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## Financial Planning Questionnaire

Date Completed: \_\_\_\_\_

### PERSONAL DATA

First Person: _____  Sex: ___ Birth date: _____ Drivers Lic #: _____ Exp _____ Social Security #: _____ e-mail: _____ Marital Status: _____ Previously married? _____ Street: _____ City: _____ ST: ___ Zip Code: _____ Home Phone: _____ Work Phone: _____ How did you hear about The Gensler Group? _____ What is your primary reason for wanting to meet with a Wealth Advisor? _____	Second Person: _____  Sex: ___ Birth date: _____ Drivers Lic #: _____ Exp _____ Social Security #: _____ e-mail: _____ Marital Status: _____ Previously married? _____ Street: _____ City: _____ ST: ___ Zip Code: _____ Work Phone: _____
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### PERSONAL FOCUS AREAS

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Comprehensive Financial Life Plan  | <input type="checkbox"/> Grow retirement savings           | <input type="checkbox"/> Increase retirement income     |
| <input type="checkbox"/> Provide college funds for children | <input type="checkbox"/> Life insurance review             | <input type="checkbox"/> Long-term care insurance       |
| <input type="checkbox"/> Retirement funding analysis        | <input type="checkbox"/> Protect earned income if disabled | <input type="checkbox"/> Cash flow / debt management    |
| <input type="checkbox"/> Avoid probate costs and delays     | <input type="checkbox"/> Establish /review estate plan     | <input type="checkbox"/> Portfolio review               |
| <input type="checkbox"/> Minimize estate taxes              | <input type="checkbox"/> Maximize inheritance assets       | <input type="checkbox"/> Sell highly appreciated assets |
| <input type="checkbox"/> Discuss program of gifting         | <input type="checkbox"/> Stock option planning             | <input type="checkbox"/> Other: _____                   |

### BUSINESS FOCUS AREAS

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Establish a continuation / succession plan | <input type="checkbox"/> Sell, buy or start a business | <input type="checkbox"/> Key employee/partner protection |
| <input type="checkbox"/> Deferred compensation                      | <input type="checkbox"/> Equalize estate for heirs     | <input type="checkbox"/> Buy insurance through business  |

### EMPLOYMENT INFORMATION

First Person:  Employer Name: _____ Position Held: _____ Industry: _____ Start Date: _____ Retirement Date: _____ Salary: \$ _____ Bonus: \$ _____ Pay Frequency: _____ Educational Background / Alma Mater: _____ Future Career Plans? _____	Second Person:  Employer Name: _____ Position Held: _____ Industry: _____ Start Date: _____ Retirement Date: _____ Salary: \$ _____ Bonus: \$ _____ Pay Frequency: _____ Educational Background / Alma Mater: _____ Future Career Plans? _____
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**PERSONAL ASSETS**

Description (business interests, autos, household, art, etc)	Owner	Purchase Date	Current Value	Future Sale Date?	Special Bequests?

**REAL ESTATE**

Property Address	Owner	Type (Residence, Rental, Business)	Purchase Info		Current Value	Amount Owed	Date of Loan	Interest Rate	
			Year	Amount				Int Only?	

**INSURANCE – LIFE, DISABILITY, LONG-TERM CARE**

Policy Type (Life, Disability, Long-term Care)	Issuer	Owner	Beneficiary	Insured	Death Benefit	Cash Value or Term	Purchase Date	Annual Premium

	First Person	Second Person
What are your concerns regarding your loved ones' financial status upon your death?		
What role do you wish your family members to play in your care in the event of long-term care or disability need?		
What concerns do you have about income loss due to disability?		
Have you had back problems, diabetes, heart murmur, or high blood pressure? If so, please describe.		
Are you currently taking any medication? If so, what medication and for what reason?		
Do you currently or have you ever used nicotine in any form? If so, when and /or how long ago?		

