

Confidential

# Personal Planning Questionnaire



Asset management  
as individual as you

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**I. Family Information:**

Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_  
Business Email Address: \_\_\_\_\_  
Business Fax: (\_\_\_\_) \_\_\_\_\_

Significant Other:  
Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_  
Business Email Address: \_\_\_\_\_  
Business Fax: (\_\_\_\_) \_\_\_\_\_

Children's Names:	DOB	SS#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will: Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_ Copy Enclosed

Federal and State Tax Returns:  
Years: \_\_\_\_\_ Copy Enclosed

Do you expect to receive any gifts or inheritance?  
If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any on-going financial responsibility  
for family members or friends?  
If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Future Personal Goals:**

What level of income is necessary for you to  
maintain your life style?  
\_\_\_\_\_ monthly  annually

What are your current expenditures?  
\_\_\_\_\_ monthly  annually

What is your current income?  
\_\_\_\_\_ monthly  annually

Will this increase or decrease over the next year?  
\_\_\_\_\_

Do you have any education expenses in the future?  
If so, how much and when? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When you retire, what type of pension will you  
receive? IRA, Profit Sharing, 401(k), 403(b), etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IRA \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any Tax Shelters?  
If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Deferred Compensation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any closely held company stock or  
ownership that will have to be converted to income  
producing assets in the future?  
If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. Inventory of Assets

#### Cash Equivalents:

Checking Account(s): \_\_\_\_\_

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Dollar Amount

Location

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Savings Account(s): \_\_\_\_\_

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Money Market Fund(s): \_\_\_\_\_

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CD(s)/Savings Bond(s): \_\_\_\_\_

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#### Equity Securities:

Common Stock

**# of shares      Name of Company      Symbol**

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**Market Value**

**Location**

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Mutual Funds

**# of shares      Name of Company      Symbol**

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**Market Value**

**Location**

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#### Fixed Income Securities:

Bonds

**Face Amount      Description (Coupon/Maturity)**

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**Market Value**

**Location**

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Notes, Mortgages

**Face Amount      Description (Coupon/Maturity)**

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**Market Value**

**Location**

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**Insurance Policies:**

Face Amount	Name of Company	Owner	Beneficiary	Annual Premium	Cash Value

**Real Estate:**

Location	Cost	Date Purchased	Market Value	Ownership	Balance	Income

Personal and Other Property:

\_\_\_\_\_

**IV. General Observations:**

Do you find it difficult to save? \_\_\_\_\_

In what manner and how much do you save? \_\_\_\_\_

What activities do you and/or your family like to participate in?  
At the present time? \_\_\_\_\_

In the future? \_\_\_\_\_

Do you have any major liabilities other than your mortgage? \_\_\_\_\_

Please rank in order of importance (1 being most important and 4 least important).

- |                                    |  |
|------------------------------------|--|
| _____ Protection against inflation | _____ Protection of any loss of principal  |
| _____ Current spendable income     | _____ Protection of some loss of principal |

Remarks: \_\_\_\_\_

400 East Water Street  
Elmira, NY 14901  
Phone: (607) 734-2665  
Fax: (607) 734-6845

[www.valicenti.com](http://www.valicenti.com)

350 West Church Street  
Elmira, NY 14901  
Phone: (607) 733-9022  
Fax: (607) 734-6157

Toll-Free (866) 734-2665

24 West Market Street  
Corning, NY 14830  
Phone (607) 936-1203  
Fax: (607) 936-0213