

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



## FINANCIAL DATA QUESTIONNAIRE

### GENERAL INFORMATION

	Client	Spouse
Name		
Date of Birth		
Age at Retirement		
Desired Retirement Income*	\$	\$
Employer		
Annual Pension Benefit	\$	\$
Age Pension Begins		
Pension COLA?	Y / N	Y / N

\*We generally calculate this based on lifestyle. If you wish, enter a specific amount in today's dollars.

Does your employer provide retiree health benefits? Yes / No / Limited (explain):

### CHILDREN

Name	DOB	Current Grade	Desired College (Name / Type)	Current Education Funds	Current Annual Savings
				\$	\$
				\$	\$
				\$	\$
				\$	\$

### ASSETS

	Client	Spouse	Joint
Savings / Money Market	\$	\$	\$
Home	\$	\$	\$
Second Home	\$	\$	\$
Investment Real Estate	\$	\$	\$
Other	\$	\$	\$

## INCOME & EXPENSES

	Client	Spouse
Gross Wages	\$	\$
Self Employment Income	\$	\$
Rental / Business Income	\$	\$
Social Security Income	\$	\$
401k / IRA Annual Contribution	\$	\$
Roth IRA Annual Contribution	\$	\$
Annual Gifts Received	\$	\$
Annual Gifts Made	\$	\$
Other Long-Term Savings	\$	\$

## LIABILITIES

	Balance	Payment	Years Left	Interest Rate
Mortgage	\$	\$		%
Second Home	\$	\$		%
Home Equity Line	\$	\$		%
Margin Balance	\$	\$		%
401k Loan	\$	\$		%
Credit Card Debt	\$	\$		%
Other Debt	\$	\$		%

## LIFE INSURANCE AND ESTATE

	Type*	Owner	Insured	Annual Premium	Death Benefit	Cash Value	Beneficiary
Policy 1				\$	\$	\$	
Policy 2				\$	\$	\$	
Policy 3				\$	\$	\$	
Policy 4				\$	\$	\$	

\*Term / Whole Life / Variable / Universal.

## LIFE INSURANCE AND ESTATE (continued)

Do you have a will and/or trust set up? \_\_\_\_\_ If yes, please provide dates and trust type:

---



---

Do you have parents who may need your financial support? \_\_\_\_\_ If yes, please detail below:

---



---

Do you anticipate receiving an inheritance? \_\_\_\_\_ If yes, please estimate the amount and year:

---



---

A 60-year-old male can expect to live to age 80 today, while a female can expect to live to 83. Based on your health and family history do you anticipate your life expectancy to be:

	Much Lower	Somewhat Lower	Average	Somewhat Higher	Much Higher
Client					
Spouse					

Do you expect to fund education costs for your grandchildren or make other definite charitable gifts? \_\_\_\_\_ Please Explain:

---



---

Who should be our primary contact during business hours? \_\_\_\_\_

Phone / Email: \_\_\_\_\_

### How did you hear about us?

Referral		VFS Website		NAPFA Website	
Google		FPA Website		CFP Website	
Other:					

### Please attach the following documents:

- Your most recent tax return (1040, Schedules A-E)
- Account statements
- Insurance policies or declarations pages
- 401(k) or work plan investment options
- Social Security Statement ([www.SSA.gov](http://www.SSA.gov))

Vintage Financial Services, LLC 101 N. Main Street, Suite 800 Ann Arbor, MI 48104 (734) 668-4040

[www.VintageFS.com](http://www.VintageFS.com)

Fax (734) 668-4890 Email [Jack.McCloskey@VintageFS.com](mailto:Jack.McCloskey@VintageFS.com)