



# INITIAL FINANCIAL PLANNING QUESTIONNAIRE

Let's Begin Your Comprehensive Financial Plan

***Strictly Confidential***



POSEY CAPITAL  
MANAGEMENT INC.

**Before our first planning meeting, it's helpful for us to get some information on you and your family. We have found that completing the general information on this form before we meet enables us to get the factual information out of the way so that in our meetings we can focus on the subjects that are the most important to you.**

**Some of the items we've included in this form, like financial goals, children's and grandchildren's education goals, and inheritance and gifting are intended to start the thinking process on topics that may be important to you. Sometimes these questions can be hard to answer in writing. If they are, just make a notation that you want to discuss them, and we'll be sure to touch on them in our meeting. We are specialists in addressing these issues and part of our job is being available to assist you with thinking through them.**

**Thank you for your help with this information. If you have any questions please do not hesitate to call us.**

**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Marital Status:** (Check one)

Single     Married     Separated     Divorced     Widowed

**Client Employment:** (Check one)

Retired     Employed     Business Owner     Homemaker     Not Currently Employed

Employment Income \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Spouse Employment:** (Check one)

Retired     Employed     Business Owner     Homemaker     Not Currently Employed

Employment Income \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**State where you live:** \_\_\_\_\_ *Texas* \_\_\_\_\_

### **Children and Grandchildren**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Child  Grandchild ...of Husband  Wife  Both   
(first) (last)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Child  Grandchild ...of Husband  Wife  Both   
(first) (last)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Child  Grandchild ...of Husband  Wife  Both   
(first) (last)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Child  Grandchild ...of Husband  Wife  Both   
(first) (last)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Child  Grandchild ...of Husband  Wife  Both   
(first) (last)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Child  Grandchild ...of Husband  Wife  Both   
(first) (last)

**Health Concerns**

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*Is everyone in your family in good health? Please describe any health problems or concerns below.*

Husband: \_\_\_\_\_

\_\_\_\_\_

Wife: \_\_\_\_\_

\_\_\_\_\_

Children and Grandchildren: \_\_\_\_\_

\_\_\_\_\_

Parents: \_\_\_\_\_

\_\_\_\_\_

*Do you have any concerns about caring financially for any loved ones in the future (example: long-term care for parents or for disabled or special children)? If so, please describe briefly:*

\_\_\_\_\_

\_\_\_\_\_

**Life Expectancy**

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***One of our significant concerns is the possibility that a client might outlive his or her financial resources. To reduce the likelihood of planning for too short a lifespan, we generally use as a projected lifespan the age that, based on actuarial tables of the general population, you have only a 30% chance of outliving given your current age. Do you have a preference as to the age we should use for your life expectancies for planning purposes? If so, please tell us below.***

Husband's life expectancy \_\_\_\_\_

Wife's life expectancy \_\_\_\_\_

Please enter your parents' ages (or age at death, if deceased):

Husband's mother \_\_\_\_\_ Deceased?  Yes  No Death from: \_\_\_\_\_

Husband's father \_\_\_\_\_ Deceased?  Yes  No Death from: \_\_\_\_\_

Wife's mother \_\_\_\_\_ Deceased?  Yes  No Death from: \_\_\_\_\_

Wife's father \_\_\_\_\_ Deceased?  Yes  No Death from: \_\_\_\_\_

\_\_\_\_\_

# Education

## ***College Education Goals for Children and Grandchildren***

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Name of student: \_\_\_\_\_

Name of College: \_\_\_\_\_ State in which the college is located: \_\_\_\_\_

If you don't want to use a particular college, choose your preference for planning purposes:

**4-year:**  Average Public In-State  Average Public Out-Of-State  Average Private College

**2-year:**  Average Public In-State  Average Public Out-Of-State  Average Private College

Include: (Check which to include):

Tuition  Out-of-State fees  Room & Board  Books & Supplies  Additional Costs \_\_\_\_\_

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Name of student: \_\_\_\_\_

Name of College: \_\_\_\_\_ State in which the college is located: \_\_\_\_\_

If you don't want to use a particular college, choose your preference for planning purposes:

