

Family Service

WEALTH MANAGEMENT QUESTIONNAIRE

*W*ealth Management Questionnaire

Please complete the questionnaire to the best of your ability. If you have questions, we can review this document together in person to answer your questions.

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Completed by: _____ Date: _____

Completed by: _____ Date: _____

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Personal Family Information

PERSONAL INFORMATION	
CLIENT	SPOUSE
NAME	NAME
SEX	SEX
DOB	DOB
SSN	SSN
MARITAL STATUS	ANNIVERSARY DATE (MM/DD/YY)
HOME ADDRESS	
STREET ADDRESS	
CITY, STATE ZIP	
MAILING ADDRESS, if different	
P.O. BOX	
CITY, STATE ZIP	
CLIENT CONTACT INFORMATION	SPOUSE CONTACT INFORMATION
HOME TEL.	HOME TEL
OFFICE TEL.	OFFICE TEL
FAX	FAX
E-MAIL	E-MAIL
WK E-MAIL	WK E-MAIL
CLIENT EMPLOYER INFORMATION	SPOUSE EMPLOYER INFORMATION
COMPANY	COMPANY
POSITION	POSITION
ADDRESS	ADDRESS
CITY, ST ZIP	CITY, ST ZIP
CLIENT MEMBERSHIP AND ACTIVITIES	SPOUSE MEMBERSHIP AND ACTIVITIES
ALUMNI	ALUMNI
ASSOCIATIONS	ASSOCIATIONS
BOARD MBR	BOARD MBR
CLUBS	CLUBS
HOBBIES	HOBBIES
INTEREST	INTEREST
PERSONAL FINANCE HISTORY	
Who are the most important people in your life?	
What lessons about money did you learn growing up?	
What is the best financial decision you have made in the past?	
What is the worst financial decision you have made in the past?	
What are some of the factors in your life that could affect your plan?	
What would you do differently if you had the money?	
Are you expecting to receive any inheritance? If yes, describe.	



Personal Family Information

FAMILY MEMBERS (Children, Grandchildren, Parents, Others)			
NAME 1		NAME 2	
DOB		DOB	
SSN		SSN	
RELATION		RELATION	
NAME 3		NAME 4	
DOB		DOB	
SSN		SSN	
RELATION		RELATION	
NAME 5		NAME 6	
DOB		DOB	
SSN		SSN	
RELATION		RELATION	
NAME 7		NAME 8	
DOB		DOB	
SSN		SSN	
RELATION		RELATION	
Do you any dependent with special needs? If yes, please describe:			
PRIOR INVESTMENT EXPERIENCE			
<i>Indicate Your knowledge level for each:</i>		HIGH	MEDIUM
Stocks and Bonds			LOW
Mutual Funds			
Exchange Traded Funds			
Public Limited Partnerships			
Alternative Investments			
Annuities			
DISCLOSURE QUESTIONS			
<i>Please answer the following questions:</i>			
Do you or your spouse have any affiliation with a broker, bank, securities firm, etc?			YES/NO
If yes, please describe:			
Are you or your spouse director, 10% shareholder or control person of any publicly traded company?			YES/NO
If yes, please describe:			
PROFESSIONAL ADVISORS			
<i>Please indicate if you give permission to share information with professional advisors</i>			
	NAME	COMPANY	TELEPHONE
	PERMISSION TO SHARE INFO		Y/N
Account			
Attorney:			
Insurance Agent:			
Other Advisors			

