



**Pre-Meeting Confidential  
Personal Planning Questionnaire**

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**Personal Information**

Client A Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Client B Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Marital Status  Single  Married  Domestic Partner  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ E-mail \_\_\_\_\_  
 Alternate # \_\_\_\_\_

**Children & Education**

<b>Average College Cost 2013 – 2014</b>	
Public College	\$18,391
Private College	\$40,917
<small>Source: Trends in College Pricing. Copyright © 2013 The College Board. All rights reserved</small>	

Child's Name	Date of Birth	College to Attend
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Current Savings for Education Goals**

Specify the savings set aside for your children's education.

Total saved to date	Monthly Savings	Average Rate of Return
\$ _____	\$ _____	_____ %

**For Discussion**

Do any of your dependents have special needs? \_\_\_\_\_

Do you plan on having additional children? \_\_\_\_\_

When is your anniversary? \_\_\_\_\_

**Notes**

**Earnings & Expenses**

Enter annual employment income below. Include income received from employers as well as self-employment income and any other income sources.

Client A		Monthly	+	Annual
Salary	\$	_____		\$ _____
Self-Employment	\$	_____		\$ _____
Other Income	\$	_____		\$ _____
Total Withholdings for taxes & social security	\$	_____		\$ _____

Client B		Monthly	+	Annual
Salary	\$	_____		\$ _____
Self-Employment	\$	_____		\$ _____
Other Income	\$	_____		\$ _____
Total Withholdings for taxes & social security	\$	_____		\$ _____

*Expenses*

Description	Monthly Amount	Description	Monthly Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**For Discussion**

Do you foresee a substantial change in your income during the next two years? \_\_\_\_\_

Do you have other income sources that will begin in the future such as a defined benefit pension plan or an annuity? \_\_\_\_\_

Do you own a business? What type of business? What is your percentage ownership? \_\_\_\_\_

**Retirement**

At what age do you plan to retire? \_\_\_\_\_

For non-single clients, do you have plans to retire in the same year?  Yes  No; if No describe: \_\_\_\_\_

*Define your retirement income need*

Percentage of current income

What percent of your total monthly income do you need for retirement? \_\_\_\_\_ %

OR

<input type="checkbox"/> Specific dollar amount		
	Age	Monthly Need
Phase 1	_____	\$ _____
Phase 2	_____	\$ _____
Phase 3	_____	\$ _____

**For Discussion**

What kinds of activities do you envision in your retirement? \_\_\_\_\_

**Accumulation Goals**

An accumulation goal can include money to purchase a second home, pay for a wedding, or any other substantial one-time purchase in the future.

Goal	Amount needed	Date needed
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**Needs in the Event of Death**

The death of a wage earner can have a significant impact on household income. Financial experts recommend that every strategy include an analysis of needs in the event of a death.

What percent of your income would be needed for survivor needs?

- With dependents at home? (e.g., 70%) \_\_\_\_\_ %
- Without dependents at home? (e.g., 50%) \_\_\_\_\_ %

In the event of death, should your children’s education be funded?  Yes  No

*Life Insurance Policies*

Name of Insured	Insurance Benefit	Insurance Company	Type*
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

\*Insurance types include: **Group, Term, Whole Life, Universal Life, and Other**

I have no life insurance policies.

**Disability Insurance**

A disability can have a significant impact on a family’s financial security.

Name of Insured	Insurance Company	Monthly Benefit	Group or Personal
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

I have no disability insurance policies.

**Long-Term Care Insurance**

Has anyone in your family experienced a long-term care need? Consider the effect on you and your family if you had a long-term care need tomorrow (due to stroke, car accident, etc.). If you have any long-term care policies please enter the details below.

Name of Insured	Insurance Company	Daily Benefit
_____	_____	\$ _____
_____	_____	\$ _____

I have no long-term care insurance policies.

**Assets and Liabilities**

*Retirement Plans and Annuities*

List your retirement plans in detail or the total. Include your 401(k)s, IRAs, and variable annuities. If you've attached your account statements you can skip this section.

Account Name	Type	Owner	Market Value	Monthly Savings	Employer Match	Expected Return
_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %
Total Retirement Plans			\$ _____	\$ _____	\$ _____	_____ %

*Bank Accounts and Investment Accounts*

List your investment accounts in detail or the total. Include your checking, savings, CDs, money market accounts, stocks, bonds, mutual funds, and real estate. If you've attached your account statements you can skip this section.

Account Name	Type	Owner	Market Value	Monthly Savings	Expected Return
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
Total Investments			\$ _____	\$ _____	_____ %

*Residence and Mortgage*

Indicate if you rent or own your residence.

Rent - Monthly Rent \$ \_\_\_\_\_

Own - Mortgage Amount \$ \_\_\_\_\_ Approximate Market Value of Home \$ \_\_\_\_\_

Lender	Current Liability	Monthly Payment	Interest Rate
_____	\$ _____	\$ _____	_____ %

*Other Liabilities*

List your liabilities in detail or the total. Include your car loans, credit cards, student loans and lines of credit. If you've attached your account statements you can skip this section.

Liability	Type	Owner	Balance Due	Monthly Payment	Interest Rate
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
Total Liabilities			\$ _____	\$ _____	_____ %

## Documents Needed

### Personal Documents

#### Personal Financial Statements

- Net Worth Statement
- Cash Flow Statement
- Recent Paystubs

#### Income Tax Returns

- Personal tax return
- Schedules C and K-1 return
- W-2s

#### Current Account Statements

- Checking, Money Market, Savings and Certificates of Deposit
- Brokerage and Investment Accounts
- Annuity Statements
- Retirement Accounts
  - o 401(K), 403B, SEP, SIMPLE
  - o IRA, Roth
  - o Pension Plans
- Custodial Accounts
  - o 529, Coverdell
  - o UTMA/UGMA
- Social Security Benefit Estimate
- Mortgage Loan Statements
- Credit Card Statements

#### Personal Insurance

- Life, Disability, and LTC
- Health Insurance
- Property and Casualty Insurance
- Legal and Identity Protection

#### Estate Planning Documents

- Wills, Living Wills, and Letters of Instruction
- Powers of Attorney
- Trust Documents
- Gift Tax Returns

#### Employee Benefits

- Benefits Booklet
- Group Life, Disability and LTC
- Health Insurance
- Other

### Business-owner Documents

#### Accounting and Tax Statements

- Balance Sheet
- Profit and Loss Statement
- Statement of Cash Flows
- Real Estate and Equipment Leases
- Corporate Tax Returns

#### Business Continuation

- Operating Agreement
- Buy/Sell Agreement
- Buy/Sell Life and Disability Insurance
- Key Man Policies
- Schedule of Owners (and Percent)

#### Benefit Plan Documents

- Executive Benefits
  - o Split Dollar, Section 162
  - o Qualified and NQ Stock Options
  - o SARs, Phantom Stock, etc.
  - o Deferred Compensation Agreements
  - o Key-person Plans
  - o Carve-outs
- Profit-Sharing Plan Documents
- Schedule of plan assets
- Recent Form 5500
- Group life, disability and health benefits
- Other Defined Benefit Plans
- Other employee benefits

#### Employee Information

- Employee Census
- Hire Dates
- Dates of Birth
- Total Annual Compensation