



# *Confidential Financial Questionnaire*

— THE —  
**COLLEGE FUNDING COACH®**

Client Name(s): \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Office Location: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

The College Funding Coach is not an affiliate or subsidiary of MML Investors Services, LLC, or its affiliated companies.  
1593 Spring Hill Road, Suite 500 E, Vienna, VA 22182. (703) 847-9660

# Confidential Financial Questionnaire

## CLIENT INFORMATION

CLIENT NAME(S): \_\_\_\_\_  
 HOME MAILING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PHONE NUMBER (H) \_\_\_\_\_ HOME E-MAIL: \_\_\_\_\_  
 PARTNER 1 PHONE NUMBER (W) \_\_\_\_\_ PARTNER 2 PHONE NUMBER (W): \_\_\_\_\_  
 PARTNER 1 PHONE NUMBER (C) \_\_\_\_\_ PARTNER 2 PHONE NUMBER (C): \_\_\_\_\_  
 PARTNER 1 WORK E-MAIL: \_\_\_\_\_ PARTNER 2 WORK E-MAIL: \_\_\_\_\_  
 PARTNER 1 DATE OF BIRTH: \_\_\_\_\_ PARTNER 2 DATE OF BIRTH: \_\_\_\_\_  
 PARTNER 1 ALMA MATER: \_\_\_\_\_ PARTNER 2 ALMA MATER: \_\_\_\_\_  
 PARTNER 1 OCCUPATION \_\_\_\_\_ PARTNER 2 OCCUPATION: \_\_\_\_\_  
 PARTNER 1 EMPLOYER: \_\_\_\_\_ PARTNER 2 EMPLOYER: \_\_\_\_\_  
 PARENTS' ANNIVERSARY DATE: \_\_\_\_\_ FAVORITE SHARED ACTIVITY: \_\_\_\_\_

## STUDENT INFORMATION (IF APPLICABLE)

STUDENT'S NAME(S), GRADE(S),  
 SCHOOL(S) & DATE(S) OF BIRTH:

## POTENTIAL COLLEGES or UNIVERSITIES (IF APPLICABLE)

RANK	COLLEGE OR UNIVERSITY	CITY, STATE
1		
2		
3		
4		
5		
6		

## MOST RECENT INCOME and TAXES

*If you have not yet filed your taxes, please provide estimates.*

	STUDENT (if applicable)	PARTNER 1	PARTNER 2
ADJUSTED GROSS INCOME			
INCOME TAX PAID			
BUSINESS or FARM INCOME			
DIVIDEND/OTHER INCOME			

WHAT IS YOUR TAX FILING STATUS?     Single     Married Filing Jointly     Head of Household     Married Filing Separately

WHAT IS THE NAME AND PHONE NUMBER OF YOUR CPA OR TAX PREPARER? \_\_\_\_\_

## ASSETS AND INVESTMENTS

	STUDENTS	PARENTS
CURRENT VALUE OF NON-QUALIFIED INVESTMENTS (CASH, SAVINGS, STOCKS, BONDS, MUTUAL FUNDS, CDs)		
CURRENT VALUE OF QUALIFIED INVESTMENTS (401(K), TSP, 403(B), IRA, ETC.)		
CURRENT VALUE OF BUSINESS AND/OR FARM		

WHAT ARE YOUR CURRENT DEFERRALS TO YOUR QUALIFIED PLAN(S)? \_\_\_\_\_ / \_\_\_\_\_  
(PARTNER 1)  (PARTNER 2)

WHAT IS YOUR MATCHING FORMULA FOR YOUR QUALIFIED PLAN(S)? \_\_\_\_\_ / \_\_\_\_\_  
(PARTNER 1)  (PARTNER 2)

**REAL ESTATE INFORMATION**

PRIMARY RESIDENCE FAIR MARKET VALUE	PURCHASE PRICE	CURRENT LOAN VALUE	INTEREST RATE	MONTHLY PRINCIPAL & INTEREST PAYMENT
SECONDARY OR INVESTMENT RESIDENCE(S) FMV				

**DEBT**

	UNPAID BALANCE	INTEREST RATE	MONTHLY PAYMENT
AUTO LOANS			
CREDIT CARDS			
STUDENT LOANS			
OTHER LOANS			

**COLLEGE PLANNING ASSETS**

	FINANCIAL INSTITUTION OR FUND FAMILY	ACCOUNT BALANCE(S)	ANNUAL/MONTHLY CONTRIBUTIONS
SECTION 529 PLANS			
UGMA/UTMA ACCOUNTS			
PRE-PAID TUITION PLANS			
COVERDELL ESA PLANS			
EDUCATION BONDS			
OTHER			

**INSURANCE & RISK MANAGEMENT INFORMATION**

**DO YOU OWN INDIVIDUAL (NON-EMPLOYEE BENEFIT):**

*In the case of multiple policies, please give full benefit or coverage amounts.*

**LIFE INSURANCE:**  YES  NO  
 TYPE: \_\_\_\_\_ DEATH BENEFIT: \_\_\_\_\_ CARRIER(S): \_\_\_\_\_  
 YEAR PURCHASED: \_\_\_\_\_ CASH VALUE: \_\_\_\_\_

**DISABILITY INCOME INSURANCE:**  YES  NO  
 CARRIER(S): \_\_\_\_\_ MONTHLY BENEFIT: \_\_\_\_\_ BENEFIT PERIOD: \_\_\_\_\_  
 WAITING PERIOD: \_\_\_\_\_ YEAR PURCHASED: \_\_\_\_\_

