



FINANCIAL PLANNING QUESTIONNAIRE

DATE

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American Institute of Certified Public Accountants, Illinois CPA Society &
Association of Certified Anti-Money Laundering Specialists
AICPA certified Personal Financial Specialist
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DOCUMENT CHECKLIST

The following documents are required in order to accurately complete your Financial Plan. Please provide us only with those documents that are applicable to your Financial situation. Strict confidentiality will be maintained.

INVESTMENTS

Most Recent:

- Bank Statements(s)
- Brokerage and mutual fund statement(s) (Please be sure to include the cost basis of all assets which is found on original confirms or statements).
- Annuity Statement(s)
- Annual statement(s) from partnership interests
- Description of investment alternatives for company retirement plans
- Loan and mortgage statement(s)
- Balance sheet from closely held business you own

RETIREMENT PLANNING

Most Recent:

- IRA, Keogh, TSA, 401(K), Profit Sharing, company savings plan statement(s)
- Employee benefit summary
- Employee benefit booklet
- Deferred compensation and stock option agreements

RISK MANAGEMENT

Most Recent:

- Life insurance policies and annual statements
- Disability insurance declarations page
- Health insurance declarations page
- Auto insurance declarations page
- Homeowners insurance declarations page
- Excess or Umbrella insurance declarations page

TAX PLANNING

- State and Federal returns for the last 2 years
- Most recent 2 paycheck stubs

ESTATE PLANNING

- Will and Trust documents
- Divorce settlements, separation agreements, nuptial agreements
- Buy/Sell agreements
- Statement(s) of assets of which you are custodian for
- Trust statement(s) of which you are a beneficiary

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Personal Information

Use this section to give personal and business information about yourself, your spouse, and your children. If you are not married, fill in only the information that applies to you.

You and Your Spouse

	You	Your Spouse
First name	_____	_____
Middle name	_____	_____
Last name	_____	_____
Preferred name	_____	_____
Social Security number	_____	_____
Date of birth	_____	_____
Home street address	_____	

City, State, Zip Code	_____	

Home phone number	() _____	
Fax number	() _____	

Business Information

Occupation/Title	_____	_____
Employer	_____	_____
How Long Employed	_____	_____
Business street address	_____	

City, State, Zip code	_____	
Business telephone	() _____	() _____
Fax number	() _____	() _____

Marital status Married Single Divorced Widowed

Your Children or Dependents

	Name	Date of Birth	Dependent for Tax Purposes	
Child 1	_____	_____	Y	N
Child 2	_____	_____	Y	N
Child 3	_____	_____	Y	N
Child 4	_____	_____	Y	N
Child 5	_____	_____	Y	N
Child 6	_____	_____	Y	N
Child 7	_____	_____	Y	N
Child 8	_____	_____	Y	N

Personal Assets and Additional Liabilities

Personal Assets

List all personal assets of significant value. These can include your residence, automobiles, furnishings, vacation homes, jewelry, and other items.

For each asset, we need to know the owner, and for each liability, we need to know the debtor. Please use the codes below to designate the owner and debtor of each asset.

Owner and Debtor	CL	You (the Client)
	SP	Your Spouse
	CP	Community property (see below)
	JT	Joint property (see below)
Spouse	CLJT	Your (the Client's) joint property with someone other than your
	SPJT	Your Spouse's joint property with someone other than you
	CLTR	Revocable trust - Client is grantor
	SPTR	Revocable trust - Spouse is grantor
	CPTR	Revocable trust with community property
	JTRR	Revocable trust with joint property
Type	TR	Property permanently placed in trust (irrevocable)
	OTH	Owned by others, such as your children

Certain states treat the property of a married couple as community property; other treat it as joint property. During your marriage, any property you acquire in a community-property state (such as California) generally receives the legal classification of *community property*. Generally, property you acquire together in a non-community-property state is *joint property*.

Related Liabilities

Note any loans related to your personal assets, for example, a home mortgage or car loan. Do not deduct the loan balance or payments from the asset's value or cash flow. We will calculate those for you.

Original Term	Term of the loan in months
Interest Rates	If you have any loans with variable interest rates, please make a note on the blank line following the Additional Liabilities section.

Additional Liabilities

List any additional liabilities not entered in the Personal Assets section. Please include installment loans, lines of credit, brokerage margin loans, and any other debts not previously listed, including loans against life insurance policies.

Original Term	Term of the loan in months
Interest Rates	If you have any loans with variable interest rates, please make a note on the blank line following the Additional Liabilities section.

