

Financial Planning Questionnaire



Client Document Checklist For Financial Plan



This workbook is designed to help you collect and organize the information needed to develop your Comprehensive Financial Plan, which includes your goals and the resources available to fund them. Gathering information from the checklist below will help you move through the workbook. It is a good idea to gather as much of this information as possible before getting started.

Thank you in advance for taking the time to gather this information so we can focus on the fun stuff: developing a plan that addresses your goals, hopes, and dreams in retirement. Please let us know if you need assistance with any of the sections. We look forward to working with you to complete this first step in our ongoing financial planning process.

- ☐ Current pay stubs & W2, Tax Return
- ☐ Pension statement
- ☐ Social Security statement/estimate
(www.ssa.gov/myaccount)
- ☐ Investments – current statements for all non-Lincoln Investment assets
 - 401(k)
 - IRA
 - Brokerage Accounts
 - Bank Accounts
(checking, savings, CDs, etc.)
 - Health Savings Account
 - Education Savings Accounts
(529, Coverdell IRA, UTMA, Trust, etc.)
 - Employee Benefits brochure
 - Annuities
 - Revocable & Irrevocable Trusts
 - Cryptocurrency Accounts
- ☐ Insurance - Statements
 - Life
 - Disability
 - Long-Term Care Policies
 - Summary of Employer Elected Benefits

- ☐ Liabilities
 - Mortgage Statement
 - Car Loan Statements
 - Home Equity Loans
 - Credit Cards
- ☐ Estate
 - Wills and/or Trust Documents
(including any codicils)
 - Power of Attorney
 - Personal Directives

- ☐ Stock Option/Restricted Stock Plan details

If you own an incorporated business, please include the following:

- Buy/Sell agreements
- Unanimous shareholders agreement
- Corporately-owned life, disability & critical illness insurance policies/ statements

Contact Information

	Client One	Client Two
Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		
Age		
Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email		
Home Phone		
Cell Phone		
Street Address		
City, State, Zip		

Employment Information

Employment Status	<input type="checkbox"/> Self <input type="checkbox"/> Retired <input type="checkbox"/> Employee	<input type="checkbox"/> Self <input type="checkbox"/> Retired <input type="checkbox"/> Employee
Company Name		
Job Title		
Years at Current Employer		
Phone		
Email		
Address		
City, State, Zip		
Employment Income (gross)	\$	\$

Family Members & Important Relationships

Include any individuals for gifting, goals & beneficiaries (e.g.; children, grandchildren, charities, etc.)

Name	Relationship	Date of Birth	Dependent (Y/N)	City, State

Goals & Objectives

Retirement Age	Client One	Client Two
Target Retirement Age		
How willing are you to retire later to attain your goals?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly willing <input type="checkbox"/> Somewhat willing <input type="checkbox"/> Very willing	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly willing <input type="checkbox"/> Somewhat willing <input type="checkbox"/> Very willing

Goals

Example: Healthcare, home improvement, education funding, travel, provide care, major purchase, etc.

Rate importance on scale of 1 (low) to 10 (high).

[illegible]

Notes

Social Security Information

Provide a statement available from www.ssa.gov/estimator

	Client One	Client Two
Age to start benefit		
Estimated or current benefit monthly	\$	\$

Pensions Plans

	Participant Pension 1	Participant Pension 2	Spouse Pension 1	Spouse Pension 2
Company Name				
Annual Amount (gross)	\$	\$	\$	\$
Starting Year/Age				
Cost of Living Adjustment				
Survivor Benefit (%)				

Other Income

Include income from part-time work, rental property, annuities, royalties, alimony, etc. Don't include interest or dividend income from your investments. All amounts are pre-tax and begin at retirement unless otherwise noted.

Description	Name	Annual Income	Number of Years
		\$	
		\$	
		\$	

Real Estate & Other Personal Property

Address/Type	Personal or Investment	Ownership Type	Value
			\$
			\$
			\$
			\$

Which, if any, of these properties would you consider selling to help fund your retirement? _____

When would you consider selling? _____

Assets – Bank & Taxable Accounts

Checking, savings, CDs, money market, brokerage, individual and joint accounts, trusts, TODs, PODs, etc.

Type of Account	Institution	Owner	Current Value	Annual Additions	Beneficiary
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

Retirement/Qualified Accounts

401(k), 403(b), IRA, Roth, 529, HSA, etc.

Type & Institution	Owner	Current Value	Annual Additions	Employer Match	Beneficiary
		\$	\$ or %	\$ or %	
		\$	\$ or %	\$ or %	
		\$	\$ or %	\$ or %	
		\$	\$ or %	\$ or %	
		\$	\$ or %	\$ or %	
		\$	\$ or %	\$ or %	

How willing are you to save more? ☐ Not at all ☐ Slightly ☐ Somewhat ☐ Very

Assets Held for Education

Include any 529, Coverdell IRA, Custodial, Savings, Mutual Fund

Type of Account	Type	Owner	Beneficiary	Balance
				\$
				\$
				\$
				\$

Annuities

Fixed & Variable - Please provide copy of statement.

