



Confidential Personal Questionnaire

Tailoring Strategies to Manage Your Financial Future

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Financial Planning Questionnaire

Required Documentation

Congratulations on completing the first step of the financial planning process and allowing us to tailor strategies to manage your financial future. Below you will find a list of documents we need to complete the data gathering process:

- Completed Financial Planning Questionnaire:** Please complete **Sections I - XIV** of this questionnaire. This will provide us with a deeper insight into your personal and financial life. It should also help you organize your thoughts as we dive deeper into the various areas that we will address during the process.
- Identification:** Please provide copies of your state issued driver's license(s) or ID cards
- Tax Returns:** Copies of **last two years'** tax returns: all applicable personal, business and fiduciary
- Social Security Statement:** Copy of most recent social security benefits estimate which can be found online at www.ssa.gov/mystatement/
- Pay Stub:** Copies of most recent pay stubs
- Investment/Brokerage/Bank Statements:** Copies of all statements from financial institutions
- Retirement Plan Statements:** Details of any retirement plans, deferred compensation or pensions
- Stock Option Information:** Including grant dates, vesting criteria and separation provisions
- Voided Check:** Copy of a voided check so we can add banking instructions to your new accounts
- Real Estate:** Copies of deeds to all real estate
- Loans & Liabilities:** Details including interest rate, terms and collateral assigned, for example mortgage, automobile, credit card, etc.
- Estate Planning Documents:** Copies of wills, trusts, powers of attorney, medical directives, etc.
- Life, Disability, and/or Long-Term Care Policies:** Copies and most recent statements of all life, disability and long-term care insurance policies
- Property & Casualty Information:** Copies of the declarations pages for all property, casualty and liability policies for your home(s), auto(s), boats, etc.
- Health Insurance:** Details regarding or copy of current health insurance plan, including HSA info
- Employee Benefits:** Summary of all employee benefits, for example health, life, disability, etc.
- Business Ownership:** Business owners, please review **Appendix A** for information we will request about each of your business entities.



Financial Planning Questionnaire

I. Demographic Information

Your Demographic Information

Name (first, middle, last)

Nickname or Preferred to be Addressed as

Home Phone

Cell Phone

Primary E-mail Address

Residence Address

Mailing Address (if different than residence)

Social Security Number

Date of Birth

Preferred Method of Contact:

Home Phone Cell Phone E-mail

Preferred Contact Time:

Morning Afternoon Evening

Are you a Veteran? Yes _____ No _____

If yes, which branch? _____

Your Spouse's Demographic Information

Name (first, middle, last)

Nickname or Preferred to be Addressed as

Home Phone

Cell Phone

Primary E-mail Address

Residence Address

Mailing Address (if different than residence)

Social Security Number

Date of Birth

Preferred Method of Contact:

Home Phone Cell Phone E-mail

Preferred Contact Time:

Morning Afternoon Evening

Are you a Veteran? Yes _____ No _____

If yes, which branch? _____



Financial Planning Questionnaire

II. Employment History

Your Employment Data

Employer Name (or former if retired)

Employer Address

Occupation/Position/Job Title

Industry

Number of years at current position

Do you expect to remain at your current job for the foreseeable future?

Yes_____ No_____

Do you own all or part of the business?

Yes_____ No_____ If yes, what percent _____

If yes, how is the business structured?

Business Anniversary Date _____

Are you an active member of any industry trade groups or professional associations (please list)?

Your Spouse's Employment Data

Employer Name (or former if retired)

Employer Address

Occupation/Position/Job Title

Industry

Number of years at current position

Do you expect to remain at your current job for the foreseeable future?

Yes_____ No_____

Do you own all or part of the business?

Yes_____ No_____ If yes, what percent _____

If yes, how is the business structured?

Business Anniversary Date _____

Are you an active member of any industry trade groups or professional associations (please list)?



Financial Planning Questionnaire

III. Children, Parents, Other People, Pets and Causes Important to You

Family and Other People

You may wish to pay for your children’s college expenses, or an elderly parent may need expensive care. Please share with us the following details for your parents and children. Additionally, there may be other important people in your life that you would like to help financially. Please share with us the following details for any such individuals. (i.e., niece, nephew, cousin, friend)

Name	Date of Birth	Status (i.e. student, health issues)	Dependent (Y/N)

** Please complete the attached family tree for our reference

Pets

Dog Name(s) and Breed _____

Cat Name(s) and Breed _____

Other Pet Name(s) and Type(s) _____

Causes

Please list the associations or organizations that you are a member of or are affiliated with:

- Charities _____
- Not-for-profit Entities _____
- Cultural/Ethnic Clubs _____
- Recreational Clubs _____

Do you serve as a board or committee member for any of these organizations? If so, which one(s)?



