SHERWOOD
Wealth Management

Financial Planning Questionnaire

GENERAL INFORMATION

Client Information

Client Name:				
Street Address:				
City:		State:	Zip:	
Phone: ( ) -		Email:		
Date of Birth: / /		Are you a US Citizen?	☐ Yes	☐ No
Marital Status:	☐Married ☐Single ☐Divorced ☐ Widowed	Anniversary: / /		
Co-Client Name:				
Phone: ( ) -		Email:		
Date of Birth: / /		Are you a US Citizen?	☐ Yes	☐ No
Marital Status:	☐Married ☐Single ☐Divorced ☐ Widowed			

Children and Other Dependents

Name:	
Relation:	Date of Birth: / /
Name:	
Relation:	Date of Birth: / /
Name:	
Relation:	Date of Birth: / /

Employment Information

Client Employer:				
Employment Type:	☐ Self-Employed	☐ Employee	☐ Retired	☐ Other
Title:			Years Employed:	
Street Address:				
City:	State:	Zip:		
Work Phone: ( ) -	Work Email:			
Annual Gross Income: $	Annual Gross Bonus: $			
Co-Client Employer:				
Employment Type:	☐ Self-Employed	☐ Employee	☐ Retired	☐ Other
Title:			Years Employed:	
Street Address:				
City:	State:	Zip:		
Work Phone: ( ) -	Work Email:			
Annual Gross Income: $	Annual Gross Bonus: $			

Questions? Please call 503.825.6708

PROPERTY

Personal

Property Type:	☐ Personal	☐ Art	☐ Jewelry	☐ Electronics	☐ Other __________
Description:					
Owner:			Estimated Value: $		
Property Type:	☐ Personal	☐ Art	☐ Jewelry	☐ Electronics	☐ Other __________
Description:					
Owner:			Estimated Value: $		
Property Type:	☐ Personal	☐ Art	☐ Jewelry	☐ Electronics	☐ Other __________
Description:					
Owner:			Estimated Value: $		
Property Type:	☐ Personal	☐ Art	☐ Jewelry	☐ Electronics	☐ Other __________
Description:					
Owner:			Estimated Value: $		

Automobiles

Year:	Make:	Model:	Mileage:
Owner:		Estimated Value: $	
Year:	Make:	Model:	Mileage:
Owner:		Estimated Value: $	
Year:	Make:	Model:	Mileage:
Owner:		Estimated Value: $	

Real Estate

Property Type:	☐ Residence	☐ 2nd Residence	☐ Vacation	☐ Investment	☐ Other __________
Property:					
Owner:			Value: $		
Property Income:					
Do you plan to sell the Property?	☐ Yes ☐ No		Year:	Growth:	%
Property Type:	☐ Residence	☐ 2nd Residence	☐ Vacation	☐ Investment	☐ Other __________
Property:					
Owner:			Value: $		
Property Income:					
Do you plan to sell the Property?	☐ Yes ☐ No		Year:	Growth:	%

Business Assets

Business:			
Owner(s):			
Business Income:			
Business Type:	Estimated Value: $		
Do you plan to sell the business?	☐ Yes ☐ No	Year:	Growth: %

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LIABILITIES

Mortgage

Property:		Owner:	
Balance: $		Original Amount: $	
Start Date: / /	Term:	Interest Rate: %	Payment: $
Property:		Owner:	
Balance: $		Original Amount: $	
Start Date: / /	Term:	Interest Rate: %	Payment: $

HELOC

Property:		Owner:	
Balance: $	Limit: $	Interest Rate: %	Payment: $

Auto Loan

Vehicle:		Owner:	
Balance: $		Original Amount: $	
Start Date: / /	Term:	Interest Rate: %	Payment: $
Vehicle:		Owner:	
Balance: $		Original Amount: $	
Start Date: / /	Term:	Interest Rate: %	Payment: $

Credit Card

Institution:	Owner:	
Balance: $	Interest Rate: %	Payment: $
Institution:	Owner:	
Balance: $	Interest Rate: %	Payment: $
Institution:	Owner:	
Balance: $	Interest Rate: %	Payment: $
Institution:	Owner:	
Balance: $	Interest Rate: %	Payment: $
Institution:	Owner:	
Balance: $	Interest Rate: %	Payment: $

Student Loan

Owner:		Student:	
Student Loan Type:	☐ Subsidized	☐ Unsubsidized	☐ PLUS ☐ Perkins
Balance: $		Original Amount: $	
Start Date: / /	Term:	Interest Rate: %	Payment: $
Owner:		Student:	
Student Loan Type:	☐ Subsidized	☐ Unsubsidized	☐ PLUS ☐ Perkins
Balance: $		Original Amount: $	
Start Date: / /	Term:	Interest Rate: %	Payment: $