**LONG-TERM CARE INSURANCE:**  YES  NO  
 DAILY or MONTHLY BENEFIT: \_\_\_\_\_ BENEFIT PERIOD: \_\_\_\_\_  
 WAITING PERIOD: \_\_\_\_\_ INFLATION PROTECTION: \_\_\_\_\_  
 CARRIER(S): \_\_\_\_\_ YEAR PURCHASED: \_\_\_\_\_ RIDERS: \_\_\_\_\_

**ANNUITIES:**  YES  NO  
 CARRIER(S): \_\_\_\_\_ TYPE (FIXED/VARIABLE/INDEXED): \_\_\_\_\_  
 YEAR PURCHASED: \_\_\_\_\_ BALANCE(S): \_\_\_\_\_  
 DEFERRED SALES CHARGE PERIOD REMAINING: \_\_\_\_\_

**WHICH CARRIER HANDLES YOUR PROPERTY AND CASUALTY INSURANCE?**

AUTO: \_\_\_\_\_ HOMEOWNER'S: \_\_\_\_\_ UMBRELLA: \_\_\_\_\_

**COMPLETED WILLS AND/OR TRUSTS?**  YES  NO  
 YEAR COMPLETED: \_\_\_\_\_ NAME OF ESTATE ATTORNEY: \_\_\_\_\_

We enter into life transitions as a result of planned or unplanned events or changes that continuously happen in our lives. All life transitions have an effect on our finances in some way. By exploring each life transition that we experience, we are better equipped to navigate successfully through them. Please review the following potential events or concerns and let us know the level of concern or priority level you currently place on each (High, Medium, Low or Not Applicable):

**PERSONAL/FAMILY** **PRIORITY LEVEL**

Getting married	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Going through a divorce or separation	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Recent loss of your spouse (widowhood)	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Expecting (or adopting) a child	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Child with special needs (disability / other)	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Providing assistance to a family member	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Concerned about the health of a parent or family member	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Death of family member	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA

**WORK/CAREER** **PRIORITY LEVEL**

Job or career change	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Starting a new business	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Gaining or losing a business partner	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Selling or closing a business	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Transferring a business to family member	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Taking a sabbatical or leave of absence	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Phasing into retirement	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA

**FINANCIAL/INVESTMENT** **PRIORITY LEVEL**

Purchasing or selling a home	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Refinancing your mortgage	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Re-considering investment philosophy or risk profile	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Concerned about debt	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Considering an investment opportunity	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Receiving an inheritance or unexpected wealth	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA

**COMMUNITY/CHARITABLE** **PRIORITY LEVEL**

Gifting to children / grandchildren	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Developing or reviewing your estate plan	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Creating or funding a foundation or scholarship fund	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Giving to community causes / events or charitable organizations	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA
Giving to religious organizations	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> NA

**MONEY AND YOU**

1. Please list the three most important goals you would like to accomplish as a result of working with our firm:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

2. What would you like to see happen over the next 5 years for you to feel happy about your financial situation?

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

3. What is it about money that is important to you (i.e.: Security, Power, Choice, Peace of Mind, etc.)?

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

4. What money values are important for you to teach your children?

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

5. If it was your last day on earth, how would you spend it?

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

*Is there any other information you think would be helpful for us to know in planning strategies to maximize your college funding and overall financial planning opportunities?*

# —THE— COLLEGE FUNDING COACH®

Thank you for taking the time to meet with us. Through our relationship with The College Funding Coach, we assist families like yours to create solid financial plans that can help you achieve your dreams and goals; while avoiding potential obstacles and pitfalls, and perhaps most importantly, sending your children to the colleges of their dreams without sacrificing your own retirement.

This questionnaire is the critical first step of our process. This comprehensive, personal information summary is designed to help you take inventory and assign accurate values to your personal assets and liabilities. Please take the time to complete as much of this material as possible prior to our meeting and fax or e-mail it back to our office. We will use this material as the basis of discussion during our first session. All responses will be held in strict confidence.

In addition to this material, it is always tremendously helpful if you supply us with your account statements and documents. This helps us to have a complete synopsis of your financial picture, ensures that we are giving accurate advice, and allows us all to make efficient use of our time together. The documents that are most helpful are:

- Income tax return(s) for the most recent year
- Current investment statements for all investments owned by your family members
  - Stocks, Bonds, Mutual Funds
  - Retirement Plans
  - Brokerage Accounts
  - Annuities
- Paycheck stub(s) for all family members showing any deductions from gross income
- Wills & Trust documents (Including Powers of Attorney, Directives, etc.)
- All insurance policies, policy statements or summary plan descriptions:
  - Automobile policies
  - Disability Income Insurance Policies
  - Homeowner's Policies
  - Long-Term Care Insurance Policies
  - Umbrella Liability Policies
  - Any other types of insurance policies (personal lines, directors & officers, etc.)
  - Life Insurance Policies
- Summary of employer-provided group benefits (if available) including retirement plan benefits
- Recent bank statements
- Current mortgage statements
- Any consumer debt statements
- Social Security annual statement(s)
- Any business agreements (contracts, buy-sell or partnership agreements, etc.)
- Business financial statements or loan documents (if applicable)

*Thank you for taking the time to complete your profile. If you have any questions while completing your profile, please don't hesitate to call or e-mail. Otherwise, we are looking forward to meeting you and hopefully working together for many years to come!*

