

# Pence Wealth Management Confidential Planning Questionnaire



FOR OFFICE USE ONLY—Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

## Instructions:

- Please be careful to spell all names correctly.
- If you are unsure of a question, simply leave it blank. Attach extra pages if you need more space.
- If you are married, BOTH spouses must attend the first meeting. If for any reason, one spouse is unable to attend, or if you have a problem with this, please call in advance.
- Please bring a copy of the last income tax return you filed.
- **PLEASE COMPLETE THE ENTIRE QUESTIONNAIRE AND BRING TO YOUR APPOINTMENT.**  
The more you complete, the better your meeting will be!
- **Please bring all retirement, brokerage, mutual fund statements, and last years income tax return.**

## Part One: Personal Information

Your Name \_\_\_\_\_ Legal AKA (if any) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. Citizen?  Y  N Are you retired?  Y  N If not, when? \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Is Your Health?  Good  Fair  Poor (Describe any current problems: \_\_\_\_\_)

Have you had any major surgeries in the past 10 years?  Y  N Describe: \_\_\_\_\_

Are you (or your spouse) receiving home care or assisted living care?  Y  N

Were you previously married?  Y  N Sex  Male  Female

Occupation (or prior one, if retired): \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you (or your spouse) a military veteran?  Y  N

Your Spouse's Name \_\_\_\_\_ Legal AKA (if any) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. Citizen?  Y  N Are you retired?  Y  N If not, when? \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Is Your Health?  Good  Fair  Poor (Describe any current problems: \_\_\_\_\_)

Have you had any major surgeries in the past 10 years?  Y  N Describe: \_\_\_\_\_

Were you previously married?  Y  N Sex  Male  Female

Occupation (or prior one, if retired): \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Children and Family

Full Name	Sex	DOB	Parent	No. of Children
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___ / ___ / ___	<input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers	_____
Address _____				
Home Phone ( _____ ) _____ - _____ Cell Phone ( _____ ) _____ - _____				
E-mail _____ Marital status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				

Full Name	Sex	DOB	Parent	No. of Children
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___ / ___ / ___	<input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers	_____
Address _____				
Home Phone ( _____ ) _____ - _____ Cell Phone ( _____ ) _____ - _____				
E-mail _____ Marital status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				

Full Name	Sex	DOB	Parent	No. of Children
3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___ / ___ / ___	<input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers	_____
Address _____				
Home Phone ( _____ ) _____ - _____ Cell Phone ( _____ ) _____ - _____				
E-mail _____ Marital status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				

Full Name	Sex	DOB	Parent	No. of Children
4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___ / ___ / ___	<input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers	_____
Address _____				
Home Phone ( _____ ) _____ - _____ Cell Phone ( _____ ) _____ - _____				
E-mail _____ Marital status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				

Do all of your children get along?  Y  N

Age of grandchildren: Youngest \_\_\_\_\_ Oldest \_\_\_\_\_

Have you discussed Planned Giving with your family?  Y  N

**What are your goals in creating or upgrading your financial plan? (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Retirement Planning  | <input type="checkbox"/> Avoiding Estate Taxes  |
| <input type="checkbox"/> Making sure I'll be taken care of if disabled                  | <input type="checkbox"/> Making sure my loved ones' inheritance is protected from spouses, lawsuits, divorces, etc. |
| <input type="checkbox"/> Maximizing my loved ones' inheritance                          | <input type="checkbox"/> Passing on my values as well as my assets  |
| <input type="checkbox"/> Making sure my loved ones don't squander it                    | <input type="checkbox"/> Increasing Retirement income   |
| <input type="checkbox"/> Making sure younger loved ones get a good education and career | <input type="checkbox"/> Portfolio Review   |
| <input type="checkbox"/> Minimizing income taxes  |   |
| <input type="checkbox"/> Reducing volatility of your portfolio                          |   |
| <input type="checkbox"/> Other: _____   |   |

**For Married Couples Only**

Date of Marriage: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Do you and your spouse consider all of your assets community property?  Y  N

Did you or your spouse receive any valuable gifts or inheritances after marriage?  Y  N

Would you consider future inheritances as community property?  Y  N

Did you or your spouse come into your marriage with any substantial assets?  Y  N

Do you have a pre-marital or post-marital agreement? (If yes, please bring it)  Y  N

**Investment Philosophy:**

Description:	Client: (Amount/Year)	Co-Client:
Employment Salary:		
Employment Bonus:		
Alimony Received:		
Net self-employment:		
Professional Fees:		
Tax-free income:		
Rental Income:		
Pension Income:		
IRA Income:		
Other:		

## Part Two: Financial Information

### Instructions:

- Please print. Be as specific as you can with regard to account names.
- Account balances will vary, so please just list the approximate balance of each account.
- Watch for REMINDERS regarding papers we would like you to bring in.

### Banks, Savings & Loans and Credit Unions

*These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 7.*

Name of Institution	Ownership	Account Type	Approximate Balance
1. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
2. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
3. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
4. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
5. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
6. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
<b>Total Value:</b>			\$ _____

Are any of these accounts “POD” (pay on death), “TOD” (transfer on death) or “ITF” (in trust for someone)?  
 Y  N If yes, which ones? (insert # above) \_\_\_\_\_

### Stocks or Bonds — Not in a Brokerage Account

*These include certificates you actually hold; Please list Mutual Funds on page 5.*

Name of Stock	Ownership	Shares	Approx. Market Value
1. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
2. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
3. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
4. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
5. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
6. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
<b>Total Value:</b>			\$ _____

## Mutual Funds and/or Brokerage Accounts

*These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 7.*

Name of Firm of Fund/Account	Ownership	Approx. Market Value
1. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
2. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
3. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
4. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
5. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
6. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
<b>Total Value:</b>		\$ _____

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death) or "ITF" (in trust for someone)?  
 Y  N If yes, which ones? (insert # above) \_\_\_\_\_

Would you be willing to sell any of the above stocks or mutual funds if you could avoid capital gains taxes?  Y  N

Would you like more spendable income from your investments?  Y  N

## Promissory Notes & Trust Deeds Owed to You

*(Where someone is paying you on a note)*

**REMINDER:** If secured, please bring the original or a copy of the recorded Trust Deed ("T.D.").

Name of Debtor	Secured by T.D.?	Due Date	Original Amount	Balance Due
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
2. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
3. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
4. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
5. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
<b>Total Value:</b>			\$ _____	

Do any of your children owe you money?  Y  N

If yes:                      Who?                      How Much?