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BANK ACCOUNTS

Owner:			Bank:		
Account Type	☐ Savings	☐ Checking	☐ Money Market	☐ CD	☐ Other ________
Balance: $				Interest:	%
Contributions: $	per		Distributions: $	per	
Owner:			Bank:		
Account Type	☐ Savings	☐ Checking	☐ Money Market	☐ CD	☐ Other ________
Balance: $				Interest:	%
Contributions: $	per		Distributions: $	per	
Owner:			Bank:		
Account Type	☐ Savings	☐ Checking	☐ Money Market	☐ CD	☐ Other ________
Balance: $				Interest:	%
Contributions: $	per		Distributions: $	per	
Owner:			Bank:		
Account Type	☐ Savings	☐ Checking	☐ Money Market	☐ CD	☐ Other ________
Balance: $				Interest:	%
Contributions: $	per		Distributions: $	per	

TAXABLE ACCOUNTS

Owner:		Custodian:	
Balance: $			
Contributions: $	per	Distributions: $	per
Beneficiary:			
Owner:		Custodian:	
Balance: $			
Contributions: $	per	Distributions: $	per
Beneficiary:			

EDUCATION ASSETS

Account Type:	☐ 529 Plan (State ____)	☐ Coverdell ESA	☐ Trust	☐ Other ___________
Owner:		Beneficiary:		
Balance: $				
Contributions: $	per	Distributions: $	per	
Account Type:	☐ 529 Plan (State ____)	☐ Coverdell ESA	☐ Trust	☐ Other ___________
Owner:		Beneficiary:		
Balance: $				
Contributions: $	per	Distributions: $	per	

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RETIREMENT ACCOUNTS

Owner:				Custodian:			
Account Type:	☐ IRA	☐ 401(k)	☐ 403(b)	☐ TSP	☐ Other ___________		
Balance: $				Is this a Roth Account?		☐ Yes	☐ No
Contributions: $	per			Distributions: $	per		
Is there an employer match?	☐ Yes	☐ No		% up to			%
Beneficiary:							
Owner:				Custodian:			
Account Type:	☐ IRA	☐ 401(k)	☐ 403(b)	☐ TSP	☐ Other ___________		
Balance: $				Is this a Roth Account?		☐ Yes	☐ No
Contributions: $	per			Distributions: $	per		
Is there an employer match?	☐ Yes	☐ No		% up to			%
Beneficiary:							
Owner:				Custodian:			
Account Type:	☐ IRA	☐ 401(k)	☐ 403(b)	☐ TSP	☐ Other ___________		
Balance: $				Is this a Roth Account?		☐ Yes	☐ No
Contributions: $	per			Distributions: $	per		
Is there an employer match?	☐ Yes	☐ No		% up to			%
Beneficiary:							
Owner:				Custodian:			
Account Type:	☐ IRA	☐ 401(k)	☐ 403(b)	☐ TSP	☐ Other ___________		
Balance: $				Is this a Roth Account?		☐ Yes	☐ No
Contributions: $	per			Distributions: $	per		
Is there an employer match?	☐ Yes	☐ No		% up to			%
Beneficiary:							
Owner:				Custodian:			
Account Type:	☒ IRA	☐ 401(k)	☐ 403(b)	☐ TSP	☐ Other ___________		
Balance: $				Is this a Roth Account?		☐ Yes	☐ No
Contributions: $	per			Distributions: $	per		
Is there an employer match?	☐ Yes	☐ No		% up to			%
Beneficiary:							
Owner:				Custodian:			
Account Type:	☐ IRA	☐ 401(k)	☐ 403(b)	☐ TSP	☐ Other ___________		
Balance: $				Is this a Roth Account?		☐ Yes	☐ No
Contributions: $	per			Distributions: $	per		
Is there an employer match?	☐ Yes	☐ No		% up to			%
Beneficiary:							

RETIREMENT INCOME

Pension

Owner:			
Start Age:	Amount: $	per	COLA: %
Cash Value: $	Survivorship?	☐ 100% ☐ 75% ☐50% ☐ Other _____ %	
Beneficiary:			

Owner:			
Start Age:	Amount: $	per	COLA: %
Cash Value: $	Survivorship?	☐ 100% ☐ 75% ☐50% ☐ Other _____ %	
Beneficiary:			

Owner:			
Start Age:	Amount: $	per	COLA: %
Cash Value: $	Survivorship?	☐ 100% ☐ 75% ☐50% ☐ Other _____ %	
Beneficiary:			

Annuity

Owner:	Annuity Type:	☐ Fixed ☐ Indexed ☐ Variable	
Start Age:	Amount: $	per	COLA: %
Cash Value: $	Survivorship?	☐ 100% ☐ 75% ☐50% ☐ Other _____ %	
Beneficiary:			

Owner:	Annuity Type:	☐ Fixed ☐ Indexed ☐ Variable	
Start Age:	Amount: $	per	COLA: %
Cash Value: $	Survivorship?	☐ 100% ☐ 75% ☐50% ☐ Other _____ %	
Beneficiary:			

Social Security

Owner:			
PIA Amount: $	at age _________	Currently collecting?	☐ Yes ☐ No

Owner:			
PIA Amount: $	at age _________	Currently collecting?	☐ Yes ☐ No

Other

Owner:			
Start Age:	Amount: $	per	COLA: %
Cash Value: $	Survivorship?	☐ 100% ☐ 75% ☐50% ☐ Other _____ %	
Beneficiary:			

