



**COPPER LEAF**  
**FINANCIAL**

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**CONFIDENTIAL**

**FINANCIAL PLANNING QUESTIONNAIRE**

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## Getting Started

Any advice or recommendations will be based on the information you provide. Incomplete or inaccurate information will negatively impact results. We realize that we may request more information than other planners, but the extra time that you invest will help us develop a more complete picture. All information provided is in the strictest confidence.

When you have completed the questionnaire, please return it to us at least 2 days prior to your appointment. Please also review a copy of our ADV Part 2 and Privacy Policy on our website at [www.copperleaffinancial.com/legal-disclaimer.html](http://www.copperleaffinancial.com/legal-disclaimer.html)

In addition to completing this questionnaire, please bring the following documents to our meeting:

- Previous two year's tax returns—federal & state (if not current D&H clients).
- Current paystubs, bonus awards.
- Latest bank, HSA, investment, CDs, mutual fund and/or brokerage statements (all pages).
- Latest mortgage, home equity loan, etc. statements.
- Latest 401k, 403b, IRA statements, or other retirement account statements (all pages).
- Wills and/or Trusts and Power of Attorney
- Current employee benefits statements, summaries and descriptions, including pension plan descriptions if you have a pension.
- Stock grant, award or option statements, deferred comp statements.
- Social Security statements. ([www.ssa.gov](http://www.ssa.gov))

## PERSONAL DATA

### **Basic Information:**

### **Client 1**

### **Client 2**

Legal Name:		
Date of Birth:		
Street Address:		
City, State & Zip:		
Phone #:		
Email Address:		
Interests / Hobbies		

### **Important Relationships (Children, grandchildren or other)**

Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____



## AVERAGE LIVING EXPENSES

Complete the information below or provide us with your own detailed breakdown of your current monthly/yearly living expenses. Be sure to include payments made annually.

	<u>MONTHLY</u>	or	<u>ANNUALLY</u>
Home (rent or mortgage payment)	_____		_____
Property Tax	_____		_____
Utilities (water, electric, heat)	_____		_____
Phones, Internet and Cable	_____		_____
Home Maintenance / Improvements	_____		_____
Homeowners/Auto/ Umbrella Insurance	_____		_____
Automobile Lease / Payments	_____		_____
Automobile Fuel / Gas	_____		_____
Automobile (repair, maintenance, etc.)	_____		_____
Food – Groceries	_____		_____
Food – Dining Out	_____		_____
Healthcare Insurance Premium	_____		_____
Healthcare Out of Pocket (deductible, etc.)	_____		_____
Personal Care (haircuts, gym, etc.)	_____		_____
Child Care (education, sports, camp, etc.)	_____		_____
Clothing / Shopping	_____		_____
Entertainment/Hobbies	_____		_____
Holiday & Gifting	_____		_____
Vacation / Travel	_____		_____
Charitable Donations	_____		_____
Pet Care (food, vet, grooming, boarding, etc.)	_____		_____



## EMPLOYMENT / INCOME DATA

**Basic Information:**

**Client 1**

**Client 2**

Employer Name: \_\_\_\_\_

Occupation/Job Title: \_\_\_\_\_

# of Years Employed at this Company: \_\_\_\_\_

Gross Annual Salary: \_\_\_\_\_

Annual Bonus: \_\_\_\_\_

Company Phone #: \_\_\_\_\_

Company Address: \_\_\_\_\_

**Employment / Income Details: (Client 1)**

- Do you have an Employer Sponsored Retirement Plan?    **YES / NO**    (check one)
  - o If Yes, what % of salary are you contributing? \_\_\_\_\_% Company Match: \_\_\_\_\_%
- In addition to a retirement plan, how much are you saving on a monthly basis? \$ \_\_\_\_\_
- Is there an additional amount you wish to save?    **YES / NO**    (check one)
  - o If Yes, please describe: \_\_\_\_\_
- Do you receive any other income (ex: Rental, Trust, etc.)?    **YES / NO**    (check one)
  - o If Yes, please describe: \_\_\_\_\_