Personal Assets and Additional Liabilities

Personal Assets

	Name	Owner	Type	Date Acquired	Purchase Cost	Current Value	Annual Property or Excise Taxes
1.	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
2.	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
3.	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
4.	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
5.	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
6.	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

Related Liabilities

	Original Balance	Origination Date	Original Term	Interest Rate	Current Balance	Monthly Payment (excluding taxes & insurance)
Asset 1.	\$ _____	_____	_____	_____ %	\$ _____	\$ _____
Asset 2.	\$ _____	_____	_____	_____ %	\$ _____	\$ _____
Asset 3.	\$ _____	_____	_____	_____ %	\$ _____	\$ _____
Asset 4.	\$ _____	_____	_____	_____ %	\$ _____	\$ _____
Asset 5.	\$ _____	_____	_____	_____ %	\$ _____	\$ _____
Asset 6.	\$ _____	_____	_____	_____ %	\$ _____	\$ _____

Additional Liabilities

	Name	Type	Debtor	Original Balance	Origination Date	Original Term	Interest Rate	Current Balance	Monthly Payment
1.	_____	_____	_____	\$ _____	_____	_____	_____ %	\$ _____	\$ _____
2.	_____	_____	_____	\$ _____	_____	_____	_____ %	\$ _____	\$ _____
3.	_____	_____	_____	\$ _____	_____	_____	_____ %	\$ _____	\$ _____

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

NOTE: Please do not list your bank or brokerage accounts here. We will glean necessary information off the statements you provide us.

Insurance

Use this section to provide information about your life insurance policies. Whenever a dollar amount is requested, please fill in the *annual amount*, unless you are specifically informed otherwise.

Life Insurance

You will find most of the information you need on the Coverage Selections page for each of your life insurance policies.

Policy	The name of the insurance policy, insurance company, or policy number.	
Type	TM UN WL OTH	Term Universal life Whole life Other life insurance
Owner and Debtor	CL SP FAM EMP OTH JT CP CLTR SPTR CLX SPX	You (the Client) Your Spouse Family members (other than spouse) Employer or Business Others Jointly-owned policy Community property policy Trust included in Client estate Trust included in Spouse estate Transferred by Client within 3 years Transferred by Spouse within 3 years
Beneficiary	CL SP SPN FAM EMP OTH TRA TRN	You (the Client) or your estate Your Spouse or your Spouse's estate Your Spouse, but not available to survivors Family members Employer or Business Others Trust available to survivors Trust not available to survivors

Policy Loans

Note any loans against these policies. Do not duplicate any information you provided on Page 4.

I have enclosed my policies/statements and would like you to fill out this section with me.

If you checked the above box, do not complete the next page.

Life Insurance

Policy	Type	Who Is Insured?	Policy Owner	Beneficiary	Face Value of Policy	Cash Surrender Value	Annual Premium
1. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

Policy Loans

	Balance	Origination Date	Interest Rate
Policy 1.	\$ _____	_____	_____
Policy 2.	\$ _____	_____	_____
Policy 3.	\$ _____	_____	_____
Policy 4.	\$ _____	_____	_____

OFFICE USE ONLY

Riders

	Disability Waiver		Accidental Death		Guaranteed Insurable		Family Income		Disability Income Provided	
	Y	N	Y	N	Y	N	Y	N	Y	N
Policy 1.	Y	N	Y	N	Y	N	Y	N	Y	N
Policy 2.	Y	N	Y	N	Y	N	Y	N	Y	N
Policy 3.	Y	N	Y	N	Y	N	Y	N	Y	N
Policy 4.	Y	N	Y	N	Y	N	Y	N	Y	N

Is there anything else we should know about these policies? If you have any policies owned by trusts or payable to trusts, please provide the details, or enclose a copy of the trust document.

Cash Flow

Income

Use this section to provide information about your income. Please do not include any amounts that you entered in the Assets and Liabilities or Insurance sections.

Employment Income	Your annual gross income, including wages, salaries, commissions, etc.
Other Employment Income	A second source of taxable income, such as a bonus, or a second job.
Consulting/Director's Fees	Income that is subject to self-employment tax.
Social Security Benefits	Under the Current column, enter your annual Social Security income, if applicable.
Deferred Compensation/ Other Income	Continued pay that you will receive after you stop working.

Cash Flow

Income

Client	Current	Growth Rate	At Retirement	At Spouse's Death	At Spouse's Disability
Employment income	\$ _____	_____ %	\$ _____	\$ _____	\$ _____
Other employment income	\$ _____				
Percent of income subject to FICA*	_____ %				
Consulting/director's fees	\$ _____				
Social Security benefits	\$ _____	_____ %	_____ %	_____ %	_____ %
Deferred comp./other income			\$ _____	\$ _____	\$ _____
For how many years?			_____	_____	_____
Yearly growth rate?			_____ %	_____ %	_____ %
Other taxable income	\$ _____		Source: _____		
Other nontaxable income	\$ _____		_____		

***Social Security Taxes**

Spouse	Current	Growth Rate	At Retirement	At Spouse's Death	At Spouse's Disability
Employment income	\$ _____	_____ %	\$ _____	\$ _____	\$ _____
Other employment income	\$ _____				
Percent of income subject to FICA	_____ %				
Consulting/director's fees	\$ _____				
Social Security benefits	\$ _____	_____ %	_____ %	_____ %	_____ %
Deferred comp./other income			\$ _____	\$ _____	\$ _____
For how many years?			_____	_____	_____
Yearly growth rate?			_____ %	_____ %	_____ %
Other taxable income	\$ _____		Source: _____		
Other nontaxable income	\$ _____		_____		

Do you have any other sources of income not listed above and not listed with your assets?