Financial Planning Questionnaire

IV. Additional Family Information

Please provide us with a little more insight as to your unique family dynamic and what is important to you regarding your financial future and the legacy you wish to leave.

If married, what is your wedding anniversary: _____

Yes

No

- Has either spouse been previously married?
- Does either spouse have children from a previous relationship?
- Do you wish to provide financial assistance your children/grandchildren for college?
- Do any of your children or family members have any special needs/disabilities?
- Do you anticipate paying for/provide care for an elderly parent or relative?
- Are you expecting a large inheritance from any individual(s) upon their passing?
- Do you have joint investments with any individual other than your spouse?
- Have you loaned money to a family member or friend?
- Have you invested in the business of a family member or friend?
- Have you co-signed a loan with a family member or friend?

Please provide us with any other information you feel is pertinent regarding your family history:

Please complete the attached family tree for our reference and describe any unique personal or family relationships/circumstances, below:



Financial Planning Questionnaire

V. About You

A big part of our work for your financial plan means understanding what's important to you and your views regarding your personal finances and money. Please help us understand your goals by answering the questions below.

What motivated you to start this financial planning process?

What are the **three** financial issues that keep you up at night?

1. _____
2. _____
3. _____

What **three** things would you like to do with your money so that you can leave a legacy or make a difference?

1. _____
2. _____
3. _____

What **three** outcomes do you hope to achieve during our relationship?

1. _____
2. _____
3. _____

If there were **three** things you wish you could spend time doing now, what would they be?

1. _____
2. _____
3. _____

Financial Planning Questionnaire

Please list any unique hobbies that you enjoy:

Have you recently experienced any of these life events (check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Relocation to a new state or country | <input type="checkbox"/> Received a new job or promotion |
| <input type="checkbox"/> Change in marital status | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Birth of a new child or grandchild | <input type="checkbox"/> Started or purchased a business |
| <input type="checkbox"/> Death of a family member | <input type="checkbox"/> Gain or loss of a business partner |
| <input type="checkbox"/> Health changes within the family | <input type="checkbox"/> Sale or purchased a home or real estate |
| <input type="checkbox"/> Received a substantial inheritance | <input type="checkbox"/> Sale or purchase of a significant asset |
| <input type="checkbox"/> Realized a major investment gain or loss | <input type="checkbox"/> Changed your estate plan |

Please list any personal property items that have a material value or are of significant personal/sentimental importance. This may include such things as family heirlooms, jewelry, collectables, cars, art, etc.

Item Description	Estimated Value (\$)	Appraisal (Y/N)
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Financial Planning Questionnaire

VI. Advisors in Your Life

We'd like to learn more about other professional advisors in your life. Please list their name and rate your satisfaction with the level of service they provide.

Name	Dissatisfied					Satisfied	
Financial Advisor:	1	2	3	4	5	N/A	
Tax Accountant:	1	2	3	4	5	N/A	
Attorney:	1	2	3	4	5	N/A	
Life Insurance Agent:	1	2	3	4	5	N/A	
P&C Insurance Agent:	1	2	3	4	5	N/A	
Other:	1	2	3	4	5	N/A	

Are any of your advisors really great to work with? Please provide their contact information in the spaces below so we may work together towards managing your financial future.

Name:		Address:	
Email:			
Phone:			
Name:		Address:	
Email:			
Phone:			

Have you had any prior experience working with a financial advisor? If so, please tell us a little more about it and describe the scope of the services you received:



Financial Planning Questionnaire

VII. Retirement

What are your **three** biggest concerns about retirement?

1. _____
2. _____
3. _____

There are 168 hours every week, what are the top **three** things you want to do with your time after you stop working?

1. _____
2. _____
3. _____

What is the one thing you want to accomplish during retirement?

Do you plan on working during retirement (part-time or otherwise)?

Yes _____ No _____

Are you eligible for retirement benefits (healthcare/pension/etc.) from an ex-spouse or other relative?

