

Financial Planning Questionnaire

Name:

White Pine
Investment Company



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General Information

	<u>Client</u>	<u>Spouse</u>
Full Name	_____	_____
Date of birth	_____	_____
Home Address	Street:	State:
	City:	Zip Code:
	_____	_____
Alternate Mailing Address	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Business Phone	_____	_____
Preferred E-mail	_____	_____

Family Information

Name	Relationship	Birthday	Dependent (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Insurance – Term, Whole Life, Long-Term Care, Health Care, Medicare Supplement, etc.

Description	Owner	Amount of Coverage	Payments	End Date of Payments

Liabilities

Loans Outstanding: Mortgages, Car Loans, Student Loans, Credit Card Balances (if not paid off monthly), etc.

Loan Description	Original Amount	Term (Years)	Last Payment Due	Interest Rate	Monthly Payments

Other Assets or Liabilities: List anything not covered above.



Income Statement

Income

Salary Information

	Client	Spouse
Salary	_____	_____
Bonus	_____	_____
Expected Retirement Age	_____	_____

Social Security (monthly Benefits)

Early Retirement Age (____)	_____	_____
Middle Retirement Age (____)	_____	_____
Full Retirement Age (____)	_____	_____
...or...Current Benefits	_____	_____

Pension

Description	Recipient	Annual Amount	COLA %	Beginning Age	% Payable to Spouse
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other Income – include income from real estate or other sources

Description	Recipient	Annual Amount	Growth of Income %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Expenses – This is frequently the most difficult portion of the questionnaire, and perhaps the most important. We have devised two methods to help determine your on-going living expenses. For those who track their expenses, method one can be used to list your expenses by category. Method two derives your expenses indirectly. Use either, or try both to see if they match. It doesn't have to be perfect, but we would like to get close. One-time expenses or education expenses will be listed in the next section, so exclude them here.

Method One:

List expenses – some may be listed above. Please list them again here to ensure we aren't double counting expenses. Use the same time period for each expense (i.e. monthly, quarterly, annually).

Description	Amount Circle One (Monthly Quarterly, Annually)
Mortgage Payments	
Property Taxes or Escrow Payments	
Medical Expenses	
On-Going Living Expenses	

Method Two:

Derived Living Expenses

Description	Amount Circle One (Monthly Quarterly, Annually)
Sum of all take-home pay (after tax and after contributions to retirement accounts)	
Subtract Mortgage and Escrow Payments	-
Subtract After-Tax contributions to savings and Investment accounts	-
Add Withdrawals from savings and investment accounts	+
Subtract any one-time expenses	-
Derived On-Going Living Expenses	



Education Expenses

Recipient Name	Amount	Beginning Age	Expected # Years

One-Time Expenses – list any expenses that aren’t part of your typical budget. Examples include roof repairs, once-in-a-lifetime trip to Africa (or extra travel for several years in retirement), Vacation home purchase, etc.

Description	Amount	Beginning Year	Expected # Years



Risk Tolerance

The best way to determine your risk tolerance is to describe how you handled adverse market conditions. In the past 15 years, there have been ample opportunities to test your risk tolerance. How did the slow, drawn-out bear market of 2000-2003 effect your attitude towards stocks? Was it different in the sharp declines of 2008? What was your equity exposure during both of those periods? Were you able to maintain that exposure throughout the period? Has it changed your attitude towards risk today? Please use the space below to describe your experience:

Retirement Goals

Objective	High Importance	Medium Importance	Low Importance	Does not Apply
Maintain current living standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve current living standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist children's finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist children's or grandchildren's education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Philanthropic endeavors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Growth of estate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protect Spouse Financially	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Additional Information - Optional

The following information is not necessary to complete the analysis. However, it will help us get a complete picture of your financial life, and may prompt important discussions concerning your financial wellbeing.

Question	Answer
Tax Preparer's Name	
Tax Loss Carry forwards	
Lawyer's Name	
Date of Last Update to Wills/Trusts	

Use the space below to describe any restrictions to your investment accounts. Examples include restricted stock, stock with very low cost basis, industries you would not like to invest in on ethical grounds, stocks with sentimental value, etc.

Additional Notes – Include anything not covered by this questionnaire:

