



Please **complete** this form and bring it along with your **LAST YEAR'S TAX RETURN** and **most current investment statement** to your meeting. **THANK YOU!**

Date: _____

FINANCIAL PLANNING QUESTIONNAIRE

(Please complete prior to your appointment and print clearly. If not sure about an item, leave it blank.)

YOUR NAME _____ SS # _____

NICK NAME _____ DATE OF BIRTH _____ AGE _____

BUSINESS PHONE () _____ CELL PHONE () _____

EMPLOYER _____

SPOUSE NAME _____ SS# _____

NICKNAME _____ DATE OF BIRTH _____ AGE _____

BUSINESS PHONE () _____ CELL PHONE () _____

EMPLOYER _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ WEBSITE _____

YOUR EMAIL _____ SPOUSE EMAIL _____

Do you have a current will? Y _____ N _____ Living Trust? Y _____ N _____

Are you concerned about possible Nursing Home Expenses? Y _____ N _____

Planned retirement date _____, or if retired, date retired _____

Will you and your spouse retire at the same time? Y _____ N _____

Do you believe Social Security is sufficient for your retirement income? Y _____ N _____

Are you expecting an inheritance in the future? Y _____ N _____

If yes, please explain. _____

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List your top three financial concerns (List in order of importance)

How do you feel about your current financial situation? _____

How can a financial planner help? _____

If money was not an issue, I would _____

Are you comfortable in making investment decisions? Yes _____ No _____

What is the best investment that you ever made?

What is your investment objective?

Current Income Balance Growth & Income Growth Maximum Growth

How risky are you? Low Moderate Aggressive Speculative

Would you say your investment knowledge was: Zero Limited Good Excellent?

Do you have money set aside for an emergency? Yes ___ No ___ If so, how much? \$_____

Please, describe what financial independence means to you. *(Please be specific)*

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AMOUNTS IN BANKS, SAVINGS & LOANS & CREDIT UNIONS (NON-IRA)
(i.e. Checking, Savings, Money Market)

| NAME OF INSTITUTION | TYPE OF ACCOUNT | MATURITY DATE | INTEREST RATE | APPROXIMATE BALANCE |
|---------------------|-----------------|---------------|---------------|---------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS
(Please bring in your latest reports/statements)

| ACCOUNT TYPE & LOCATION <i>(i.e. Bank, Broker, Employer, etc.)</i> | TYPE <i>(401K, IRA, TSA, ETC.)</i> | APPROXIMATE MARKET VALUE |
|---|---------------------------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

STOCKS AND BONDS (Where You Hold Certificates Yourself)
(Please use another sheet of paper if more space is needed)

| NAME OF STOCK/BOND | NUMBER OF SHARES | APPROXIMATE VALUE |
|--------------------|------------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS

(Please bring in your latest reports/statements)

| NAME OF BROKERAGE FIRM/MUTUAL FUND | NUMBER OF SHARES | APPROXIMATE VALUE |
|---------------------------------------|------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

RESIDENCE & OTHER REAL ESTATE OWNED

(Please use another sheet of paper if more space is needed)

| PROPERTY ADDRESS | ORIGINAL COST | APROX.VALUE | DEBT | NET CASH FLOW BEFORE DEPREC (if a rental) |
|------------------|------------------|-------------|-------|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

LIMITED OR GENERAL PARTNERSHIPS

(Please use another sheet of paper if more space is needed)

| NAME OF PARTNERSHIP | TYPE OF INVESTMENT | APPROXIMATE MARKET VALUE or AMOUNT of INVESTMENT |
|---------------------|--------------------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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LIFE INSURANCE
(Please bring in policies and latest statements)

| COMPANY | NAME OF INSURED | TYPE OF INSURANCE (WHOLE LIFE, TERM) | DEATH BENEFIT | ANNUAL PREMIUM | LOAN AGAINST? |
|---------|-----------------|--------------------------------------|---------------|----------------|---------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

ANNUITIES
(Please bring in contracts and latest statements)

| COMPANY | ANNUITANT/ OWNER | FIXED/ VARIABLE | APPROX. VALUE | DATE PURCHASED | AMOUNT DEPOSITED |
|---------|------------------|-----------------|---------------|----------------|------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

