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## Personal financial planning questionnaire

American Institute of Certified Public Accountants. Personal Financial Planning Division

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# **Personal Financial Planning Questionnaire**



## PERSONAL FINANCIAL PLANNING QUESTIONNAIRE

*Please fill out this questionnaire as accurately and completely as possible. You may estimate or make rough guesses where necessary; if you do so, please identify these answers clearly by putting a question mark in the margin next to your response.*

### Part I • Personal and Family Information

1. Your full name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Date and Place of Birth \_\_\_\_\_

2. Spouse's full name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Date and Place of Birth \_\_\_\_\_

3. Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Home Telephone Number ( ) \_\_\_\_\_

4. **Prior Marriages** Yes No  
 Have you been married previously?    
 Has your spouse been married previously?

5. **Children** Dependent  
Yes No

<u>Name</u>	<u>Age</u>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

6. **Grandchildren**

Number \_\_\_\_\_ Age(s) \_\_\_\_\_

Yes No

7. Does anyone other than your children depend financially on you or your spouse?

If yes, give name(s) and relationship(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes No

8. Do any members of your family have significant health problems?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Advisers Name

Attorney \_\_\_\_\_

Banker \_\_\_\_\_

Insurance Agent \_\_\_\_\_

Stockbroker \_\_\_\_\_

10. Current Employment

	<u>Company</u>	<u>Position</u>	<u>Years Employed</u>	<u>Phone Number</u>
You	_____	_____	_____ ( )	_____
Spouse	_____	_____	_____ ( )	_____

Yes No

Are you or your spouse engaged in any professional activities, paid or unpaid, outside of your main employment (e.g., moonlighting, board memberships, volunteer work, professional association memberships, etc.)?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Part II • Financial Planning Goals and Objectives**

1. Financial Planning Goals

Please list your specific financial planning goals and indicate their relative importance to you and your spouse.

<u>Goal</u>	<u>You</u>		<u>Spouse</u>	
	<u>Very</u>	<u>Somewhat</u>	<u>Very</u>	<u>Somewhat</u>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. **Investment Objectives**

Please indicate the relative importance of each of the following investment objectives to you and your spouse.

<u>Objective</u>	<u>You</u>			<u>Spouse</u>		
	<u>Very</u>	<u>Somewhat</u>	<u>Not</u>	<u>Very</u>	<u>Somewhat</u>	<u>Not</u>
Current Income: dividends or interest to spend and/or reinvest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidity: ability to quickly convert the investment into cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital Appreciation: possibility of original investment gaining in value over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety: little or no danger of losing the investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Shelter: current and/or longer-term tax advantages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any significant investments planned in the near future (e.g., stock, direct real estate ownership, real estate limited partnerships, etc.): \_\_\_\_\_

3. **Personal Objectives**

Please indicate the relative importance of each of the following personal objectives to you and your spouse.

<u>Objective</u>	<u>You</u>			<u>Spouse</u>		
	<u>Very</u>	<u>Somewhat</u>	<u>Not</u>	<u>Very</u>	<u>Somewhat</u>	<u>Not</u>
Saving regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a major purchase (e.g., second home, car)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking a dream vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing personal income taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing or revising your investment strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing for a comfortable retirement income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for your children's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for your grandchildren's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making gifts to relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making gifts to charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determining how your estate assets will be distributed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding probate costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing the burden of health care costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for your family in the event of your or your spouse's death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for your family in the event of your or your spouse's disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing or modifying career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III • Assets

1. **Cash on Hand**    \$ \_\_\_\_\_

2. **Cash Accounts**

*Present Balance for Each of the Following:*

<u>Type of Account</u>	<u>Your Name</u>	<u>Spouse's Name</u>	<u>Joint with Spouse</u>	<u>Other</u>
Checking Accounts	_____	_____	_____	_____
Savings Accounts	_____	_____	_____	_____
CDs	_____	_____	_____	_____
Money Market Funds	_____	_____	_____	_____
Treasury Securities	_____	_____	_____	_____
U.S. Savings Bonds	_____	_____	_____	_____
Brokerage Accounts	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____

3. **Stocks Owned — Direct Ownership\***

<u>Name of Security</u>	<u>Ownership**</u>	<u>Number of Shares</u>	<u>Current Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. **Stocks Owned — Stock Mutual Funds\***

<u>Institution</u>	<u>Ownership**</u>	<u>Number of Shares</u>	<u>Current Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Please be sure to include all ownership, whether in your name, your spouse's name, or jointly owned with your spouse or another individual.

