



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

The following documents will be requested after the introductory 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)

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: _____



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: _____



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.)	_____		_____



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	_____	_____
<u>Retirement Accounts</u>		
IRA's	_____	_____
Roth IRA's	_____	_____
401(k)/403(b)	_____	_____
Annuities	_____	_____
<u>Investments</u>		
Taxable/Brokerage	_____	_____
Other	_____	_____

LIABILITIES

	<u>VALUE</u>	<u>RATE</u>	<u>TERM</u>	<u>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 (Whole Life/Term/Variable)	Company	Cash Value (if any)	Death Benefit (\$)	Premium (Annual \$)
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DISABILITY INSURANCE POLICIES

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

Name of Insured	Company	Benefit (Daily/Monthly Benefit & Benefit Period)	Premium (Annual \$)
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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.

	Priority	
	<u>Client 1</u>	<u>Client 2</u>
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 rd 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?

