



Thank you for your interest in Frisco Financial Planning.

The first step in our planning process is to gather the following information:

- 1) Current investment statements
- 2) Most recent tax return (form 1040 and schedules A & D)
- 3) The attached questionnaire (page 1 for first meeting, remainder if you engage our services)

This form is very comprehensive; we ask that you fill it out as *thoroughly as possible* for the following reasons:

1. Consider it a case history. Just as a doctor must gather extensive information about your medical background before diagnosing your condition, so must we develop a case history before recommending any financial course of action. All areas of personal finance are linked together and seemingly unimportant information in one area can dramatically affect the condition of another area.
2. We will quote you a fixed, flat fee for our proposed planning work but we can only do so if we are exposed to your entire financial situation. Completing this questionnaire in advance of our first meeting will save you time in the long run since upon its completion, we will have substantially all we need to quote you a firm fee.

Our preferred method of receiving your financial information is in an electronic format (documents and questionnaire in scanned pdf format or faxed to us). However, if the old-fashioned way works better for you, feel free to mail the information to us.

Please provide us with copies (no originals please) of your documents and take care to securely transmit any personal identifying information such as account numbers, social security numbers, etc. (FFP is not responsible for information lost or intercepted in transit)

As you may have noticed, we are very honest and forthright about our Christian faith.

Do not be afraid! We won't beat you over the head with the Gospel. Many of our clients either don't share our same beliefs or do not desire to mix their faith and their financial planning.

If this describes you, in the last question of the first section of the questionnaire, either answer "no," or leave it blank and we won't mention the matter again. (The advice we provide works equally well regardless of your spiritual beliefs)

We mention this upfront in case you feel it disqualifies us as a suitable financial planning firm for you. If that is the case, please let us know; we won't be offended and we regularly refer clients to qualified secular advisers for that reason.

Thank you in advance for taking the time and effort required to begin a relationship with us. Your effort will be well-rewarded.

Sincerely,

John Gay

John Gay, CFP®



CLIENT FINANCIAL INFORMATION
General Questionnaire

CONFIDENTIAL

Date Prepared:

GENERAL INFORMATION

	Client 1	Client 2
Name (First, MI, Last)	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Gender	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Date of Birth/Age	<input style="width: 45%; height: 20px;" type="text"/>	<input style="width: 45%; height: 20px;" type="text"/>
US Citizen?	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Street Address	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
City, State, Zip	<input style="width: 45%; height: 20px;" type="text"/>	<input style="width: 45%; height: 20px;" type="text"/>
Home Phone	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Cellular Phone	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Fax	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
E-Mail Address	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Marital Status	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Anniversary Date	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Kids From This Marriage	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Kids From Prior Marriage(s)	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Smoker? / Health Condition	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Hobbies	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Age @ Retirement	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
What Church Do You Attend?	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Are you interested in applying biblical principles to your finances?	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

How did you hear about *Frisco Financial Planning*? (Please be specific):

PLEASE COMMENT ON THE ADVICE YOU SEEK:

EMPLOYMENT INFORMATION

	Client 1	Client 2
Employer Name		
Occupation		
Years with Employer		
Total Annual Compensation		
Business Phone		
Fax		
Anticipate Change?		
If so, when?		
Served in Military?		
Branch/Years		

CASH FLOW:

Annual Income (Not Including Investments)

	Client 1	Client 2
Earned Income		
Other Income (excluding Investments)		

Savings (Annual Additions, Not Current Balances)

Company Retirement Plans (employee contributions only)		
529 Education Plans		
Taxable Accounts		
Other Annual Savings Amounts		

IRA Contributions Made Yet?

Client 1 (Amount)

Last Year This Year

Roth
Traditional

Client 2 (Amount)

Last Year This Year

Roth
Traditional

Social Security & Medicare Taxes

Household Federal Income Taxes

Household Living Expenses (After-Tax)*

* Total Annual Income less Income Tax/SS Tax/Medicare Tax less Annual Savings

Please describe below any anticipated changes to your cash flow:

CHILDREN (Please list all children including Adult, Non-Dependents and children from prior marriages)

First Name	Last Name	Date of Birth	Public/Private/ly*	Yrs of School to Fund*	Whose Child?	Dependent	Gender	Type Of School*

* Complete these fields for those children whose education you plan to fund.

