



Confidential Data Questionnaire

Please complete the following questionnaire to the best of your ability. This information when coupled with data from the checklist below will form the basis for your Plan.

Thank you for selecting Streeter Moore & Stipe LLC as your financial services provider.

CHECKLIST

Review this checklist of items and bring them to your next meeting.

- Completed copy of your Confidential Data Questionnaire
- Latest paycheck stubs and bank statements
- Most recent federal and state income tax returns
- Insurance policies/statements: (life, disability, auto., home, health, nursing home)
- All pertinent information regarding loans or mortgages (ie. balance, rate)
- All recent investment statements (stocks, bonds, mutual funds, CD's, etc.)
- Employee benefit manual and most recent retirement plan statements
- Copy of latest will and trust documents
- Information on unique financial events or situations such as a major purchase, debt refinancing, expected inheritance, etc.

Other information needed for the Financial Plan:

CONFIDENTIAL DATA QUESTIONNAIRE

Personal Information

Client Name: _____

Birth Date: ____/____/____ Social Security # ____-____-____

Occupation: _____ Employer: _____

Business Phone: (____) _____ Annual Income: _____

Fax: (____) _____ Mobile/Pager: (____) _____

Spouse Name: _____

Birth Date: ____/____/____ Social Security # ____-____-____

Occupation: _____ Employer: _____

Business Phone: (____) _____ Annual Income: _____

Fax: (____) _____ Mobile/Pager: (____) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ E-mail: _____

Retirement Goals: _____

Education Goals: _____

Other Goals: _____

Other Goals: _____

Note: The following economic assumptions will be used to project your financial plan. If you would rather use different assumptions please make a note or ask about the numbers.

- 1) Pre-retirement Inflation: 3.25%
- 2) Post-retirement Inflation: 3.50%
- 3) Education Inflation: 6.00%
- 4) Social Security Inflation: 1.25%

CONFIDENTIAL DATA QUESTIONNAIRE

Net Worth Worksheet

<u>ASSETS:</u>	<u>Approx.: Market Value</u>	Retirement Asset?	Owner / Insured?
			(See note on bottom)
* Cash (Checking)	\$ _____	(Yes/ No)	C / S / J / T
* Cash (Savings)	\$ _____	(Yes/ No)	C / S / J / T
* Cash (Money Market)	\$ _____	(Yes/ No)	C / S / J / T
* Certificates of Deposit	\$ _____	(Yes/ No)	C / S / J / T
* * Life Insurance Cash Values	\$ _____	(Yes/ No)	C / S / J / T
* Mutual Funds	\$ _____	(Yes/ No)	C / S / J / T
* Bonds-Taxable	\$ _____	(Yes/ No)	C / S / J / T
* Bonds-Taxfree	\$ _____	(Yes/ No)	C / S / J / T
* Stocks	\$ _____	(Yes/ No)	C / S / J / T
* IRA Accounts	\$ _____	(Yes/ No)	C / S / J / T
* Annuities	\$ _____	(Yes/ No)	C / S / J / T
* Pension, Profit Sharing	\$ _____	(Yes/ No)	C / S / J / T
Home Market Value	\$ _____	(Yes/ No)	C / S / J / T
Other Real Estate	\$ _____	(Yes/ No)	C / S / J / T
Automobiles	\$ _____	(Yes/ No)	C / S / J / T
Personal Property	\$ _____	(Yes/ No)	C / S / J / T
Other Assets	\$ _____	(Yes/ No)	C / S / J / T

- * (Include Statements and fill out Investment Worksheet on next page)
- * * (Include detail on Survivor Needs Worksheet Pg. 8)

<u>LIABILITIES:</u>		Interest Rate	Payoff Date
Automobile Loan # 1	\$ _____	_____ %	_____
Automobile Loan # 2	\$ _____	_____ %	_____
Credit Card's	\$ _____	_____ %	_____
Home Mortgage	\$ _____	_____ %	_____
Second Mortgage	\$ _____	_____ %	_____
Other Real Estate	\$ _____	_____ %	_____
Personal Loans	\$ _____	_____ %	_____
Student Loans	\$ _____	_____ %	_____
Tax Debts	\$ _____	_____ %	_____
Other Debts	\$ _____	_____ %	_____

Owner or Insured

- C = Client
- S = Spouse
- J = Joint
- T = Trust

CONFIDENTIAL DATA QUESTIONNAIRE

Budget Worksheet

Monthly Gross Income

Salary & Earned Income	\$ _____	Social Security Income	\$ _____
Spouse Salary & Earned Inc.	\$ _____	Rental Income	\$ _____
Child Support & Alimony	\$ _____	Dividends, Interest, CapGain	\$ _____
Pension	\$ _____	Other Income	\$ _____

