



FRONTIER

WEALTH MANAGEMENT

Financial Planning Questionnaire

DOCUMENT CHECKLIST

The following documents are required in order to accurately complete your Financial Plan. Please provide us those documents that are applicable to your personal financial situation. Strict confidentiality will be maintained at all times.

Investments (Most Recent Statements)

- Bank Statement(s)
- Brokerage & Mutual Fund Statement(s)
- Annuity Statement(s)
- Annual Statement(s) of partnership/LLC interests
- Loan & Mortgage Statement(s)
- 529 Statement(s) and/or UTMA Statement(s)

Retirement Planning (Most Recent Statements)

- Retirement Investment Account Statements (IRA, Roth, 401(k), Profit Sharing, etc.)
- Deferred Compensation Plan(s)
- Stock Option Agreement(s) / Restricted Stock
- Pension Plans / Defined Benefits Plan(s)
- Social Security Statement(s)

Risk Management (Most Recent Statements)

- Employee Benefit Summary
- Life Insurance Policies & Annual Statements
- Disability Insurance
- Health Insurance
- Auto Insurance
- Homeowners Insurance
- Excess or Umbrella Insurance

Tax Planning

- Federal & State Tax Returns (Two previous years)
- Most recent paycheck stub(s)

Estate Planning

- Estate Planning Documents (Trust, Will, Power of Attorney, etc.)
- Divorce Settlements and/or Nuptial Agreements
- Buy/Sell Agreements
- Trust Statement(s) of which you are the beneficiary (ex: ILIT)

PERSONAL FINANCIAL PLANNING QUESTIONNAIRE

Client Name: _____
Home Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____
DOB: _____
SSN: _____
Marriage Date: _____

Client Name: _____
Home Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____
DOB: _____
SSN: _____

EMPLOYMENT INFORMATION

Employer: _____
Position: _____
Years Employed: _____
Retirement Date: _____
Salary: _____
Bonus/Commissions: _____
Estimated SS: _____
Tax Bracket: _____

Employer: _____
Position: _____
Years Employed: _____
Retirement Date: _____
Salary: _____
Bonus/Commissions: _____
Estimated SS: _____

Do you plan to stay with your current employer until you retire? _____

FAMILY MEMBERS (Please list children and other dependents)

Name: _____ Relation: _____ DOB: _____ SSN: _____
Name: _____ Relation: _____ DOB: _____ SSN: _____
Name: _____ Relation: _____ DOB: _____ SSN: _____
Name: _____ Relation: _____ DOB: _____ SSN: _____
Name: _____ Relation: _____ DOB: _____ SSN: _____

OBJECTIVES & RESOURCES

1. State your reasons for seeking professional advice. Please provide any additional information or comments to help us fully understand your situation and/or objectives.

2. How often do you check your investments? _____

3. How familiar are you with the investment vehicles in the market today? _____

4. Do you have investment preferences? Are there investment types you wish to avoid or exclude?

5. What are your current monthly living expenses? _____

6. Do you have any specific short term financial goals (0-5 years)? _____

7. Do you have any specific long term financial goals (5+ years)? _____

8. What is the ideal age at which you'd like to retire? _____

9. At retirement, do you intend to work again, either on a full time or part time basis? _____

10. What do you estimate your after tax retirement income needs to be (in today's dollars)? _____

11. Is it important to leave an inheritance to your children and/or family? _____

12. Do you have interest in charitable giving? If so, please detail organizations that are of importance to you. _____

PERSONAL ASSETS & LIABILITIES

PERSONAL PROPERTY (Home, auto, jewelry, collectibles, etc.)

Item	Owner	Date Acquired	Purchase Cost	Current Value
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
6. _____	_____	_____	\$ _____	\$ _____

BANK ACCOUNTS (Please include copies of all statements)

Custodian	Checking/Savings	Ownership	Balance
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____

CD'S (Please include copies of all statements)

Custodian	Interest Rate	Maturity Date	Ownership	Value
1. _____	_____ %	_____	_____	\$ _____
2. _____	_____ %	_____	_____	\$ _____

INVESTMENT ACCOUNTS (Brokerage, Mutual Fund, Retirement Accounts)

Custodian	Ownership	Account Type	Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____
7. _____	_____	_____	\$ _____

8. _____ \$ _____

BUSINESS INTERESTS (LLC, Corporations, Partnerships, etc.)

