

FINANCIAL PLANNING QUESTIONNAIRE

Please return this questionnaire and all supporting documents to finplanning@dmba.com. **WE DO NOT SCHEDULE** PLAN PRESENTATIONS IF WE HAVE INCOMPLETE DATA. INCOMPLETE SUBMISSIONS WILL RESULT IN DELAYS IN PREPARING YOUR FORECAST AND SCHEDULING YOUR APPOINTMENT.

PERSONAL INFORMATION

DMBA ID number(s): _____

PARTICIPANT/SPOUSE NAME	BIRTH DATE	GENDER	RETIREMENT AGE

DEPENDENT NAME	BIRTH DATE	GENDER	DISABLED?

FINANCIAL DOCUMENTS

Please include copies of the following:

- Social Security statements** (available from SSA.gov or a local field office if divorced or widowed with minor children)
- Most recent **tax returns** and all associated schedules/forms
- All **insurance and investment** account information outside of DMBA as of *January 1 of the current year*

Please indicate the following:

- I do not have any finalized estate planning documents (i.e., wills, trusts, powers of attorney, etc.)
- I do have finalized estate planning documents.

Year signed and notarized: _____ Created by: Online resource Attorney

ANNUAL INCOME

Under *Type*, specify whether this is traditional employment, self-employment, rental income, or the like. Under *Ends*, list the year, event or age the income is expected to stop (if indefinite, write "n/a").

WHOSE	GROSS AMOUNT	TYPE	ENDS	DESCRIPTION OR NOTES
		Employment	Retirement	

NON-DMBA PENSIONS

Please attach a statement and/or estimate for each pension plan.

FOR WHOM	COMPANY	AMOUNT	START AGE	COLA	SURVIVOR BENEFIT
					%
					%
					%
					%

NON-DMBA INSURANCE POLICIES

Please attach a January 1 statement of the current year for each life insurance policy outside DMBA. *Type* refers to Whole Life, Universal Life, Variable Universal Life, Term, and Group Term. If you have opened any new policies (or allowed old policies to lapse) this year, please note the details under *Other Notes for Planner* and attach a current statement.

OWNER	BENEFICIARY	INSURER	TYPE	DEATH BENEFIT	PREMIUM

Please indicate if you own any of the following (you do not have to submit statements for these):

- Long-term care insurance
- Group disability insurance (such as through another employer)
- Private disability insurance

FINANCIAL GOALS

Please indicate any special goals you have, such as senior missions, paying for higher education for children/grandchildren, major planned purchases, etc. Please indicate dollar amounts *as if the money was needed today*—we'll account for inflation separately.

GOAL DESCRIPTION	AMOUNT NEEDED	FREQUENCY	START	END	PRIORITY

MONTHLY BUDGET WORKSHEET

Please indicate dollar amounts as if the money was needed today—we'll account for inflation separately. The Now column should reflect your current expenses, whereas the Later column should reflect any changes you currently anticipate making in retirement.

BASIC LIVING	NOW	LATER
Religious contributions (tithing)		
Private life insurance		
Auto insurance		
Other insurance		
Groceries		
Auto fuel and maintenance		
Clothing and personal care		
Entertainment		
Dining out		
Non-religious charity		
Mobile phone		
Internet (if not bundled)		
Cable/Satellite (if not bundled)		
Utilities (gas, electric, water, etc.)		
Children's activities (hobbies, etc.)		
Childcare		
Alimony/child support		
Other expenses (list):		
Total	\$	\$

TRAVEL & LEISURE	NOW	LATER
Travel		
Other (list):		
Total	\$	\$
PRIMARY RESIDENCE	NOW	LATER
Rent (if applicable)		
Homeowners/Renters insurance		
HOA fees		
Property taxes		
Upkeep, improvements		
Periodic expenses (new roof)		
Other (list):		
Total	\$	\$
MEDICAL*	NOW	LATER
Copays		
Prescriptions		
Equipment		
Other (list):		
Total	\$	\$

* We calculate retirement medical premiums.

ASSETS WORKSHEET

Please attach a January 1 statement of the current year for account listed below, showing **balance** and **asset allocation**. If you have opened any new accounts this year, please note the details under *Other Notes for Planner*, and attach a current statement.

ASSET TYPE	PURPOSE	ANNUAL CONTRIBUTIONS	OWNER
Checking		n/a	
Savings			

REAL ESTATE	PURCHASE PRICE	JAN 1 VALUE	OUTSTANDING MORTGAGE		
			JAN 1 BALANCE	INTEREST	PAYMENT*
Primary Residence					

* Payment: Principal and interest *only*. If you are paying more or less than the minimum payment, write the amount you are currently paying.

NON-MORTGAGE DEBTS

Please attach a January 1 statement of the current year for each loan listed. If you have acquired any new loans this year, please note the details under *Other Notes for Planner*, and attach a current statement.

LIABILITY	WHOSE	JAN 1 BALANCE	INTEREST	PAYMENT*

* Payment: If you are paying more or less than the minimum payment, write the amount you are currently paying.

QUESTIONS FOR PLANNER

(Example: What age should I take Social Security?)

OTHER NOTES FOR PLANNER

(Example: I currently pay extra towards...)