



FEE-ONLY PLANNING AND INVESTMENT MANAGEMENT

Data Questionnaire

Confidential

This questionnaire is designed to help you take inventory and assign realistic values to your personal assets and liabilities. Note: This questionnaire offers space for co-client and children data. Please disregard if these spaces are not applicable. In addition, this questionnaire may be more comprehensive than is needed for a “project” service. Please check with us before deciding to skip sections/questions.

BIOGRAPHICAL DATA

	Name	Birth Date	Age	Social Security Number	US Citizen Y/N	Place of Birth
Client						
Client						
Children						

If married, marriage date: _____

CURRENT ADDRESS: _____

FORMER ADDRESS: _____

Occupation: Client: _____ Client: _____

Employer : _____, _____

Phone: Hm. _____, _____

Wk. _____, _____

Cell _____, _____

Email _____, _____

Preferred method of contact: _____

Have you ever paid into Social Security? Client____ Client____

Are you currently paying into Social Security? Client____ Client____

Are you currently paying into State Disability Insurance? Client____ Client____

If you work with a tax professional, Name: _____ Phone: _____
Firm name and city:

If you have an attorney, Name: _____ Phone: _____
Firm name and city:

Who is your insurance broker? Name: _____ Phone: _____
Firm name and city:

PERSONAL INSURANCE (Excludes Group Insurance)

(Please list and enclose all policies on Clients and Children for all insurances below.)

1. Life Insurance:

Company	Monthly Benefit	Owner	Death Benefit	Beneficiary	Premium & Frequency	Existing Policy Loans
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

2. Disability Insurance:

Owner	Monthly Benefit	Premium & Frequency
		\$
		\$
		\$

3. Health Insurance:

Company	Who is covered?	Premium & Frequency
		\$
		\$

4. Casualty Insurance:

	Covered Item Description	Premium & Frequency
	Auto	\$
	Auto	\$
	Home	\$
	Boat	\$
	Umbrella Liability	\$
	Other	\$
	Other	\$

PERSONAL BANKING

Name of Institution: _____

Name of Institution: _____

Checking	Acct. Balance	Ownership*
	\$	
	\$	
	\$	

Savings (passbook accts.)	Account Balance	Ownership*
	\$	
	\$	
	\$	

Certificates of Deposit

Name of Institution: _____

Name of Institution: _____

Acct. Balance	Maturity Date	Ownership*
\$		
\$		
\$		

Total Current Market Values (CDs and Bank accounts): \$ _____

PARTNERSHIP DATA

Initial Investment Amount: \$ _____

Recurring Investment Amounts: \$ _____

Income from Partnership: \$ _____ How often? _____

Projected date of termination: _____

Total Current Market Value: \$ _____

* JT = Joint Tenancy; CP = Community Property; TIC = Tenants in Common; if neither, use names

PERSONALLY OWNED REAL ESTATE
(Exclude partnerships.)

	PROPERTY 1	PROPERTY 2	PROPERTY 3	PROPERTY 4
Type of Property	Home			
Purpose	Residence			
Location (city, state)				
Form of Ownership*				
% Owned (if applic.)	%	%	%	%
Date of Purchase				
Purchase Price	\$	\$	\$	\$
Improvement costs	\$	\$	\$	\$
Present Mkt. Value	\$	\$	\$	\$

Gross Monthly Rent	\$	\$	\$	\$
Annual Prpty. Taxes	\$	\$	\$	\$
Annual Maint./Insur.	\$	\$	\$	\$
Annual Depreciation	\$	\$	\$	\$
% Owned (if applic.)	%	%	%	%

1st Mortgage				
Orig. Mtg. Amount	\$	\$	\$	\$
Date Mtg. Acquired				
Term of Mtg. (yrs)				
Interest Rate	%	%	%	%
\$ Pmt / Month	\$	\$	\$	\$
Current Balance	\$	\$	\$	\$
% Pre-pay Penalty				

2nd Mortgage				
Orig. Mtg. Amount	\$	\$	\$	\$
Date Mtg. Acquired				
Term of Mtg. (yrs)				
Interest Rate	%	%	%	%
\$ Pmt / Month	\$	\$	\$	\$
Current Balance	\$	\$	\$	\$
% Pre-pay Penalty				

Total Current Market Values: \$ _____

Total Current Mortgage Balances: \$ _____

* JT = Joint Tenancy; CP = Community Property; TIC = Tenants in Common; if neither, use names