**OTHER INCOME (Pensions, Social Security, Alimony, Self-Employment, Child Support, Notes Receivable, etc)**

Description	Person	Annual Amount		Applicable Period (Start Date - End Date)	% Available to Surviving Spouse?
			Annual Increase?		
			%		
			%		
			%		
			%		

**CONSUMER DEBT / AUTO LOANS / CREDIT CARDS**

Description	Owner	Original Amount	Current Balance	Interest Rate		Loan Period (Years)	Payment Amount	Final Payoff
					Interest Only?			

In general, how do you feel about debt?

### ANNUAL LIVING EXPENSES

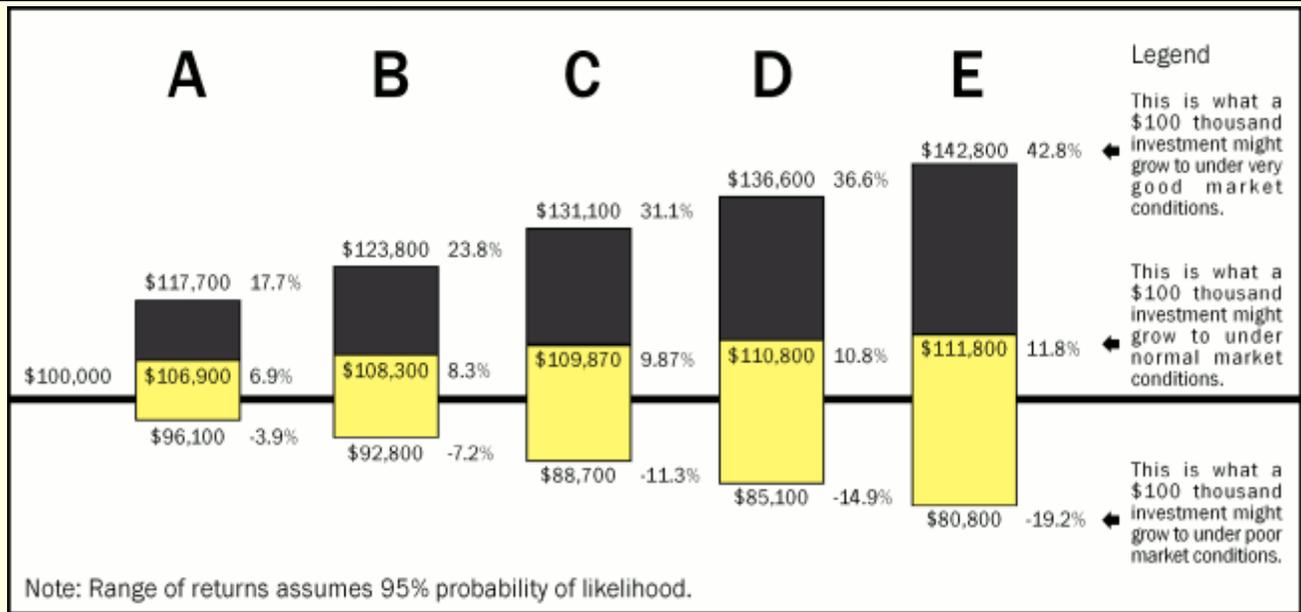
Fixed Monthly Expenses		Variable Monthly Expenses	
Mortgage payment or rent	\$	Gas and electricity	\$
2nd home mortgage	\$	Telephone / Cell Phone	\$
HOA Dues	\$	Water	\$
Homeowners Insurance	\$	Cable TV	\$
Medical insurance	\$	Home Repairs / Maintenance	\$
Auto insurance	\$	Home Improvements	\$
Umbrella liability insurance	\$	Food	\$
Property taxes	\$	Clothing	\$
Retirement Plan Contributions	\$	Laundry / Dry Cleaning	\$
Savings and investments	\$	Child Care	\$
Auto Registration	\$	Personal Care	\$
Other:	\$	Automobile gas and oil	\$
Other:	\$	Automobile maintenance and repairs	\$
Other:	\$	Other transportation expenses	\$
<b>TOTAL FIXED EXPENSES:</b>	\$	Pet Expenses	
Will there be any significant changes in your expenses in the near future? If so, please describe these changes below:  _____ _____ _____ _____ _____ _____		Education expenses	\$
		Recreation / dining out	\$
		Travel / Vacation	\$
		Club / association dues	\$
		Hobbies	\$
		Gifts (friends / family)	\$
		Charitable donations	\$
		Un-reimbursed medical / dental expenses	\$
		Miscellaneous	\$
		<b>TOTAL VARIABLE EXPENSES:</b>	\$

