SHAW & ASSOCIATES
CPAs & FINANCIAL ADVISORS

The Road to Financial Success: You Drive We Navigate

This questionnaire is being provided to facilitate in gathering accurate information to provide answers to your questions and assist in developing a comprehensive financial plan. Thank you for taking the time to be as complete as possible, this will help ensure a plan is prepared to meet your needs. Investment values can be rounded off or estimated at this time. A recent statement may be needed if you are going to be transferring accounts or completing an investment review.

All information, whether written or verbal, is completely and permanently confidential.

Date:________________________

CLIENT INFORMATION

Client 1 Full Name_____________________________________ Date of Birth________________ Age_____

Client 2 Full Name______________________________________ Date of Birth________________ Age_____

Family –Please list Children

Name	Date of Birth	Location (City & State)	Married (Y/N)	Number of Children	From Prior Relationship
________________________	_______________	___________________	________	_______	Yes q No q
________________________	_______________	___________________	________	_______	Yes q No q
________________________	_______________	___________________	________	_______	Yes q No q
________________________	_______________	___________________	________	_______	Yes q No q
________________________	_______________	___________________	________	_______	Yes q No q
________________________	_______________	___________________	________	_______	Yes q No q

ASSETS & LIABILTIES

Household Cash Flow (all figures annual and gross income)

	Wages	Other Income	Pension(s)	Social Security	Grand Total
Client 1	$____________	$____________	$____________	$____________	$____________
Client 2	$____________	$____________	$____________	$____________	$____________

Ø Do you track your income and expenses with a budget? q Yes q No

Ø Would you like some help with establishing a budget? q Yes q No

Ø What are your approximate expenses? $_______________ q Monthly q Annual

Cash in Banks, Credit Unions and Savings and Loans (record bank IRAs in section below)

	Name of Institution	Account Type (CD's, Savings, etc.)	Maturity Date	Interest Rate	Approximate Balance
1.	____________________________	______________	____________	______%	$______________
2.	____________________________	______________	____________	______%	$______________
3.	____________________________	______________	____________	______%	$______________
4.	____________________________	______________	____________	______%	$______________
5.	____________________________	______________	____________	______%	$______________

Ø What amount of ready cash do you want in your Emergency Fund? $_________________

Qualified Retirement Accounts (401(K), 403(B), 457) at your present or a former employer

	Name of Employer Plan	Plan Type (401K, 403B)	Approximate Market Value
1.	____	___________	$_____________________
2.	____	___________	$_____________________
3.	____	___________	$_____________________
4.	____	___________	$_____________________
5.	____	___________	$_____________________

Individual Retirement Accounts

Name of Custodian or Brokerage	Roth, Simple, Traditional, SEP	Approx. Market Value
1.____________________	__________	$__________
2.____________________	__________	$__________
3.____________________	__________	$__________
4.____________________	__________	$__________

Investment Accounts - held outside qualified retirement plans

Account Name (i.e. Brokerage, Mutual Fund, Annuity, Stock/Bond certificates held by you)	Registration (Joint, Trust, etc.)	Approximate Market Value
1.____________________	__________	$__________
2.____________________	__________	$__________
3.____________________	__________	$__________
4.____________________	__________	$__________

Ø Do you have significant tangible personal property such as art, coins, collectibles or antiques? q Yes q No
Ø Do you anticipate receiving an inheritance or lump sum at some time in the future? q Yes q No

Saving & Investment Plan

Ø Do you currently have a savings or investment plan? Yes q No q

Type of Account	Type	Annual Contribution (% or $ amount)	Employer Contribution
Client 1 - Retirement Plan (401k, 403b, 457, SIMPLE)	__________	__________	__________
Client 2 - Retirement Plan (401k, 403b, 457, SIMPLE)	__________	__________	__________
SEP IRA's	__________	__________	__________
Client 1 – IRA's (Traditional or Roth)	__________	__________	__________
Client 2 – IRA's (Traditional or Roth)	__________	__________	__________
College Savings Plan or 529 Plan	__________	__________	__________
Health Savings Plan (HSA's)	__________	__________	__________
Savings (Money Market, Brokerage, Savings Accounts)	__________	__________	__________

Real Estate

	Type - Residence 2nd Home, Rental	Original Cost	Approx. Value	Debt	Interest Rate	Payment	Length
1.	____________________	$__________	$_________	$_________	%_______	$________	_______
2.	____________________	$__________	$_________	$_________	%_______	$________	_______
3.	____________________	$__________	$_________	$_________	%_______	$________	_______

Business Ownership

	Name	Type (S-Corp, LLC)	% Ownership	Estimated Value
1.	________________________________	____________	%______	$________
2.	________________________________	____________	%______	$________
3.	________________________________	____________	%______	$________

- Do you currently have a retirement plan for your business? ☐ Yes ☐ No
- Do you currently offer benefits to your employees? (Health Ins, LTC Ins, Dental, etc.) ☐ Yes ☐ No
- If you do not, do you wish to learn more about those types of options? ☐ Yes ☐ No
- Do you have a succession plan for your business? ☐ Yes ☐ No

Liabilities

	Type of Account (Credit Card, Auto Loan, etc.)	Balance Owed	Interest Rate	Payment
1.	________________________________	$____________	%______	$________
2.	________________________________	$____________	%______	$________
3.	________________________________	$____________	%______	$________
4.	________________________________	$____________	%______	$________
5.	________________________________	$____________	%______	$________
6.	________________________________	$____________	%______	$________
7.	________________________________	$____________	%______	$________
8.	________________________________	$____________	%______	$________

Insurance, Protection & Planning

Life Insurance

	Insurance Company	Insured Person	Type of Insurance (Whole, Universal, Term)	Death Benefit	Cash Value	Loan Amount	Annual Payment
1.	___________________	_________	___________________	$________	$________	$_________	$________
2.	___________________	_________	___________________	$________	$________	$_________	$________
3.	___________________	_________	___________________	$________	$________	$_________	$________
4.	___________________	_________	___________________	$________	$________	$_________	$________

Disability Insurance and Long Term Care Insurance

	Insurance Company	Insured Person	Type of Insurance	Monthly Benefit	Benefit Period	Group or Individual	Annual Payment
1.	_____________________	_________	________	$________	_____ years	___________	$_______
2.	_____________________	_________	________	$________	_____ years	___________	$_______
3.	_____________________	_________	________	$________	_____ years	___________	$_______
4.	_____________________	_________	________	$________	_____ years	___________	$_______

Ø When was your last review of all property and casualty insurance (Auto, Home, Boat, etc.)? ___________

Ø When was your last review of your business insurance (Workers Comp, Liability, P&C, etc.)? ___________

Estate Planning – please check those items that are existing and current

	Will	Revocable Trust	Durable Power of Attorney	Health Care Power of Attorney	Living Will	Have Current Attorney Relationship
Client 1	q	q	q	q	q	q
Client 2	q	q	q	q	q	q

Ø Do you have any unique circumstances to factor from a planning perspective? (Child with special needs, Children from a 2nd marriage, etc.)

1) ____

____

2) ____

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