LIST OTHER ASSETS
(Please use another sheet of paper if more space is needed)

| | | |
|-------|----|-------|
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |

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ANNUAL FAMILY INCOME

(Please list all of the following items as accurate as possible.)

| | |
|-----------------------------|-----------------|
| Salary/Wages _____ | \$ _____ |
| Salary/Wages _____ | \$ _____ |
| Bonuses _____ | \$ _____ |
| Commissions _____ | \$ _____ |
| Self-employment _____ | \$ _____ |
| Interest | |
| Taxable _____ | \$ _____ |
| Tax-exempt _____ | \$ _____ |
| Dividends _____ | \$ _____ |
| Capital Gains _____ | \$ _____ |
| Rental _____ | \$ _____ |
| Alimony _____ | \$ _____ |
| Child Support _____ | \$ _____ |
| Farm _____ | \$ _____ |
| Partnerships _____ | \$ _____ |
| Trust _____ | \$ _____ |
| Royalties _____ | \$ _____ |
| Tax Refunds _____ | \$ _____ |
| Disability Insurance _____ | \$ _____ |
| Social Security | |
| Retirement _____ | \$ _____ |
| Disability _____ | \$ _____ |
| Corporate Pension _____ | \$ _____ |
| IRA _____ | \$ _____ |
| Annuities _____ | \$ _____ |
| Unemployment _____ | \$ _____ |
| Other _____ | \$ _____ |
| TOTAL MONTHLY INCOME | \$ _____ |

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ANNUAL FAMILY EXPENSES

(Please list all of the following items as accurate as possible.)

HOUSING

| | |
|------------------------------|-----------------|
| Rent/Mortgage | \$ _____ |
| Second Mortgage | \$ _____ |
| Property Taxes | \$ _____ |
| Fires Dues | \$ _____ |
| Home Maintenance | |
| Repairs/General Maintenance | \$ _____ |
| Garbage Service | \$ _____ |
| Pest Control | \$ _____ |
| Yard and Pool Maintenance | \$ _____ |
| Inside Household Help | \$ _____ |
| Homeowners/Renters Insurance | \$ _____ |
| Other | \$ _____ |
| TOTAL HOUSING | \$ _____ |

UTILITIES

| | |
|------------------------|-----------------|
| Electricity | \$ _____ |
| Heating (Gas, Oil) | \$ _____ |
| Water/Sewer | \$ _____ |
| Telephone | \$ _____ |
| TOTAL UTILITIES | \$ _____ |

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TRANSPORTATION

| | |
|-----------------------------|-----------------|
| Payment #1 | \$ _____ |
| Payment #2 | \$ _____ |
| Gas | \$ _____ |
| Maintenance & Repairs | \$ _____ |
| Bus/Car Pool/Parking | \$ _____ |
| License Tags/Taxes | \$ _____ |
| Insurance | \$ _____ |
| Other | \$ _____ |
| TOTAL TRANSPORTATION | \$ _____ |

FOOD

| | |
|---|-----------------|
| Food/Groceries (Weekly x 52) | \$ _____ |
| Food at Work or Lunch (Daily Average x 20 Days) | \$ _____ |
| School Lunches (Daily x 20 Days) | \$ _____ |
| Alcoholic Beverages | \$ _____ |
| Other | \$ _____ |
| TOTAL FOOD | \$ _____ |

CLOTHING

| | |
|----------------------------|-----------------|
| Clothing (Cost last year) | \$ _____ |
| Laundry/Dry Cleaning | \$ _____ |
| Other | \$ _____ |
| TOTAL CLOTHING | \$ _____ |

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PERSONAL CARE & CASH

| | |
|---------------------------------------|-----------------|
| Personal Items/Toiletries | \$ _____ |
| Barber/Beauty Shop | \$ _____ |
| Allowances for Children | \$ _____ |
| Child Care | \$ _____ |
| Child Support/Alimony | \$ _____ |
| Tobacco | \$ _____ |
| Other | \$ _____ |
| TOTAL PERSONAL CARE & CASH | \$ _____ |

