



**POSEY CAPITAL  
MANAGEMENT INC.**

# **INITIAL QUESTIONNAIRE – FINANCIAL PLANNING INFORMATION**

*Personal and Confidential*

Client(s): \_\_\_\_\_

Date: \_\_\_\_\_

Financial Advisor: Thomas L. Posey \_\_\_\_\_

Date: \_\_\_\_\_

# Financial Planning

**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 mundane 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 and we'll be sure to touch on the subject 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

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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)

# Financial Planning

## 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)

# 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)  
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)  
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)  
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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# Savings Plans

## Employer Sponsored Retirement Plans

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Have you any employer sponsored retirement plans (401(k), pension, profit sharing plan, etc.?)  Yes  No

Which spouse: \_\_\_\_\_

Company Name: \_\_\_\_\_

Plan Name (e.g., 401(k), Profit Sharing Plan, Pension Plan, etc.): \_\_\_\_\_

Current Total Value: \$ \_\_\_\_\_

### **Income:**

Income from this employer: \$ \_\_\_\_\_

**Your contributions:** Do you make contributions into this plan?  Yes  No

Pre-tax contributions \_\_\_\_\_% After-tax contributions \_\_\_\_\_%

**Employer contributions:** Does your employer make contributions into this plan?  Yes  No

If so:

My employer matches \_\_\_\_\_% of my contributions until my contributions reach \_\_\_\_\_%.

Then my employer matches \_\_\_\_\_% of my contributions until my total contributions reach \_\_\_\_\_%.

In any event, however, my employer's maximum contribution per year is (if applicable): \$ \_\_\_\_\_

My employer contributes \_\_\_\_\_% of my income.

My employer contributes \$ \_\_\_\_\_ each year with a \_\_\_\_\_% increase each year.

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Which spouse: \_\_\_\_\_

Company Name: \_\_\_\_\_

Plan Name (e.g., 401(k), Profit Sharing Plan, Pension Plan, etc.): \_\_\_\_\_

Current Total Value: \$ \_\_\_\_\_

### **Income:**

Income from this employer: \$ \_\_\_\_\_

**Your contributions:** Do you make contributions into this plan?  Yes  No

Pre-tax contributions \_\_\_\_\_% After-tax contributions \_\_\_\_\_%

**Employer contributions:** Does your employer make contributions into this plan?  Yes  No

If so:

My employer matches \_\_\_\_\_% of my contributions until my contributions reach \_\_\_\_\_%.

Then my employer matches \_\_\_\_\_% of my contributions until my total contributions reach \_\_\_\_\_%.

In any event, however, my employer's maximum contribution per year is (if applicable): \$ \_\_\_\_\_

My employer contributes \_\_\_\_\_% of my income.

My employer contributes \$ \_\_\_\_\_ each year with a \_\_\_\_\_% increase each year.

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# Savings Plans

## ***Pensions***

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Do you have a pension plan?     Yes     No

Which spouse: \_\_\_\_\_ Company: \_\_\_\_\_

Income Begins? (Check one)     When I retire     Receiving Now     Year \_\_\_\_\_

Monthly Amount of Benefit anticipated: \$ \_\_\_\_\_

If you were to die, what percentage of your pension benefit would continue to be paid to your surviving spouse?  
\_\_\_\_\_ % Survivor Benefit.

Will this Amount Inflate?     No     Yes     Yes, at a maximum rate of \_\_\_\_\_ % per year.  
**(Note: Most pensions do NOT inflate.)**

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Which spouse: \_\_\_\_\_ Company: \_\_\_\_\_

Income Begins? (Check one)     When I retire     Receiving Now     Year \_\_\_\_\_

Monthly Amount of Benefit anticipated: \$ \_\_\_\_\_

If you were to die, what percentage of your pension benefit would continue to be paid to your surviving spouse?  
\_\_\_\_\_ % Survivor Benefit.

Will this Amount Inflate?     No     Yes     Yes, at a maximum rate of \_\_\_\_\_ % per year.  
**(Note: Most pensions do NOT inflate.)**

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## ***Other Savings Plans***

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**In addition to the accounts mentioned above, I/we have the following accounts (please provide us with a recent statement):**

IRA(s)

Coverdell ESA(s) (formerly "Education IRA")

Section 529 College Savings Plan

Prepaid Tuition Plan (e.g., "Texas Tomorrow Fund" or "Texas Guaranteed Tuition Plan"). Please provide us with a recent statement or describe who is the beneficiary and how many years of tuition is provided.

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# Liabilities

## ***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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# Insurance

## ***Term Life Insurance Policies***

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Insured: \_\_\_\_\_ Owner: \_\_\_\_\_ Description/Co: \_\_\_\_\_

Death Benefit: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

If you pay the premium yourself, complete the following information:

Term \_\_\_\_\_ years Year Began \_\_\_\_\_ Premium \$ \_\_\_\_\_ per  Year  Quarter  Month

If you live to your life expectancy, will you still have this policy when you die?  Yes  No

(For term policies, this answer is usually No.)

