



Schaefer Financial
MANAGEMENT

FINANCIAL PLANNING QUESTIONNAIRE

Client(s)

Date

Financial Information:

In order to effectively advise you on your financial decisions, we need complete information about your financial situation. The first step in the financial planning process is data collection. Before you begin, please review the list of documents shown below and gather the documents that apply to you. If you are uncertain of the answer to a question, provide your best estimate and include a note about the circumstances at the end of the questionnaire.

Confidentiality:

Confidentiality and protection of your personal information is of the highest importance to Schaefer Financial Management, Inc. We will not disclose any information about you to anyone-including your employer, accountant, attorney, or family members – without your permission.

Important Documents

- Most recent two years of Federal and State Income Tax Returns
- Recent financial statements (these include Pay check, Bank accounts, Retirement Plan accounts, Brokerage accounts, 529 statements, etc.)
- Employer Stock Plan Documents and Statements (Employee Stock Purchase Plan, Non-Qualified Stock Option, Incentive Stock Options, Restrictive Stock Units, etc.)
- Retirement Plan Documents (401k, 403b, etc.) –Showing plan terms and investment choices
- Mortgage and other loan statements (HELOC, Education, Auto Loans, Credit Card Balances etc.)
- Estimated Value of Home and Other Real Estate Assets (if applicable)
- Social Security benefit statements (visit www.ssa.gov for estimate of benefits)
- Employer Group Benefits statement or booklet
- Property and Casualty Insurance (Home/Condo/Renter/Umbrella & Auto policy declaration pages)
- Life Insurance (Policy documents and annual statements)
- Long Term Care Insurance (Policy documents and annual statements)
- Health Insurance Policy
- Annuity policy documents and statements
- Pension Documents and statements (benefit estimates)
- Estate Documents (Will, Durable Power of Attorney, Health Care Proxy, Revocable Trust, Living Wills, etc.)
- Any other material financial documents (Ex. Business arrangements, Family Trusts, etc.)

Clients – Personal and Contact Information

Family Data	Client 1	Client 2
Full Name		
Street Address		
City, State, Zip		
Home or Mobile Phone		
Fax		
Email		
Work Phone		
Preferred Contact (e.g. home email, work phone, etc.)		
Date of Birth		
Social Security Number		
U.S. Citizen (Yes/No)		
Marital Status (Single, Married, Divorced, Widow[er])		
Employment		
Occupation / Job Title		
Self-Employed (Yes/No)		
Employer Name		
Employer Address		
Years w/ Current Employer		
Parents		
Mother's Name		
Mother's Date of Birth (or date of death)		
Father's Name		
Father's Date of birth (or date of death)		

Clients – Children/ Dependent Information

Child / Dependent	
Full Name	
Relationship	
Date of Birth	
Social Security Number	
Marital Status	
Spouse / Partner Name	
Spouse / Partner DOB	
Child / Dependent	
Full Name	
Relationship	
Date of Birth	
Social Security Number	
Marital Status	
Spouse / Partner Name	
Spouse / Partner DOB	
Child / Dependent	
Full Name	
Relationship	
Date of Birth	
Social Security Number	
Marital Status	
Spouse / Partner Name	
Spouse / Partner DOB	
Child / Dependent	
Full Name	
Relationship	
Date of Birth	
Social Security Number	
Marital Status	
Spouse / Partner Name	
Spouse / Partner DOB	

Clients – Grandchildren

Names of Their Parents	
Grandchild	
Full Name	
Date of Birth	
Social Security Number	
Names of Their Parents	
Grandchild	
Full Name	
Date of Birth	
Social Security Number	
Names of Their Parents	
Grandchild	
Full Name	
Date of Birth	
Social Security Number	
Names of Their Parents	
Grandchild	
Full Name	
Date of Birth	
Social Security Number	

Income

	Client 1	Client 2
What is your gross annual income (salary/bonus/commissions)		
Are you considering a career change		
Do you expect any major changes in income during the next 3 years		

Expenses

Monthly Expenses (household budget)		
Education Expenses		
Other Expenses (outside of listed liabilities)		

If you need assistance with a budget, please download the monthly budget spreadsheet from our website (www.schaeferfinancial.com)

Retirement Planning

	Client 1	Client 2
At what age do you expect to retire		
What are your expected annual income needs in retirement		
How much do you contribute to your retirement plans		

Please describe any special considerations regarding your retirement plans or retirement income:

Attorney Contact Info:

Name	
Street Address	
City, State, Zip	
Phone	
Email	

CPA/Tax Advisor Contact Info:

Name	
Street Address	
City, State, Zip	
Phone	
Email	

Health Issues or Special Needs: Do you, your spouse, or any of your family members have special medical needs which should be considered as part of your financial planning?

Goals and Objectives

Please describe your current goals and objectives. We are most interested in those issues that prompted you to seek assistance with the management of your personal finances. To the extent possible please indicate the order of importance for your various goals and the time frame that you have for their attainment. Consider savings and cash flow management issues, major purchases, estate planning and gifting, charitable gifting, educational planning, retirement planning, improved investment management and all other areas that might be of interest.

What are your areas of financial concern (check all that apply)

- Cash Flow and Budgeting
- Investment Review
- Tax Planning
- College Planning
- Retirement Planning
- Estate Planning
- Insurance Review
- Real Estate Purchase
- Other (please describe)

When you think about achieving financial security, what do you envision? A steady income, a secure nest egg, no liabilities? What does financial security mean to you?

Bucket List (Please list a few of your non-financial goals, as they may be related to your financial plan)

If the Doctor tells you that you have just one day to live. You look back at your life. What did you miss out on? What did you fail to do? What do you wish you could have accomplished?

Assume that you are in your current financial situation. Your doctor tells you that you only have five to 10 years to live, but that you will feel fine up until the end. Would you change your life, and if so, how would you change it?