661.864.7500 www.TrovatoWealthManagement.com

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WEALTH MANAGEMENT

CONFIDENTIAL FINANCIAL QUESTIONNAIRE

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INTRODUCTION

This personal financial summary is designed to help us take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in planning for your financial future. Feel free to leave anything blank and contact our office with any questions.

✓ PLEASE BRING THE FOLLOWING DOCUMENTS TO OUR MEETING:

1. Last years tax return.
2. All brokerage firm statements.
3. All life insurance & annuity policies.
4. All IRA & retirement account statements.
5. Social Security estimates (found at ssa.gov, simply make an account to gather your estimates).

1 FAMILY INFORMATION

Full Name _____ Nickname _____ Age _____

SSN# _____ Birthdate _____ Birthplace _____

Driver's License # _____ Issue Date _____ Exp. Date _____ State _____

Email _____ Cell _____ Work _____

Spouse _____ Nickname _____ Age _____

SSN# _____ Birthdate _____ Birthplace _____

Driver's License # _____ Issue Date _____ Exp. Date _____ State _____

Email _____ Cell _____ Work _____

Legal Address _____ City _____ State _____ ZIP _____

☐ Check this box if your legal address is the same as your mailing address. Please fill below if not.

Mailing Address _____ City _____ State _____ ZIP _____

Children	Birthday	State	Grandchildren	Birthday	State

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2 EMPLOYMENT INFORMATION

Job Title _____ Employer _____

Length of Employment _____ Annual Salary _____

Employer Address _____ Employer Phone _____

Spouse's Job Title _____ Employer _____

Spouse's Length of Employment _____ Annual Salary _____

Employer Address _____ Employer Phone _____

3 PERSONAL QUESTIONS

(Please mark Yes or No as it relates to you.)

	Yes	No
1. Do you have a financial advisor? Who? _____	☐	☐
2. Any concerns with your previous financial advisor? _____	☐	☐
3. Do you have an attorney? Who? _____	☐	☐
4. Do you have a trust? What is the name, date, and tax ID? _____	☐	☐
5. Do you have an accountant? Who? _____	☐	☐
7. Do you expect to care for a child, parent, etc?	☐	☐
8. Do you have a will?	☐	☐
9. Do you expect an inheritance?	☐	☐
10. Do you have long-term care protection?	☐	☐

4 FINANCIAL PLANNING OBJECTIVES

(Rank the following to your level of concern by circling the most appropriate number. You may use the same number more than once.)

	NOT CONCERNED									VERY CONCERNED
Emergency Savings & Liquidity	1	2	3	4	5	6	7	8	9	10
Improve Tax Efficiency	1	2	3	4	5	6	7	8	9	10
Protect & Preserve Wealth	1	2	3	4	5	6	7	8	9	10
Balanced Growth & Income	1	2	3	4	5	6	7	8	9	10
Growth Focus	1	2	3	4	5	6	7	8	9	10
Major Purchases & Life Goals	1	2	3	4	5	6	7	8	9	10
Retirement Planning & Readiness	1	2	3	4	5	6	7	8	9	10
Risk Management/Insurance Planning	1	2	3	4	5	6	7	8	9	10
Planning for Children & Grandchildren	1	2	3	4	5	6	7	8	9	10
Legacy (Family, Giving, Values)	1	2	3	4	5	6	7	8	9	10

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5 CURRENT INVESTMENTS

(Please check any brokerage firms with which you have an account.)

- ☐ Ameriprise
- ☐ Charles Schwab
- ☐ Edward Jones
- ☐ Fidelity
- ☐ Merrill Lynch
- ☐ Morgan Stanley
- ☐ Smith Barney
- ☐ TD Ameritrade
- ☐ UBS
- ☐ Vanguard
- ☐ Wells Fargo
- ☐ Other _____

6 BANK & CREDIT UNION INVENTORY

(Examples include checking accounts, savings accounts, high-yield saving accounts, money-market accounts, etc.)

Name of Bank/Institution & Type	Average Balance
1.	$
2.	$
3.	$
4.	$
5.	$

7 CERTIFICATES OF DEPOSIT

(Please bring your latest reports or statements.)

Name of Bank or Institution	Rate of Return	Amount Invested	Maturity Date
1.	%	$	
2.	%	$	

8 NON-RETIREMENT ACCOUNTS

(Examples include mutual funds, individual stocks, ETFs, limited partnerships, etc. Please bring your latest reports or statements.)

Number of Shares	Name of Company/Stock	Original Investment	Market Value	Date Acquired
1.		$	$	
2.		$	$	
3.		$	$	

9 RETIREMENT ACCOUNTS

(Examples include IRAs, 401ks, 403(B)s, TSAs, ROTHs, SEPs, etc. Please bring your latest reports or statements.)

Name of Institution	Type	Approximate Value
1.		$
2.		$
3.		$
4.		$
5.		$
6.		$

10 ANNUITIES

(Examples include fixed, indexed, variable, etc. Please bring your latest reports or statements.)

