



GROOM FINANCIAL ADVISORY
CONFIDENTIAL QUESTIONNAIRE

Date of Completion\_\_\_\_\_

CLIENT NAME (1):

CLIENT NAME (2):

Home Address:

Home Address:

City, State, Zip:

City, State, Zip:

Home Phone:

Home Phone:

Work Phone:

Work Phone:

Cell Phone:

Cell Phone:

Fax: (Home or Work):

Fax: (Home or Work):

E-mail:

E-mail:

Birthdate:

Birthdate:

Primary Contact Person during business hours?

Contact me by (circle one)
E-mail or Phone

FAMILY MEMBERS (Children and other dependants.)

Table with 5 columns: Name, Relationship, Date of Birth, Dependent (Y/N), Resides? (City & State). Contains 4 rows of data.

CLIENT EMPLOYMENT (1):

CLIENT EMPLOYMENT (2):

Title/Job:

Title/Job:

Number of years with this employer?

Number of years with this employer?

Anticipated employment changes?

Anticipated employment changes?

When do you plan to retire?

When do you plan to retire?

Salary:

Salary:

Self Employment Income:

Self Employment Income:

Bonus/Commissions:

Bonus/Commissions:

Other Earned Income:

Other Earned Income:

TOTAL (Current Yr) =

TOTAL (Current Yr) =

**CURRENT ADVISORS**

<u>Advisor</u>	<u>Name</u>	<u>Firm</u>	<u>Address</u>	<u>Phone #</u>	<u>Ok to Contact ?</u>
Accountant	_____	_____	_____	_____	_____
Banker	_____	_____	_____	_____	_____
Broker	_____	_____	_____	_____	_____
Attorney	_____	_____	_____	_____	_____

**ESTATE PLANNING**

Check if you have the following:

	<u>Client 1</u>	<u>Client 2</u>
Will	_____	_____
Revocable Living Trust	_____	_____
Power of Attorney	_____	_____
Living Will	_____	_____
Health Care Directive/Proxy	_____	_____
Irrevocable Life Insurance Trust	_____	_____

**PENSIONS & SOCIAL SECURITY**

	<u>Client 1</u>		<u>Client 2</u>	
<b>Defined Pension Benefits:</b>	<u>Pension 1</u>	<u>Pension 2</u>	<u>Pension 1</u>	<u>Pension 2</u>
Estimated monthly amount	\$ _____	\$ _____	\$ _____	\$ _____
Starting age	_____	_____	_____	_____
Cost of living adjustment	_____	_____	_____	_____
Survivor benefit %	_____	_____	_____	_____
<b>Social Security Benefits:</b>				
Estimated monthly benefit	\$ _____		\$ _____	
Starting age of benefits	_____		_____	

**SPECIAL INCOME AND EXPENSES**

List any other sources of income (gifts, savings withdrawals), lump sum expenses, or irregular expenses expected:

<u>Description</u>	<u>Annual Amount</u>	<u>Year/Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INSURANCE**

	<u>Client 1</u>		<u>Client 2</u>	
Permanent life insurance:	<u>Policy 1</u>	<u>Policy 2</u>	<u>Policy 1</u>	<u>Policy 2</u>
Face amount	_____	_____	_____	_____
Cash value	_____	_____	_____	_____
Annual premium	_____	_____	_____	_____
Term life insurance:	<u>Policy 1</u>	<u>Policy 2</u>	<u>Policy 1</u>	<u>Policy 2</u>
Face amount	_____	_____	_____	_____
Term of policy	_____	_____	_____	_____
Annual premium	_____	_____	_____	_____
Health insurance:				
Annual premium	_____	_____	_____	_____
Disability insurance:				
% Income benefit	_____	_____	_____	_____
Term of coverage	_____	_____	_____	_____
Annual premium	_____	_____	_____	_____
Long Term Care insurance:				
\$ Daily benefit	_____	_____	_____	_____
\$ Lifetime benefit	_____	_____	_____	_____
Annual premium	_____	_____	_____	_____
Homeowner's insurance:				
\$ Property coverage	_____	_____	_____	_____
\$ Liability limit	_____	_____	_____	_____
Annual premium	_____	_____	_____	_____
Auto insurance:				
\$ Property liability	_____	_____	_____	_____
\$ Bodily liability	_____	_____	_____	_____
Annual premium	_____	_____	_____	_____
Umbrella liability insurance:				
Annual premium	_____	_____	_____	_____

**EDUCATION FUNDING**

List your best estimates of expected college costs for children and what percentage, or amount, of college funding you expect to provide:

<u>Child Name</u>	<u>Age</u>	<u>Cost per year</u>	<u># Years</u>	<u>Current Funding</u>	<u>\$ or % to Provide</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PERSONAL ASSETS**

Primary residence value: \$ _____	2nd residence: \$ _____
Personal/household property: \$ _____	Boats, RVs, etc.: \$ _____
Auto: \$ _____	Other personal assets: \$ _____
Auto: \$ _____	

**CAPITAL ASSETS**

List capital assets including bank accounts, investment accounts, stocks, bonds, mutual funds, business interests investment real estate, and other financial assets. **(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)**

<u>Account type / Description</u>	<u>Asset type</u>	<u>Current value</u>	<u>Annual Additions</u>	<u>Owner</u>
Checking	cash	_____	_____	_____
Checking	cash	_____	_____	_____
Savings	interest bearing	_____	_____	_____
Money market	interest bearing	_____	_____	_____
_____	_____	_____	_____	_____
CD (___ %, _____ maturity)	_____	_____	_____	_____
_____	_____	_____	_____	_____
Brokerage account (non IRA)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Traditional IRA	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
ROTH IRA	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
401k/403b/457	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Annuity	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Stock Options	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Real estate investment	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Business	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**LIABILITIES**