MEDICAL

(Expenses not covered by insurance)

| | |
|----------------------|-----------------|
| Doctors | \$ _____ |
| Medications/Drugs | \$ _____ |
| Dentists | \$ _____ |
| Labs\ X Rays etc. | \$ _____ |
| Other | \$ _____ |
| TOTAL MEDICAL | \$ _____ |

INSURANCE

| | |
|------------------------|-----------------|
| Life Insurance | \$ _____ |
| Disability | \$ _____ |
| Hospital | \$ _____ |
| Cancer | \$ _____ |
| Other | \$ _____ |
| TOTAL INSURANCE | \$ _____ |

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EDUCATION

| | |
|--|-----------------|
| Tuition/School Fees | \$ _____ |
| Newspapers | \$ _____ |
| Books/Magazines | \$ _____ |
| School Books/Supplies | \$ _____ |
| Music, Dancing, etc., Lessons | \$ _____ |
| Professional Education/Seminars (not reimbursed by employer) | \$ _____ |
| Other | \$ _____ |
| TOTAL EDUCATION | \$ _____ |

MORTGAGE/NOTES/LOANS and CREDIT CARDS FACTS

| <u>Name</u> | <u>% Rate</u> | <u>Payment</u> | <u>Outstanding</u> | <u>Term</u> | <u>Yrs/Mths Remaining</u> |
|-------------|---------------|----------------|--------------------|-------------|---------------------------|
| 1. _____ | _____ % | \$ _____ | \$ _____ | _____ | _____ |
| 2. _____ | _____ % | \$ _____ | \$ _____ | _____ | _____ |
| 3. _____ | _____ % | \$ _____ | \$ _____ | _____ | _____ |
| 4. _____ | _____ % | \$ _____ | \$ _____ | _____ | _____ |
| 5. _____ | _____ % | \$ _____ | \$ _____ | _____ | _____ |
| 6. _____ | _____ % | \$ _____ | \$ _____ | _____ | _____ |

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ENTERTAINMENT

| | |
|--|-----------------|
| Movies/Concerts/Plays | \$ _____ |
| Cable TV | \$ _____ |
| Sports/Hobbies/Clubs | \$ _____ |
| Recreation Equipment & Repairs | \$ _____ |
| Eating Out (Other than Lunches) | \$ _____ |
| Birthday Gifts | \$ _____ |
| Christmas | \$ _____ |
| Other Gifts (Mother's Day, Anniversaries, etc) | \$ _____ |
| TOTAL ENTERTAINMENT | \$ _____ |

VACATIONS & HOLIDAY

| | |
|------------------------|-----------------|
| Vacations/Camps | \$ _____ |
| Other | \$ _____ |
| TOTAL VACATIONS | \$ _____ |

CHARITABLE CONTRIBUTION

| | |
|--------------------------------------|-----------------|
| Church Donations | \$ _____ |
| Colleges/Universities | \$ _____ |
| Other Donations | \$ _____ |
| TOTAL CHARITABLE CONTRIBUTION | \$ _____ |

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MISCELLANEOUS

| | |
|---|-----------------|
| Postage | \$ _____ |
| Pet Supplies/Care | \$ _____ |
| Banks Fees | \$ _____ |
| Family Pictures | \$ _____ |
| Business Expenses <i>(Not reimbursed by employer)</i> | \$ _____ |
| Other | \$ _____ |
| TOTAL MISCELLANEOUS | \$ _____ |

SAVING AND INVESTMENTS

Enter the amount invested for the last twelve (12) months (NOT the market value).

| | |
|--|-----------------|
| IRA | \$ _____ |
| College Fund | \$ _____ |
| 401(k) (Annual amount deducted from paycheck) | \$ _____ |
| Passbook Saving | \$ _____ |
| Money Market | \$ _____ |
| Mutual Fund | \$ _____ |
| Other | \$ _____ |
| TOTAL SAVINGS & INVESTMENTS | \$ _____ |

List anything else which was not referred to above.

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