

Bowen Financial Planning LLC

Confidential Investment Profile Questionnaire

Please take time to fill out the following forms and mail or e-mail them (along with any related statements) to us at least 10 days prior to our upcoming service appointment. The information you provide in this questionnaire will assist us in making sound recommendations with confidence. Feel free not to fill out sections in which you can provide policies or statements.

PERSONAL INFORMATION

	Client 1	Client 2
Full Name	_____	_____
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Date of Birth	____/____/____	____/____/____
Marital Status	☐ Single ☐ Divorced ☐ Married ☐ Separated ☐ Widowed	☐ Single ☐ Divorced ☐ Married ☐ Separated ☐ Widowed
Home Address	_____ _____	_____ _____
Home Phone	_____	_____
Work/Cell Phone	_____	_____
Email Address	_____	_____
Employment Status	☐ Retired ☐ Employed ☐ Homemaker ☐ Business Owner ☐ Not Currently Employed	☐ Retired ☐ Employed ☐ Homemaker ☐ Business Owner ☐ Not Currently Employed
Employer Name (Last if Retired)	_____	_____
Job Title/Description	_____	_____
Number of Years	_____	_____
Anticipated Employment Changes?	_____	_____
Planned/Actual Retirement Date	_____	_____

Dependents (family members and others)

Name	Relationship	Birth Date
_____	_____	_____
Name	Relationship	Birth Date
_____	_____	_____
Name	Relationship	Birth Date
_____	_____	_____
Name	Relationship	Birth Date
_____	_____	_____

Miscellaneous

How long have you lived at your current address? _____ If married, marriage date: _____

Client 1: U.S. Citizen? Yes No Client 2: U.S. Citizen? Yes No

How did you hear about Bowen Financial Planning LLC? _____

Why did you contact us? _____

INSURANCE

(You do not have to fill out sections below if you provide policies).

LIFE INSURANCE CO.	TYPE TERM/PERM	INSURED	ANNUAL PREMIUM	POLICY FACE AMOUNT	CURRENT CASH VALUE	CASH VALUE AT RETIREMENT	PRESENT LOAN BALANCE	SMOKER Y/N

DISABILITY INSURANCE CO.	INSURED	MONTHLY BENEFIT	PREMIUM PAID BY?	GROUP OR INDIVIDUAL	WAITING PERIOD	PREMIUM & FREQUENCY	BENEFITS PAID UNTIL?	RESIDUAL BENEFITS Y/N

HEALTH INSURANCE CO.	INSURED	MONTHLY BENEFIT	PREMIUM PAID BY?	GROUP OR INDIVIDUAL	WAITING PERIOD	PREMIUM & FREQUENCY	BENEFITS PAID UNTIL?	RESIDUAL BENEFITS Y/N
Medicare								

LONG TERM CARE	INSURED	DAILY BENEFIT	RIDER Y/N	INDIVIDUAL	PERIOD	FREQUENCY	PERIOD (YRS)	BENEFIT %

AUTO INSURANCE CO.	INSURED	LIABILITY LIMIT I.E. 100/300	DEDUCTIBLE	LIMIT 100/300	UMBRELLA TOWING Y/N	UMBRELLA POLICY Y/N	UMBRELLA AMT. COVERAGE	UMBRELLA PREMIUM

HOME INSURANCE CO.	DEDUCTIBLE	LIABILITY LIMIT	REPLACEMENT VALUE Y/N
	\$	\$	

CALCULATE YOUR NET WORTH (ASSETS – LIABILITIES)

(You do not have to fill out sections below if you provide current statements).

CASH RESERVES

Client 1

Client 2

Joint

Checking	\$ _____	% _____	\$ _____	% _____	\$ _____	% _____
Savings	\$ _____	% _____	\$ _____	% _____	\$ _____	% _____
Money Market Funds	\$ _____	% _____	\$ _____	% _____	\$ _____	% _____
Certificate of Deposits	\$ _____	% _____	\$ _____	% _____	\$ _____	% _____

PERSONAL ASSETS

Client 1

Client 2

Joint

Market Value of Home(s)	\$ _____	\$ _____	\$ _____
Automobile(s)	\$ _____	\$ _____	\$ _____
RVs (boats, campers, etc.)	\$ _____	\$ _____	\$ _____
Household Belongings, etc.	\$ _____	\$ _____	\$ _____
Misc. (trusts, inheritances)	\$ _____	\$ _____	\$ _____