\*\* Indicate husband, wife, or joint ownership.

Yes   No

5. Do you and/or your spouse participate in a company stock option plan?
- Do you and/or your spouse participate in a company stock purchase plan?

6. **Bonds Owned — Direct Bond Investment\***

<u>Institution</u>	<u>Ownership**</u>	<u>Number of Shares</u>	<u>Current Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. **Bonds Owned — Bond Mutual Funds\***

<u>Institution</u>	<u>Ownership**</u>	<u>Number of Shares</u>	<u>Current Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. **Other Mutual Funds\***

<u>Institution</u>	<u>Ownership**</u>	<u>Number of Shares</u>	<u>Current Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. **Receivables (i.e., money owed to you and/or your spouse)**

	<u>Notes Receivable</u>	<u>Other Receivables</u>
Description	_____	_____
Amount	_____	_____
Maturity Date	_____	_____

\* Please be sure to include all ownership, whether in your name, your spouse's name, or jointly owned with your spouse or another individual.

\*\* Indicate husband, wife or joint ownership.

10. **Retirement Accounts**

<i>Description</i>	<i>Vested Value</i>	
	<i>You</i>	<i>Spouse</i>
IRA	_____	_____
Keogh Plan	_____	_____
Pension Plan	_____	_____
Profit-Sharing Plan	_____	_____
ESOP	_____	_____
Other (e.g., deferred compensation, stock options, etc.)	_____	_____

11. **Real Estate Owned — Personal Use\***

	<i>Ownership**</i>	<i>Cost</i>	<i>Approximate Market Value</i>	<i>Mortgage(s) and Home Equity Loans Outstanding</i>	<i>Monthly Payment</i>
Personal Residence(s)	_____	_____	_____	_____	_____
Vacation Home(s)	_____	_____	_____	_____	_____

12. **Real Estate Owned — Investment (excluding limited partnerships)\***

<i>Description</i>	<i>Ownership**</i>	<i>Cost</i>	<i>Approximate Market Value</i>	<i>Mortgage(s) Outstanding</i>	<i>Monthly Payment</i>
Undeveloped Land	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Income Producing	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

\* Please be sure to include all ownership, whether in your name, your spouse's name, or jointly owned with your spouse or another individual.

\*\* Indicate husband, wife or joint ownership.



13. **Limited Partnership Interests\***

	<u>Description</u>	<u>Ownership**</u>	<u>Date Acquired</u>	<u>Capital Contribution Made</u>
Real Estate	_____	_____	_____	_____
	_____	_____	_____	_____
Oil/Gas	_____	_____	_____	_____
	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____

14. **Closely Held Business Interests** (please attach recent financial statements)

Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Acquired \_\_\_\_\_ Percent Owned \_\_\_\_\_

Estimated Fair Market Value \_\_\_\_\_

15. **Other Investments**

<u>Description</u>	<u>Ownership**</u>	<u>Estimated Fair Market Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. **Personal Property\***

	<u>Estimated Fair Market Value</u>	<u>Recently Appraised</u>	
		<u>Yes</u>	<u>No</u>
Furniture and Household Goods	_____	<input type="checkbox"/>	<input type="checkbox"/>
Jewelry and Furs	_____	<input type="checkbox"/>	<input type="checkbox"/>
Automobiles, Trailers, etc.	_____	<input type="checkbox"/>	<input type="checkbox"/>
Boats, Aircraft, etc.	_____	<input type="checkbox"/>	<input type="checkbox"/>
Art and Antiques	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other Collectibles	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other Items (of significant value)	_____	<input type="checkbox"/>	<input type="checkbox"/>

\* Please be sure to include all ownership, whether in your name, your spouse's name, or jointly owned with your spouse or another individual.