Part II Important Financial Documents

IMPORTANT DOCUMENT LOCATOR:: <i>Please check off all that apply to you and your spouse. Please bring a copy of all financial documents to your first meeting. We can make a copy of originals; if needed.</i>				
	CLIENT	SPOUSE	RECORD RETENTION	LOCATION
PERSONAL CERTIFICATES				
Birth Certificate, Marriage Certificate, Passport			Permanently	
FINANCIAL PLANNING DOCUMENTS				
Bank and Savings Accounts			1 Yr –Perm.	
Receipts, bills,			1 Yr – Perm.	
Pay stubs			1 Yr	
Investment Statements, Confirmations			Until Sold	
Loan Documents, Mortgage			Permanently	
RETIREMENT PLANNING DOCUMENTS				
Employer’s Retirement Plan Summary Document			Permanently	
401(k), 403(b), TSP, Keogh Statements			Permanently	
Deferred Compensation, Stock Options			Permanently	
IRA, Roth IRA, Simple IRA			Permanently	
Pension and Profit Sharing Statements			Permanently	
Social Security Annual Statement			1 Yr	
TAX PLANNING DOCUMENTS				
Income Tax Returns and Receipts			7-Permently	
Estate and Gift Tax			Permanently	
W-2, 1099, Form K-1			7-Permently	
BUSINESS PLANNING DOCUMENTS				
Corporation / Partnership Agreements			Permanently	
Buy Sell Agreements			Permanently	
Succession Plan, Business Preparedness Plan			Permanently	
Business Insurance Policy			Permanently	
INSURANCE – RISK MANAGEMENT DOCUMENTS				
Emergency Preparedness Plan			Permanently	
Health Care, Dental, Disability, Long-term care			Permanently	
Life Insurance Policy			Permanently	
Homeowners, Property, Umbrella Insurance			Permanently	
Auto Insurance			Permanently	
ESTATE PLANNING DOCUMENTS				
General, Property Management Power of Attorney			Permanently	
Health Care Power of Attorney, HIPPA			Permanently	
Living Will / Advanced Directives/ Donor			Permanently	
Trusts, Wills, Planned Giving Documents			Permanently	

Part III Goals

GOALS	MUST DO	WANT TO DO
SHORT TERM 1-4 YEAR		
MID TERM 5-9 YEARS		
LONG TERM 10 YEARS or GREATER		

RETIREMENT PLANNING: *Please answer the following questions*

What are your financial concerns (outliving your assets, independence, financial security, healthy living and quality care)?

At what age would you like to be able to retire? If already retired, please skip this question.

At what age do you see yourself retiring? If already retired, please skip this question.

Where do you see yourself retiring, (city and state). If already retired, please skip this question.

Do you expect your monthly expenses change in retirement? Explain.

How do you plan to change your lifestyle when you retire, if at all?

What are you looking forward to most when you retire or if already retired, what do you enjoy most about retirement?

What is your biggest worry or fear about your retirement or in currently in retirement?

Life expectancy: Describe your parent and grand-parents longevity and general health.

ANTICIPATED CHANGES

In the next couple years (1-4 years), do you anticipate any of the following to change? Y/N

Your lifestyle (retirement, job change)	
Your expenditures	
Your responsibility for children	
Your responsibility for parents	
Is it possible you will win or lose a legal judgment in the next couple of years	
Do you plan on making a significant purchase or sale?	

*P*art III Goals

ESTATE PLANNING: <i>Please answer the following questions</i>				
What is most important that you pass onto your children, grandchildren, or family members?				
Have you and your spouse discussed what might happen if either of you were to remarry after the death of either of you?				
What is your legacy?				
Do you have a favorite charity and/or institution and philanthropic cause?				
How do you evaluate charities and/or institutions?				
Please list the organization that you support through charitable contributions, volunteer, or donate personal property.				
CHARITABLE PLANNED GIFTS				
1. Name of Organization				
Description of Planned Gift				
YEAR OF GIFT OR DONATION	AMOUNT	RECURRING	HOW OFTEN	WHEN WILL IT END?
		Yes/No		
		Yes/No		
2. Name of Organization				
Description of Planned Gift				
YEAR OF GIFT OR DONATION	AMOUNT	RECURRING	HOW OFTEN	WHEN WILL IT END?
		Yes/No		
		Yes/No		
3. Name of Organization				
Description of Planned Gift				
YEAR OF GIFT OR DONATION	AMOUNT	RECURRING	HOW OFTEN	WHEN WILL IT END?
		Yes/No		
		Yes/No		

Part III Goals

EDUCATION PLANNING: If this section does not apply, please skip to next section		
STUDENT NAME 1	YEAR TO START	NO OF YEARS
NAME OF SCHOOL/COLLEGE		Circle PUBLIC OR PRIVATE
LOCATION CITY STATE		
ANNUAL COST ESTIMATE PRESENT VALUE		
ANNUAL OUT-OF-POCKET ESTIMATE		
HOW WILL YOU PAY FOR EDUCATION		
ANNUAL SCHOLARSHIP ESTIMATE		
STUDENT LOANS		
GIFTS OR OTHER		
529 PRE-PAID TUITION		
OUT-SIDE ASSETS OR LOANS, NOT OWNED BY YOU		
STUDENT NAME 2	YEAR TO START	NO OF YEARS
NAME OF PRIVATE SCHOOL/COLLEGE		Circle PUBLIC OR PRIVATE
LOCATION CITY STATE		
ANNUAL COST ESTIMATE PRESENT VALUE		
ANNUAL OUT-OF-POCKET ESTIMATE		
HOW WILL YOU PAY FOR EDUCATION		
ANNUAL SCHOLARSHIP ESTIMATE		
STUDENT LOANS		
GIFTS OR OTHER		
529 PRE-PAID TUITION		
OUT-SIDE ASSETS OR LOANS, NOT OWNED BY YOU		

