BISON WEALTH

Wealth Planning Questionnaire

Client: ____

Financial Advisor:____

	Client	**Co-Client**
First and Last Name		
Date of Birth		
Address		
City, State, Zip		
Phone Number		
Email Address		

Family Members: Enter Children, Grandchildren, or other dependents that you will provide financial support to or plan to give a future financial gift

Family Member	**Dependent of: (client, co-client, both, other)**	**Relationship**	**Address**	**Beneficiary (Y/N)**	**Date of Birth**

Any other children? Adopted? From a previous marriage? Any Family Dynamics you are concerned with? Please provide details here:

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Employer information:

Client/Co-Client	Employer Name	Title	Salary	Owner? Y/N and include %	Year Began Employment

Professional Advisors: Please list CPAs, Attorneys, or other advisors you already use.

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Please rank the below goals in terms of importance to you with "1" being most important:

Retirement planning		Wealth Preservation		Long Term Care		Wealth Transfer	
Education Planning		Tax Reduction		Disability Income		Business Succession	
Investment Management		Life Insurance Protection		Estate Planning			

Retirement Goal:

	Client	Co-Client
Retirement Date or Age		
Retirement Expenses		
Social Security Benefit		
Pension Income		

What does retirement look like to you? Are there hobbies or activities you would like to do more of in retirement? Will you relocate? What concerns you most about retirement?

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Are there any issues you anticipate that could be potential roadblocks to reaching retirement goals (special needs, dependent parents, dependent children, paying for education, current savings)?

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Estate Planning:

	Client	**Co-Client**
Do you have a will?	**Y or N**	**Y or N**
When was it completed?		
Do you have a trust?	**Y or N**	**Y or N**
Do you have a power of attorney?	**Y or N**	**Y or N**
Do you have a healthcare directive?	**Y or N**	**Y or N**
Do you have concerns about your estate plan?	**Y or N**	**Y or N**
Do you have charitable wishes?	**Y or N**	**Y or N**
Have you named a Guardian for minor children?		

Wish to elaborate on any of the answers above?

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Education Goals: Who are you planning to provide funds to pay for educational related expenses?

Person	**Description of Education**	**Anticipated Cost**	**Start Date**	**Number of years to cover expense**	**Any Savings for this purpose so far?**

Major Purchase Goals: Vehicles, Weddings, Travel, Vacation home, Remodeling Project, etc.

Description	Total Cost	Anticipated Purchase Date	Frequency/Duration?

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Expenses:

	Amount	Frequency
Rent/Mortgage		
Utilities		
Transportation Related		
Entertainment/Eating Out		
Taxes		
Clothes		
Pets		
Medical/Health		
Hobbies/Vacations		
Subscriptions/fees		
Gifts/Donations		
Insurance (home, auto, life, etc.)		
Other		
Other		
Other		
TOTAL		

Income:

	Client or Co-Client	Amount	Frequency
Business or Employment			
Business or Employment			
Social Security			
Social Security			
Pension			
Pension			
Real Estate			
Other			
Other			

Assets:

Cash (checking, savings, CD, etc.):

Financial Institution/Acct Type	Owner	Value	Adding to? Saving?
			Y or N
			Y or N

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Non-Retirement Investment Accounts (IMA, Brokerage, Other):

Financial Institution/Acct Type	Owner	Value	Adding to? Saving?
			Y or N
			Y or N
			Y or N
			Y or N
			Y or N

Qualified Investment Accounts (401k, IRA, SEP, Simple, ROTH, etc.)

Financial Institution/Acct Type	Owner	Value	Adding to? Saving?
			Y or N
			Y or N
			Y or N
			Y or N
			Y or N

Business ownership? Annuity ownership? Collectibles? Restricted Stock? Stock Options? List those here:

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Real Estate:

	Address	Owner	Current Value	Cost Basis	Rental Income?
Primary Residence					
Vacation Home					
Rental					
Other					
Other					

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Liabilities:

Type (mortgage, Auto Loan, Credit Card, Business Loan, etc.)	Term	Expense	Monthly/Yearly?	Time Left	Interest Rate

Insurance Do you have any? Life? Disability? Long Term Care? Property? Let us know about the type and amount of coverage here:

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Please give copies of the following:

- **Most recent tax return as well as any gift tax returns**
- **Copies of financial statements for all investment accounts (retirement and taxable)**
- **All legal Documents**
- **Declaration pages for auto, homeowners, and umbrella insurance**
- **Declaration pages for life insurance, Long term care insurance, disability insurance**

Trusted Family Member, Friend, or Power of Attorney:______________________________________