### RISK TOLERANCE QUESTIONNAIRE

The questions below are designed to help us better determine your risk tolerance, so that we can ensure your investment strategy is optimal for fulfilling your needs.

	First Person	Second Person
How would you rate your overall knowledge of investments?	<input type="checkbox"/> None <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> Extensive	<input type="checkbox"/> None <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> Extensive
Which statement best describes your investment temperament?	<input type="checkbox"/> I am more interested in conserving capital than in seeking growth. <input type="checkbox"/> In order to achieve potentially higher returns, I understand it is necessary to take some risk and am willing to accept moderate volatility. <input type="checkbox"/> In order to achieve potentially higher returns, I am willing to be more aggressive and face greater risk in order to pursue the possibility of above-average rates of return.	<input type="checkbox"/> I am more interested in conserving capital than in seeking growth. <input type="checkbox"/> In order to achieve potentially higher returns, I understand it is necessary to take some risk and am willing to accept moderate volatility. <input type="checkbox"/> In order to achieve potentially higher returns, I am willing to be more aggressive and face greater risk in order to pursue the possibility of above-average rates of return.
What influences you most when making an important investment decision?	<input type="checkbox"/> I am mainly influenced by the potential gain. <input type="checkbox"/> I am more influenced by the potential gain than by the potential loss. <input type="checkbox"/> I am more influenced by the potential loss than by the potential gain. <input type="checkbox"/> I am mainly influenced by the potential loss.	<input type="checkbox"/> I am mainly influenced by the potential gain. <input type="checkbox"/> I am more influenced by the potential gain than by the potential loss. <input type="checkbox"/> I am more influenced by the potential loss than by the potential gain. <input type="checkbox"/> I am mainly influenced by the potential loss.
Which of the following best describes your reaction to short-term fluctuations in your investment portfolio?	<input type="checkbox"/> I would be extremely uneasy about any fluctuations in the value of my investments. <input type="checkbox"/> I would be very concerned about short-term fluctuations in my investments, but not to the extreme. <input type="checkbox"/> I would have some concern about short-term fluctuations in my investments. <input type="checkbox"/> I would have very little concern about short-term fluctuations in my investments.	<input type="checkbox"/> I would be extremely uneasy about any fluctuations in the value of my investments. <input type="checkbox"/> I would be very concerned about short-term fluctuations in my investments, but not to the extreme. <input type="checkbox"/> I would have some concern about short-term fluctuations in my investments. <input type="checkbox"/> I would have very little concern about short-term fluctuations in my investments.
Which of the following statements best reflects your views?	<input type="checkbox"/> I would rather be out of the stock market when it goes down than in the market when it goes up. <input type="checkbox"/> I would rather be in the stock market when it goes down than out of the market when it goes up.	<input type="checkbox"/> I would rather be out of the stock market when it goes down than in the market when it goes up. <input type="checkbox"/> I would rather be in the stock market when it goes down than out of the market when it goes up.
If you could increase your chances of achieving all of your goals by taking more risk, which statement best describes your likely action?	<input type="checkbox"/> I would be unlikely to take much more risk. <input type="checkbox"/> I would be willing to take a little more risk with some of my money. <input type="checkbox"/> I would be willing to take a little more risk with all of my money <input type="checkbox"/> I would be willing to take a lot more risk with all of my money.	<input type="checkbox"/> I would be unlikely to take much more risk. <input type="checkbox"/> I would be willing to take a little more risk with some of my money. <input type="checkbox"/> I would be willing to take a little more risk with all of my money <input type="checkbox"/> I would be willing to take a lot more risk with all of my money.
How long would you be prepared to recover from a downward fluctuation in	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> Less than 1 year

