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PERSONAL AND CONFIDENTIAL

FINANCIAL PLANNING QUESTIONNAIRE

PLEASE BRING THE FOLLOWING DOCUMENTS, IF APPLICABLE, TO YOUR MEETING:

FINANCIAL DOCUMENTS CHECKLIST

Personal

- Latest income tax returns
- Most recent paystub(s)
- Brokerage accounts, Mutual Funds - latest monthly statements
- Money Market Accounts, CDs – latest monthly statements
- Loan documents (Mortgage, Home equity line, Car loan, etc.)
- Retirement Plan statements (401K, Keogh, IRA, TSA, PERRA)
- Life insurance / Annuity account statements
 - Long-term care, disability, health and property & casualty insurance statements
- Wills and Trust Agreements
- Social Security Benefits statements for both individuals
- Other: _____

Business

- Income Tax Returns -2 years
- Profit & Loss Statements – 2 years
- Balance Sheet
- Buy-Sell Agreements
- Stock/Option/Bonus Plan
- Other: _____

Other:

PERSONAL INFORMATION

CLIENT NAME: _____ FIRST: _____ DOB: _____

SPOUSE / PARTNER: _____ FIRST: _____ DOB: _____

ADDRESS: _____ PHONE: _____ EMAIL: _____

MARITAL STATUS: SINGLE WIDOWED MARRIED NOT MARRIED/TOGETHER

BEST TIME TO CALL: _____ BEST TELEPHONE # TO CALL: _____

How do you prefer to communicate? Email Phone

OCCUPATION

CLIENT:

JOB TITLE: _____ EMPLOYER: _____ DATE STARTED: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ Ext. _____ FAX: _____ EMAIL: _____

SPOUSE / PARTNER:

JOB TITLE: _____ EMPLOYER: _____ DATE STARTED: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ Ext. _____ FAX: _____ EMAIL: _____

PROFESSIONAL ADVISORS

ACCOUNTANT: _____ Phone No. _____

ATTORNEY: _____ Phone No. _____

BROKER: _____ Phone No. _____

INSURANCE AGENT: _____ Phone No. _____

OTHER: _____

DEPENDENTS

FIRST NAME:

**DEPENDENT OF
CLIENT SPOUSE/PARTNER**

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

CASH FLOW

INCOME (annual)	CLIENT	SPOUSE / PARTNER
Salary and Bonuses		
Self-Employment		
Interest and Dividends		
Pension and Annuities		
Social Security		
Alimony		
Rental Property (Net)		
Other		
TOTAL INCOME		

EXPENSES	Monthly	Annual
Housing Total		
Child Care		
Transportation Total		
Groceries		
Clothing		
Furnishings		
Personal Care and Cash		
Medical / Dental / Rx		
Education / Self-improvement		
Debt / Installment Payments		
Entertainment – (dining, etc.)		
Vacations and Holidays		
Charitable Contributions		
Reinvested Interest and Dividends		
Other		
Other		
TOTAL EXPENSES		

ASSETS

Description	Present Value	Contribution	Ownership
Savings / Checking Accounts			
Money Market / CD Accounts			
Profit Sharing Plans (401k)			
Pension Plans (Defined Benefit Plan)			
IRA, SIMPLE, SEP			
Annuity			
Stocks			
Bonds			
Mutual Funds			
College Fund (529 Plan, Educational IRA, State Tuition Plan)			
Other:			

DO YOU OWN A BUSINESS?

WHAT TYPE: _____
 YOUR OWNERSHIP _____%

LIABILITIES

	1 ST MORTGAGE	2 ND MORTGAGE
Date of Origin		
Years Remaining		
Monthly Payment		
Interest Rate		
Balance Owed		

Current Value of Home: _____ Are you considering refinancing? Yes No

OTHER LIABILITIES	Balance Owed	Monthly Payments	Term
HOME EQUITY LINE			
CAR LOAN			
EDUCATION LOAN			
INVESTMENT LOAN			
CREDIT CARDS			

LIFE INSURANCE

Insurance Policy	Death Benefit \$	Cash Value \$	Annual Premium \$	Insured	Beneficiary

LONG-TERM CARE

Insurance Policy	Insured	Type	Benefit Amount	Annual Premium	Elimination Period (Days)	Benefit Period (Years)

DISABILITY

Insurance Policy	Insured	Type	Monthly Benefit	Annual Premium	Elimination Period	Benefit Period

GENERAL INSURANCE

Policy Type	Policy Name	Policy Benefits \$	Annual Premium \$
LIABILITY			
HOMEOWNER'S			
MEDICAL			
AUTO			

EDUCATION GOALS

FOR WHOM:	TYPE OF EDUCATION	THE BEGINNING AND THE END DATE	COST PER YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RETIREMENT PLANNING

What age would you like to retire in? _____

How much money, in today's dollars, will you need annually at retirement? \$ _____

ESTATE PLANNING

	CLIENT	PARTNER		
WILL				
Executor				
POWER OF ATTORNEY				
To Whom Delegated				
LIVING WILL				
LIVING TRUST				
Name of Trust				
Trustee(s)				
Successor Trustee(s)				
Are your assets re-titled to Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are beneficiary designations consistent with latest estate planning documents? <input type="checkbox"/> Yes <input type="checkbox"/> No				
LIFE INSURANCE TRUST				
Life Ownership changed to Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is your attorney the same for all documents? <input type="checkbox"/> Yes <input type="checkbox"/> No				

FUTURE GOALS AND OBJECTIVES

I/We need help with (please circle all that apply):

Decision-making: I'm at a crucial point in my marriage / life / career / retirement / financial status

Budgeting: I need a review / new ideas / a basic plan / a disciplined approach

Debt management: may be in over our heads / are sinking fast / not so bad but want to stay afloat

Investment Review: have never worked with an advisor before / want to work with someone new

Retirement Plan: need guidance on our present plan / have no plan at all

Insurance Review: fear we don't have enough coverage / may have too much / aren't protecting our assets the way we should

College Education Planning:

Tax Planning:

Estate Plan Review:

Full Financial Plan:

Other Services: _____

What are your primary questions/concerns?

Please list your goals that you hope to achieve over the next several years. For example: From the financial perspective, what is your overall goal and what is your timeline to do so? Feel free to include personal, family, philanthropic or other interests that you have.

GOALS IN 1 YEAR:

GOALS IN 5 YEARS:

GOALS IN 10+ YEARS:

