Wealth Management Questionnaire

Wealth Management Questionnaire

Personal Information

	Client (C)	Co-Client (Co)
Name		
Identified Gender	☐ Male ☐ Female	☐ Male ☐ Female
Date of Birth	/ /	/ /
Email Address		
Employment Status	☐ Employed ☐ Retired ☐ Business Owner ☐ Homemaker	☐ Employed ☐ Retired ☐ Business Owner ☐ Homemaker
Employment Income		
Marital Status		
Ideal Retirement Age		

Important Relationships

Children, grandchildren, or any participant (i.e., charities or beneficiaries) included in your plan.

Name	Date of Birth	Relationship
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

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Retirement Living Expenses

Importance	Description	Annual Amount
10	Basic Living Expenses (Food, Housing, Health Care, etc.)	$
*Does this amount include a mortgage payment? ☐ Yes ☐ No		

Goal Importance Scale

Use this scale to help indicate the importance of each goal on a scale of 1-10 (10 being the most important). This will help rate your goals into three categories: Needs (must haves), Wants (would like to have), and Wishes (would wish to have).

Needs	Wants	Wishes
10 9 8	7 6 5 4	3 2 1

Most Common Goals		Other Goals		
Travel	College	Wedding	New Home	Celebration
Car	Home Improvement	Major Purchase	Start Business	Provide Care
Health Care	Gift or Donation	Leave Bequest	Private School	Other

Other Needs

Importance High to Low 10 — 1	Description	Frequency	Start Date	One-Time/ Annual Amount
		☐ One Time ☐ Recurring		$
		☐ One Time ☐ Recurring		$
		☐ One Time ☐ Recurring		$
		☐ One Time ☐ Recurring		$
		☐ One Time ☐ Recurring		$

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Social Security Benefits

If available, provide your Social Security estimate from ssa.gov.

	Client		Co-Client	
Are you eligible?	☐ Yes ☐ No	Receiving Now: $	☐ Yes ☐ No	Receiving Now: $
Benefit amount	Full Retirement Age (FRA) Benefit $________________________		Full Retirement Age (FRA) Benefit $________________________	
When to start	At Full Retirement Age (per Social Security) ☐ at age ______ ☐ at retirement		At Full Retirement Age (per Social Security) ☐ at age ______ ☐ at retirement	
Medicare Premiums Withheld?	☐ Yes ☐ No		☐ Yes ☐ No	

Part-Time Work, Pension, or Other Retirement Income

Include income from rental property, annuities, royalties, alimony, etc. All amounts are pre-tax and begin at retirement unless otherwise noted. Don't include interest or dividend income from your investment accounts.

Description	Owner		Monthly Income	Start Year	Year It Ends or No. of Years	% Survivor Benefit	Check if amount inflates
	C	Co					

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Outside Investment Accounts

Not managed by Manning & Napier (Brokerage, IRA, Employer-Retirement Plan, Savings, Checking, Money Market, CDs).

Please provide copies of your statements for a more thorough analysis.

Account Type	Owner			Market Value	Approximate Allocation			Contrib./ Employer Match	Cost Basis/ After Tax
	C	Co	Joint		Stock	Bond	Cash		
				$	%	%	%		
				$	%	%	%		
				$	%	%	%		
				$	%	%	%		
				$	%	%	%		
				$	%	%	%		
				$	%	%	%		
				$	%	%	%		
				$	%	%	%		
				$	%	%	%		

Other Assets

Primary Residence, Secondary Home, Business Interests, Personal Property.

Description	Owner			Current Value	Planning to sell this asset?	Year Sell/ Received	Cash Received (After Tax)
	C	Co	Joint				
				$	☐ Yes ☐ No		
				$	☐ Yes ☐ No		
				$	☐ Yes ☐ No		
				$	☐ Yes ☐ No		
				$	☐ Yes ☐ No		

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Insurance

Please provide copies of your policies for a more thorough analysis.

	Client		Co-Client		Insurance Company
Group/Term Life Insurance	☐ Yes	☐ No	☐ Yes	☐ No	
Death Benefit	$		$		
Permanent Life Insurance	☐ Yes	☐ No	☐ Yes	☐ No	
Death Benefit	$		$		
Cash Value	$		$		
Disability Insurance	☐ Yes	☐ No	☐ Yes	☐ No	
Long-Term Care Insurance	☐ Yes	☐ No	☐ Yes	☐ No	

Liabilities

Description	Owner			Beginning Balance	Current Balance	Monthly Payment	Term	Interest Rate
	C	Co	Joint					
				$	$	$		
				$	$	$		
				$	$	$		
				$	$	$		
				$	$	$		

Estate

	Client		Co-Client		Date Drafted
Will	☐ Yes	☐ No	☐ Yes	☐ No	
Includes provisions for a Bypass Trust	☐ Yes	☐ No	☐ Yes	☐ No	
Revocable/Living Trust	☐ Yes	☐ No	☐ Yes	☐ No	
Power of Attorney	☐ Yes	☐ No	☐ Yes	☐ No	
Health Care Proxy/ Medicare Directive / Living Will	☐ Yes	☐ No	☐ Yes	☐ No	
Other (Trusts, Buy-Sells)	☐ Yes	☐ No	☐ Yes	☐ No	

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Professional Advisors

Type	Advisor/Firm	Email Address
Estate Planning Attorney		
Accountant		
Insurance Agent		
Other		

Additional Thoughts & Considerations

Notes