Yes _____ No _____ Uncertain _____

If no or uncertain, please explain:

Is employer provided health insurance available during retirement?

Yes _____ No _____ If yes, until what age: _____ Until age 65 _____ For Life

How do you expect your retirement cash flow needs to compare to today's cash flow needs?

- _____: Increase substantially
- _____: Increase minimally
- _____: Stay the same (just keep pace with inflation)
- _____: Decrease minimally
- _____: Decrease substantially



Financial Planning Questionnaire

VIII. Investments

Please indicate how many years of experience you have with the investment types listed below:

Stocks _____

Mutual Funds _____

Bonds _____

Annuities _____

Margin _____

Partnerships _____

Other (please specify) _____

What do you expect for a long-term (10+ years) annualized rate of return on your investments _____%

Do you require any investment restrictions because of social, religious or other values? Please explain:

Are you a corporate officer, director, board member or owner of 10% or more of any public corporation? Yes _____ No _____

If yes, which corporation(s) and in what capacity do you serve? _____

Please describe your experience if you have used a professional asset manager in the past.

IX. Insurance

Have you ever been denied coverage for life, long-term care, or disability income insurance?

Yes _____ No _____ If yes, who was denied and for what reason _____

Do you have any reason to believe you may be uninsurable? Yes _____ No _____ If yes, please explain:

Do you have any memorable experiences where insurance either provided a material benefit for you or someone you know? Conversely, have you or someone you know suffered financial harm from being uninsured or underinsured?

Yes _____ No _____ If yes, please explain: _____



Financial Planning Questionnaire

X. Real Estate

Do you own real estate other than your primary residence?

Yes_____ No_____ If yes, how many pieces do you own _____

What is the primary purpose of the real estate you own (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Primary Residence | <input type="checkbox"/> Rental |
| <input type="checkbox"/> Vacation/second home | <input type="checkbox"/> Investment (including flipping) |
| <input type="checkbox"/> Family compound | <input type="checkbox"/> Land |
| <input type="checkbox"/> Business asset | <input type="checkbox"/> Other. Please describe: |
| <input type="checkbox"/> Inherited property | _____ |
| | _____ |

For all rental properties (commercial and residential), do you have written and signed lease agreements in place?

Yes_____ No_____

Do you engage in any short-term rental activities through services such as Air BnB, VRBO, etc.?

Yes_____ No_____

XI. Taxation

Is minimization of income/estate taxes a primary reason you decided to engage in the planning process?

Yes_____ No_____

What types of taxes bother you the most? _____

Do you feel that income tax rates will generally be higher or lower in the future? _____

Do you intend to change your state of domicile for tax purposes to a different state in the future?

Yes_____ No_____ If yes, which state do you plan to move to? _____

Are any of your children subject to the 'kiddie tax'?

Yes_____ No_____

Have you ever filed an 83(b) election for stock acquired?

Yes_____ No_____



Financial Planning Questionnaire

XII. Estate Planning

Your Estate Plan

Please answer the following questions regarding your estate planning priorities:

High	Low	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Providing for and protecting a spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Providing for and protecting children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Providing for and protecting grandchildren
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disinheriting a family member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Providing for charities during life or at death
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mitigating the impact of estate and gift taxes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoiding probate and reducing administration costs at death
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protecting assets from lawsuits
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protecting assets from being squandered by spendthrift heirs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preserving your privacy in the case of disability or at the time of death
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caring for, supporting or providing for a child with special needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protecting children's inheritance from the possibility of failed marriages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protect children's inheritance in the event of a surviving spouse's remarriage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning for the incapacity of you or your spouse

Please answer the following questions regarding past items that may impact you:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse making payments pursuant to a divorce or property settlement?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or your spouse ever signed a pre- or post-marriage agreement?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or your spouse been widowed?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or your spouse ever filed a federal or state gift tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you regularly review your estate plan? If yes, date of last review _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you or your spouse have any specific bequests/obligations to fulfill to your survivors upon your passing? If yes, please describe:



Financial Planning Questionnaire

Your Estate Plan (continued)

Do you have specific intentions or ideas as to how you would like your assets to pass to your heirs?

Yes _____ No _____ Please explain: _____

Do you own any real assets (land/real estate) that you want to ensure passes to a specific individual or to be kept in the family for the collective benefit of future generations?

