



PERSONAL

CONTACT

Name

Title First Middle Last

Home Address

Address Line City State ZIP

Phone (home)

Email

Phone and Email input fields

Phone (mobile)

Phone (mobile) input field

Retirement Plan Questionnaire

Please fill out for each member of the household. For JOINT accounts, include them as a separate member.

Household Member 1

First Name Last Name Date of Birth Gender

Goals

Anticipated Retirement Age Retirement Income Needs Anticipated Large Expenses

Cash saving, checking etc.

Long Term Assets:

IRA | IRA Rollover | Roth IRA Defined Benefit Plan Life Insurance/Cash Value: 401k | 403b | etc. Pension Lump Sum Mutual Funds | Stocks | Bonds | etc.

PERSONAL

Income Enter a yearly value. (ex. \$75,000). Note that all fields may not be applicable.

Current Income | Salary

Rental Income

Social Security | Yearly Social Security income

Social Security Distribution Age | Age 62 or later

Pension

Other income

Liabilities

Account Type 1

Amount Owed

Annual Percentage Rate (APR %)

Interest

 Fixed Variable

Owner

Comments | Notes | Disclosures

Account Type 2

Amount Owed

Annual Percentage Rate (APR %)

Interest

 Fixed Variable

Owner

Comments | Notes | Disclosures

Account Type 3

Amount Owed

Annual Percentage Rate (APR %)

Interest

 Fixed Variable

Owner

Comments | Notes | Disclosures

HOME BUDGET

HOUSING Budget Worksheet

Specify if the amount is monthly or yearly.

Mortgage Rent	<input type="text"/>	Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Property Tax	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Homeowner's Insurance	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Housekeeping	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Repairs and Maintenance	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Gardening and Landscaping	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Furniture and Appliance Purchases	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Gas (utilities)	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Electric (utilities)	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Water (utilities)	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Telephone (utilities)	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Trash (utilities)	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
TV Cable, Satellite, etc.	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Homeowner's Association HOA Fees	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Security Security fees such as home monitoring.	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Liability Insurance	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Housing Total Monthly Expenses	<input type="text"/>	Housing Total Yearly Expenses	<input type="text"/>	
\$		\$		

HOUSING | Comments

AUTO BUDGET

AUTO - Budget Worksheet

Specify if the amount is monthly or yearly.

Auto Payments	<input type="text"/>	Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Fuel	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Maintenance & Repairs	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Washing & Waxing	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
License & Registration	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Insurance	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Auto Club	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly

Total Monthly Auto Budget
\$

Total Yearly Auto Budget
\$

AUTO | Comments

FOOD & PERSONAL BUDGET

FOOD & PERSONAL - Budget Worksheet

Specify if the amount is monthly or yearly.

Grocery Food & restaurant expenses	<input type="text"/>	Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Personal Care	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Dry Cleaning	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Barbers & Hair Salons	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Clothing	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Health Insurance	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Gym & Sports Clubs	<input type="text"/>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Total Monthly Food & Personal Budget	<input type="text"/>	Total Yearly Food & Personal Budget	<input type="text"/>	
\$		\$		

FOOD & PERSONAL | Comments

MISC EXPENSES

MISCELLANEOUS Expenses - Budget Worksheet Specify if the amount is monthly or yearly.

Subscriptions - Newspapers / Magazines	Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
<input type="text"/>			
Computers and supplies		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
<input type="text"/>			
Donations and club dues		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
<input type="text"/>			
Discretionary Purchases <small>Example: art, antiques, collectables, etc.</small>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
<input type="text"/>			
Entertainment <small>Example: movies, theater, hobbies</small>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
<input type="text"/>			
Vacations and travel		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
<input type="text"/>			
Cash <small>Cash expenses</small>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
<input type="text"/>			
Fine Art Insurance <small>Insurance covering art & collectables.</small>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
<input type="text"/>			
Gifts		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
<input type="text"/>			
Kid's Extracurricular Activities <small>Example: sports fees, club dues, etc.</small>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
<input type="text"/>			

Total Monthly Misc Budget	Total Yearly Miscellaneous Expenses
<input type="text" value="\$"/>	<input type="text" value="\$"/>

MISCELLANEOUS Expenses | Comments

Congrats! This concludes the questionnaire and budget worksheet form. Click SUBMIT below to send this information to the team.

Grand Total Monthly Expenses	Grand Total Yearly Expenses
<input type="text" value="\$"/>	<input type="text" value="\$"/>