

**CONFIDENTIAL
FINANCIAL
PLANNING
QUESTIONNAIRE**

Beacon Investment Solutions

7487 NW 127th Manor

Parkland, FL 33076

Tel: (954) 227-1061

Fax: (954) 227-8089

395 Palm Coast Parkway S.W., Suite 5

Palm Coast, FL 32137

Tel: (386) 447-0687

Fax: (386) 447-2286

Website: www.beaconinvestmentsolutions.com

The initial step in developing a sound financial plan involves having a clear idea of where you stand today. You can begin by collecting the financial information outlined in this questionnaire. It will provide you with a record of your assets, liabilities, income and expenses.

Personal Information

Current date _____ Client Sex _____ Married _____

Client _____ Birthdate _____ S.S.# _____

Spouse _____ Birthdate _____ S.S.# _____

Address _____

City/State/Zip _____

Phone: (Home) _____ Client (W) _____ Spouse (W) _____

Dependent Children

Name (Youngest first)	Social Security number	Birthdate	Annual college cost (Today's \$\$\$)	College start year	Number years college
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____

Percent of education costs parents will pay _____ %

Employment

	Client	2nd Person
Employer	_____	_____
Address	_____	_____
City/State/Zip	_____	_____
Phone	_____	_____
Occupation	_____	_____
Yr began	_____	_____

Investment Assets

Name/Investment	Owner	Account Value(\$\$\$)
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Checking account	_____	_____	_____
Savings account	_____	_____	_____
Money Market accounts	_____	_____	_____
Corporate/Govt bonds	_____	_____	_____
Certificates of Deposit (attach list with maturity dates)	_____	_____	_____
Notes Receivables	_____	_____	_____
Stock Mutual Funds	_____	_____	_____
Bond Mutual Funds	_____	_____	_____
Other securities (REIT, UIT, Commodities, etc.)	_____	_____	_____
Investment Real Estate	_____	_____	_____
Municipal Bonds/Funds	_____	_____	_____
Tax deferred annuities	_____	_____	_____
Cash value in life insurance	_____	_____	_____
Stocks (attach list)	_____	_____	_____
Business interests	_____	_____	_____
Total investment assets			=====

Retirement Accounts

IRA	_____	Client	_____
IRA	_____	2nd Person	_____
Keogh/SEP	_____	Client	_____
Keogh/SEP	_____	2nd Person	_____
401(K)/TSA	_____	Client	_____
401(K)/TSA	_____	2nd Person	_____
Other retirement assets	_____	_____	_____
Total Retirement Assets			=====

Personal Assets

	Owner	Current value
Residence	_____	\$ _____
Personal property	_____	\$ _____
Autos	_____	\$ _____
Recreational vehicles	_____	\$ _____
Boats	_____	\$ _____
Other, jewelry, etc.	_____	\$ _____
Total Personal Assets		\$ _____

Debts

	Lender	Owner	Account balance	Monthly payment	Interest rate	Opened date
Residence mortgage	_____	_____	\$ _____	\$ _____	_____ %	_____
Residence mortgage	_____	_____	\$ _____	\$ _____	_____ %	_____
Investment loans	_____	_____	\$ _____	\$ _____	_____ %	_____
Investment loans	_____	_____	\$ _____	\$ _____	_____ %	_____
Auto loans	_____	_____	\$ _____	\$ _____	_____ %	_____
Auto loans	_____	_____	\$ _____	\$ _____	_____ %	_____
Charge card accounts	_____	_____	\$ _____	\$ _____	_____ %	_____
Personal loans	_____	_____	\$ _____	\$ _____	_____ %	_____
Other debts	_____	_____	\$ _____	\$ _____	_____ %	_____
Total Debt			\$ _____	\$ _____		

Financial Goals

Description of Goal:	Year needed	Amount needed*	Inflation Rate %**
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %

* AMOUNT NEEDED = show this in today's dollars, per year.

**INFLATION RATE - an estimate of the annual increase in cost of this item.

Insurance policies

Disability Income insurance policies (short- and long-term)

	Policy 1	Policy 2	Policy 3	Policy 4
Company name	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Annual premium	\$ _____	\$ _____	\$ _____	\$ _____
Annual benefits	\$ _____	\$ _____	\$ _____	\$ _____
Waiting period	_____	_____	_____	_____
Benefit period	_____	_____	_____	_____

Life Insurance policies

	Policy 1	Policy 2	Policy 3
Company name	_____	_____	_____
Type*	_____	_____	_____
Owner	_____	_____	_____
Insured	_____	_____	_____
Primary beneficiary	_____	_____	_____
Current death benefit	\$ _____	\$ _____	\$ _____
Cash surrender value	\$ _____	\$ _____	\$ _____
Outstanding loan value	\$ _____	\$ _____	\$ _____
Annual premium	\$ _____	\$ _____	\$ _____

	Policy 4	Policy 5	Policy 6
Company name	_____	_____	_____
Type*	_____	_____	_____
Owner	_____	_____	_____
Insured	_____	_____	_____
Primary beneficiary	_____	_____	_____
Current death benefit	\$ _____	\$ _____	\$ _____
Cash surrender value	\$ _____	\$ _____	\$ _____
Outstanding loan value	\$ _____	\$ _____	\$ _____
Annual premium	\$ _____	\$ _____	\$ _____

*Term, Whole Life, Universal, Variable Universal, Group Term, etc.