	Name	Value	Purchase Date	Ownership Structure
1.	_____	\$ _____	_____	_____
2.	_____	\$ _____	_____	_____
3.	_____	\$ _____	_____	_____
4.	_____	\$ _____	_____	_____

Do you plan to use these assets to help fund retirement? _____

When do you plan to sell these assets? _____

REAL ESTATE INVESTMENT PROPERTY

	Name	Value	Purchase Price	Acquisition Date	Ownership Structure
1.	_____	\$ _____	\$ _____	_____	_____
2.	_____	\$ _____	\$ _____	_____	_____
3.	_____	\$ _____	\$ _____	_____	_____
4.	_____	\$ _____	\$ _____	_____	_____

Do you plan to use these assets to help fund retirement? _____

When do you plan to sell these assets? _____

LIABILITIES (Please include copies of all statements)

	Name	Original Balance	Origination Date	Interest Rate	Current Balance	Monthly Payment
1.	_____	\$ _____	_____	_____ %	\$ _____	_____
2.	_____	\$ _____	_____	_____ %	\$ _____	_____
3.	_____	\$ _____	_____	_____ %	\$ _____	_____
4.	_____	\$ _____	_____	_____ %	\$ _____	_____
5.	_____	\$ _____	_____	_____ %	\$ _____	_____

Is there anything else we should know about these liabilities? For example, are you planning to make any additional principal payments or balloon payment? Is the interest rate or the repayment of principal variable on any of these loans? _____

INSURANCE COVERAGE

	Client Coverage	Annual Premium	Insurance Company
Health	_____	\$ _____	_____
Life	_____	\$ _____	_____
Homeowners	_____	\$ _____	_____
Auto	_____	\$ _____	_____
Long Term Care	_____	\$ _____	_____

	Spouse Coverage	Annual Premium	Insurance Company
Health	_____	\$ _____	_____
Life	_____	\$ _____	_____
Homeowners	_____	\$ _____	_____
Auto	_____	\$ _____	_____
Long Term Care	_____	\$ _____	_____

Have you ever been declined for insurance? If yes, explain why: _____

ESTATE PLANNING

	Client	Spouse
Do you have a Will or Revocable Trust?	_____	_____
When was it executed?	_____	_____
Do you have a situation that requires a Special Needs and/or Asset Protection Trust?	_____	_____
Do you have a Durable Power of Attorney?	_____	_____
Do you have a Medical Power of Attorney?	_____	_____
Do you anticipate receiving an inheritance?	_____	_____
What is the estimated amount?	_____	_____

GIFT GIVING OBJECTIVES

Do you have any plans for gifts to your relatives or others during your lifetime? If yes, please provide details:

Which charities, if any, would you like to donate to? Do you have any specific thoughts on how you would like to fund these contributions?

EDUCATION PLANNING

Do you plan to set aside funds for your children's education? _____

Do you have any investment accounts in place already for your children's education? If so, please provide detail:

- | | | | |
|-----------------|-------|----------------------|-------|
| 1. Child's Name | _____ | Amount Set Aside: \$ | _____ |
| 2. Child's Name | _____ | Amount Set Aside: \$ | _____ |
| 3. Child's Name | _____ | Amount Set Aside: \$ | _____ |
| 4. Child's Name | _____ | Amount Set Aside: \$ | _____ |

PROFESSIONAL ADVISORS

1. Lawyer: _____
Company/Address _____
Telephone _____ Email: _____

2. Accountant: _____
Company/Address _____
Telephone _____ Email: _____

3. Insurance: _____
Company/Address _____
Telephone _____ Email: _____

Today's Date _____