

# CONFIDENTIAL FINANCIAL PLANNING QUESTIONNAIRE

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## INSTRUCTIONS. . .

- Spend 60 minutes or less . . . . to organize your financial data
- It is ok to approximate your figures . . . .



THE NEXT STEP IS YOURS. . .

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# I. PERSONAL INFORMATION

## CONFIDENTIAL INFORMATION WORKSHEET

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Spouse Name

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Drivers License#

\_\_\_\_\_  
Spouse Date of Birth

\_\_\_\_\_  
Drivers License#

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Spouse Company Name

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Spouse Work Telephone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Spouse Cell Phone Number

\_\_\_\_\_  
Email Address / Fax Number

\_\_\_\_\_  
Email Address Spouse

### I. DEPENDENTS INFORMATION (Enter family dates of birth)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
What financial issues are of concern to you? (Check all that apply).

Investments

Disability

Trusts

Retirement Income

Long Term Care

Debt Reduction

Income Taxes

Estate Planning

\_\_\_\_\_

Life Insurance

Education Planning

\_\_\_\_\_

Do you have any short term goals (i.e. buying a new home or boat) that would be relevant to your financial diagnosis? (Check all that apply).

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Retirement         | <input type="checkbox"/> New home |
| <input type="checkbox"/> Debt refinancing   | <input type="checkbox"/> _____    |
| <input type="checkbox"/> Supporting parents | <input type="checkbox"/> _____    |

## II. ANNUAL INCOME INFORMATION

	Current Year		Changes in future +/-	
	Yours	Spouse	Yours	Spouse
Salary & Bonus	_____	_____	_____	_____
Dividends & Interest	_____	_____	_____	_____
Pension				
Military/Federal	_____	_____	_____	_____
State	_____	_____	_____	_____
Municipal	_____	_____	_____	_____
Other Pension	_____	_____	_____	_____
IRA/401k, 403b, 457b	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Other	_____	_____	_____	_____

Total Annual Income \_\_\_\_\_

## III. FINANCIAL INDEPENDENCE

At what age do you plan to be financially independent? \_\_\_\_\_

At what age would you "ideally" like to retire? \_\_\_\_\_

How much monthly income (after tax) is needed to live comfortably? \_\_\_\_\_

How much are you saving for retirement monthly? \_\_\_\_\_

How much will your company retirement plan pay monthly? \_\_\_\_\_

Will you work after retirement? Y  N

If yes, what is your estimated monthly salary? \_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## IV. INCOME TAXES

How much Federal & State Income Tax did you pay last year?\* \_\_\_\_\_

What are your yearly contributions for your IRA's/TSA/403b, 457b/401K? \_\_\_\_\_

Do you anticipate significant changes in taxable income in the future? Y  N

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**\*Please attach a copy of your most recent federal/state income tax return**

## V. ESTATE PLANNING AND MARRIAGE INFORMATION

In the event of your premature death, how much annual income is needed to sustain your family?

Until your youngest child is out of high school . . . \$ \_\_\_\_\_  
For your spouse after the children have grown . . . \$ \_\_\_\_\_  
For your spouse during his/her retirement . . . \$ \_\_\_\_\_  
Assets allocated for your children's education . . . \$ \_\_\_\_\_

If this is a second marriage, is there a pre-nuptial agreement? Y  N   
Do you have a plan(s) for your business/practice at your death? Y  N   
Do you have a will/trust? Y  N   
Does your spouse have a will/trust? Y  N   
Do you have a durable family power of attorney? Y  N   
Do you have a living will and health care surrogate? Y  N   
Do you have a pre-need guardianship designation? Y  N   
What year was your estate plan reviewed by your attorney? \_\_\_\_\_

## VI. LIFE, DISABILITY & LONG TERM CARE INSURANCE

What is the face amount of your personal life insurance? \$ \_\_\_\_\_  
Type of policy  Term  Universal  Other  
Who is the owner of the policy? \_\_\_\_\_

What is the amount of life insurance on your spouse? \$ \_\_\_\_\_  
Type of policy  Term  Universal  Other  
Who is the owner of the policy? \_\_\_\_\_

What is the amount of life insurance provided by your employer? \$ \_\_\_\_\_  
Type of policy  Term  Universal  Other  
Is the policy portable? Y  N

Do you have disability benefits at work or a personal policy? Y  N   
If yes, how much are monthly benefits? \$ \_\_\_\_\_  
How long will your assets cover a disability? \_\_\_\_\_

Do you have Long Term Care insurance? Y  N   
What is the amount of your Long Term Care insurance daily benefit? \$ \_\_\_\_\_  
What is the lifetime maximum benefit? \$ \_\_\_\_\_  
Does long term care cover care at your home? Y  N

Do you have a personal umbrella insurance policy? Y  N   
If yes, how much coverage? \_\_\_\_\_

What is your plan for long term care?  
\_\_\_\_\_  
\_\_\_\_\_

Would you like a review of your insurable risks and related coverage? Y  N

## VII. INVESTMENTS

- Do you have a money manager/financial planner? Y  N   
If so, are you pleased with the service provided? Y  N   
Is your investment advice coordinated with your tax and estate planning? Y  N

Describe your experience and any changes in your financial planning that you would like to see.