Owner:			
Start Age:	Amount: $	per	COLA: %
Cash Value: $	Survivorship?	☐ 100% ☐ 75% ☐50% ☐ Other _____ %	
Beneficiary:			

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PROPERTY & CASUALTY INSURANCE			
Homeowner's Insurance			
Insurer:			
Dwelling Coverage: $		Premium: $	
Auto Insurance			
Insurer:			
Limits of Liability: / /		Premium: $	
Umbrella Insurance			
Insurer:			
Amount: $		Premium: $	
Health Insurance			
Insurer:			
Type:	☐ Group ☐ Individual	Premium: $	

DISABILITY INSURANCE				
Short Term Disability				
Owner:				
Type:	☐ Group ☐ Individual	Benefit Amount: %	Elimination Period:	
Term:		Premium: $	per ___________	
Owner:				
Type:	☐ Group ☐ Individual	Benefit Amount: %	Elimination Period:	
Term:		Premium: $	per ___________	
Long Term				
Owner:				
Type:	☐ Group ☐ Individual	Benefit Amount: %	Elimination Period:	
Ends at Retirement?	☐ Yes ☐ No	Age:	Premium: $	per ___________
Owner:				
Type:	☐ Group ☐ Individual	Benefit Amount: %	Elimination Period:	
Ends at Retirement?	☐ Yes ☐ No	Age:	Premium: $	per ___________

LONG TERM CARE INSURANCE				
Owner:		Insured:		
Daily Benefit: $	Term:	Premium: $	Inflation Rider?	☐ Yes ☐ No
Owner:		Insured:		
Daily Benefit: $	Term:	Premium: $	Inflation Rider?	☐ Yes ☐ No

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LIFE INSURANCE

Term Life Insurance

Owner:		Insured:	
Insurance Provider:		Beneficiary:	
Face Value: $	Year Purchased:	Term:	Premium: $
Owner:		Insured:	
Insurance Provider:		Beneficiary:	
Face Value: $	Year Purchased:	Term:	Premium: $
Owner:		Insured:	
Insurance Provider:		Beneficiary:	
Face Value: $	Year Purchased:	Term:	Premium: $
Owner:		Insured:	
Insurance Provider:		Beneficiary:	
Face Value: $	Year Purchased:	Term:	Premium: $
Owner:		Insured:	
Insurance Provider:		Beneficiary:	
Face Value: $	Year Purchased:	Term:	Premium: $

Permanent Life Insurance

Insurance Type:	☐ Whole Life ☐ Universal Life	☐ Variable	☐ Other __________
Owner:	Insured:		
Beneficiary:	Insurance Provider:		
Face Value: $	Cash Value: $		Premium: $
Insurance Type:	☐ Whole Life ☐ Universal Life	☐ Variable	☐ Other __________
Owner:	Insured:		
Beneficiary:	Insurance Provider:		
Face Value: $	Cash Value: $		Premium: $
Insurance Type:	☐ Whole Life ☐ Universal Life	☐ Variable	☐ Other __________
Owner:	Insured:		
Beneficiary:	Insurance Provider:		
Face Value: $	Cash Value: $		Premium: $
Insurance Type:	☐ Whole Life ☐ Universal Life	☐ Variable	☐ Other __________
Owner:	Insured:		
Beneficiary:	Insurance Provider:		
Face Value: $	Cash Value: $		Premium: $
Insurance Type:	☐ Whole Life ☐ Universal Life	☐ Variable	☐ Other __________
Owner:	Insured:		
Beneficiary:	Insurance Provider:		
Face Value: $	Cash Value: $		Premium: $

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ESTATE PLANNING

Do you have an updated Will?	☐ Yes ☐ No
When was it last updated?	
Do you have an Advanced healthcare Directive?	☐ Yes ☐ No
When was it last updated?	
Do you have a Living Will?	☐ Yes ☐ No
When was it last updated?	
Do you have a Health Care Proxy/Medical POA?	☐ Yes ☐ No
When was it last updated?	
Do you have any other Powers of Attorney?	☐ Yes ☐ No
Notes:	

GOALS

At what age do you **expect** to retire?		Client: ________	Co-Client: ________
At what age would you **like** to retire?		Client: ________	Co-Client: ________
Do you plan to change residence?			☐ Yes ☐ No
If yes, will you sell your previous residence?			☐ Yes ☐ No
Year:	Cost of new residence: **$**	State:	

EXPENSES

What are your estimated annual expenses?	**$**

Taxes

Filing Status:	☐ Single	☐ MFJ	☐ MFS	☐ HOH	☐ SS

Previous Year Taxable Income: **$**	Previous Year Total Tax: **$**

Dependent Expenses

Beneficiary:		
Purpose:		
Amount: **$**	Start Year:	Term:
Beneficiary:		
Purpose:		
Amount: **$**	Start Year:	Term:
Beneficiary:		
Purpose:		
Amount: **$**	Start Year:	Term:
Beneficiary:		
Purpose:		
Amount: **$**	Start Year:	Term:

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NOTES

Next Meeting

Questions? Please call 503.825.6708