Do you expect any unusual fluctuations in these amounts? Is there anything else we should know about your income?

Have you sold any securities this year? If so, please provide name of security, date sold, number of shares sold, proceeds and cost of stock so we may compute any gains or losses.

Cash Flow

Expenses

Use this section to provide information about committed expenses (this is, expenses that you cannot easily change) as well as discretionary expenses. Please **do not** include any items that you listed with your assets and insurance policies, including:

- Mortgage payments
- Property taxes
- Other loan payments
- Insurance premiums

Please do not enter any amounts twice, for example, under two categories of expenses. Do not adjust any of these expenses to account for tax deductions. We will compute the tax deductible portion for you.

Cash Flow

Expenses

Committed Expenses

Housing

Mortgage (entered in Assets section)
 Rent \$ _____
 Utilities, fuel \$ _____
 Other housing costs \$ _____

Other Committed Expenses

Medical, dental care* \$ _____
 Prescription drugs \$ _____
 Education not listed on Page 11 \$ _____
 Telephone \$ _____
 Personal care \$ _____
 Alimony (End date _____) \$ _____
 Dependent care expenses \$ _____
 Business meals and travel \$ _____
 Other tax deductible: _____ \$ _____
 Other nondeductible: _____ \$ _____

Food, Clothing, Transportation

Groceries \$ _____
 Clothing, dry cleaning \$ _____
 Gas, oil, auto repair \$ _____
 Other Transportation \$ _____

***Expenses not covered by insurance. Exclude medical insurance premiums.**

Discretionary Expenses

Entertainment, dining out \$ _____
 Vacation, recreation \$ _____
 Charitable contributions \$ _____
 Gifts \$ _____
 Hobbies \$ _____
 Home improvements \$ _____
 Miscellaneous purchases \$ _____
 Other tax deductible: _____ \$ _____
 Other nondeductible: _____ \$ _____

Planned Investments

	<u>Client</u>	<u>Spouse</u>
Retirement plans (pre tax)	\$ _____	\$ _____
Retirement plans (after tax)	\$ _____	\$ _____
Other savings/investments	\$ _____	\$ _____

Are you planning any major purchases or expecting any unusual fluctuations in these amounts? Is there anything else we should know about your expenses?

Education Planning

This area is to provide information about your children's education needs. Please list all anticipated expenses as annual amounts *in today's dollars* (as if your children were attending school/college today). These will be used to analyze the amounts needed to cover their educational expenses.

If you have already set aside any assets to fund your children's education, please note them in the space provided below.

If you do not know the annual expenses, please indicate the university or college and we can compute the costs.

Name	Private School			College			Other Education		
	Annual Expenses	Age at First Yr.	No. of Years	Annual Expenses	Age at First Yr. of College	No. of Years	Expenses	Age at First Yr.	No. of Years
Child 1 _____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____
Child 2 _____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____
Child 3 _____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____
Child 4 _____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____
Child 5 _____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____
Child 6 _____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____
Child 7 _____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____
Child 8 _____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____

Saving for Your Children's Education

In what year do you plan to *begin* saving for your children's education? _____

In what year do you plan to *complete* the savings program? _____

At what rate would you like to increase your annual payments to the fund? _____%

What is the percent of education expenses paid by other sources (for example, scholarships, financial aid, summer or part-time jobs, etc.)? _____%

Is there any other information we should know about your plans for your children's education? What assets, if any, have been earmarked for education?

Supplemental Goals

Describe here any specific goals (other than education or retirement) that you would like to account for in your financial plan. These could be goals such as a vacation home, major purchase, home improvement, wedding, extended travel, or any other plan you would like to specifically fund. Amounts should be in today's dollars.

If you are planning to use any specific assets for these goals, please note below.

Description	Calendar Year of Goal	Amount	Year to Begin Saving	Year to End Saving
Goal 1 _____	_____	_____	_____	_____
Goal 2 _____	_____	_____	_____	_____
Goal 3 _____	_____	_____	_____	_____

Is there anything else we should know about these goals?

Personal Information

Use this section to give personal and business information about yourself, your spouse, and your children. If you are not married, fill in only the information that applies to you.

You and Your Spouse

	You	Your Spouse
First name	_____	_____
Middle name	_____	_____
Last name	_____	_____
Preferred name	_____	_____
Social Security number	_____	_____
Date of birth	_____	_____
Home street address	_____	

City, State, Zip Code	_____	

Home phone number	() _____	
Fax number	() _____	

Business Information

Occupation/Title	_____	_____
Employer	_____	_____
How Long Employed	_____	_____
Business street address	_____	

City, State, Zip code	_____	
Business telephone	() _____	() _____
Fax number	() _____	() _____

Marital status Married Single Divorced Widowed

Your Children or Dependents

	Name	Date of Birth	Dependent for Tax Purposes	
Child 1	_____	_____	Y	N
Child 2	_____	_____	Y	N
Child 3	_____	_____	Y	N
Child 4	_____	_____	Y	N
Child 5	_____	_____	Y	N
Child 6	_____	_____	Y	N
Child 7	_____	_____	Y	N
Child 8	_____	_____	Y	N