PARENTS

Client 1		Client 2	
Parent's Names	<input type="text"/>	Parent's Names	<input type="text"/>
Dates of Birth	<input type="text"/>	Dates of Birth	<input type="text"/>
Still Living?	<input type="text"/>	Still Living?	<input type="text"/>
Financially Independent?	<input type="text"/>	Financially Independent?	<input type="text"/>
LTC Insurance?	<input type="text"/>	LTC Insurance?	<input type="text"/>
Where do they live?	<input type="text"/>	Where do they live?	<input type="text"/>

FINANCIAL GOALS

Rank the relevant priorities from 1 to 8 with 1 being the highest priority and 8 the lowest. **Do not use the same number twice.**

Priorities	Rank 1-8
Achieve financial security for retirement	<input type="text"/>
Provide funds for education	<input type="text"/>
Maintain adequate life insurance	<input type="text"/>
Protect your resources in case of disability	<input type="text"/>
Diversify and maximize portfolio return given your risk profile	<input type="text"/>
Minimize estate taxes and provide for your heirs	<input type="text"/>
Eliminate Debt	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>

INVESTOR TYPE

What type of investor do you consider yourself?

- Delegator:** I prefer to delegate all decision-making, execution of investment trades, paperwork, and all related chores to someone else.
- Validator:** I have ideas of my own but would like the input of a professional to validate my decisions.
- Advice-Seeker:** I like the idea of paying only for periodic advice and then executing that advice on my own.
- Self-Directed:** I am fully comfortable making investment decisions and executing those decisions. I don't need and am not willing to pay for investment advice.

What do you feel is the 'going rate' for investment advice (include the cost of the advice and the cost of the relevant investment product(s))

% of your portfolio value annually.

OTHER ADVISORS/MISCELLANEOUS INFORMATION

Rate your relationship with the following advisors:
(From 1 to 5: 1 = "very dissatisfied" to 5 = "very satisfied." Leave blank if N/A)

Banker	<input type="text"/>	What is your FICO Credit Score?	<input type="text"/>
Stock Broker	<input type="text"/>	Date Obtained:	<input type="text"/>
Attorney	<input type="text"/>		
Tax Preparer/CPA	<input type="text"/>	What is your Net Worth?	<input type="text"/>
Insurance Agent	<input type="text"/>	(Assets Minus Liabilities)	<input type="text"/>
Realtor	<input type="text"/>		
Mortgage Broker	<input type="text"/>	Other Advisers you are interviewing:	<input type="text"/>

LIABILITIES:

Credit Cards (Not Paid In Full Each Month)	Interest Rate	Average Monthly Payment	Current Balance

Debt Description (Mortgages, Auto, Business, School)	Fixed or Variable	Term	Rate	Monthly Pmt (P&I)	Current Balance	Original Balance
Mortgage (1st)						
Mortgage (2nd)						

LIFE INSURANCE:

Client 1 Ever Denied Coverage? Client 2 Ever Denied Coverage?

Insured	Face Amount	Loan	Cash Surrender Value	Owner	Beneficiary	Type	If Term, Ends
Client #1	1						
Client #1	2						
Client #1	3						
Client #2	4						
Client #2	5						
2nd to die	6						

Client 1: In the event of my death, I would like to insure an annual expense figure of (in today's dollars) until my surviving spouse reaches age

Client 1: In the event of my death, I would like to insure an annual expense figure of (in today's dollars) until my surviving spouse reaches age

DISABILITY INSURANCE:

Client 1
Ever Denied Coverage?

Client 2
Ever Denied Coverage?

Insured	Monthly Benefit	COLA %	Elimination Period	# Months	Benefit Period	Do You Pay Premiums with Personal Funds (After Tax)?
					To Age	
					or	
					or	
					or	
					or	

LONG-TERM CARE INSURANCE:

Client 1
Ever Denied Coverage?

Client 2
Ever Denied Coverage?

	Daily Benefit (Today's \$)	Elimination Period (Days)	Benefit Period (yrs)	COLA %	Insurance Carrier
Client 1					
Client 2					

ESTATE PLANNING:

	Client 1	Client 2
Do you have a will?	<input type="text"/>	<input type="text"/>
Do you have a living trust?	<input type="text"/>	<input type="text"/>
Date will/living trust last updated:	<input type="text"/>	<input type="text"/>
Do you have durable power of attorney?	<input type="text"/>	<input type="text"/>
Do you have any health care directives?	<input type="text"/>	<input type="text"/>
Do you have children from a prior marriage?	<input type="text"/>	<input type="text"/>
Do you have a credit shelter trust?	<input type="text"/>	<input type="text"/>
Do you have a qualified domestic trust?	<input type="text"/>	<input type="text"/>
Do you have a Letter of Instruction?	<input type="text"/>	<input type="text"/>

ADDITIONAL INFORMATION:

These items may be needed, should you engage our services:

- Prior Year(s) Tax Returns
- Trust Account Statements
- Retirement Plan "Summary Plan Descriptions"
- Loan Documents

- Pay Check Stubs
- Employee Benefit Plan Descriptions
- Social Security Annual Statement
- Insurance Policies