

Jacob J. Reid

Life Planning Strategist™

Financial Planning Questionnaire



CAPITAL INSIGHT

FINANCIAL GROUP

Freedom to be Inspired®

jreid@capitalinsightfg.com | www.capitalinsightfg.com

2021 Las Positas Court, Suite 165, Livermore, CA 94551

Phone: 925-449-7830 | Fax: (925) 449-0598

CA Insurance License #0H05483

Securities & Investment Advisory services offered through **Osaic Wealth, Inc.** member FINRA & SIPC.
Capital Insight Financial Group and **Osaic Wealth** are separate owned entities
and products or services referenced here are independent of **Osaic Wealth**.



Personal Information

1. _____

Title	First Name	Last Name	Date of Birth	Social Security #	Gender
Home Phone #	Business Phone #	Cell Phone #	Email Address		
Street	City	State	Zip		

2. _____

Title	First Name	Last Name	Date of Birth	Social Security #	Gender
Home Phone #	Business Phone #	Cell Phone #	Email Address		
Street	City	State	Zip		

Dependents

1. _____

Relation & Dependent

Title	First Name	Last Name	Date of Birth	Social Security #	Gender
Street	City	State	Zip		

2. _____

Relation & Dependent

Title	First Name	Last Name	Date of Birth	Social Security #	Gender
Street	City	State	Zip		

Notes



Professional Advisors

1. Financial Advisor

First Name	Last Name	Business Phone #	Email Address
Street	City	State	Zip

2. CPA – Tax Preparer

First Name	Last Name	Business Phone #	Email Address
Street	City	State	Zip

3. Estate/Trust Attorney

First Name	Last Name	Business Phone #	Email Address
Street	City	State	Zip

4. Property Casualty Insurance Agent

First Name	Last Name	Business Phone #	Email Address
Street	City	State	Zip

Notes



General Information

What are your hobbies, areas of interest, clubs and associations you participate in?

Is there anyone that may become financially dependent on you in the future?

When you think about money, what keeps you awake at night?

Is there anyone else that you look to for financial advice?

At the end of this process, what would you feel is a successful outcome?

Children's Education

Is it your goal for your children to attend college? Yes No

Public In-State Public Out-of-State Private

Do you currently have funds or accounts specifically set aside for education? Yes No

Notes



Estate Planning

Do you have a living trust? Yes No If yes, date signed _____

Do you have wills? Yes No

Do you and your spouse have durable powers of attorney for health? Yes No

Do you and your spouse have durable powers of attorney for financial matters? Yes No

What is your ultimate goal for the distribution of your wealth?

Inheritance to children / grandchildren _____ Charitable purposes during lifetime _____

Charitable purposes after death _____

Is your estate valuation over 5.5 Million?

Have you taken any steps to avoid estate taxes (life insurance trust, annual gifting, etc.)?

Estate / Retirement / Trust Beneficiaries

Name	Relation	Percentage

Name	Relation	Percentage

Name	Relation	Percentage

Notes



Retirement Planning

Most Desired Retirement Age _____

Acceptable Retirement Age _____

Desired pre-tax monthly income \$ _____ \$ _____

Acceptable pre-tax monthly income \$ _____ \$ _____

Which of the following might be included in your plans?

Relocation: Sell home to purchase another? _____

Purchase vacation home? _____ Time share? _____

Work part-time? _____ Full-time / new career path? _____

Travel? _____ Are travel funds included in desired income? _____

Other _____

Retirement Income Sources

Are you eligible for Social Security? Yes No Yes No

Currently Receiving Benefits Yes No Yes No

Amount Receiving \$ _____ \$ _____

Pension Income Description

		Pre-Tax Amount	
Whose Pension: _____	Description _____	\$ _____	/month
Will this amount inflate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Survivor Benefit: _____	%	
Whose Pension: _____	Description _____	\$ _____	/month
Will this amount inflate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Survivor Benefit: _____	%	

Notes



Employer & Income Information

1. _____

Family Member	Employer Name	Title	Years Employed
Occupation & Brief Description			
Street	City	State	Zip
Monthly Pre-Tax Income	Annual Pre-Tax Income	Pension or Retirement Account	

2. _____

Family Member	Employer Name	Title	Years Employed
Occupation & Brief Description			
Street	City	State	Zip
Monthly Pre-Tax Income	Annual Pre-Tax Income	Pension or Retirement Account	

Current Annual Household Income (gross) / Insurance Coverages

Please provide a copy of most recent year's tax returns and employer pay stubs

- Under \$50,000
 \$50,001 to \$74,999
 \$75,000 to \$99,999
 \$100,000 to \$150,000
 \$150,001 to \$200,000
 \$200,001 and over

Health Insurance: Group coverage through employer _____ Private provider _____

Disability Insurance: Group coverage through employer _____ Private provider _____

Life Insurance:

Company	Insured	Beneficiary	Start Date	Expires	Death Benefit	Cash Value	Annual Premium
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

Long Term Care Insurance

Company	Insured	Daily Benefit	Current Period	Premium
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____



Real Estate & Lifestyle Assets

1.

