

CONFIDENTIAL FINANCIAL PLANNING QUESTIONNAIRE

INSTRUCTIONS . . .

- Spend 60 minutes or less to organize your financial data
- It is ok to approximate your figures



THE NEXT STEP IS YOURS . . .



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I. PERSONAL INFORMATION

CONFIDENTIAL INFORMATION WORKSHEET

Date

Name

SS#

Spouse Name

SS#

Address

City, State

Zip

Date of Birth

Drivers License#

Spouse Date of Birth

Drivers License#

Home Telephone Number

Company Name

Spouse Company Name

Work Telephone Number

Spouse Work Telephone Number

Cell Phone Number

Spouse Cell Phone Number

Email Address / Fax Number

Email Address Spouse

I. DEPENDENTS INFORMATION (Enter family dates of birth)

Name

Social Security #

Birth Date

What financial issues are of concern to you? (Check all that apply).

Investments

Disability

Trusts

Retirement Income

Long Term Care

Debt Reduction

Income Taxes

Estate Planning

Life Insurance

Education Planning

Do you have any short term goals (i.e. buying a new home or boat) that would be relevant to your financial diagnosis? (Check all that apply).

- | | |
|---------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> New home |
| <input type="checkbox"/> Debt refinancing | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Supporting parents | <input type="checkbox"/> _____ |

II. ANNUAL INCOME INFORMATION

	Current Year		Changes in future +/-	
	Yours	Spouse	Yours	Spouse
Salary & Bonus	_____	_____	_____	_____
Dividends & Interest	_____	_____	_____	_____
Pension				
Military/Federal	_____	_____	_____	_____
State	_____	_____	_____	_____
Municipal	_____	_____	_____	_____
Other Pension	_____	_____	_____	_____
IRA/401k, 403b, 457b	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Other	_____	_____	_____	_____

Total Annual Income _____

III. FINANCIAL INDEPENDENCE

At what age do you plan to be financially independent? _____

At what age would you "ideally" like to retire? _____

How much monthly income (after tax) is needed to live comfortably? _____

How much are you saving for retirement monthly? _____

How much will your company retirement plan pay monthly? _____

Will you work after retirement? Y N

 If yes, what is your estimated monthly salary? _____

Other comments: _____

IV. INCOME TAXES

How much Federal & State Income Tax did you pay last year?* _____

What are your yearly contributions for your IRA's/TSA/403b, 457b/401K? _____

Do you anticipate significant changes in taxable income in the future? Y N

If yes, please explain: _____

***Please attach a copy of your most recent federal/state income tax return**

V. ESTATE PLANNING AND MARRIAGE INFORMATION

In the event of your premature death, how much annual income is needed to sustain your family?

Until your youngest child is out of high school . . . \$ _____
For your spouse after the children have grown . . . \$ _____
For your spouse during his/her retirement . . . \$ _____
Assets allocated for your children's education . . . \$ _____

If this is a second marriage, is there a pre-nuptial agreement? Y N
Do you have a plan(s) for your business/practice at your death? Y N
Do you have a will/trust? Y N
Does your spouse have a will/trust? Y N
Do you have a durable family power of attorney? Y N
Do you have a living will and health care surrogate? Y N
Do you have a pre-need guardianship designation? Y N
What year was your estate plan reviewed by your attorney? _____

VI. LIFE, DISABILITY & LONG TERM CARE INSURANCE

What is the face amount of your personal life insurance? \$ _____
Type of policy Term Universal Other
Who is the owner of the policy? _____

What is the amount of life insurance on your spouse? \$ _____
Type of policy Term Universal Other
Who is the owner of the policy? _____

What is the amount of life insurance provided by your employer? \$ _____
Type of policy Term Universal Other
Is the policy portable? Y N

Do you have disability benefits at work or a personal policy? Y N
If yes, how much are monthly benefits? \$ _____
How long will your assets cover a disability? _____

Do you have Long Term Care insurance? Y N
What is the amount of your Long Term Care insurance daily benefit? \$ _____
What is the lifetime maximum benefit? \$ _____
Does long term care cover care at your home? Y N

Do you have a personal umbrella insurance policy? Y N
If yes, how much coverage? _____

What is your plan for long term care?

