

Financial Planning Questionnaire

PRIVATE AND CONFIDENTIAL

Name: _____

Date: _____

Please email us the completed questionnaire at lchan@vibrancewealth.com.

Thank you.



Financial Planning Questionnaire

Life Goals

Indicate your goals that you want to achieve. Under the ideal situation, write down your dream retirement scenario. Under the acceptable situation, write down the scenario that is not ideal but you are willing to accept.

	Client	Co-Client
Retirement Age*		
Ideal		
Acceptable		
Retirement Expenses (annual after-tax dollars)		
Ideal		
Acceptable		
Do you plan to retire in the US? Y/N		
If yes, which state?		
If no, where do you plan to retire?		
What do you plan to do when you retire?		
Do you consider yourself healthy? Y/N		

*If you are already retired or a homemaker, write down your current age.

Education Goals

Complete the following information for each member of your household for whom you plan to fund their education goals.

Name	Date of Birth	Start Age	Years in School	Public/Private	Annual Cost	Ideal Funding %	Acceptable Funding %

Lifestyle Goals Before and During Retirement

Write down specific spending goals that you want to achieve related to retirement home, medical expense, long-term care expenses, home improvement, elder care, travel, wedding, new car, family support, etc.

Goals*	Client/Co-Client/ Joint	Starting Age	Ending Age	Ideal Annual Amount	Acceptable Annual Amount	How to fund?

Estate Planning Goals

	Client	Co-Client
Do you plan to leave a legacy to your heirs?		
If yes, what are the amounts/assets you want to leave behind?		
Ideal		
Acceptable		
List your beneficiaries		
Are you currently making annual exclusion gifts?		
If yes, to whom and what amount?		
Do you plan to give gifts to charities?		
If yes, which organizations?		
What will be the amount / assets you want to donate?		

Willingness to Adjust Your Goals

In order to achieve your goals, how willing are you to:

	Very Willing	Somewhat Willing	Slightly Willing	Not At All
Retire later than your acceptable retirement age				
Invest more aggressively				
Spend less				
Save more				
Reduce education funding				
Reduce the estate left behind				
Others: _____				

Retirement Income

Social Security Income	Client	Co-Client
Eligible for Social Security benefits? Y/N		
Estimated monthly benefits		
What age do you plan to start taking the benefits?		
Actual monthly benefits if you are receiving it.		

Other Income Sources

List any estimated income such as pensions, rental income, annuities, family trust, etc. Do not include investment income.

Description	Client/Co-Client /Joint	Starting Age	Ending Age	Annual Income	Survivor Benefit (if applicable)	Inflation (if applicable)

Notes:

Indicate below to what extent you are concerned about the following topics and rank them from 1 to 5, with 1 being your greatest concern and 5 being of least concern.

	Extremely Concerned	Very Concerned	Concerned	Somewhat Concerned	Not Concerned	Ranking
Outliving your assets						_____
Maintaining a steady income stream						_____
Dealing with market volatility						_____
Protecting spousal income after your passing (answer if you are married)						_____
Having an unexpected emergency						_____
Rising medical expenses						_____
Rising long-term care expenses						_____
Providing a legacy						_____
Potential estate taxes						_____
Others: _____						_____