NON RETIREMENT and BUSINESS INVESTMENTS

Client 1

Client 2

Joint

Brokerage	\$ _____	\$ _____	\$ _____
Brokerage	\$ _____	\$ _____	\$ _____
Annuity	\$ _____	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____	\$ _____
Personally Owned Business	\$ _____	\$ _____	\$ _____
Other Business Interests (Partnerships, stock, options, etc.)	\$ _____	\$ _____	\$ _____
Note Receivable	\$ _____	\$ _____	\$ _____

RETIREMENT ASSETS

Client 1

Client 2

(Current Worth)

(Description)

(Current Worth)

(Description)

IRA	\$ _____	_____	\$ _____	_____
Roth IRA	\$ _____	_____	\$ _____	_____
403b	\$ _____	_____	\$ _____	_____
401k	\$ _____	_____	\$ _____	_____
Pension	\$ _____	_____	\$ _____	_____
Other	\$ _____	_____	\$ _____	_____

What accounts are you contributing to? How much? _____

How much does your employer match? \$ _____ \$ _____

LIABILITIES

<u>Description</u>	<u>Initial Balance</u>	<u>Current Balance</u>	<u>Monthly Payment</u>	<u>Interest Rate</u>	<u>Fixed Rate?</u>	<u>Monthly Payment</u>	<u>Due Date</u>
Home Mortgage	\$	\$	\$	_____%	Y/N	\$	__/__/__
Home Equity Loan	\$	\$	\$	_____%	Y/N	\$	__/__/__
Second Home Mortgage	\$	\$	\$	_____%	Y/N	\$	__/__/__
Auto Loan 1	\$	\$	\$	_____%	Y/N	\$	__/__/__
Auto Loan 2	\$	\$	\$	_____%	Y/N	\$	__/__/__
Credit Card	\$	\$	\$	_____%	Y/N	\$	__/__/__
Credit Card	\$	\$	\$	_____%	Y/N	\$	__/__/__
Credit Card	\$	\$	\$	_____%	Y/N	\$	__/__/__
Real Estate Loan	\$	\$	\$	_____%	Y/N	\$	__/__/__
Business Loan	\$	\$	\$	_____%	Y/N	\$	__/__/__
Retirement Plan Loan	\$	\$	\$	_____%	Y/N	\$	__/__/__
Student Loan	\$	\$	\$	_____%	Y/N	\$	__/__/__
Outstanding Bills	\$	\$	\$	_____%	Y/N	\$	__/__/__
Other Loan	\$	\$	\$	_____%	Y/N	\$	__/__/__
Other Loan	\$	\$	\$	_____%	Y/N	\$	__/__/__
Other Loan	\$	\$	\$	_____%	Y/N	\$	__/__/__

Total Equity = \$ _____ = Assets \$ _____ - Liabilities \$ _____

CALCULATE YOUR MONTHLY CASH FLOW (INCOME – EXPENSES)

MONTHLY INCOME SOURCES

CURRENT ANNUAL INCOME	Client 1	INCREASE RATE/YEAR	Client 2	INCREASE RATE/YEAR
Salary (gross)				
Bonus				
Net Business Income (Loss)				
Dividends/Interest				
Social Security				
Net Rental Prop. Income (Loss)				
Gifts				
Retirement Income*				
Other				
TOTAL GROSS INCOME				

* IF PENSION INCOME, PLEASE DESCRIBE ANY SURVIVORSHIP OPTIONS.

MONTHLY EXPENSE WORKSHEET (optional)*

Household	Monthly Amount
Mortgage Principal & Interest	\$
Real Estate Taxes	\$
Rent	\$
Insurance – Home/Rental	\$
Maintenance – Supplies	\$
Utilities – Electric/Gas	\$
Water – Sewer	\$
Cable – Phone – Internet	\$
House Cleaning	\$
Other	\$
Total	\$

Daily Living	Monthly Amount
Groceries	\$
Dining – Eating Out	\$
Clothing	\$
Salon – Massage – Manicure	\$
Other	\$
Total	\$

Entertainment	Monthly Amount
Home – Shows – Events	\$
Sports – Hobbies – Lessons	\$
Dues – Memberships	\$
Vacation – Travel	\$
Other	\$
Total	\$

Transportation	Monthly Amount
Auto Loans	\$
Auto Insurance	\$
Fuel	\$
Repairs	\$
Other	\$
Total	