Determining your cash flow - *Income and expenses*

Annual income

	Client	Second person
Employment (wages, salaries, bonuses)	\$ _____	\$ _____
Self-employment/business income	\$ _____	\$ _____
Social Security benefits	\$ _____	\$ _____
Other government benefits	\$ _____	\$ _____
Pensions (if currently receiving)	\$ _____	\$ _____
Other income - taxable _____	\$ _____	\$ _____
Other income - nontaxable _____	\$ _____	\$ _____
Combined total annual income		\$ _____

Expenses

	Monthly	Annual
Committed expenses		
Income taxes		
Federal income tax withholding and estimated payments - client	\$ _____	\$ _____
Federal income tax withholding and estimated payments - second person	\$ _____	\$ _____
State and local income tax withholding - client	\$ _____	\$ _____
State and local income tax withholding - second person	\$ _____	\$ _____
FICA (Social Security) tax - client	\$ _____	\$ _____
FICA (Social Security) tax - 2nd person	\$ _____	\$ _____
Total Taxes	\$ _____	\$ _____

Budget

	Monthly	Annually		Monthly	Annually
Household:			Taxes:		
Rent	\$ _____	\$ _____	Property Taxes	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	Other taxes	\$ _____	\$ _____
Home Maintenance	\$ _____	\$ _____	Insurance:		
Furniture &					

improvement \$ _____ \$ _____

Debts:

Home mortgages \$ _____ \$ _____

Charge cards \$ _____ \$ _____

Auto loans \$ _____ \$ _____

Personal loans \$ _____ \$ _____

Other investments \$ _____ \$ _____

Monthly additions:

Savings deposits \$ _____ \$ _____

Investments \$ _____ \$ _____

Retirement plans client \$ _____ \$ _____

Retirement plans 2nd person \$ _____ \$ _____

Personal:

Auto operation \$ _____ \$ _____

Clothing \$ _____ \$ _____

Education \$ _____ \$ _____

Food \$ _____ \$ _____

Medical expenses \$ _____ \$ _____

Miscellaneous \$ _____ \$ _____

Subscriptions \$ _____ \$ _____

Medical \$ _____ \$ _____

Auto \$ _____ \$ _____

Homeowners \$ _____ \$ _____

Other \$ _____ \$ _____

Total I \$ _____ \$ _____
(of household, debts, monthly savings, personal, taxes and insurance)

Discretionary Expenses

Entertainment/dining \$ _____ \$ _____

Recreation/travel /vacation \$ _____ \$ _____

Cash charitable contributions \$ _____ \$ _____

Gifts \$ _____ \$ _____

Hobbies \$ _____ \$ _____

Home improvements \$ _____ \$ _____

Other discretionary expenses (tax deductible) \$ _____ \$ _____

Other discretionary expenses (non deductible) \$ _____ \$ _____

Total Discretionary Exp II \$ _____ \$ _____

Total expenses (I + II) \$ _____ \$ _____

Combined total annual income	\$ _____
Total annual expenses	\$ _____
Annual discretionary income	\$ _____
<small>(Subtract annual expenses from annual income. This is what you may save or spend each year. Additional discretionary income may be obtained by reducing discretionary expenses.)</small>	

Investment Attitudes

Identify your attitudes about investment and management of your assets
Rate your attitude on a scale of 1 to 4 1 = Very Conservative. 4 = Very Aggressive. _____
1 - 2 - 3 - 4

Financial Objectives

Rate each item for your level of concern. 1 = Not at all concerned. 4 = Very concerned. _____
1 - 2 - 3 - 4

Reducing income taxes _____
Protection from inflation _____
Maximum investment growth potential _____
Current spendable income from assets _____
Liquidity (convert assets to cash) _____

By completing this questionnaire, you've started the process of developing your personal financial plan. Keep this profile handy for your reference, and be sure to bring it with you when you meet with your Beacon Investment financial consultant.

Documents needed

Review this checklist of items that you should bring when you meet with your Beacon Investment financial consultant.

à Latest paycheck stubs and bank statements à Most recent federal and state income tax returns à

Life and health insurance policies (including life, disability income, major medical, nursing home)

à All pertinent information/latest statements on present investments such as stocks, bonds, mutual funds, certificates, insurances, etc. (i.e., maturity dates and yields) à Latest employee benefit manual/statements and retirement plan statement à Latest wills and trusts