PERSONAL PROPERTY

	Description/Owner name, if applicable	Year purchased	Current Market Value
Automobile			
Automobile			
Automobile			
Personal Property			
Personal Property			
Personal Property			
Personal Property			

Total Current Market Values:

\$ _____

LIABILITIES (other than mortgages)

Creditor	Date originated	Original amount	Interest Rate	Current Balance	Maturity Date	Amount & Frequency of payments	Comments
Credit Card	Revolving	\$	%	\$		\$	
		\$	%	\$		\$	
		\$	%	\$		\$	
		\$	%	\$		\$	
		\$	%	\$		\$	
		\$	%	\$		\$	
		\$	%	\$		\$	
		\$	%	\$		\$	
Car payment		\$	%	\$		\$	
Car Payment		\$	%	\$		\$	

Contingent Liabilities (such as co-signed notes or pending lawsuits): \$ _____

Details: _____

Other outstanding liabilities not previously listed: \$ _____

Details: _____

Total Liabilities (other than mortgages): \$ _____

TAX FILING INFORMATION (Include Recent Pay Stubs)

Estimated Taxes Withheld Per Month: Federal ^{Client} _____ ^{Client} _____ State ^{Client} _____ ^{Client} _____

Estimated Quarterly Tax Payments: Federal _____ State _____

Number of Personal Exemptions to be claimed: This year _____ Next year _____

RETIREMENT GOALS

Financial Planning must begin with realistic goals. Review your current cash disbursements on the Cash Flow Statement later in this questionnaire. In setting your goals, determine what expenses will be necessary during your financial independence (retirement) and what new expenses you expect to incur.

1. What is your Retirement Income Goal (spendable money)? \$ _____

2. What is your planned retirement age? _____

3. Do you anticipate any extraordinary major expenditure? Y/N _____

Purpose: _____

Approximate date: _____

Approximate amount needed: \$ _____

4. If you could not attain the goals in questions 1 and 2, which would you prefer (Rank 1 – 4 with 1 being **highest priority**):

_____ Lower income (What is the minimum that you will need?) \$ _____

_____ Later retirement. (What is the latest age at which you would retire?) _____

_____ Elimination of your extraordinary expenses

_____ Reduce current living expenses in order to increase savings

5. If you could easily exceed your retirement income goal at your planned retirement age, which would you prefer?

_____ Larger retirement income

_____ Earlier retirement (At what age would you retire, if you could?) _____

_____ Increase current retirement spending

6. If applicable, will your co-client retire at the same time that you retire? Y/N _____

Explain: _____

7. Do you expect to receive any earned income (from consulting or part-time employment) during your retirement? Y/N _____

If so, how much (annually)? \$ _____ Until what age? _____

Source of income: _____

8. Do you anticipate any future financial dependency from relatives? Y/N _____

Comments: _____

EDUCATIONAL GOALS

1. If applicable, will any child remain dependent after age 18? Y/N _____
After age 22? Y/N _____

2. Do you want to provide for your childrens' college education? Y/N _____
 - a. Estimated Annual cost per child (today's dollars): \$ _____
 - b. Length of time anticipated per child: _____

3. Are post-graduate studies anticipated? Y/N _____
 - a. Estimated annual cost per child: \$ _____
 - b. Length of time anticipated per child: _____

CASH FLOW STATEMENT (You may submit Quicken or QuickBooks files in lieu of this form.)

		Receipts	Monthly	Annually
CASH RECEIPTS	Gross salary.....		\$ _____	\$ _____
	Bonus (Specify when paid)		\$ _____	\$ _____
	Net Business or Practice Income (Loss)...		\$ _____	\$ _____
	Co-Client Gross salary.....		\$ _____	\$ _____
	Net Real Estate cash flow.....		\$ _____	\$ _____
	Other Investment cash receipts.....		\$ _____	\$ _____
	Dividends		\$ _____	\$ _____
	Interest		\$ _____	\$ _____
	Alimony Received		\$ _____	\$ _____
	Child Support Received.....		\$ _____	\$ _____
	Trust Income		\$ _____	\$ _____
	Partnership Distributions		\$ _____	\$ _____
	Other (Please specify) _____		\$ _____	\$ _____
	Other (Please specify) _____		\$ _____	\$ _____
Total Receipts		\$ _____	\$ _____	

