FINANCIAL PLANNING QUESTIONNAIRE

REINHART FINANCIAL GROUP
PLANNING QUESTIONNAIRE FOR:

REINHART
FINANCIAL GROUP

DOCUMENTS

• TAX FORMS

- ☐ Most recent Tax return
- ☐ Most recent W-2 form

• FINANCIAL

- ☐ Most recent copies of any investment accounts, or any other financial assets
- ☐ Information regarding any investment properties you have an interest in
- ☐ Most recent copies of all savings / checking accounts
- ☐ Most recent copies of Social Security (or comparable) retirement benefits. If unavailable, please notify us and ask for guidance regarding where to find this information.
- ☐ Spreadsheet that details all substantial debt or liabilities, including mortgage debt
    - Please include interest rate and margin of interest if the debt is variable
    - Are the student loans private? Federal? Please note on spreadsheet

• OTHER / MISC

- ☐ Copy of your budget (best average monthly estimate, itemized if possible/applicable)
- ☐ Copy of employer benefits booklet that details life, health, disability, and 401k benefits
- ☐ If you have a will, living trust, or power of attorney please provide a copy of those documents
- ☐ If you are eligible to participate in an employer 401(k) or Pension Program, please provide as much detail as possible; please see examples of such below
    - 401(k)/403(b): Employer Matching formula | Profit Sharing formula | Roth availability
    - Pension Program: Options for timing and structure of payments | Cost of Living Adjustments | Medical Benefits

• SPECIFIC INFORMATION

Income Spouse 1: $____________________ **Net Worth** Total: $_____________________

Spouse 2: $____________________ Investable: $_________________

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QUESTIONNAIRE | RETIREMENT

- Please specify your savings levels across all savings accounts (including 401(k), bank checking accounts, additional IRAs, investment accounts, permanent life insurance, etc)

NAME OF ACCOUNT SAVINGS + FREQUENCY

_________________________________ _________________ / _______

_________________________________ _________________ / _______

_________________________________ _________________ / _______

_________________________________ _________________ / _______

_________________________________ _________________ / _______

_________________________________ _________________ / _______

- Please describe any short-term financial commitments that we should be aware of (0-5 years)

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- Do you expect your income to change significantly in the next 10 to 20 years? If so, please explain in detail any changes in household income.

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- Ideally, when would you like to retire? What factors, excluding financials, might prevent you from doing so?

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- How much spendable income do you live on now, **and** how much would you like to be spending (in today's dollars) in retirement? Please complete our budget worksheet if needed.

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- Do you have a desire to pass on assets to an estate or your family? If so, what amount of money or assets, in today's dollars, would you like to leave to your heirs (total)?

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- Are you expecting to stay in your current residence upon retirement? If you plan to have multiple residences or change residences in retirement, please describe in detail.

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- Do you have any other planned retirement income besides Social Security Benefits? (Pension, Rental Income, etc.) Please list below

TYPE OF INCOME	AMOUNT + FREQUENCY
______________________________	__________________ / _______
______________________________	__________________ / _______
______________________________	__________________ / _______
______________________________	__________________ / _______
______________________________	__________________ / _______
______________________________	__________________ / _______

QUESTIONNAIRE | INSURANCE / LIABILITIES

- Please describe the life insurance currently in-force for each spouse (provide documentation on any non-employer, private policies in place)

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- If either spouse passed away, would you want their portion of income to be replaced? For how many years?

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- If either spouse passed away, would you want all debt to be eliminated?

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- Please list any supplemental (non-employer) Long Term Disability insurance or Long Term Care insurances in place. (Please provide documentation as well)

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