<u>Debt type / Description</u>	<u>Interest rate</u>	<u>Current balance</u>	<u>Monthly payment</u>	<u>Maturity/term</u>
Residence Mortgage	_____	_____	_____	_____
_____	_____	_____	_____	_____
Second Home Mortgage	_____	_____	_____	_____
_____	_____	_____	_____	_____
Auto Loan	_____	_____	_____	_____
_____	_____	_____	_____	_____
Student Loan	_____	_____	_____	_____
_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other Loan	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Indicate which of the following statements summarize your attitudes or beliefs using a scale of 1-5.**  
(1 being most true and 5 least true)

- \_\_\_\_\_ I would rather work longer than reduce my standard of living in retirement.
- \_\_\_\_\_ I feel that I/we can reduce our current living expenses to save more for the future if needed.
- \_\_\_\_\_ I am more concerned about protecting my assets than about growth.
- \_\_\_\_\_ I prefer the ease of mutual funds over individual securities.
- \_\_\_\_\_ I am comfortable with investments that promise slow, long term appreciation and growth.
- \_\_\_\_\_ I don't brood over bad investment decisions I've made.
- \_\_\_\_\_ I feel comfortable with aggressive growth investments.
- \_\_\_\_\_ I don't like surprises.
- \_\_\_\_\_ I am optimistic about my financial future.
- \_\_\_\_\_ My immediate concern is for income rather than growth opportunities.
- \_\_\_\_\_ I am a risk taker.
- \_\_\_\_\_ I make investment decisions comfortably and quickly.
- \_\_\_\_\_ I like predictability and routine in my daily life.
- \_\_\_\_\_ I usually pick the tried and true, the slow, safe but sure investments.
- \_\_\_\_\_ I need to focus my investment efforts on building cash reserves.
- \_\_\_\_\_ I prefer predictable, steady return on my investments, even if the return is low.

## **PLANNING GOALS**

Begin listing some obvious goals and also brainstorm some that might not be so obvious, especially those that would provide you with much personal satisfaction. Here are some ideas to get you started:

### **Cash Management**

- Establish emergency fund or available liquidity in the amount of: \$\_\_\_\_\_.
- Manage cash flow more effectively in order to reduce unnecessary expenditures.
- Arrange financial matters to provide for more convenient management.

### **Debt Reduction and Credit Rating**

- Reduce credit card debt through better cash management.
- Have residence mortgage paid off by the scheduled retirement date: \_\_\_\_\_.
- Evaluate the advisability of refinancing \_\_\_\_\_.
- Evaluate credit rating and take steps to improve, if necessary.

### **Investments**

- Analyze current investment portfolio.
- Select appropriate investment(s) for the purpose of \_\_\_\_\_.
- Increase the amount of current income being regularly invested.
- Increase the average expected before-tax return on investment to \_\_\_\_\_%.

### **Education Funding**

- Provide funding for primary and secondary school expenses for children or grandchildren.
- Provide funding for college expenses for children or grandchildren.  
College expenses, in today's dollars: \$\_\_\_\_\_ annually,  
Or: chose ( ) public or ( ) private college  
Number of children\_\_\_\_\_. Starting in years \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
- Maximize financial aid eligibility.

### **Income Tax Planning**

- Reduce current income tax liability, to the extent possible.
- Consider income tax consequences of current investments.
- Evaluate impact of tax law changes and opportunities for savings.

### **Retirement Planning**

- Determine the most effective payout arrangements for retirement plans.
- Determine the most appropriate investment selections for retirement funds.
- Determine monthly saving needed to reach retirement goals.
- Evaluate converting IRAs to Roth IRAs.
- Evaluate desirability of additional savings vehicle.

### **Employee Benefits**

- Verify that all of the employee benefit and option selections are correct.
- Verify that beneficiary designations correctly match wishes.

**Risk Management**

Evaluate the following personal risk management coverage:

- Auto
- Home
- Liability
- Medical
- Life
- Disability
- Long-Term Care
- Medicare Supplement

**Estate Planning**

- Prepare or update Wills, Trusts, Powers of Attorney, Living Wills, Advance Medical Directives
- Plan for guardianship of minor children.
- Establish a regular program of family gifts to utilize the gift exclusion.
- Reduce the expected taxable estate by using the unified gift exemption.
- Reduce the expected taxable estate by using various estate planning techniques.
- Consider charitable contributions.
- Verify beneficiary designations correctly match wishes and are in line with the estate plan.
- Provide special annual support for \_\_\_\_\_ in the amount of: \$\_\_\_\_\_.

**IN SUMMARY, MY FINANCIAL GOALS ARE:**

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**These items may be needed, should you engage our services:**

- |                                    |   |
|------------------------------------|---|
| Prior Year Tax Return (2 years)    | Paycheck Stubs (2 pay periods)                  |
| Brokerage Account Statements       | Mutual Fund Account Statements                  |
| Trust Account Statements           | Employee Benefits Booklet                       |
| Retirement Plan Account Statements | Legal Documents (Wills, Trusts, POAs)           |
| Loan Documents                     | Insurance Policies, including annual statements |

**ACKNOWLEDGMENT OF GOALS**

The above accurately reflects the current Planning Goals that should be considered in the development of personal financial planning recommendations.

**Accepted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*You may be asked to scan and email a copy of this form prior to an initial meeting. If you prefer mail please send to:*

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