	Insurance Company	Original Investment	Current Market Value	Date Purchased
1.		$	$	
2.		$	$	
3.		$	$	

11 EDUCATION SAVINGS & CHILD ACCOUNTS

(Examples include 529 Plans, UGMA/UTMA, TODs, Coverdells, etc. Please bring your latest reports or statements.)

	Name of Institution & Type	Approximate Value
1.		$
2.		$
3.		$

12 LIFE INSURANCE

(Please bring your latest reports or statements.)

	Insurance Company	Type	Face Amount	Cash Value	Annual Premium	Who is Insured?	Who is Beneficiary?
1.			$	$	$		
2.			$	$	$		
3.			$	$	$		

13 REAL ESTATE

(Examples include residences, rentals, vacation properties, commercial, raw land, farm land, etc. Please bring any mortgage statements.)

	Address & Type	Estimated Value	Remaining Mortgage	Interest Rate	Monthly Payments (Principal, Interest, Taxes & Insurance)	Monthly Maintenance & Management Expenses	Monthly Rental Income
1.		$	$	%	$	$	$
2.		$	$	%	$	$	$
3.		$	$	%	$	$	$
4.		$	$	%	$	$	$

14 MISCELLANIOUS INCOME

(Examples include income from businesses, trusts, royalties, etc.)

1. Source Type _____ Estimated Income $_____ per month/per year
2. Source Type _____ Estimated Income $_____ per month/per year
3. Source Type _____ Estimated Income $_____ per month/per year
4. Source Type _____ Estimated Income $_____ per month/per year

15 SOCIAL SECURITY & PENSION ESTIMATES

(Please bring your latest statements/reports.)

SOCIAL SECURITY

Age 62	You $_____	Spouse $_____
FRA *(Full Retirement Age)*	You $_____	Spouse $_____
Age 70	You $_____	Spouse $_____

PENSION

You $_____

Spouse $_____

16 LOANS & DEBTS

(Please include personal loans, college loans, home improvement loans, passbook loans, car loans, credit cards, credit line, etc.)

Type of Loan	Monthly Payment	Months Remaining	Unpaid Balance	Is the Debt Insured?
1._____	$_____	_____	$_____	_____
2._____	$_____	_____	$_____	_____
3._____	$_____	_____	$_____	_____
4._____	$_____	_____	$_____	_____

ADDITIONAL NOTES

_____

_____

_____

_____

_____

_____

NEEDS, WANTS, WISHES

Many advisors focus primarily on assets, but we believe it is just as important, if not more, to focus on expenses. That's why we developed "Needs, Wants, Wishes" to bring clarity and structure to your financial life. Here's how it works:

1. **Start** with the *middle* row, called **Wants**. This reflects what it costs to live your current lifestyle today.
2. **Move** to the *left* row, **Needs**. This is a reduced version of your spending, what you could live on if necessary.
3. **Finish** with the *right* row, **Wishes**. This includes additional spending beyond today's lifestyle.

(Please use monthly figures. Please divide any yearly costs by 12 before completing.)

FOOD	NEEDS	WANTS	WISHES
Groceries			
Dining			
Other			

INSURANCE	NEEDS	WANTS	WISHES
Life			
Long Term Care			
Umbrella			
Other			

ENTERTAINMENT	NEEDS	WANTS	WISHES
Travel			
Sporting Events			
Concerts			
Movie Theatre			
Live Theater			
Country Club			
Aircraft/Boat/RV			
Activities			
Other			

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HOUSING	NEEDS	WANTS	WISHES
Mortgage/Rent			
Property Tax			
Electricty			
Gas			
Water			
Repairs			
Home Owners Assoc.			
Gardener/Pool			
Housekeeper			
Home Insurance			
Other			

PETS	NEEDS	WANTS	WISHES
Food			
Medical			
Grooming			
Other			

GIVING	NEEDS	WANTS	WISHES
Church			
Organizations			
Other			

SUBSCRIPTIONS	NEEDS	WANTS	WISHES
Music			
Streaming			
Cable/Internet			
Cellular Data			
Shopping			
Publications			
Other			

SAVINGS	NEEDS	WANTS	WISHES
Emergency Fund			
Investments			
Retirement			
Other			

LEGAL	NEEDS	WANTS	WISHES
Attorney Fees			
Alimony			
Lein/Judgement			
Other			

TRANSPORTATION	NEEDS	WANTS	WISHES
Vehicle Payments			
Insurance			
Fuel			
Maintence			
Other			

TAXES	NEEDS	WANTS	WISHES
Federal			
State			
Local			
Personal			
Other			

DEBT	NEEDS	WANTS	WISHES
Credit Card I			
Credit Card II			
Credit Card III			
Personal			
Student			
Other			

CHILDREN	NEEDS	WANTS	WISHES
Tuition			
Housing			
Books			
Athletics			
Childcare			
Other			

PERSONAL CARE	NEEDS	WANTS	WISHES
Clothing			
Dry cleaning			
Hair/Nails			
Health Club & Gym			
Medical			
Health Insurance			
Other			

TOTALS	NEEDS	WANTS	WISHES
MONTHLY			
YEARLY			