**4-year:**  Average Public In-State  Average Public Out-Of-State  Average Private College

**2-year:**  Average Public In-State  Average Public Out-Of-State  Average Private College

Include: (Check which to include):

Tuition  Out-of-State fees  Room & Board  Books & Supplies  Additional Costs \_\_\_\_\_

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Name of student: \_\_\_\_\_

Name of College: \_\_\_\_\_ State in which the college is located: \_\_\_\_\_

If you don't want to use a particular college, choose your preference for planning purposes:

**4-year:**  Average Public In-State  Average Public Out-Of-State  Average Private College

**2-year:**  Average Public In-State  Average Public Out-Of-State  Average Private College

Include: (Check which to include):

Tuition  Out-of-State fees  Room & Board  Books & Supplies  Additional Costs \_\_\_\_\_

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## ***Private School Goals for Children and Grandchildren***

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Child's name: \_\_\_\_\_ Year to Start: \_\_\_\_\_ # of Years of School: \_\_\_\_\_

Annual cost \$ \_\_\_\_\_ (today's dollars; we'll adjust for expected future inflation)

*Private school in Houston generally costs in the neighborhood of \$8,500 - \$12,500 per year.*

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Child's name: \_\_\_\_\_ Year to Start: \_\_\_\_\_ # of Years of School: \_\_\_\_\_

Annual cost \$ \_\_\_\_\_ (today's dollars; we'll adjust for expected future inflation)

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Child's name: \_\_\_\_\_ Year to Start: \_\_\_\_\_ # of Years of School: \_\_\_\_\_

Annual cost \$ \_\_\_\_\_ (today's dollars; we'll adjust for expected future inflation)

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## Major Purchase Goals

### Major Purchases to Plan for Such as Travel, New Home, Autos, Weddings, etc.

Description: \_\_\_\_\_ Year of Goal: \_\_\_\_\_ Cost \$ \_\_\_\_\_  
Is this goal recurring?  No  Yes How frequently will it occur? Every \_\_\_\_\_ year(s)  
When will it end? (Check one)  Retirement  End of Plan  After This Number of Occurrences: \_\_\_\_\_

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Description: \_\_\_\_\_ Year of Goal: \_\_\_\_\_ Cost \$ \_\_\_\_\_  
Is this goal recurring?  No  Yes How frequently will it occur? Every \_\_\_\_\_ year(s)  
When will it end? (Check one)  Retirement  End of Plan  After This Number of Occurrences: \_\_\_\_\_

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Description: \_\_\_\_\_ Year of Goal: \_\_\_\_\_ Cost \$ \_\_\_\_\_  
Is this goal recurring?  No  Yes How frequently will it occur? Every \_\_\_\_\_ year(s)  
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Description: \_\_\_\_\_ Year of Goal: \_\_\_\_\_ Cost \$ \_\_\_\_\_  
Is this goal recurring?  No  Yes How frequently will it occur? Every \_\_\_\_\_ year(s)  
When will it end? (Check one)  Retirement  End of Plan  After This Number of Occurrences: \_\_\_\_\_

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Description: \_\_\_\_\_ Year of Goal: \_\_\_\_\_ Cost \$ \_\_\_\_\_  
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Is this goal recurring?  No  Yes How frequently will it occur? Every \_\_\_\_\_ year(s)  
When will it end? (Check one)  Retirement  End of Plan  After This Number of Occurrences: \_\_\_\_\_

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# Retirement

## Retirement Goal

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Age You Want to Retire:

\_\_\_\_\_ Husband

\_\_\_\_\_ Wife

**Retirement Living Expense.** The **after-tax** income you expect to need in retirement (in current dollars – we'll adjust for inflation).

