

QUESTIONNAIRE

Client(s)

Date

A to Z Financial Planning LLC
7071 South 13th Street, Suite 104
Oak Creek, WI 53154-1466

Laurie@a2zplanning.com
www.a2zplanning.com
Fax: 414-856-0100

414-856-9800



Laurie Aleksandrowicz
Multi-Year Five Star Wealth Manager Award Winner

Personal Information

Client

First name _____
Middle name/initial _____ Used: Yes _____ No _____
Last name _____
Street address _____
City/State/Zip _____
Landline telephone _____ Cell Phone _____
Work telephone _____
Best Time to call _____
Best Place to reach Home _____ /Cell _____ /Work _____ /E-mail _____ (check one)
Date of birth _____ State of Birth _____
Social Security _____
Employer _____
Occupation/Title _____
Smoker, Y/N _____
General health _____
U.S. Citizen, Y/N _____
Web Site _____
E-mail address _____
Drivers License # _____ Expiry Date _____ State _____

Second Person

First name _____
Middle name/initial _____ Used: Yes _____ No _____
Last name _____
Landline telephone _____ Cell Phone _____
Work telephone _____
Best Time to call _____
Best Place to reach Home _____ /Cell _____ /Work _____ /E-mail _____ (check one)
Date of birth _____ State of Birth _____
Social Security _____
Employer _____
Occupation/Title _____
Smoker, Y/N _____
General health _____
U.S. Citizen, Y/N _____
Web Site _____
E-mail address _____
Drivers License # _____ Expiry Date _____ State _____

Dependents/Heirs

First name	Initial	Last name	DOB	SS Number	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The purpose of this document is twofold:

- 1 **Clear Planning Objectives**
- 2 **Provide Accurate Data**

Planning Objectives

Fortunately, everyone is different. Therefore, our individual financial objectives differ. The following section provides a sample listing of possible objectives. Please circle YES/NO as appropriate and enlarge on any area that is important to you and requires additional explanation. If you have an objective not identified in this list, please use additional paper to explain your concern.

Estate and financial planning should always be done with your goals and objectives clearly in mind. If you have any goals that are not listed please write them at the bottom of this page.

Please circle the issues listed below that concern you.

- | | | | |
|----|---|-----|----|
| 1 | I want to create a consistent and comprehensive estate and retirement plan that includes my own health care plan. | YES | NO |
| 2 | I want to reduce estate and income taxes to the lowest possible level. | YES | NO |
| 3 | I want to plan for my elderly parents. | YES | NO |
| 4 | I want to avoid unnecessary placement in a nursing home by planning for in-home health care, if possible. | YES | NO |
| 5 | I want to protect my children from a failed marriage by preventing their divorced spouse from taking my child's inheritance. | YES | NO |
| 6 | I want to protect the inheritance of my minor or disabled children or grandchildren to ensure that the money will be used for their needs without court intervention. | YES | NO |
| 7 | I want to disinherit one or more of my children or other family members. | YES | NO |
| 8 | I want to plan for my grandchildren directly rather than have them receive their parent's share of my estate. | YES | NO |
| 9 | I want an estate plan that is flexible and can easily be changed as is necessary to accommodate my changing goals, objectives, and family situation. | YES | NO |
| 10 | I want to plan the transfer and survival of the family business to family members, trusted friend, or employee. | YES | NO |
| 11 | I want to ensure that my business is properly valued prior to its sale. | YES | NO |

- | | | | |
|----|---|-----|----|
| 12 | I want to sell my business, now or in the next 2 years and take advantage of all tax planning techniques. | YES | NO |
| | | | 3 |
| 13 | I want to start a new business and need to determine its form (LLC; C Corp, etc.). | YES | NO |
| 14 | I want to plan for a change of career, or a new career position in the same profession. | YES | NO |
| 15 | As part of the previous question, I want to plan for a distribution/rollover of a qualified plan, or retirement plans. | YES | NO |
| 16 | I want to ensure that my retirement assets are invested and managed in a manner that suits my long-term retirement objectives and risk tolerance. | YES | NO |
| 17 | I need help in managing my investment assets for one or more objectives. | YES | NO |
| 18 | I want to ensure that my spouse has the right to stay in our marital residence after I pass away. | YES | NO |
| 19 | I want to protect my children's inheritance in the event my surviving spouse chooses to remarry after my death. | YES | NO |
| 20 | I want to plan for a child with disabilities or special needs. | YES | NO |
| 21 | I want to plan for my children from a previous marriage. | YES | NO |
| 22 | I want to leave an endowment or other gift for my church or favorite charities. | YES | NO |
| 23 | I want to set aside money for the education of my children. | YES | NO |
| 24 | I want to set aside money for the education of my grandchildren. | YES | NO |
| 25 | I want to leave a part of my estate for my grandchildren. | YES | NO |
| 26 | I want to do charitable planning for philanthropic reasons. | YES | NO |
| 27 | I want to do charitable planning for increasing personal income. | YES | NO |
| 28 | I want to do charitable planning to reduce current and future income taxes. | YES | NO |
| 29 | I want to do charitable planning to reduce my gross estate to minimize on estate taxes | YES | NO |
| 30 | I want to plan for sufficient retirement assets to support me during retirement. | YES | NO |

- 31 I want to plan for an inheritance that I have received, or will soon receive. YES NO
- 32 I want to plan for risk management issues, such as life insurance, health insurance, disability insurance, etc. YES NO
4
- 33 I want to plan for the purchase of a business, a home, a college degree, or other significant expense. YES NO
- 34 I want to plan for suitable cash reserves to meet normal liquidity factors and for emergency needs. YES NO
- 35 I want to plan for: _____
- 36 I want to plan for: _____

Miscellaneous Additional Information:

Please provide your historical income information

Year	First Client Gross Income	First Client NET Income	Second Client Gross Income	Second Client NET Income
Current				
Previous				

What is your approximate net worth? \$ _____

If you found yourself without current income, how many months of current expenses could you cover with liquid assets?

