

FINANCIAL PLANNING QUESTIONNAIRE

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	PLANNED RETIREMENT AGE/DATE

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
- ☐ Mortgage statement, as of January 1 of the current year (if applicable)
- ☐ Completed [Investment Real Estate Questionnaire](#) (if applicable)

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, or other. Under *Ends*, list the year, event, or age the income is expected to stop (if indefinite, write "n/a"). Rental property income will be listed on the [Investment Real Estate Questionnaire](#).

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	MONTHLY 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* means Whole Life, Universal Life, Variable Universal Life, Term, or 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	REMAINING TERM	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

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.

STMT ATT	ASSET TYPE	PURPOSE	ANNUAL CONTRIBUTIONS	CONTRIBUTION END	OWNER
<input type="checkbox"/>	Checking		n/a		
<input type="checkbox"/>	Savings				
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

REAL ESTATE	PURCHASE PRICE	JAN 1 VALUE	OUTSTANDING MORTGAGE			
			JAN 1 BALANCE	INTEREST RATE	PAYMENT*	ESCROW**
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.

** Escrow: Homeowners insurance, taxes, and related fees

If you have rental property, please complete and submit the [Investment Real Estate Questionnaire](#). *Do not* include rental income or expenses on this questionnaire.

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 RATE	PAYMENT*

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

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. Mortgage-related information you provided above will be added into the overall budget.

BASIC LIVING	NOW	LATER
Religious contributions (tithing)		
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.)		
Gifts (Christmas, birthdays)		
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
Copayments		
Prescriptions		
Equipment		
Other (list):		
Total	\$	\$

* We calculate retirement medical premiums.

QUESTIONS FOR PLANNER

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

OTHER NOTES FOR PLANNER

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

Please return this completed form to finplanning@dmbs.com with all supporting documents.