

YOUR CONFIDENTIAL
FINANCIAL PLANNING
QUESTIONNAIRE



OFFICES AT

1301 International Parkway, Suite 120
Sunrise, FL 33323
Telephone: 954-227-1061
Toll Free: 877-370-1066
Fax: 954-227-8089

395 Palm Coast Parkway S.W. #5
Palm Coast, FL 32137
Telephone: 386-447-0687
Toll Free: 888-447-0687
Fax: 386-447-2286

Website – www.beaconinvestmentsolutions.com

Securities By Licensed Individuals Offered Through Investacorp, Inc.
A Registered Broker/Dealer Member FINRA, SIPC

Confidential Financial Planning Questionnaire

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 _____ Birth date _____ S.S.# _____
 Spouse _____ Birth date _____ S.S.# _____
 Address _____
 City/State/Zip _____
 Phone: (Home) _____ Client (W) _____ Spouse (W) _____

Dependent Children

Name (Youngest first)	Social Security number	Birth date	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(\$\$\$)
Checking account	_____	_____	_____

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

Rent \$ _____ \$ _____

Utilities \$ _____ \$ _____

Home Maintenance \$ _____ \$ _____

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 \$ _____ \$ _____

Property Taxes \$ _____ \$ _____

Other taxes \$ _____ \$ _____

Insurance:

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 \$ _____

(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.)

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 Financial Representative.

Documents needed

Review this checklist of items that you should bring when you meet with your 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