the portfolio?	<input type="checkbox"/> Between one and two years <input type="checkbox"/> Between two and three years <input type="checkbox"/> Over three years	<input type="checkbox"/> Between one and two years <input type="checkbox"/> Between two and three years <input type="checkbox"/> Over three years
If the answer to the above question was three years or less, are you prepared to substantially reduce your goals as a result of not being willing to accept this risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which of the investments below (A through E) would you be most comfortable owning?	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E



This is a hypothetical example and is not representative of any specific investment. Your results may vary.

Which statement best reflects your attitude about investing in the equity markets?	<input type="checkbox"/> I am unwilling to experience any reduction in the value of my investments. <input type="checkbox"/> I can tolerate infrequent, very limited declines (less than 5%) through difficult phases in a stock market cycle. <input type="checkbox"/> I can tolerate limited declines (5% - 10%) through difficult phases in a stock market cycle. <input type="checkbox"/> I can tolerate periods of moderately negative returns (declines of 10%-15%) to achieve potentially higher returns, even if they persisted for a year or longer. <input type="checkbox"/> I can tolerate periods of significant negative returns (greater than 20%) for the chance to maximize long-term returns, even if they persisted for a year or longer.	<input type="checkbox"/> I am unwilling to experience any reduction in the value of my investments. <input type="checkbox"/> I can tolerate infrequent, very limited declines (less than 5%) through difficult phases in a stock market cycle. <input type="checkbox"/> I can tolerate limited declines (5% - 10%) through difficult phases in a stock market cycle. <input type="checkbox"/> I can tolerate periods of moderately negative returns (declines of 10%-15%) to achieve potentially higher returns, even if they persisted for a year or longer. <input type="checkbox"/> I can tolerate periods of significant negative returns (greater than 20%) for the chance to maximize long-term returns, even if they persisted for a year or longer.
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**PLEASE PROVIDE ALL DOCUMENTS LISTED BELOW**

In order to complete your financial plan, we need to have information about you that is as accurate as possible. With this in mind, please provide us with the following documents so that we can complete your financial plan. You may provide copies or originals, which we will copy and return to you.

- Most recent two years tax returns.
- Most recent pay stub(s), if employed.
- Most recent Social Security benefit projection statement, if not yet receiving Social Security income.
- Most recent statements for Social Security, pension, or other retirement income, if retired.
- Most recent statements for bank accounts, investment accounts, and retirement plans.
- Cost basis information for non-retirement stocks and mutual fund investments (or year-end transaction history for each year since purchase).
- Copy of all trust documents, wills and power-of-attorney documents.
- Insurance policy declaration pages and beneficiary information for life, disability, and long-term care insurance.
- Insurance policy declaration pages for homeowners, auto, and liability insurance.
- Insurance policy declaration pages medical insurance.
- Most recent statements for liabilities, including consumer debt, credit cards, and mortgage(s).
- Information on your employer sponsored retirement plan, including investment selections and employer match information.

***For office use only***

	Present Age	Retirement Age	Mortality Age
Primary:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse / Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Annual Income Needed at Retirement (Net): \$

Survivor Income Needed at Retirement (Net): \$

Current Surviving Household (Net): \$

Inflation Rate:  SS COLA:

Rate of return:	Taxable Assets	Tax-Free Assets	Tax-Deferred Assets	Annuity
Before Retirement:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
After Retirement:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Increase/Decrease Rates of Capital Additions to Savings per Year:

Savings and investment accounts:

Retirement Accounts / primary:

Retirement Accounts for spouse/other:

NOTES: \_\_\_\_\_

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