Would you like a review of your insurable risks and related coverage? Y N

VII. INVESTMENTS

- Do you have a money manager/financial planner? Y N
If so, are you pleased with the service provided? Y N
Is your investment advice coordinated with your tax and estate planning? Y N

Describe your experience and any changes in your financial planning that you would like to see.

VIII. INVESTMENT KNOWLEDGE – GIVE DETAILS

Limited Good Extensive

IX. INVESTMENT OBJECTIVES – (DESCRIBE ANY DETAILS)

- All Stock Portfolio
- Aggressive Portfolio
- Moderate Portfolio
- Conservative Portfolio
- Low Risk Portfolio
- Fixed Income Portfolio

X. HAVE YOU CHANGED INVESTMENT ADVISORS OR FINANCIAL PLANNERS IN THE LAST THREE YEARS? IF YES, PLEASE EXPLAIN.

Y N

XI. DREAMS, VISIONS, IMAGES

For Use of Wealth

In the table below, you will find a number of possible uses to which you could put your current or future wealth. For each one, please place an “X” in one of the three boxes to the right based upon the following definitions:

Heart’s Core: *a deeply held core value, as to how the wealth should be used. This is a value that you “stand for.”*

Ought To: *something you feel obligated to do, based on a commitment you may have made or a belief held by your family, someone outside your family, or society in general.*

Fun To: *the “icing on the cake.” Doing this would add zest or spice to your life, is not an obligation you feel, and is not truly a deeply held core value, but it sure would be fun!*

POSSIBLE USES OF YOUR WEALTH	Heart’s Core	Ought To	Fun To	N/A
Providing for my family’s ongoing needs (Note: this involves day-to-day living expenses, mortgage, and car payments, vacations, funding children’s education, etc.)				
Supporting parents, siblings, other family members in need				
Providing an inheritance for my children				
Adjusting selected elements of current lifestyle (a second home, a boat, an airplane, traveling, an “expensive hobby,” etc)				
Supporting a major change in my work or career				
Actualizing a very different direction for my life				
Charitable giving / philanthropy				
Other(s) – please specify:				

XII. DO YOU HAVE A PASSION IN LIFE? (DESCRIBE IT)

XIII. IF YOU COULD DO ANYTHING YOU WANT – TIME & MONEY ASIDE – WHAT WOULD IT BE?

XIV. CONFIDENTIAL NET WORTH INFORMATION

PERSONAL ASSETS

MARKET VALUE

Checking Accounts _____

Money Markets _____

Certificates of Deposit _____

Stocks (Attach Brokerage Statement) _____

Bonds (Attach Brokerage Statement) _____

Mutual Funds (Attach Brokerage Statement) _____

Other _____

RETIREMENT PLAN ASSETS

IRA Accounts

Individual IRA _____

Spousal IRA _____

ROTH IRA _____

Other _____

401k _____

457b _____

403b _____

DROP _____

Self Employment Plan _____

Company Retirement Plan _____

State/Local Government Retirement Plan _____

Military/Federal Retirement Plan _____

REAL ESTATE

Residence _____

Rental _____

REV 6/13/08

BUSINESS OR PRACTICE

MARKET VALUE

OTHER ASSETS (DESCRIBE)

TOTAL ASSETS

LIABILITIES

MORTGAGE BALANCE

Residence:

First Mortgage _____
Second Mortgage _____
Other _____

Auto Loans _____

Credit Cards _____

Rental:

First Mortgage _____
Second Mortgage _____
Other _____

Other _____

TOTAL LIABILITIES

NET WORTH (ASSETS - LIABILITIES)

FUTURE INHERITANCE (DESCRIBE)

WHAT DO YOU HOPE TO GAIN FROM OUR SERVICES?

DO YOU HAVE ANY OTHER FINANCIAL, TAX OR ESTATE PLANNING CONCERNS TO ADDRESS?

PLEASE PROVIDE A COPY OF A RECENT FINANCIAL STATEMENT, IF AVAILABLE AND MOST RECENT FEDERAL INCOME TAX RETURN IF NOT PREPARED BY OUR FIRM.