statements	
Education Account Statements	
Social Security Statements	
Recent Pay Stubs (2 consecutive)	
Tax Returns (last 2 in full)	
Gifting Information (including last 2 gift tax returns)	
Employee/Retirement Benefit Information	

Congratulations! You just completed the frame work to begin your analysis! We would now like to request some information to further sculpt your plan and include additional details that may be significant to your financial plan:

Please provide as much detail as possible when completing the information below or provide us with the documents that contain this information for our review:

Risk Management

Life, Disability, Long-Term Care, and Property & Casualty Insurance

Below please include information regarding your insurance policies:

Life Insurance				
Insurance Company:	American General			
Insurance Type:	Joint Survivor Universal Life			
Policy #:	1234567			
Contract Date:	8/01/1993			
Owner:	ILIT			
Insured:	John & Jane			
Beneficiary:	ILIT			
Death Benefit:	\$1,000,000			
Cash Value:	\$193,852.50			
Annual Premium:	\$14,000			
Agent Name/Contact:				

Disability Insurance				
Insurance Company:				
Policy #:				
Insured:				
Monthly/Max Benefit:				
Benefit Period:				
Waiting Period:				
Are Benefits Taxable?				
Definition of Disability:				
Agent Name/Contact:				

Long-Term Care Insurance				
Insurance Company:				
Policy #:				
Insured:				
Daily Benefit:				
Waiting Period:				
Benefit Limit:				
Additional Benefits:				
Annual Premium:				
Agent Name/Contact:				

Property & Casualty Insurance Liability Coverages:

Homeowner's/ Rental Insurance: _____

Auto Insurance: _____

Umbrella Insurance: _____

Estate Planning/Gifting

Please indicate which Estate Planning Documents you have executed:

- Last Will & Testaments
- Revocable Trusts
- Irrevocable Trusts
- Durable Powers of Attorney
- Heath Care Representatives
- Living Wills
- Other (i.e. GRAT, CRUT, QPRT)
- Gift Tax Returns (since 1976)

Do you own property outside of your primary state of residence? If so, please list: _____

Please provide details for any gifts that you plan on making: _____
