

# Carlson Financial - Confidential Financial Questionnaire

## CONTACT INFORMATION

Name: \_\_\_\_\_ Preferred Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Working At/ Retired From: \_\_\_\_\_ Current/Former Occupation: \_\_\_\_\_ Retired? Yes No Semi

Spouse Name: \_\_\_\_\_ Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Working At/ Retired From: \_\_\_\_\_ Current/Former Occupation: \_\_\_\_\_ Retired? Yes No Semi

Home#: ( ) \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Primary Address  
Street/City/State/Zip \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## FAMILY

Children's Names	Age	Grandchildren Ages
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		

Who are your trustees and/or executor? \_\_\_\_\_

Do any of your children or grandchildren have special needs?  YES  NO

Are any of your children or grandchildren listed as joint owners?  YES  NO

## CONCERNS

Which of the following are your top three concerns?

Losing too much money in the stock market  Outliving nest egg

Avoid paying too much in taxes  Uncertainty about stock market

Considering retirement and not sure if I/we can afford to  Leaving a legacy to children and/or grandchildren

Not having a reliable income plan for retirement  Need direction with 401K and/or IRA accounts

Concerned about giving away life savings due to a catastrophic illness  \_\_\_\_\_

## ADDITIONAL INFORMATION

If you are not already retired, when do you want to retire? \_\_\_\_\_

How did you acquire your wealth? \_\_\_\_\_

Who else do you rely on for financial advice and decisions? \_\_\_\_\_

If something were to happen to you tomorrow, who do you want taken care of? \_\_\_\_\_

Please pick the top two for your retirement "nest egg" money. Why? SAFETY LIQUIDITY GROWTH INCOME

How would you describe your investment knowledge? NONE AVERAGE LIMITED GOOD HIGH EXPERT

Do you have any expectations not listed above? \_\_\_\_\_

Client Health \_\_\_\_\_ Spouse Health \_\_\_\_\_

Who is your current financial advisor? \_\_\_\_\_

Risk tolerance  Conservative  Moderately Conservative  Moderate  Moderately Aggressive  Aggressive

**LIFE EVENTS**

In the near future I expect to: (Please check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Buy a home     | <input type="checkbox"/> Care for a parent       | <input type="checkbox"/> Help fund education costs for a family member |
| <input type="checkbox"/> Sell a home    | <input type="checkbox"/> Start/Expand a business | <input type="checkbox"/> Sell a property                               |
| <input type="checkbox"/> Improve a home | <input type="checkbox"/> Pay off debt            | <input type="checkbox"/> Receive an inheritance                        |
| <input type="checkbox"/> Retire         | <input type="checkbox"/> Start a part-time job   | <input type="checkbox"/> Purchase a property                           |
|   |  | <input type="checkbox"/> Other _____                                   |

**INCOME**

Please list **monthly income** from each source:

	Husband	Wife
Social Security	_____	_____
Pension	_____	_____
(Survivor Options)	_____	_____
Wages	_____	_____
Other Income	_____	_____

Are these amounts net or gross? Gross Net

How much are your monthly expenses? \_\_\_\_\_

Here are some common expenses: *Mortgage, Food, Gas, Car Loan Insurance, Utilities, Gifts/Donations, Medical, Taxes, Social Security, etc.*

Is your current cash flow sufficient and comfortable?	Yes No
Do you take any withdrawals from your retirement savings to meet your current budget?	Yes No Don't Know
Do you anticipate any significant changes in cash flow?	Yes No Don't Know
Are you planning any major lifestyle changes?	Yes No Don't Know
Do you foresee any large purchases greater than \$20,000 within the next 3 years?	Yes No Don't Know
Do you contribute to charity?	Yes No

**INVESTMENTS**

**Assets:** Please check off the accounts you currently hold, note the approximate value and bring in the latest statement.

- |  |   |
|--|---|
| <input type="checkbox"/> Bank / Credit Union Accounts _____  | <input type="checkbox"/> Retirement Accounts from Work _____        |
| <input type="checkbox"/> CDs _____                           | <input type="checkbox"/> IRAs / 401K / 403B / Keoghs / TSPs _____   |
| <input type="checkbox"/> Mutual Funds / Stocks / Bonds _____ | <input type="checkbox"/> Life Insurance Cash Value _____            |
| <input type="checkbox"/> Brokerage Accounts _____            | <input type="checkbox"/> Promissory Notes / Contract for Deed _____ |
| <input type="checkbox"/> Business Interest _____             | <input type="checkbox"/> Other Assets _____                         |
| <input type="checkbox"/> Annuities _____                     |   |

**Property:**

	Balance Owed	Payment	Pay off date
Home Value \$ _____	_____ / \$ _____	_____ /	_____ /
Autos and Personal Property \$ _____	_____ / \$ _____	_____ /	_____ /
Rental/Add'l Properties \$ _____	_____ / \$ _____	_____ /	_____ /

**INSURANCE**

Which of the following do you have?

- |                                |                              |                             |           |
|--------------------------------|------------------------------|-----------------------------|-----------|
| Umbrella Policy                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |           |
| Long Term Care Insurance       | <input type="checkbox"/>     | <input type="checkbox"/>    |           |
| Have you prepaid your funeral? | <input type="checkbox"/>     | <input type="checkbox"/>    |           |
| Death Benefit Type             | Whole                        | Term                        | Universal |
| Life Insurance _____           |                              |                             |           |
| Life Insurance _____           |                              |                             |           |

**INHERITANCE**

Which of the following documents do you have?

- |                                |                              |                             |
|--------------------------------|------------------------------|-----------------------------|
| Will                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Power of Attorney (POA) Assets | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Power of Attorney (POA) Health | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Living Will                    | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Living Trust                   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Date Last Updated _____        |                              |                             |

**INCOME TAX**

- Who files your annual taxes? \_\_\_\_\_
- Bring in copies of the last 2 year's tax returns.
- Roth conversion strategy? \_\_\_\_\_
- Account distribution strategy? \_\_\_\_\_
- Tax Goals \_\_\_\_\_
- Do you have a pension? \_\_\_\_\_