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## VIII. INVESTMENT KNOWLEDGE – GIVE DETAILS

Limited  Good  Extensive

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## IX. INVESTMENT OBJECTIVES – (DESCRIBE ANY DETAILS)

- Growth Portfolio  
 Balanced Portfolio  
 Conservative Portfolio

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## X. HAVE YOU CHANGED INVESTMENT ADVISORS OR FINANCIAL PLANNERS IN THE LAST THREE YEARS? IF YES, PLEASE EXPLAIN.

Y  N

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## XI. DREAMS, VISIONS, IMAGES For Use of Wealth

In the table below, you will find a number of possible uses to which you could put your current or future wealth. For each one, please place an “X” in one of the three boxes to the right based upon the following definitions:

**Heart’s Core:** *a deeply held core value, as to how the wealth should be used. This is a value that you “stand for.”*

**Ought To:** *something you feel obligated to do, based on a commitment you may have made or a belief held by your family, someone outside your family, or society in general.*

**Fun To:** *the “icing on the cake.” Doing this would add zest or spice to your life, is not an obligation you feel, and is not truly a deeply held core value, but it sure would be fun!*

<b>POSSIBLE USES OF YOUR WEALTH</b>	<b>Heart’s Core</b>	<b>Ought To</b>	<b>Fun To</b>	<b>N/A</b>
Providing for my family’s ongoing needs (Note: this involves day-to-day living expenses, mortgage, and car payments, vacations, funding children’s education, etc.)				
Supporting parents, siblings, other family members in need				
Providing an inheritance for my children				
Adjusting selected elements of current lifestyle (a second home, a boat, an airplane, traveling, an “expensive hobby,” etc)				
Supporting a major change in my work or career				
Actualizing a very different direction for my life				
Charitable giving / philanthropy				
Other(s) – please specify:				

**XII. DO YOU HAVE A PASSION IN LIFE?  
(DESCRIBE IT)**

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**XIII. IF YOU COULD DO ANYTHING YOU WANT –  
TIME & MONEY ASIDE – WHAT WOULD IT BE?**

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**XIV. CONFIDENTIAL NET WORTH INFORMATION**

**PERSONAL ASSETS**

**MARKET VALUE**

Checking Accounts

\_\_\_\_\_

Money Markets

\_\_\_\_\_

Certificates of Deposit

\_\_\_\_\_

Stocks (Attach Brokerage Statement)

\_\_\_\_\_

Bonds (Attach Brokerage Statement)

\_\_\_\_\_

Mutual Funds (Attach Brokerage Statement)

\_\_\_\_\_

Other

\_\_\_\_\_

**RETIREMENT PLAN ASSETS**

IRA Accounts

Individual IRA

\_\_\_\_\_

Spousal IRA

\_\_\_\_\_

ROTH IRA

\_\_\_\_\_

Other

\_\_\_\_\_

401k

\_\_\_\_\_

457b

\_\_\_\_\_

403b

\_\_\_\_\_

DROP

\_\_\_\_\_

Self Employment Plan

Company Retirement Plan

\_\_\_\_\_

\_\_\_\_\_

State/Local Government Retirement Plan

\_\_\_\_\_

Military/Federal Retirement Plan

\_\_\_\_\_

**REAL ESTATE**

Residence \_\_\_\_\_

Rental \_\_\_\_\_

**BUSINESS OR PRACTICE**

**MARKET VALUE**

**OTHER ASSETS (DESCRIBE)**

**TOTAL ASSETS**

**LIABILITIES**

**MORTGAGE BALANCE**

*Residence:*

First Mortgage \_\_\_\_\_

Second Mortgage \_\_\_\_\_

Other \_\_\_\_\_

Auto Loans \_\_\_\_\_

Credit Cards \_\_\_\_\_

*Rental:*

First Mortgage \_\_\_\_\_

Second Mortgage \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL LIABILITIES**

**NET WORTH (ASSETS - LIABILITIES)**

**FUTURE INHERITANCE (DESCRIBE)**

**WHAT DO YOU HOPE TO GAIN FROM OUR SERVICES?**

**DO YOU HAVE ANY OTHER FINANCIAL, TAX OR ESTATE PLANNING CONCERNS TO ADDRESS?**

PLEASE PROVIDE A COPY OF A RECENT FINANCIAL STATEMENT, IF AVAILABLE AND MOST RECENT FEDERAL INCOME TAX RETURN IF NOT PREPARED BY OUR FIRM.