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Insured: \_\_\_\_\_ Owner: \_\_\_\_\_ Description/Co: \_\_\_\_\_

Death Benefit: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

If you pay the premium yourself, complete the following information:

Term \_\_\_\_\_ years Year Began \_\_\_\_\_ Premium \$ \_\_\_\_\_ per  Year  Quarter  Month

If you live to your life expectancy, will you still have this policy when you die?  Yes  No

(For term policies, this answer is usually No.)

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## ***Whole, Universal or Variable Life Insurance Policies***

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Insured: \_\_\_\_\_ Owner: \_\_\_\_\_ Description/Co: \_\_\_\_\_

Death Benefit: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Premium \$ \_\_\_\_\_ per  Year  Quarter  Month

If you live to your life expectancy, will you still have this policy when you die?  Yes  No

(If you entered the policy as an Asset and are using the Cash Value to fund a Goal, this answer would usually be No.)

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Insured: \_\_\_\_\_ Owner: \_\_\_\_\_ Description/Co: \_\_\_\_\_

Death Benefit: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Premium \$ \_\_\_\_\_ per  Year  Quarter  Month

If you live to your life expectancy, will you still have this policy when you die?  Yes  No

(If you entered the policy as an Asset and are using the Cash Value to fund a Goal, this answer would usually be No.)

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## ***Disability Insurance Policies***

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Insured: \_\_\_\_\_ Description/Co: \_\_\_\_\_

If you pay the premium yourself:

Premium Amount: \$ \_\_\_\_\_ per  Year  Quarter  Month Tax Status:  Pre-Tax  After-Tax

Monthly Benefit Amount: \$ \_\_\_\_\_ Elimination Period: \_\_\_\_\_  Months  Years

Benefit Period: \_\_\_\_\_  Months  Years OR Until Age \_\_\_\_\_

Inflation Option: (Check One)  None  Fixed \_\_\_\_\_%  CPI

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Insured: \_\_\_\_\_ Description/Co: \_\_\_\_\_

If you pay the premium yourself:

Premium Amount: \$ \_\_\_\_\_ per  Year  Quarter  Month Tax Status:  Pre-Tax  After-Tax

Monthly Benefit Amount: \$ \_\_\_\_\_ Elimination Period: \_\_\_\_\_  Months  Years

Benefit Period: \_\_\_\_\_  Months  Years OR Until Age \_\_\_\_\_

Inflation Option: (Check One)  None  Fixed \_\_\_\_\_%  CPI

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# Insurance

## ***Long-term Care Insurance Policies***

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Insured: \_\_\_\_\_ Description/Co: \_\_\_\_\_  
Daily Benefit Amount: \$ \_\_\_\_\_ Elimination Period: \_\_\_\_\_ days  
Benefit Period: (Check # of years or Lifetime)  1  2  3  4  5  6  7  8  9  10  Lifetime  
Inflation Option: (Check One)  None  Fixed \_\_\_\_\_%  CPI  
Home Health Care \_\_\_\_\_%  
If you pay the premium yourself: Premium Amount: \$ \_\_\_\_\_ per  Year  Quarter  Month

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Insured: \_\_\_\_\_ Description/Co: \_\_\_\_\_  
Daily Benefit Amount: \$ \_\_\_\_\_ Elimination Period: \_\_\_\_\_ days  
Benefit Period: (Check # of years or Lifetime)  1  2  3  4  5  6  7  8  9  10  Lifetime  
Inflation Option: (Check One)  None  Fixed \_\_\_\_\_%  CPI  
Home Health Care \_\_\_\_\_%  
If you pay the premium yourself: Premium Amount: \$ \_\_\_\_\_ per  Year  Quarter  Month

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## ***Medicare Supplement Insurance Policies***

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Insured: \_\_\_\_\_ Description/Co: \_\_\_\_\_  
Type: (Check one)  A  B  C  D  E  F  G  H  I  J  Other  
Premium Amount: \$ \_\_\_\_\_ per  Year  Quarter  Month

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Insured: \_\_\_\_\_ Description/Co: \_\_\_\_\_  
Type: (Check one)  A  B  C  D  E  F  G  H  I  J  Other  
Premium Amount: \$ \_\_\_\_\_ per  Year  Quarter  Month

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## ***Property & Casualty Insurance Policies*** (Auto, Homeowners, Umbrella)

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Description/Co: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_ per  Year  6 Months  Quarter  Month

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Description/Co: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_ per  Year  6 Months  Quarter  Month

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Description/Co: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_ per  Year  6 Months  Quarter  Month

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Description/Co: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_ per  Year  6 Months  Quarter  Month

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Description/Co: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_ per  Year  6 Months  Quarter  Month

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Description/Co: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_ per  Year  6 Months  Quarter  Month

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## Documents Needed for Your Financial Planning

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

- A copy of a recent monthly statement for all retirement plans, brokerage accounts and other investments.
- A list of all other assets and liabilities not described above. For example, any real estate (home, vacation home, land, rental or commercial property) with estimated market value, along with information on 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 any insurance policy that you would like to discuss or review in your planning: life insurance, disability insurance, long-term care, homeowners, auto, umbrella.
- A copy of your will if you would like to include it in your planning.
- A copy of your IRS Form 1040 (and any attached schedules) for your most recent tax year.

***It would be most helpful to mail a copy (don't mail the originals) of these documents or fax them to us (fax 281-754-4415) at least five business days before our meeting so we can prepare properly for our meeting.***

***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.***