Health	Monthly Amount
Health Insurance	\$
Life Insurance	\$
LTC Insurance	\$
Disability Insurance	\$
Medicine – Drugs	\$
Veterinarian – Pet Care	\$
Other	\$
Total	\$

Debts, Loans	Monthly Amount
Credit Cards	\$
Student Loans	\$
Alimony - Child Support	\$
Other	\$
Total	\$

Charity, Gifts	Monthly Amount
Charity Donations	\$
Gifts	\$
Total	\$

Total Monthly Expenses = \$

*If you have calculated your expenses using a different method or you can accurately estimate costs, list here: \$ _____/month

Total Monthly Cash Flow = \$ _____ = Income \$ _____ - Expenses \$ _____

RETIREMENT PLANNING

Please fill this section out only if you are at least 50 years old and are eligible to receive social security or a pension in the future.

What age do you plan to take Social Security and what will the approximate monthly amount be if known?

Client 1: Age _____ \$ _____ Client 2: Age _____ \$ _____

If you will have a pension, what age is the pension available and what will the monthly amount be?

Client 1: Age _____ \$ _____ Client 2: Age _____

What Survivor Benefit option did you choose? _____

Do you expect larger expenses after retirement (travel, purchase RV, etc.)?

Will you downsize in some way after retirement (home, car, move, etc.)? _____

How would you rate your health? _____

ESTATE PLANNING

	Client 1		Client 2	
	NAME*/DATE	ATTORNEY	NAME*/DATE	ATTORNEY
Will – Executor				
– Power of Attorney				
– To Whom Delegated				
Living Will				
Living Trust – Name of Trust				
– Trustee(s)				
– Successor Trustee(s)				

Are your assets re-titled to Trust? Yes No

Are beneficiary designations consistent with latest estate planning documents? Yes No

Life Insurance Trust			
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Is life insurance ownership changed to Trust? Yes No

Is your attorney the same for all documents? Yes No

GENERAL QUESTIONS

1. What are your financial goals? Do you believe your current investments are positioned to accomplish your goals?

Please explain: _____

2. Have you ever worked with a Financial Planner before? Yes / No

1A. If yes, what type of plan was put in place? _____

1B. What was your experience? _____

3. Do you have any large purchases or expenditures that you anticipate in the next 3-5 yrs.?

(Such as home improvements, second home, automobile or vacation) If so, how much cash do you feel will be needed? \$ _____ When? _____

4. Does your employer provide Health Insurance after you retire? Yes No

5. Will you have the option of taking a lump-sum pension payment instead of an annuity at retirement? Yes No

6. Will your spouse be eligible to continue the group plan if either of you retires before 65? Yes No

7. Are you currently taking Required Minimum Distributions (RMDs)? Yes No

FINANCIAL CONCERNS

Please rank the following according to your level of concern

1 2 3 4 5
 (Not Concerned.....Very Concerned)

Outliving my money	1	2	3	4	5
Increasing cost of living	1	2	3	4	5
Reducing Income Taxes	1	2	3	4	5
Maximizing investment return	1	2	3	4	5
Reducing risk in my portfolio	1	2	3	4	5
Generating additional income	1	2	3	4	5
Impact of long-term care	1	2	3	4	5
Leaving a maximum amount of cash to my spouse	1	2	3	4	5
Leaving a maximum amount of cash to my heirs	1	2	3	4	5

ITEMS TO BRING TO YOUR FIRST MEETING WITH BRENT BOWEN

Your completed Confidential Questionnaire.

1. A copy of each person's most recent pay stub.
2. Tax returns for the last two years.
3. Estate planning documents including wills, powers of attorneys, living wills, deeds, trust documents, or legal agreements that are relevant.
4. Investment portfolio statements from other advisors firms, banks, or investment companies.
5. Employee benefit plan statements and employee handbook.
6. Pension plan information or projections, current company retirement plan statements (401 (k), TSA, 403 (b), ESOP, Thrift Savings Plan).
7. Insurance policies including health, life, disability, homeowner, automobile, umbrella, and long-term care.
8. Business insurance policies, including buy-sell, disability overhead, key person insurance, executive bonus, etc.
9. Annuity statements.
10. Divorce decrees, prenuptial agreements.
11. Educational funding statements.
12. Charitable gifting programs established.
13. Any information on unique financial situations which have occurred since our last conversation (i.e., major debts, company buyout offers, inheritances, etc.).
14. Any other information you would like to discuss.

Date: _____

NOTES: _____