		Disbursements		
HOME OPERATING EXPENSES	Mortgage payment (principal and interest)..		\$ _____	\$ _____
	Rent payment.....		\$ _____	\$ _____
	Property Taxes on residence.....		\$ _____	\$ _____
	Home/Auto liability insurance.....		\$ _____	\$ _____
	Utilities -			
	- Phone		\$ _____	\$ _____
	- Water		\$ _____	\$ _____
	- Electricity		\$ _____	\$ _____
	- Garbage		\$ _____	\$ _____
	- Cable/Television subscriptions.....		\$ _____	\$ _____
	- Internet		\$ _____	\$ _____
	Auto operation -			
	- maintenance		\$ _____	\$ _____
	- gas		\$ _____	\$ _____
	- parking		\$ _____	\$ _____
	- tolls		\$ _____	\$ _____
	Food		\$ _____	\$ _____
	Household items		\$ _____	\$ _____
	Clothing		\$ _____	\$ _____
	Laundry/Dry Cleaner/Tailor		\$ _____	\$ _____
	Domestic help (yard, home).....		\$ _____	\$ _____
	Allowances		\$ _____	\$ _____
	Medical (all practitioners and supplies).....		\$ _____	\$ _____
Hospital and medical insurances (incl. Dental)		\$ _____	\$ _____	
Alimony paid		\$ _____	\$ _____	
Pet expenses (food, veterinarian, etc).....		\$ _____	\$ _____	
Other (please specify) _____		\$ _____	\$ _____	

SYSTEMATIC ACCUMULATION OR LIABILITY REDUCTION	Savings Accounts (contribution).....	\$ _____	\$ _____
	Life Insurance	\$ _____	\$ _____
	ETFs/Mutual Funds/ Stocks (contribution).....	\$ _____	\$ _____
	Other Investments (contribution).....	\$ _____	\$ _____
	Investment Real Estate (contribution).....	\$ _____	\$ _____
	Auto Loan Payments	\$ _____	\$ _____
	Auto Loan Payments	\$ _____	\$ _____
	Auto Loan Payments	\$ _____	\$ _____
	Credit Card Payments	\$ _____	\$ _____
	Credit Card Payments	\$ _____	\$ _____
	Credit Card Payments	\$ _____	\$ _____
	Credit Card Payments	\$ _____	\$ _____
	Credit Card Payments	\$ _____	\$ _____
	Other Loan Payments (Please specify) _____	\$ _____	\$ _____
Other Loan Payments (Please specify) _____	\$ _____	\$ _____	

ADVANCEMENT AND RECREATION	Theater/Movies	\$ _____	\$ _____
	Recreation	\$ _____	\$ _____
	Entertainment	\$ _____	\$ _____
	Meals away from home	\$ _____	\$ _____
	Education, Music, Dance, Camp, etc.	\$ _____	\$ _____
	Charity, Church.....	\$ _____	\$ _____
	Gifts	\$ _____	\$ _____
	Books, Papers, Magazines.....	\$ _____	\$ _____
	Club Dues	\$ _____	\$ _____
	Vacation/Travel	\$ _____	\$ _____
	Miscellaneous (Please Specify) _____	\$ _____	\$ _____
	Miscellaneous (Please Specify) _____	\$ _____	\$ _____
	Miscellaneous (Please Specify) _____	\$ _____	\$ _____
	Miscellaneous (Please Specify) _____	\$ _____	\$ _____
Total Disbursements	\$ _____	\$ _____	

RECEIPTS – DISBURSEMENTS \$ _____ \$ _____

Do you expect any significant increases in either your cash receipts or disbursements in the next year? If so, explain:

DISABILITY INCOME NEEDS

1. What would be your (your family's) after-tax minimum monthly income needs? \$ _____
2. Would your co-client obtain employment? Y/N _____
 - a. Estimated pre-tax monthly income \$ _____
3. Would your family's educational objectives change? Y/N _____
 - a. Comments: _____

ESTATE CONSIDERATIONS

1. What would be your (your family's) after-tax monthly income needs?
Minimum: \$ _____ Desired: \$ _____
2. Would you like to pay off your mortgage? Y/N _____
3. Would your co-client obtain employment? Y/N _____
 - b. Estimated pre-tax monthly income \$ _____
4. Would your family's educational objectives change? Y/N _____
 - a. Comments: _____
5. Estate Plan Objectives: (Circle one from a & b.)
 - a. Maximize Assets to co-client Maximize Assets to children
 - b. Simplicity/Flexibility Maximum Estate Tax Savings
6. Do you have designated beneficiaries for all of your accounts? Y/N _____
7. Do you have contingent beneficiaries for all of your accounts? Y/N _____
8. Are there assets you would NOT consider liquidating upon death to provide for family monthly income needs? If so, comment: _____