**Employment / Income Details: (Client 2)**

- Do you have an Employer Sponsored Retirement Plan?    **YES / NO**    (check one)
  - o If Yes, what % of salary are you contributing? \_\_\_\_\_% Company Match: \_\_\_\_\_%
- In addition to a retirement plan, how much are you saving on a monthly basis? \$ \_\_\_\_\_
- Is there an additional amount you wish to save?    **YES / NO**    (check one)
  - o If Yes, please describe: \_\_\_\_\_
- Do you receive any other income (ex: Rental, Trust, etc.)?    **YES / NO**    (check one)
  - o If Yes, please describe: \_\_\_\_\_



## PERSONAL / BUSINESS ADVISORS

**Attorney Name & Company:** \_\_\_\_\_ **Years associated with:** \_\_\_\_\_

**Accountant Name & Company:** \_\_\_\_\_ **Years associated with:** \_\_\_\_\_

**Stockbroker Name & Company:** \_\_\_\_\_ **Years associated with:** \_\_\_\_\_

**Insurance Agent Name & Company:** \_\_\_\_\_ **Years associated with:** \_\_\_\_\_

## NET WORTH

### Investment Type

	<u>Current Value</u>	<u>Annual Addition</u>
Primary Residence	_____	_____
Other RealEstate	_____	_____
Bank Accounts / CD's	_____	_____
HSA	_____	_____

### Retirement Accounts

IRA's	_____	_____
Roth IRA's	_____	_____
401(k)/403(b)	_____	_____
Annuities	_____	_____

### Investments

Taxable/Brokerage	_____	_____
Other	_____	_____

### LIABILITIES

<u>VALUE</u>	<u>RATE</u>	<u>TERM</u>	<u>MONTHLY PYMT</u>	<u>C1/C2/Joint</u>
Mortgage	\$ _____	_____ %	_____ Months	_____
HELOC	\$ _____	_____ %	_____ Months	_____
AutoLoan	\$ _____	_____ %	_____ Months	_____
StudentLoan	\$ _____	_____ %	_____ Months	_____
CreditCard	\$ _____	_____ %	_____ Months	_____
Other	\$ _____	_____ %	_____ Months	_____

## PROPERTY AND CASUALTY INSURANCE POLICIES

**Homeowners Company:** \_\_\_\_\_ **Premium:** \$ \_\_\_\_\_ **Last Reviewed** \_\_\_\_\_

**Umbrella Company:** \_\_\_\_\_ **Premium:** \$ \_\_\_\_\_ **Last Reviewed** \_\_\_\_\_

**Auto #1 Company:** \_\_\_\_\_ **Premium:** \$ \_\_\_\_\_ **Last Reviewed** \_\_\_\_\_

**Auto #2 Company:** \_\_\_\_\_ **Premium:** \$ \_\_\_\_\_ **Last Reviewed** \_\_\_\_\_



## LIFE INSURANCE POLICIES

Name of Insured	Plan Type <small>(Whole Life/Term/Variable)</small>	Company	Cash Value <small>(if any)</small>	Death Benefit <small>(\$)</small>	Premium <small>(Annual \$)</small>
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## DISABILITY INSURANCE POLICIES

Name of Insured	Company	Monthly Benefit	Waiting Period	Cost of Living % Increase	Premium <small>(Annual \$)</small>
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## LONG TERM CARE INSURANCE POLICIES

Name of Insured	Company	Benefit <small>(Daily/Monthly Benefit &amp; Benefit Period)</small>	Premium <small>(Annual \$)</small>
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Does it cover home health care? **YES** / **NO** (circle one)

Cost of living increase? **YES** / **NO** (circle one) % \_\_\_\_\_

## ESTATE PLANNING

### Wills & Trusts:

### Client 1

### Client 2

Who drafted your estate plan? \_\_\_\_\_

Do you have a Will? **YES** / **NO**                      **YES** / **NO**                      (check one)

What date was it executed? \_\_\_\_\_

In what State? \_\_\_\_\_

Last date Reviewed? \_\_\_\_\_

Have you established any trusts?