*P*art IV Cash Flow

CASH FLOW (BUDGET): If you already have a current written BUDGET prepared, please simply Attached a copy and go to the next page.				
INCOME		MONTHLY AVG		TOTAL FOR YEAR
Wages, salary, tips				
Cash dividends and interest received				
Social Security income				
Pension Income				
Other Income				
Total Income				
EXPENSE DESCRIPTION	AVG. %	MONTHLY AVERAGE	AVG. %	TOTAL FOR YEAR
Income Taxes				
Federal income taxes				
State income taxes				
FICA				
Savings, Retirement				
Food	10%		10%	
Housing	27%		27%	
Mortgage, 2 nd home mortgage				
Insurance premiums				
Utilities, electric, gas, water				
Telephone, Wireless				
Personal services child care, adult care				
Housing maintenance				
Lodging expenses, hotels, motels				
Housing property, furniture, fixtures, appliances, equipment				
Apparel	3%		3%	
Transportation Expenses	14%		14%	
Automobile notes				
Gas, maintenance, other				
Auto insurance				
Public transportation, air, train, bus				
Health care	5%		5%	
Health, dental, disability, long term care insurance				
Out-of-pocket expenses, prescriptions, services				
Entertainment	4%		4%	
Other Debt Payments	5-10%		5-10%	
Other Expenditures				
Charity	3%		3%	
TOTAL EXPENSES				
= Net Cash Flows (Income-Expenses)				

Part V Worksheets

FAMILY BALANCE SHEET If you already have a current written FINANCIAL STATEMENT prepared, please simply Attached a copy and go to the next page.	
ASSETS	
Write down the value of all the things you own.	
Emergency Fund	\$
Checking Account	\$
Savings Account	\$
Cash Value of Life Insurance	\$
Retirement Account	\$
Investment Accounts	\$
Value of Home	\$
Value of Car(s)	\$
Value of Business	
Value of Other Real Estate	\$
Value of Personal Property	\$
Other	\$
TOTAL ASSETS	\$
LIABILITIES	
Write down what you owe, such as the balance of your mortgage or credit cards, or bills that are due.	
Amount Owed on Mortgage	
Amount Owed on Car(s)	
Credit Card Balance	
Credit Card Balance	
Credit Card Balance	
Other Bank Loans	
Finance Company Loans	
Insurance Loans	
Taxes Owed	
Other	
Other	
TOTAL LIABILITIES	\$
NET WORTH CALCULATION	
Value of Assets	\$
Minus Value of Liabilities	
NET WORTH	\$

Part V Worksheets

LIABILITIES (DEBIT MANAGEMENT)			
List all of your creditors, the amount owed to each, the interest rates, and monthly minimum payments (Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)			
CREDITOR	TOTAL OWED	INTEREST RATE	MINIMUM PAYMENT
1.	\$	%	\$
2.	\$	%	\$
3.	\$	%	\$
4.	\$	%	\$
5.	\$	%	\$
6.	\$	%	\$
7.	\$	%	\$
8.	\$	%	\$
9.	\$	%	\$
Total	\$		\$
<p>Re-order your debts according to which you want to get rid of first. One way is from highest to lowest interest rate – that may save the most money in the long run. Another is from smallest to largest – that may help you build momentum by successfully eliminating one creditor from your list relatively quickly.</p>			
CREDITOR	TOTAL OWED	INTEREST RATE	MINIMUM PAYMENT
1.	\$	%	\$
2.	\$	%	\$
3.	\$	%	\$
4.	\$	%	\$
5.	\$	%	\$
6.	\$	%	\$
7.	\$	%	\$
8.	\$	%	\$
9.	\$	%	\$
Total	\$		\$

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