Owner	Annuity Type	Current Value
		\$
		\$
		\$
		\$

Other Assets

	Owner	Description	Current Value
Stock Options			\$
Restricted Stock			\$
Deferred Compensation			\$
Small Business Ownership			\$

Liabilities

List your mortgage, car loans, education loans, credit card balances, etc.

Description	Start Date	Beginning Balance	Current Balance	Monthly Payment	Term	Interest Rate
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		

Life Insurance

Please include your latest statement.

Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For your age, how would you rate your health?	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Average	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Average
If you compare your family to others, how long do they live?	<input type="checkbox"/> Shorter than average <input type="checkbox"/> About average <input type="checkbox"/> Longer than average	<input type="checkbox"/> Shorter than average <input type="checkbox"/> About average <input type="checkbox"/> Longer than average

Term Insurance Policies

Owner	Insured(s)	Beneficiary	Group or Individual	Term Remaining	Annual Premium	Death Benefit
					\$	\$
					\$	\$
					\$	\$

Permanent Insurance Policies

Owner	Insured(s)	Beneficiary	Year Purchased	Cash Value	Annual Premium	Death Benefit
					\$	\$
					\$	\$
					\$	\$

Disability & Long-Term Care Insurance

Please attach policies if available.

	Daily/Monthly Benefit	Benefit Period	Premium Per Period	Waiting Period (Days)	Daily/Monthly Benefit	Inflation Adjustment
Participant Long-Term Care			\$			
Spouse Long-Term Care			\$			

Estate

Will	<input type="checkbox"/> Yes <input type="checkbox"/> No		Name and phone number
Including a provision for a Bypass Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accountant/CPA	
Medical Directive	<input type="checkbox"/> Yes <input type="checkbox"/> No	Estate Attorney	
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Agent	
Date documents were last reviewed		Other:	

Expectations & Concerns in Retirement

What do you most look forward to? What concerns you? Select all that apply.

RETIREMENT EXPECTATIONS	Client One	Client Two
No work		
Part-time work		
Never completely retire		
Active lifestyle		
Quiet lifestyle		
Time to travel		
Time with friends and family		
Opportunity to help others		
Moving to a new home		
Start a business		
Less stress		
Vacation/second home:		
Other:		

RETIREMENT CONCERNS	Client One	Client Two
Not having a paycheck anymore		
Running out of money		
Suffering investment losses		
Leaving money to others		
Cost of health care or long-term care		
Current or future health issues		
Dying early		
Living too long		
Parents needing care		
Family needs financial help		
Kids moving home		
Care for child with special needs		
Other:		

Financial Topics

Put a checkmark by each financial topic of interest to you.

Create a retirement plan and income strategy (including social security and pension planning)	
Save more money on a regular and systematic basis	
Review my retirement savings program	
Review my current investments	
Develop better investment allocations/strategies	
Education on my financial situation	
Real estate and rental investment considerations	
Business planning and/or multiple income source planning	
Review my insurance programs	
Provide for my family in the event of my death	
Plan for long-term care or disability insurance	
Provide education funds for my children/grandchildren	
Reduce my current debt – debt management	
Create/revise my monthly budget	
Other:	
Other:	

Monthly Expense Worksheet

Housing	Current	In Retirement
HOA/Condo Fees	\$	\$
Real Estate Taxes	\$	\$
Homeowner's Insurance	\$	\$
Gas & Electricity	\$	\$
Water & Sewer	\$	\$
Cable/TV/Internet	\$	\$
Landscaping	\$	\$
Alarm Systems	\$	\$
Maintenance, Repairs & Projects	\$	\$
Household Items	\$	\$
Cleaning/Supplies	\$	\$
Furniture	\$	\$
Other:	\$	\$
Other:	\$	\$
Other:	\$	\$
HOUSING TOTAL	\$	\$

Lifestyle	Current	In Retirement
Groceries	\$	\$
Entertainment & Restaurants	\$	\$
Travel/Vacation	\$	\$
Clothing & Dry Cleaning	\$	\$
Cell Phone Bill	\$	\$
Dues/Memberships/Subscriptions	\$	\$
Hobbies	\$	\$
Other:	\$	\$
LIFESTYLE TOTAL	\$	\$

Transportation	Current	In Retirement
Fuel	\$	\$
Auto Insurance	\$	\$
Maintenance	\$	\$
Parking/Tolls	\$	\$
Registration & Inspection	\$	\$
Other:	\$	\$
TRANSPORTATION TOTAL	\$	\$

Monthly Expense Worksheet

Insurance	Current	In Retirement
Medical	\$	\$
Dental	\$	\$
Vision	\$	\$
Health Savings Account	\$	\$
Other:	\$	\$
INSURANCE TOTAL	\$	\$

Children	Current	In Retirement
Clothing	\$	\$
Activities	\$	\$
Daycare	\$	\$
Tuition K-12	\$	\$
Tuition College/Grad School	\$	\$
Allowances/Lunches	\$	\$
Other:	\$	\$
CHILDREN TOTAL	\$	\$

TOTAL MONTHLY EXPENSES IN TODAY'S DOLLARS	\$	\$
ANNUAL EXPENSE IN TODAY'S DOLLARS	\$	\$

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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