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

## Real Estate

Please list all homes, rental properties, other buildings, land and timeshares in which you have an interest.

	Property Address	Original Cost	Current Value	Debt or Mortgage	Net Rental Income
1.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	_____				
2.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	_____				
3.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	_____				
4.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	_____				
5.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	_____				
6.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	_____				
7.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	_____				
8.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	_____				

**\*\* Please bring a copy of your recent tax returns\*\***

		Which #?
Are you planning on selling any of your real estate soon?	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Would you consider selling if you could avoid capital gains taxes?	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Are any properties owned with someone other than your spouse?	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Are any properties owned by an entity? (such as a Corp., LLC, FLP)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Do any of your children (or other relatives) reside on any of your properties?	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

### Liabilities (other than mortgage):

Credit Cards \$ \_\_\_\_\_

Car Loans \$ \_\_\_\_\_

Home equity loan \$ \_\_\_\_\_

School Loans: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

## IRA Accounts & Company Retirement Plans

	Custodian of Account (Bank, Broker, Employer)	Type (IRA, 401k, etc.)	Account Owner (Husband or Wife) <input type="checkbox"/> H or <input type="checkbox"/> W	Primary Beneficiary	Secondary Beneficiary	Approximate Value
1.	_____	_____	<input type="checkbox"/> H or <input type="checkbox"/> W	_____	_____	\$ _____
2.	_____	_____	<input type="checkbox"/> H or <input type="checkbox"/> W	_____	_____	\$ _____
3.	_____	_____	<input type="checkbox"/> H or <input type="checkbox"/> W	_____	_____	\$ _____
4.	_____	_____	<input type="checkbox"/> H or <input type="checkbox"/> W	_____	_____	\$ _____
5.	_____	_____	<input type="checkbox"/> H or <input type="checkbox"/> W	_____	_____	\$ _____
<b>Total Value:</b>						\$ _____

Are you concerned about your future retirement income?  Y  N

## Life Insurance

	Insured Person	Policy Owner	Primary Beneficiary	Secondary Beneficiary	Company	Cash Value (if any)	Death Benefit
1.	_____	_____	_____	_____	_____	\$ _____	\$ _____
2.	_____	_____	_____	_____	_____	\$ _____	\$ _____
3.	_____	_____	_____	_____	_____	\$ _____	\$ _____
4.	_____	_____	_____	_____	_____	\$ _____	\$ _____
5.	_____	_____	_____	_____	_____	\$ _____	\$ _____
<i>* Please bring most recent statements</i>						<b>Total Value:</b>	\$ _____

Do you have Long-Term Care Insurance (to cover extended nursing care costs)?  Y  N

Do you have parents or other relatives in assisted living?  Y  N

## Non-Qualified Annuities (Not a Retirement Plan) (Please list qualified annuities separately above.)

	Name of Insurance Company	Owner	Primary Beneficiary	Secondary Beneficiary	Total Value
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
<b>Total Value:</b>					\$ _____

## Limited or General Partnerships

	Name of Partnership	Limited or General?	Ownership %	Total Market Value
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
<b>Total Value:</b>				\$ _____

## Businesses

Business Name	Is it a Corporation?	Ownership %	Buy-Sell Agreement?	Total Value
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
2. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
<i>Total Value:</i>				\$ _____

Anticipating selling your business(es) anytime soon?  Y  N

## Other Assets

Are you expecting any inheritances soon?  Y  N

If so, from whom? \_\_\_\_\_ Approximately how much? \$ \_\_\_\_\_

Please list unusually valuable personal items such as art, coins, jewelry, collections, etc.

\_\_\_\_\_

Please list any other assets not mentioned such as stock options, patents, royalties, etc.

\_\_\_\_\_

## Miscellaneous Information

What are your favorite hobbies?  Antiques  Arts/Crafts  Coin Collecting  Computers

Cooking  Exercise  Fishing  Gardening  Golf  Photography  Puzzles/Games

Reading  Sewing/Knitting  Shopping  Spectator Sports  Tennis  Traveling

Theatre  Football  Baseball  Basketball  Hockey

Other: \_\_\_\_\_

What are your spouse's favorite hobbies?  Antiques  Arts/Crafts  Coin Collecting  Computers

Cooking  Exercise  Fishing  Gardening  Golf  Photography  Puzzles/Games

Reading  Sewing/Knitting  Shopping  Spectator Sports  Tennis  Traveling

Theatre  Football  Baseball  Basketball  Hockey

Other: \_\_\_\_\_

Do you know of any friends, relatives, neighbors and/or co-workers that may benefit from our services?

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Are you (or your spouse) a part of any local groups, clubs or organizations?  Y  N



**Additional Questions:**

Are you currently or have you ever been involved in a lawsuit? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Have you ever worked with a financial advisor before? \_\_\_\_\_

If so, why are you no longer working with this individual?  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Goals:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any Questions You Would Like Answered?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If interested in cash flow analysis, please complete the attached document "Where Does Your Money Really Go?"*

*Thank you for completing the Questionnaire!*