\*\* Indicate husband, wife, or joint ownership.

Part IV • Insurance Coverage

1. **Life Insurance — Other than through employer**

	<u>Face Value</u>	<u>Cash Surrender Value</u>	<u>Beneficiary (if not spouse)</u>	<u>Policy Owner</u>
Whole Life/Universal Life				
You	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Term				
You	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Other: _____				
You	_____	_____	_____	_____
Spouse	_____	_____	_____	_____

2. **Life Insurance — Employer-sponsored**

	<u>Face Value</u>	<u>Beneficiary (if not spouse)</u>
You	_____	_____
Spouse	_____	_____

3. **General Insurance**

	<u>Check appropriate boxes</u>			
	<u>You</u>	<u>No</u>	<u>Spouse</u>	<u>No</u>
Are you and/or your spouse covered by the following insurance?	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Hospitalization, Major Medical, HMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-Term Personal Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Personal Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner's or Renter's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Personal Property (for valuables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part V • Liabilities\***

**(Excluding Real Estate Mortgages and Home Equity Loans Identified in Part III)**

	<u>Amount Owed</u>	<u>Monthly Payment</u>
<b>1. Loans</b>		
Bank Loans	_____	_____
Student Loans	_____	_____
Insurance Policy Loans	_____	_____
Personal Loans	_____	_____
<b>2. Consumer Credit</b>		
Installment Debt	_____	_____
Major Credit Cards	_____	_____
Store Charges	_____	_____
Other Unpaid Bills	_____	_____
<b>3. Brokers' Margin Accounts</b>	_____	_____
<b>4. Alimony/Support Obligations</b>	_____	_____
<b>5. Charitable Pledges</b>	_____	_____
<b>6. Other:</b> _____	_____	_____
_____	_____	_____

**Part VI • Income Sources**

<b>1. Employment Income (current year)</b>	<u>You</u>	<u>Spouse</u>
Gross Salary	_____	_____
Bonus	_____	_____
Commissions	_____	_____
Self-Employment	_____	_____
Other: _____	_____	_____
_____	_____	_____

\* Please include liabilities for both you and your spouse.

2. <b>Income From Investments</b> (current year)	<u>You</u>	<u>Spouse</u>	<u>Joint</u>
Interest — Taxable	_____	_____	_____
Interest — Non-taxable	_____	_____	_____
Dividends	_____	_____	_____
Rental Income — Net	_____	_____	_____
Partnership Distribution Income	_____	_____	_____
Annuities	_____	_____	_____
Trusts and Estates	_____	_____	_____
Social Security	_____	_____	_____
Pension	_____	_____	_____
Other: _____	_____	_____	_____
_____	_____	_____	_____

3. <b>Miscellaneous Income</b> (current year)	<u>You</u>	<u>Spouse</u>	<u>Joint</u>
Gifts from Others	_____	_____	_____
Sale of Assets	_____	_____	_____
Alimony	_____	_____	_____
Child Support	_____	_____	_____
Other: _____	_____	_____	_____
_____	_____	_____	_____

4. <b>Income Trends Over the Next Three Years</b>	<u>19</u>	<u>19</u>	<u>19</u>
Employment Income			
You	\$ _____	\$ _____	\$ _____
Spouse	\$ _____	\$ _____	\$ _____

5. <b>Borrowing and Credit Considerations</b>	<u>Yes</u>	<u>No</u>
a. Do you or your spouse have a line of credit with a bank?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you aware of how the credit bureaus rate your personal credit?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you considering making a major durable goods purchase (car, trailer, appliance, etc.) in the near future?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you considering the purchase of a home (residence, vacation, etc.) in the near future?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you considering any major home improvements?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you considering the purchase of a vacation time share?	<input type="checkbox"/>	<input type="checkbox"/>
g. Have you or your spouse considered leasing a personal automobile?	<input type="checkbox"/>	<input type="checkbox"/>
h. Are you considering securing a home equity loan (i.e., a loan secured by the equity in your home)?	<input type="checkbox"/>	<input type="checkbox"/>
i. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

