



## **Initial Planning Questionnaire**

## **Information Gathering Process**

### **Introduction**

This booklet is designed to facilitate the planning process. Our goal is to make your life simpler, not more complex, so this booklet should not be a hindrance or a burden. You may complete as much as you like and gather the requested information or we will develop this information together at our next meeting.

### **The Next Meeting**

Copies of the items listed below will be required for our next meeting.

- Investment account statements
- Retirement plan statements
- Wills or Living Trusts
- Recent Tax Return
- Life Insurance Policies
- Company benefits such as life, disability and health insurance

### **Financial Independence**

Financial independence means having the freedom to pursue what is really important to you. Global View can assist you in making crucial decisions necessary to maximize your assets, enhance the quality of your life and realize your personal and financial goals. This is ancillary to our process as fiduciaries and do not receive any commissions. We are a fee-only investment advisory firm.

**CONFIDENTIAL FINANCIAL INFORMATION**

Date \_\_\_\_\_

	Date of Birth	Social Sec. No.
Client Name		
Spouse Name		
Home Address	Phone	email
Children's Name		

Do you have children from a previous marriage? Please elaborate.

\_\_\_\_\_

Husband Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Approximate Annual Income \$ \_\_\_\_\_

Wife Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Approximate Annual Income \$ \_\_\_\_\_

Wedding Anniversary \_\_\_\_\_

**Current Financial Strategies:**

1. Do you have an investment strategy? If so, please summarize. \_\_\_\_\_

\_\_\_\_\_

2. What is your current savings strategy? \_\_\_\_\_

3. Do you have an emergency fund, how much? \_\_\_\_\_

4. Do you have long term care insurance? \_\_\_\_\_

5. Are your Beneficiary Designations current? \_\_\_\_\_

6. Do you have a Health Care POA? \_\_\_\_\_



## **FINANCIAL PRIORITIES**

### **Goals and Objectives:**

1. Do you expect an inheritance or other financial windfall in the future? \_\_\_\_\_
2. Other than retirement, do you have any other major goals you hope to accomplish (and when)?  
\_\_\_\_\_  
\_\_\_\_\_
3. What do you feel is the best/worst aspect of your present plan ? \_\_\_\_\_  
\_\_\_\_\_
4. Age of parents, if living \_\_\_\_\_ Health status? \_\_\_\_\_
5. Do you expect to financially support a family member in the future (parent, child, etc.)? \_\_\_\_\_  
\_\_\_\_\_
6. Do you own your own business? If so, tell me about it \_\_\_\_\_  
\_\_\_\_\_
7. Are you comfortable with debt? \_\_\_\_\_
8. Current monthly / annual expenditures \$ \_\_\_\_\_
9. Have you created and implemented an estate plan? If so, when? Does this include trusts? \_\_\_\_\_

### **Retirement Planning:**

1. When do you and your spouse wish to retire (or did retire)? \_\_\_\_\_
2. How much monthly income would you like to have in today's dollars when you retire? \_\_\_\_\_
3. Current annual retirement plan savings? \_\_\_\_\_ annual non-retirement plan savings? \_\_\_\_\_

**Life Insurance:**

His Death

Her Death

1. How much annual income would your family need  
in the event of death?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Life Insurance – please list current life insurance coverage

Company	Type of Ins.	Death Benefit	Owner / Custodian	Beneficiary / Child

Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_

Estate Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Banking Relationship: \_\_\_\_\_ Banker: \_\_\_\_\_

Phone: \_\_\_\_\_