

Date: _____



FINANCIAL DATA QUESTIONNAIRE

GENERAL INFORMATION

	Client	Spouse
Name		
Date of Birth		
Age at Retirement		
Desired Retirement Income*	\$	\$
Employer		
Annual Pension Benefit	\$	\$
Age Pension Begins		
Pension COLA?	Y / N	Y / N

*We generally calculate this based on lifestyle. If you wish, enter a specific amount in today's dollars.

Does your employer provide retiree health benefits? Yes / No / Limited (explain):

CHILDREN

Name	DOB	Current Grade	Desired College (Name / Type)	Current Education Funds	Current Annual Savings
				\$	\$
				\$	\$
				\$	\$
				\$	\$

ASSETS

	Client	Spouse	Joint
Savings / Money Market	\$	\$	\$
Home	\$	\$	\$
Second Home	\$	\$	\$
Investment Real Estate	\$	\$	\$
Other	\$	\$	\$

INCOME & EXPENSES

	Client	Spouse
Gross Wages	\$	\$
Self Employment Income	\$	\$
Rental / Business Income	\$	\$
Social Security Income	\$	\$
401k / IRA Annual Contribution	\$	\$
Roth IRA Annual Contribution	\$	\$
Annual Gifts Received	\$	\$
Annual Gifts Made	\$	\$
Other Long-Term Savings	\$	\$

LIABILITIES

	Balance	Payment	Years Left	Interest Rate
Mortgage	\$	\$		%
Second Home	\$	\$		%
Home Equity Line	\$	\$		%
Margin Balance	\$	\$		%
401k Loan	\$	\$		%
Credit Card Debt	\$	\$		%
Other Debt	\$	\$		%

LIFE INSURANCE AND ESTATE

	Type*	Owner	Insured	Annual Premium	Death Benefit	Cash Value	Beneficiary
Policy 1				\$	\$	\$	
Policy 2				\$	\$	\$	
Policy 3				\$	\$	\$	
Policy 4				\$	\$	\$	

*Term / Whole Life / Variable / Universal.

LIFE INSURANCE AND ESTATE (continued)

Do you have a will and/or trust set up? _____ If yes, please provide dates and trust type:

Do you have parents who may need your financial support? _____ If yes, please detail below:

Do you anticipate receiving an inheritance? _____ If yes, please estimate the amount and year:

A 60-year-old male can expect to live to age 80 today, while a female can expect to live to 83. Based on your health and family history do you anticipate your life expectancy to be:

	Much Lower	Somewhat Lower	Average	Somewhat Higher	Much Higher
Client					
Spouse					

Do you expect to fund education costs for your grandchildren or make other definite charitable gifts? _____ Please Explain:

Who should be our primary contact during business hours? _____

Phone / Email: _____

How did you hear about us?

Referral		VFS Website		NAPFA Website	
Google		FPA Website		CFP Website	
Other:					

Please attach the following documents:

- Your most recent tax return (1040, Schedules A-E)
- Account statements
- Insurance policies or declarations pages
- 401(k) or work plan investment options
- Social Security Statement (www.SSA.gov)

Vintage Financial Services, LLC 2373 Oak Valley Drive, Suite 110 Ann Arbor, MI 48103 (734) 668-4040

www.VintageFS.com

Fax (734) 668-4890 Email: Jack.McCloskey@VintageFS.com