9. Do you have a close friend or relative with whom you would feel comfortable acting as the executor of your estate (or trustee of your trust), and/or guardian of your children? If so, comment: _____

MORE ABOUT YOU

1. Tell about what you feel are your financial successes:

2. Tell about what you feel are your financial failures (or where improvement could have occurred):

3. Tell about your best financial decision:

4. Tell about your worst financial decision:

5. What will make this working engagement worth your money and my time? In other words, what would you like to accomplish through this engagement?

6. How would you describe yourself (yourselves) in relation to your finances?

7. How do you relate to money? (Relaxed, tight, generous, anxious, don't like it, like it, feel desperate for it, afraid to have it...)

8. What prompted you to look for a financial planner at this time?

9. What are your most important financial concerns?

10. What is most important to you about money?

11. What are some things that concern you about your future financial picture?

12. How do you envision your lifestyle 5 years from now?

13. Is your outlook generally optimistic or pessimistic concerning the future?

14. What are the most important non-financial concerns & objectives right now?

15. What would “financial independence” mean to you? How would you direct your life if there were nothing to impede your choices?

16. Do you have, or would you pursue, a particular avocation(s) and/or hobby(ies) that you especially enjoy doing?

17. In detail, what would you consider the kind of service an ideal financial advisor would provide you?

18. What are the keys to making this relationship successful for you? What are your expectations of Anders Financial Planning as your financial advisor?

19. What is the most important characteristic to you in a financial planner?

20. During our review three years from now, what will need to have happened now, and then, for you to feel satisfied with your progress?

21. How do you make important investment decisions?

22. Have you ever worked with a financial advisor before? What was good about that experience?

Unsatisfactory?

23. Who are your other advisors? What are their strengths and weaknesses in your eyes?

24. What is your most memorable investment experience?

25. What things frustrate you about financial planning and investments?

26. Where are your investments now? Why do you think you need help?

27. Have you ever been involved in litigation?

28. Do you have someone who prepares your taxes, or do you prepare them yourself?

29. What changes do you expect in the future in your finances that you wish to plan for?

30. What are your goals/concerns regarding passing assets to children or others?

31. Is there anything else we need to talk about? Any "special needs" situations you are responsible for?

This form is an attempt to bring to light all information surrounding your financial affairs, together with your thoughts and objectives, in an effort to use as a guide in the preparation of your financial analysis. If there is anything else to add, please do so here. In addition, please list in order of priority the things you most want to accomplish through our Advisor ~ Client relationship.

Anders Financial Planning:

- Does not give legal or tax advice.
- Does not sell insurance or any other products.
- Recommends that you consult an attorney, tax professional, and/or insurance broker when making decisions regarding legal issues, tax issues, and insurance policies.

Clients are responsible for contacting Anders Financial Planning if there are any changes in the personal/financial situation or investment objectives for the purpose of reviewing/evaluating/revising our previous recommendations and/or services. Clients also must advise us if they would like to impose, add, or to modify any reasonable restrictions to our investment advisory services. A copy of our current written disclosure statement discussing our advisory services and fees continues to remain available for your review upon request.

Client Name: _____ Signature: _____

Client Name: _____ Signature: _____
(If applicable)

Date: _____



Checklist for First Meeting

Investment Management:

- Most recent statements for all investments
- Stock Option agreements
- Completed Data Questionnaire
- Any large expenditures within the next six months – one year
- List main financial goals and concerns (including, but not limited to those on Data Questionnaire)
- Statements / values from all accounts (checking, savings, credit union, money market, life insurance, etc.)

Additional Information Needed:

- Most recent pay stubs
- Copy of tax returns (previous two years)
- Income/Expenses for businesses
- All life insurance policies
- List of debts owed to you
- Employee/Employer benefits summary statements (Pension, Profit Sharing, 401(k), 403(b), ESOP, Health, etc.)
- Copy of trust certificate(s) (Not the trust document.)

If you have any questions, please don't hesitate to call.

Please fax or mail the above statements and records at least two weeks prior to our meeting.