**Part VII • Retirement Planning**

*If you are already retired, please skip the questions in this section and proceed to Part VIII.*

1. At what age do you and your spouse plan to retire? You \_\_\_\_\_ Spouse \_\_\_\_\_
- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <u>Yes</u>               | <u>No</u>                |
| 2. Have you invested in tax-deferred annuities or are you considering doing so? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you taking full advantage of elective deferrals (401k and 403b plans)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you expect to receive any inheritances?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your spouse expect to receive any inheritances?                         | <input type="checkbox"/> | <input type="checkbox"/> |

*Please answer the next eight questions only if you are over 50.*

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 5. Are you eligible for social security benefits?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is your spouse eligible for social security benefits?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you estimated how much income you will have upon retirement?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If you have estimated your retirement income, do you think it's sufficient to live on?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will you have the option of taking a lump-sum pension payment instead of an annuity at retirement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you considered alternate places for living when you retire?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. What will your income requirements be when you retire (in today's dollars)? _____                 |                          |                          |
| 12. Describe your plans for retirement. Include a description of your retirement lifestyle. _____     |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |

**Part VIII • Estate Planning**

- |                 |  |                                |                          |                          |                          |
|-----------------|--|--------------------------------|--------------------------|--------------------------|--------------------------|
|                 |  | <u>Check appropriate boxes</u> |                          |                          |                          |
|                 |  | <u>You</u>                     |                          | <u>Spouse</u>            |                          |
|                 |  | <u>Yes</u>                     | <u>No</u>                | <u>Yes</u>               | <u>No</u>                |
| 1. <b>Wills</b> |  |                                |                          |                          |                          |
|                 | a. Do you have a will?   | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                 | b. Are there any amendments to the will?                               | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                 | c. Are you planning to make any changes to the will?                   | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                 | d. Is the will up-to-date?   | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                 | e. Have you designated the distribution of personal property to heirs? | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. **Trusts**

	<u>You</u>		<u>Spouse</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
a. Do you receive income from any trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you created a trust except as part of your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you expect to be named a beneficiary of a trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a letter of instructions that provides information about insurance policies, investments, funeral preferences, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you discussed the contents and whereabouts of your will and letter of instructions with your immediate family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If applicable, have you appointed a financial guardian for your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you established an adult guardianship arrangement for yourself in the event you become disabled or mentally incompetent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IX • Planning, Record-Keeping and Taxes**

	<u>Yes</u>	<u>No</u>
1. Are you satisfied with your personal record-keeping system?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a safe-deposit box for storage of valuable papers and possessions?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a comprehensive and up-to-date inventory of your household furnishings and possessions?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a list of the contents of your wallet or purse?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your spouse have a list of the contents of his or her wallet or purse?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you periodically prepare a personal balance sheet, i.e., a listing of your assets and liabilities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you periodically prepare a household budget that lists expected income and expenses?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you prepare your own income tax return?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you consider yourself knowledgeable on tax-saving techniques and the latest changes in the tax law?	<input type="checkbox"/>	<input type="checkbox"/>
10. In your opinion, is your personal record-keeping system adequate enough to be useful in preparing your tax return?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you keep a notebook handy to record miscellaneous tax-deductible expenses?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you familiar with the potential benefits of tax-sheltered investments?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does your tax situation require immediate, large tax write-offs?	<input type="checkbox"/>	<input type="checkbox"/>

**Part X • Accuracy of Information Supplied**

Overall, how would you classify the monetary information provided in this questionnaire?

- Very accurate
- Based on estimates that are reasonably accurate
- Based on rough estimates

Date completed: \_\_\_\_\_

**AICPA**

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