

# SALVINI FINANCIAL PLANNING

## Confidential Questionnaire – Page 1

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

### CLIENT INFORMATION

<b>Client Name (1)</b> _____	<b>Client Name (2)</b> _____
Home Address _____	Home Address _____
City, State, ZIP _____	City, State, ZIP _____
Home Phone (____) - _____	Home Phone (____) - _____
Cell Phone (____) - _____	Cell Phone (____) - _____
Fax (Hm or Wk) (____) - _____	Fax (Hm or Wk) (____) - _____
E-mail _____	E-mail _____
Website _____	Website _____
Date of Birth _____	Date of Birth _____
Anniversary _____	

Contact me/us by (circle one): E-mail Phone Either Are you both US citizens? \_\_\_\_\_

### FAMILY MEMBERS (please list children and all dependents)

Name	Relationship	Date of Birth	Dependent	Resides (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

Should SFP be aware of any special planning needs? \_\_\_\_\_

### EMPLOYMENT

<b>Client Employer (1)</b> _____	<b>Client Employer (2)</b> _____
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 _____
<b>TOTAL (Current Year) =</b> _____	<b>TOTAL (Current Year) =</b> _____

**Do you have a pension?**  Yes  No

If yes, estimated monthly benefit is \$ \_\_\_\_\_ at age \_\_\_\_\_. COLA?  Yes  No

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**GOALS:**

Short Term (1-5 years):	Due Date	Expected Cost

Long Term (1-5 years):	Due Date	Expected Cost

Wishes/Dreams you may have: \_\_\_\_\_

**FINANCIAL OPINIONS/PREFERENCES**

Of the following statements, summarize your attitudes or beliefs using a scale of 1 - 5.

<u>Client 1</u>	<u>Client 2</u>	<u>1 = Most True, 5 = Least True</u>
_____	_____	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.
_____	_____	My spouse and I usually agree about money decisions.
_____	_____	I am optimistic about my financial future.
_____	_____	My immediate concern is for income rather than growth opportunities.
_____	_____	I am a risk taker.
_____	_____	I make financial decisions comfortably and quickly.
_____	_____	I am knowledgeable about investing.
_____	_____	I usually pick the tried and true, the slow, safe but sure investments.
_____	_____	I need to focus my investment efforts on building cash reserves.
_____	_____	Socially Conscious/Green issues are important to my investment decisions.
_____	_____	I keep financial records that are organized and easily accessible.

Why are you seeking financial advice today? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### ESTATE PLANNING DOCUMENTATION

Do you have estate planning documents?	Year Drafted	State Drafted
<input type="checkbox"/> Wills	_____	_____
<input type="checkbox"/> Living Trusts	_____	_____
<input type="checkbox"/> Financial Powers of Attorney	_____	_____
<input type="checkbox"/> Health Care Directive	_____	_____
<input type="checkbox"/> Other Documents _____	_____	_____

When did you last review and update the beneficiary designations on your accounts? \_\_\_\_\_

Any previous marriages? \_\_\_\_\_

Are you the beneficiary of any trusts or the executor of any estates? \_\_\_\_\_

### ASSETS

(If you have this information in a format of your own design, please feel free to omit this section and attach necessary documentation.)

#### Checking/Savings

Institution	Type of Account	Ownership	Average Balance

#### CD's

Institution	Term	Interest %	Maturity Date	Ownership	Beneficiary	Amount

#### Retirement and Educational Savings

Employer/Institution	Type of Account	Ownership	Beneficiary	Balance

#### Brokerage Accounts

Employer/Institution	Type of Account	Ownership	Balance

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### ASSETS (continued)

Other Investment Assets (i.e. investment real estate, business ownership, private equity, etc...)

Type	Ownership	Loan Balance	Purchase Price	FMV

Personal Property (residence, vehicles/boats/aircraft, furnishings/jewelry/art of significant value)

Item	Ownership	Loan Balance	Purchase Price	FMV

How often do you replace vehicles? \_\_\_\_\_  
 Do you generally purchase or lease? \_\_\_\_\_  
 New or Used? \_\_\_\_\_  
 Amount you usually spend and cash or finance? \_\_\_\_\_

### LIABILITIES

Credit Cards	Interest Rate	Avg. Monthly Payment*	Current Balance
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

(\*If not paid in full each month)

Debts Residence, Auto, Business, School	Term	Interest Rate	Payment	Maturity Date	Balance
_____	_____	_____ %	\$ _____	_____	\$ _____
_____	_____	_____ %	\$ _____	_____	\$ _____
_____	_____	_____ %	\$ _____	_____	\$ _____
_____	_____	_____ %	\$ _____	_____	\$ _____
_____	_____	_____ %	\$ _____	_____	\$ _____
_____	_____	_____ %	\$ _____	_____	\$ _____

Have you received a copy of your credit report recently?     Yes     No    FICO \_\_\_\_\_

Do you have any legal/creditor protection issues I should be aware of? \_\_\_\_\_

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### INSURANCE COVERAGE

	Client (1)				Client (2)			
	Coverage	Premium	Group	Individual	Coverage	Premium	Group	Individual
Health			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Disability			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Life			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Life			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Homeowners			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Auto			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Umbrella			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Liability			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Professional			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Liability			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Long Term			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Care			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance?     Yes     No

Do you or your family members have any health issues to be considered in your financial plan?

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### ADVISOR RELATIONSHIPS

Who prepares your tax return?

Self                      Preparer Name \_\_\_\_\_ Phone (     )     - \_\_\_\_\_

Paid Preparer          Address \_\_\_\_\_ Fax (     )     - \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Where applicable, rate your working relationships with each of the following advisors:

Advisor	Satisfaction Rating					Not Applicable
	1 = Dissatisfied		5 = Very Satisfied			
	1	2	3	4	5	
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Preparer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like SFP to know anything specific about your expectations in working together? \_\_\_\_\_

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### ADDITIONAL INFORMATION

These items, as well as others, may be needed should you engage our services:

- 2 prior year's tax returns
- All Account Statements
- Pension Estimates
- Social Security Estimates
- Retirement Plan
- Paycheck stubs
- Investment Options
- Employee Benefits booklet
- Legal documents
- Insurance policies and declaration pages

For your financial consultation,

- if you will be coming to our office, please bring this completed form with you.
- if we will be teleconferencing with you, please keep a copy of your completed form AND send us a copy at:

**Salvini Financial Planning**

P.O. Box 102

Avila Beach, CA 93424

Phone: (805) 543-6622 • Fax: (805) 888-2814

OR E-mail: [Brooke@SalviniFinancial.com](mailto:Brooke@SalviniFinancial.com)

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## Salvini Financial Planning

Our Mission:

To empower our clients to make good financial decisions that will pave the way for them to accomplish their cherished goals and enjoy peace of mind.



FINANCIAL  
PLANNING