- Less than 3 month 4 – 6 months 7 – 12 months
- 13-24 Months More than 24 months

Do you have long-term nursing home/home care insurance?

- Yes If yes, how much would your policy pay you per day \$ _____ No

What is your primary Purpose for investing? (Check all that apply. If more than one applies, estimate the percentage applicable to each Purpose).

- Retirement/Retirement Income _____%
- Education _____%
- Current Income (not retirement) _____%
- Long-term wealth accumulation (no specific goal) _____%

- | | | |
|--------------------------|---|--------|
| <input type="checkbox"/> | Estate (probably will not need during retirement) | _____% |
| <input type="checkbox"/> | Charitable giving | _____% |
| <input type="checkbox"/> | Major Purchase (home, automobile, etc.) | _____% |
| <input type="checkbox"/> | Emergency needs | _____% |

Note: Please provide copies of the last two years of your personal income tax returns 5

Important Estate Planning Questions

- | | | |
|---|-----|----|
| 1. Have you or your spouse ever prepared a Will? | YES | NO |
| a. When was the document executed? _____ | | |
| b. Have you prepared powers of attorney and a living will? | YES | NO |
| 2. Have you or your spouse ever prepared a Revocable or Irrevocable Trust? | YES | NO |
| a. When was the document executed? _____ | | |
| b. Is it funded? ¹ _____ | | |
| c. When was the document last reviewed? _____ | | |
| 3. Do any of your children receive government support or benefits because of a disability or handicap? | YES | NO |
| 4. Do any of your children/beneficiaries have special educational, medical, or physical needs? | YES | NO |
| 5. Do you have any adopted children? | YES | NO |
| 6. Are you or your spouse receiving social security, disability, or other Governmental benefits? | YES | NO |
| 7. Have you and your spouse ever signed a pre- or post-marital agreement? | YES | NO |
| 8. Have either you or your spouse ever been widowed or divorced | YES | NO |
| 9. Have you and your spouse, during marriage, lived in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin?(Circle) | YES | NO |
| 10. Do you or your spouse have children from a previous marriage? | YES | NO |
| 11. Have you or your spouse ever filed a federal or state gift tax return? | YES | NO |

Funding means having physically transferred the ownership of ALL your assets into the name of the trust

The second part of this document is to provide the planning team with accurate data. Please provide a copy of all recent statements for all assets, including banking, investment, retirement and insurance, including life and disability. This procedure will accurately detail ownership, provide other important information, and will ensure that possible errors are minimized. It will also save you time, because in order to complete this data, you will probably have to locate the statements. On receipt of this information, a Statement of Financial Position will be prepared for your review. It should be examined closely, compared to this data and errors noted.

Cash and Cash Equivalents

Institution	Owner	Rate of Return	Account Value	IRA Y/N
-------------	-------	----------------	---------------	---------

Checking Accounts

Savings Accounts

Money Market Accounts

Certificates of Deposit

Important Note:

As an alternative for simplifying the data gathering, copy recent statements provided by the financial institution and enclose with this inventory. 7

Variable Assets

Company	Shares	Purchase Price	Purchase Date	Owner	Current Value	IRA Y/N
----------------	---------------	-----------------------	----------------------	--------------	----------------------	----------------

Stocks

Bonds

Mutual Funds

Limited Partnerships

Important Note:

As an alternative for simplifying the data gathering, copy recent statements provided by the financial institution and enclose with this inventory. Also, note any securities that are NOT held in a brokerage account (I.E. You hold the certificate(s)). In addition, note any securities held with a trust company in a Dividend Reinvestment program.

Retirement Plans

Type	Institution	Annual Additions Client	Annual Additions Employer	Owner	Current Value

Annuities

Insurance Company	Owner	Annuitant	Type (Fixed, variable or indexed)	Market Value

Personal Assets

Asset	Owner	Description	Lien Y/N	Market Value
Residence				
Other real estate				
Other real estate				
Non-income property				
Non-income property				
Auto				
Auto				

Auto				
Boat				
RV				
Aircraft				
Collectibles				
Other property assets				

Important Note:

As an alternative for simplifying the data gathering, copy recent statements provided by the financial institution and enclose with this inventory.

Additional Assets

Do you own any of the following items? If YES, provide values and *ownership* details

- Business interest in a corporation, partnership, LLC or sole proprietorship
- Promissory notes
- Farm or ranch interests
- Oil, gas or mineral interests
- Anticipated inheritance, gift or lawsuit judgment
- Collectible items such as coins or stamps
- An other property not previously itemized

Liabilities

Purpose	Present Balance	Original Balance	Rate (%)	Term years	Annual Payment
Mortgage					
Mortgage (2)					
Home Equity Loan					
Auto (1)					
Auto (2)					
Credit Card Debt					
Other					

Important Note:

As an alternative for simplifying the data gathering, copy recent statements provided by the financial institution and enclose with this inventory

Risk Management

Life Insurance

Insurance Company	Owner	Insured	Type (Whole Life, Term, UL, VUL)	Face Amount	Cash Value	Annual Premium

Disability Insurance

Insurance Company	Owner	Insured	Amount Of Benefit	Waiting Period	Annual Premium

Note: Include employer-sponsored group insurance

Long-Term Care Insurance

Insurance Company	Owner	Insured	Amount Of Benefit	Waiting Period	Annual Premium

Important Note:

As an alternative for simplifying the data gathering, copy recent statements provided by the financial institution and enclose with this inventory.