Monthly Expenses

Liabilities

Personal Loans	\$ _____
Charge Accounts	\$ _____
Child Support & Alimony	\$ _____
Other	\$ _____

Taxes

Federal Income Taxes	\$ _____
State & Intangible Taxes	\$ _____
Personal Property Tax	\$ _____
FICA & Medicare – Client	\$ _____
FICA & Medicare – Spouse	\$ _____

Household Expenses

Mortgage Payment or Rent	\$ _____
Homeowners Insurance	\$ _____
Residential Real Estate Taxes	\$ _____
Second Home Mortgage	\$ _____
Second Home Taxes	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Water & Sewer & Garbage	\$ _____
Home Maintenance & Repair	\$ _____
Cable	\$ _____
Security System	\$ _____
Home Furnishings	\$ _____
Gas (Natural?!)	\$ _____

Transportation

Automobile Payments	\$ _____
Fuel	\$ _____
Maintenance and Repair	\$ _____
License/Taxes	\$ _____
Auto Insurance	\$ _____
Parking	\$ _____
Other	\$ _____

Contributions

Religious Contributions	\$ _____
Charitable Contributions	\$ _____
Other	\$ _____

Savings and Investments

Payroll Deductions	\$ _____
Credit Union	\$ _____
Mutual Funds	\$ _____
Stocks and Bonds	\$ _____
Real Estate	\$ _____
Annuities	\$ _____
Certificates of Deposit	\$ _____
IRA/SEP – Client	\$ _____
IRA/SEP – Spouse	\$ _____
Other	\$ _____

Medical Expenses

Doctor and Dentist	\$ _____
Prescription Drugs	\$ _____
Health Insurance	\$ _____

Food

	\$ _____
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School/Child Care

Tuition	\$ _____
Day Care	\$ _____

Insurance

Life Insurance	\$ _____
Disability Income Insurance	\$ _____
Long-Term Care Insurance	\$ _____
Other	\$ _____

Misc. & Recreation

Clothing	\$ _____
Personal Care	\$ _____
Recreation, Entertain, Hobbies	\$ _____
Veterinarian & Pet Care	\$ _____
Professional Fees	\$ _____
Dining Out	\$ _____
Vacation and Travel	\$ _____
Children's Allowances	\$ _____
Gifts	\$ _____
Activities	\$ _____
Other	\$ _____

CONFIDENTIAL DATA QUESTIONNAIRE

Retirement Worksheet

	<u>Client</u>	<u>Spouse</u>
<u>Retirement Questions</u>		
At what age would you like to retire?		
At what age would you like to begin receiving Social Security?	Age 62, 65 or 67	Age 62, 65 or 67
Do you know what ANNUAL Social Security benefit you can anticipate? Yes or No *	\$	\$
Do you want your retirement need based on your current expenses or a flat ANNUAL amount? \$_____	Exp. or Amt.	Exp. or Amt.
What % do you estimate your salary to increase?	%	%
What amount would you like to preserve for your heirs?	\$	\$
Do you plan on increasing the amount you are saving toward retirement? If so, by what percent annually?	Yes, No or ? %	Yes, No or ? %
Will you be receiving a one-time lump sum in the future? <small>(From an inheritance, 401k distribution, sale of a business, sale of property, etc.)</small>		
- If yes, what is the anticipated amount of the lump sum?	\$	\$
- At what age do you anticipate receiving the lump sum?		
<u>Current 401k Questions</u>		
What % of your salary are you putting into your 401k?	%	%
Does your employer match your 401k?	Yes or No	Yes or No
- What % do they add to your contribution?	%	%
<u>Expected Pension Questions</u>		
Anticipated ANNUAL pension income during retirement?	\$	\$
At what age does your pension begin?		
Will your Spouse receive benefits after your death?	Yes, No or ?	Yes, No or ?
- If yes, how much will they receive monthly?	\$	\$
Is your Pension adjusted for inflation?	Yes, No or ?	Yes, No or ?

* This amount should be verified every 3 years. Ask for the proper forms.