\$ \_\_\_\_\_ monthly / annually

## Part-time Work

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Do you expect you might work part-time in your retirement?  Yes  No

## Other Retirement Income (such as Rental Income, Alimony, etc.)

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Other than Social Security, should we include in your plan any retirement income in your plan? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Liabilities (Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)

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Description: \_\_\_\_\_ Lender: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Initial Amount: \$ \_\_\_\_\_ Date Loan Began: \_\_\_\_\_ Term: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ OR Date to Pay Full Balance: \_\_\_\_\_

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Description: \_\_\_\_\_ Lender: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Initial Amount: \$ \_\_\_\_\_ Date Loan Began: \_\_\_\_\_ Term: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ OR Date to Pay Full Balance: \_\_\_\_\_

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Description: \_\_\_\_\_ Lender: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Initial Amount: \$ \_\_\_\_\_ Date Loan Began: \_\_\_\_\_ Term: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ OR Date to Pay Full Balance: \_\_\_\_\_

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Description: \_\_\_\_\_ Lender: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Initial Amount: \$ \_\_\_\_\_ Date Loan Began: \_\_\_\_\_ Term: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ OR Date to Pay Full Balance: \_\_\_\_\_

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Description: \_\_\_\_\_ Lender: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Initial Amount: \$ \_\_\_\_\_ Date Loan Began: \_\_\_\_\_ Term: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ OR Date to Pay Full Balance: \_\_\_\_\_

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## Documents Needed for Your Financial Planning

### ***Documents we need:***

- A copy of a recent monthly statement for all of your investment accounts: brokerage accounts, IRAs, 401(k), other retirement accounts, Section 529 accounts or any other accounts.
- A simple list of all other assets and liabilities not described above. For example, any real estate you own (home, vacation home, land, rental or commercial property) with your rough estimate of its fair market value. Please also tell us about any mortgages – current balances outstanding, payments, interest rates, etc.
- Your most recent Social Security Statement (shows your expected retirement income from Social Security; alternatively, we can estimate your Social Security retirement benefits)
- A copy of the summary page for any insurance policies you have. In most cases, we don't need a copy of the entire policy, but if you would like us to review it, please feel free to make us a copy of the entire policy. Insurance policies that we need information on include: life insurance on you or your spouse; disability insurance, long-term care insurance; and personal insurance such as homeowners insurance, auto and umbrella.
- A copy of your and your spouse's wills.
- A copy of your most recently filed IRS Form 1040 (your income tax return), and any attached schedules.

***We need these documents well in advance of our initial planning meeting so we can prepare properly. Please fax to us at 281-754-4415, or scan and email to [tposey@poseycapital.com](mailto:tposey@poseycapital.com), or simply drop them in the mail to us or drop the copies by our office, whichever is most convenient for you.***

***If we can help in any way, or if you would like to discuss the information we may need or the information that was in your financial plan last year, please give us a call at 713-490-7000.***

***Thank you for the opportunity to serve you.***

# Posey Capital Management Inc.

## Privacy Policy

**We respect your privacy. We never sell mailing lists or client information.**

We are committed to safeguarding your confidential information. We train our employees to respect client privacy and to recognize the importance of maintaining your confidentiality. We have physical, electronic, and procedural safeguards to guard information. We limit access to non-public personal information about you and your accounts to those employees and service providers who are actually involved in offering or administering your accounts and the services we provide to you. Even if our business relationship ends, we will continue to treat your non-public personal information as confidential and safeguard that information.

Non-public personal information that we have about you and your accounts primarily is derived from your client profile, planning documents, account applications and account statements. Information we share with appropriate third parties may include (i) information you provide on the client profile, applications or other forms or through oral, written or electronic communications (for example, your name, address, social security number, date of birth and restrictions on investments), (ii) information related to transactions in your accounts (for example, investments, amounts, account balances and account numbers), and (c) information we receive from non-affiliates, such as your bank account or brokerage account numbers or account balances.

We share your non-public personal information ONLY with (a) Fidelity Investments, the independent third-party custodian for your accounts; (b) securities transfer agents; and (c) third-party account service providers (for example, we engage a third party service provider to help us provide you with quarterly reports on your accounts' investment performance). (d) In addition, if you authorize us to communicate with your attorney, accountant, insurance broker or other professional services provider in order to assist them with providing services to you, we may disclose nonpublic personal information we have about you to that service provider. Finally, (e) we may disclose any information to securities regulatory authorities and other authorities or entities as required by law.