Yes _____ No _____ Please explain: _____

If you were to become incapacitated, who do you trust to manage your financial affairs, other than your spouse?

Who are two individuals you trust explicitly that are not part of your immediate family?

Estate Plans of Family, Friends or Others

Are you or your spouse the beneficiary of a previously established trust?

Yes _____ No _____ If yes, who created the trust? _____

Are you or your spouse appointed as fiduciary (executor/executrix/trustee/agent) for a family member or friend?

Yes _____ No _____ If yes, who trusts you in this capacity? _____

Have you ever served as a fiduciary for someone's estate or trust that has passed on?

Yes _____ No _____ If yes, who? _____

Have you been appointed legal guardian for a minor child if a relative or friend passes away?

Yes _____ No _____ If yes, who? _____



Financial Planning Questionnaire

XIII. Financial Statements

Expense Assessment: Please complete the expense assessment, below, or create your own in your own format. Understanding your spending habits is the backbone of the financial planning process and is imperative in the accuracy of our analysis. Please take the time to complete this accurately.

Personal Balance Sheet: As part of the planning process, we will aid you in creating your personal balance sheet using the information you have provided to us during this data gathering phase.

XIV. Expense Assessment

We generally categorize expenses into two categories, discretionary and non-discretionary.

- Non-discretionary expenses are everything it takes to maintain a reasonable standard of living given your net worth and income level. This includes, but is not limited to, debt service costs, taxes, insurance, utilities, food and a basic allowance of ‘miscellaneous spending.’
- Discretionary expenses are those that can be cut, if needed. This generally includes your travel and entertainment portion of the budget, but may also include such things as gifting, charitable contributions and expenses related to pleasure-use assets.

You can calculate this on either a monthly or annual basis, please indicate which you have chosen:

Monthly Annual

Expense Type	Amount
Non-discretionary expenses	
Discretionary expenses	
Total cash flow required after income tax	



Financial Planning Questionnaire

Appendix A – Business Ownership Documentation Request

Please provide all applicable or available documentation regarding each of your business entities:

- Formation Documents:** Please provide copies of your operating agreement
- Ownership Information:** Please provide detail regarding the current business ownership and the role of each owner
- Succession Documents:** Please provide copies of any executed buy/sell or purchase/sale agreements
- Valuation:** Please include a copy of your most recent business valuation
- Financial Statements:** Please provide current YTD P&L and last year's P&L along with corresponding balance sheets
- Tax Returns:** Please include entity tax returns for the past two years
- Life Insurance:** Please include recent statements for any entity owned life insurance policies or those used in a funded buy/sell agreement
- Census Data:** Please provide a listing of employees including: age, years of service, position and compensation (you can remove names for confidentiality purposes)
- Retirement Plan Documents:** Please provide a summary plan document for the entity's retirement plan
- Retirement Plan Funds:** Please include a listing of all investment options available under the entity's retirement plan
- 401(k) Plan Disclosures:** Please provide the most recent form 5500 and 408(b)(2) fee disclosure
- Employee Benefits:** Please provide a listing of benefits available to employees, including, but not limited to:
 - Health, dental and vision Insurance (including policy HSA eligibility)
 - Section 125 Cafeteria Plan Benefits
 - Life, LTC or disability income insurance
 - Deferred compensation
 - Pension plans



Family Tree

Father: _____
DOB: _____
Health: _____

Your Parents

Mother: _____
DOB: _____
Health: _____

Father: _____
DOB: _____
Health: _____

Your Spouse's Parents

Mother: _____
DOB: _____
Health: _____

Your Siblings:

Sibling 1: _____
Sibling 2: _____
Sibling 3: _____
Sibling 4: _____

You:

You and Your Spouse

Spouse:

Your Spouse's Siblings:

Sibling 1 _____
Sibling 2 _____
Sibling 3 _____
Sibling 4 _____

Name: _____ DOB: _____ First Born & Spouse Spouse: _____ DOB: _____	Grandchildren (Name and DOB)
Name: _____ DOB: _____ Second Born & Spouse Spouse: _____ DOB: _____	Grandchildren (Name and DOB)
Name: _____ DOB: _____ Third Born & Spouse Spouse: _____ DOB: _____	Grandchildren (Name and DOB)
Name: _____ DOB: _____ Fourth Born & Spouse Spouse: _____ DOB: _____	Grandchildren (Name and DOB)