CONFIDENTIAL DATA QUESTIONNAIRE

Dependant Information

Children's Names:	Relationship:	Birth Date:
(1) _____	_____	____/____/____
(2) _____	_____	____/____/____
(3) _____	_____	____/____/____

Education Worksheet

Child's Name?	_____	_____	_____
Child starts school at what age?	_____	_____	_____
Number of years in college?	_____	_____	_____
What college do they plan to attending?	_____	_____	_____
Current value of any education funds?	\$ _____	\$ _____	\$ _____
Annual after-tax return on investments?	_____ %	_____ %	_____ %
Continue funding through college years?	Yes or No	Yes or No	Yes or No
Do you plan on increasing your deposits? - If yes, what % will you increase them?	Yes or No _____ %	Yes or No _____ %	Yes or No _____ %

Goal Funding Worksheet

Goal (i.e. Boat, Lake House, Travel, etc.....) _____

Future amount desired? \$ _____

When do you expect to attain this goal? _____

Current savings set aside for goal? \$ _____

Planned ANNUAL contributions? \$ _____

Do you prefer level or increasing contributions? Level / Increasing

Do you want to fund this goal on the death of: **Client / Spouse / Neither**

CONFIDENTIAL DATA QUESTIONNAIRE

Estate Needs Worksheet

Do you currently have a will? Yes or No
 - If so, when was the last time you updated it? _____

Do you currently have a trust? Yes or No
 * If so, be sure to bring in a copy with your questionnaire.

Have you made any prior taxable gifts? If yes, please attach amounts and yrs. given. Yes or No

Would you consider a forced liquidation of non-liquid assets to cover estate expenses/taxes (ex. Land, home, etc.) Yes or No

Do you want to give money to a charity after your death? Yes or No

Do you want to give money to a charity after your spouses death? Yes or No

Survivor Needs Worksheet

Do you want to pay off your home mortgage for your survivor? Yes or No

Do you want to pay off your other debt for your survivor? Yes or No

Amount of Personally Owned Life Insurance? Detail below.

Owner	Policy Number	Death Benefit	Cash Value	When Purchased	Type of Polic (Term, Whole Life etc.)

Amount of Group Life Insurance on Client? \$ _____
 - Amount of Group Life Insurance on Spouse? \$ _____

Amount of Retirement Plan Death Benefit on Client? \$ _____
 - Amount of Retirement Plan Death Benefit on Spouse? \$ _____

Do you have any life insurance on your children? If so, how much? \$ _____

Disability Needs Worksheet

	Client	Spouse
Do you have short term disability benefits at work?	Yes or No	Yes or No
- What is your monthly short term disability benefit?	\$ _____	\$ _____
Do you have long term disability benefits at work?	Yes or No	Yes or No
- What is your monthly long term disability benefit?	\$ _____	\$ _____
- How long will these benefits pay?	_____	_____
Do you have a personally owned disability policy?	Yes or No	Yes or No
- What is your monthly disability benefit?	\$ _____	\$ _____
- How long will these benefits Pay?	_____	_____

CONFIDENTIAL DATA QUESTIONNAIRE

Advisor Information

Attorney _____	Phone (____) ____ - _____
Accountant _____	Phone (____) ____ - _____
Insurance Agent _____	Phone (____) ____ - _____
Banker/Bank _____	Phone (____) ____ - _____
Stockbroker _____	Phone (____) ____ - _____

Financial Values Diagnosis

To make the financial planning process successful for you, you must have a clear understanding of your needs and priorities. Your financial plan should focus on the areas that have "value" or importance to you.

Please circle the number that most accurately reflects the importance of each category at this time in your life. Please rank the following from 1 to 5 with 1 being most important.

	Most Important			Least Important	
	1	2	3	4	5
1. Having readily available money for emergencies and opportunities.	1	2	3	4	5
2. Having financial protection against disability, liability, hospitalization, premature death or nursing home care.	1	2	3	4	5
3. Accumulating dollars to provide for education costs.	1	2	3	4	5
4. Specify: _____	1	2	3	4	5
5. Avoiding unnecessary taxes.	1	2	3	4	5
6. Accumulating retirement resources.	1	2	3	4	5
7. Having your affairs in order for a smooth transition at death or incapacitation.	1	2	3	4	5

In general, how would you rate your tolerance towards risk?

Safe 0 1 2 3 4 5 6 7 8 9 10 Risky

Rank the following investment factors in order of priority. (1 to 5 with 1 being the most important 5 the least)

____ Diversification ____ Stability ____ Rate of return ____ Growth potential ____ Liquidity

What return do you expect on your investments pre-retirement ____% post-retirement ____%?

What do you expect to be your next major expenditure.

- a) Buying a house or remodeling your existing house.
- b) Paying for a college education.
- c) Capitalizing a new business.
- d) Providing for retirement.
- e) Specify: _____

Due to a general market correction, one of your investments loses 14% of its value a short time after you buy it. What do you do?

- a) Sell the investment so you won't have to worry if it continues to decline.
- b) Hold on to it and wait for it to climb up.
- c) Buy more of the same investment..because at the new low price, it looks better than when you bought it.

How often would you like these "values" reviewed? _____