Description	Type: Residence / Rental	Purchase Date	Purchase Amount
Address		Market Value	Valuation Date
Property Tax	Frequency		

2.

Description	Type: Residence / Rental	Purchase Date	Purchase Amount
Address		Market Value	Valuation Date
Property Tax	Frequency		

Mortgage Information

Information regarding your home and / or other real estate holdings:

Original cost of your home \$ _____

Estimate of today's market value \$ _____

How is the property titled? _____

Current mortgage balance \$ _____ Original loan amount \$ _____

Interest rate _____ % Fixed _____ Variable _____ # of Years _____

Monthly payment \$ _____ Date of first payment _____

Is property tax and home insurance wrapped into mortgage? Yes No

Second Mortgage / Credit Line? Yes No

Interest Rate _____ % Amount \$ _____ Monthly Payment \$ _____

For rental or other real estate holdings, please provide similar information on a separate sheet.

Notes



Liabilities

1. Auto Loan

Liability Name:	Amount	Interest Rate	Payment Type
Payment Frequency	Amortization (Years)	Principal Amount	Start Date End Date
Linked to Asset			

2. Equity Line

Liability Name:	Amount	Interest Rate	Payment Type
Payment Frequency	Amortization (Years)	Principal Amount	Start Date
Linked to Asset			

3. Credit Cards

Liability Name:	Amount Owed	Interest Rate	Payment Amount
Payment Frequency			

4. Credit Cards

Liability Name:	Amount Owed	Interest Rate	Payment Amount
Payment Frequency			

5. Misc.

Liability Name:	Amount	Interest Rate	Payment Type
Payment Frequency	Amortization (Years)	Principal Amount	

Notes



Investment Accounts and Bank Accounts

1. Table with columns: Description, Account Type, Owner. Sub-rows for Market Value \$, Date of Value, Cost Basis (If Known)

2. Table with columns: Description, Account Type, Owner. Sub-rows for Market Value \$, Date of Value, Cost Basis (If Known)

3. Table with columns: Description, Account Type, Owner. Sub-rows for Market Value \$, Date of Value, Cost Basis (If Known)

4. Table with columns: Description, Account Type, Owner. Sub-rows for Market Value \$, Date of Value, Cost Basis (If Known)

5. Table with columns: Description, Account Type, Owner. Sub-rows for Market Value \$, Date of Value, Cost Basis (If Known)

6. Table with columns: Description, Account Type, Owner. Sub-rows for Market Value \$, Date of Value, Cost Basis (If Known)

7. Additional Assets (Property, Items of significant value)

Description

Notes

Empty rectangular box for notes



Cash Flow Worksheet

General Living Expenses:	Monthly	General Living Expenses:	Monthly
House Payment	\$ _____	Hobbies/Entertainment	\$ _____
Utilities - Energy (PG&E)	\$ _____	Associations/Clubs	\$ _____
Utilities - Water	\$ _____	Dues/Subscriptions	\$ _____
Utilities - Internet/Cable	\$ _____	Personal/Clothing/Beauty	\$ _____
Utilities - Phone	\$ _____	Allowances	\$ _____
Home Maintenance	\$ _____	Pets	\$ _____
Cleaners/Domestic Help	\$ _____	Donations/Tithe	\$ _____
Household Purchases	\$ _____	Gifts/Birthday/Christmas	\$ _____
Property Tax (Annual)	\$ _____	Vacations	\$ _____
House Insurance (Annual)	\$ _____	Medical (Premiums & Co-payments)	\$ _____
Umbrella Policy (Annual)	\$ _____	Dental (Premiums & Co-payments)	\$ _____
Food, Groceries	\$ _____		\$ _____
Restaurant (Eating Out)	\$ _____		\$ _____
Car Loan	\$ _____		\$ _____
Car Insurance (Annual)	\$ _____		\$ _____
Auto Maintenance (Gas, Oil, Repairs)	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

Notes



Financial Information

Please provide copies of the documents listed below (to ensure accuracy of plan results)

- _____ Federal and State Income Tax Returns (most recent)
- _____ Current Pay Stub
- _____ Personal Financial Statement (If available)
- _____ Most Recent Bank and Brokerage Account Statements
- _____ Retirement Plan Statement (401(k), 403(b), etc.)
- _____ Retirement Plan – List of Investment Options
- _____ Social Security Statements
- _____ Trust Documents (as Grantor or Beneficiary)
- _____ Will(s)
- _____ Pension Fund Information
- _____ Life and Long Term Care Insurance Policies
- _____ Cash Value Life Insurance Current Statement of Values
- _____ Disability Insurance Policies & Current Statement
- _____ Group and Individual Accident & Health Insurance Policies
- _____ Pro / Post Nuptial Agreements
- _____ Other _____

Notes