    Revocable                      **YES** / **NO**                      **YES** / **NO**                      (check one)

    Irrevocable                      **YES** / **NO**                      **YES** / **NO**                      (check one)

    Charitable                      **YES** / **NO**                      **YES** / **NO**                      (check one)



Do you have an Advanced Directive?    **YES / NO**                    **YES / NO**                    (check one)

Do you have Durable Power of Attorney for the following categories?

Healthcare?                                **YES / NO**                    **YES / NO**                    (check one)

Finance?                                    **YES / NO**                    **YES / NO**                    (check one)

Physical Location of Original Wills, POA, Trusts, etc.: \_\_\_\_\_

Do you anticipate any inheritances in the near future?

**YES / NO**                    **YES / NO**                    (check one)

If Yes, From Whom?                    \_\_\_\_\_

If Yes, What Amount?                    \_\_\_\_\_



# FINANCIAL PLANNING GOALS & OBJECTIVES

The following goals and objectives are the ones most often mentioned by our clients. Prioritize your top 5 goals in order of importance on the right side, with #1 being the most important goal. Make additional comments where appropriate or in the notes below.

	<b>Priority</b>	
	<b>Client 1</b>	<b>Client 2</b>
Minimize current income tax .....	_____	_____
Fund college expenses .....	_____	_____
Know how my money is invested.....	_____	_____
Arrange financial affairs for more convenient management .....	_____	_____
Align my investments with my values (SRI/ESG*) .....	_____	_____
Select appropriate investments for retirement funds .....	_____	_____
Assure adequate retirement income for as long as needed .....	_____	_____
Determine how, where and when to draw retirement income .....	_____	_____
Plan for the sale or transfer of a business .....	_____	_____
Establish or review my estate plan (wills, trusts, power of attorney, etc.) .....	_____	_____
Reduce estate taxes .....	_____	_____
Engage heirs or family in financial / wealth discussions.....	_____	_____
Leave a legacy for my family .....	_____	_____
Transfer assets to the next generation.....	_____	_____
Create a giving plan .....	_____	_____
Make significant gifts to charity .....	_____	_____
Make a difference with my money .....	_____	_____
Make smarter decisions with my money .....	_____	_____
Worry less about money .....	_____	_____
Reduce risk.....	_____	_____
Provide for Long Term Care in Retirement.....	_____	_____
Prevent 3 <sup>rd</sup> parties from taking my assets .....	_____	_____

**Additional Goals & Objectives (Priorities, etc):** \_\_\_\_\_

\_\_\_\_\_

\*SRI/ESG = Sustainable Responsible Impact/Environmental, Social & Governance investing incorporates screens and mission & impact related investment portfolios designed according to defined ethical, environmental or social guidelines.





**For the next 12 months?**

**Client 1:** \_\_\_\_\_

\_\_\_\_\_

**Client 2:** \_\_\_\_\_

\_\_\_\_\_

**For the next 1 to 5 years?**

**Client 1:** \_\_\_\_\_

\_\_\_\_\_

**Client 2:** \_\_\_\_\_

\_\_\_\_\_

**For 5 or more years?**

**Client 1:** \_\_\_\_\_

\_\_\_\_\_

**Client 2:** \_\_\_\_\_

\_\_\_\_\_

**Do you have any special priorities or health concerns?**

**Client 1:** \_\_\_\_\_

\_\_\_\_\_

**Client 2:** \_\_\_\_\_

\_\_\_\_\_

**How did you hear about Copper Leaf Financial?**

**Who referred you to Copper Leaf Financial?**

