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## FINANCIAL PLANNING QUESTIONNAIRE

**IMPORTANT:** The projections and other information generated by our complimentary financial goal planning session are based on the accuracy of the information supplied to us. DMBA does not provide tax or legal advice and any planning steps to be considered regarding those matters should be considered only with the advice of the appropriate qualified professional. Confidentiality and protection of the information you provide in this Questionnaire is of the highest importance to your Financial Planner and all of the associates and staff. The information you provide for your financial goal planning session will not be disclosed to anyone—including your accountant, attorney, or family—without your permission.

### PERSONAL INFORMATION

Participant				Spouse			
NAME				NAME			
DMBA ID NUMBER	BIRTH DATE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F		DMBA ID NUMBER	BIRTH DATE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
HOME ADDRESS					HOME PHONE		
EMPLOYER	JOB TITLE	YEARS WITH EMPLOYER		EMPLOYER	JOB TITLE	YEARS WITH EMPLOYER	
WORK EMAIL		WORK PHONE		WORK EMAIL		WORK PHONE	
PERSONAL EMAIL		PLANNED RETIREMENT AGE		PERSONAL EMAIL		PLANNED RETIREMENT AGE	

### FINANCIAL DOCUMENTS

Please include photocopies of the following documents for yourself, your spouse, and your dependents. All information will be treated with the strictest confidentiality.

- Social Security retirement benefit estimate ([www.ssa.gov/estimator](http://www.ssa.gov/estimator))
- Most recent federal tax forms 1040 and Schedule A with Social Security numbers blacked out
- All insurance and investment statements outside of DMBA

### ESTATE DOCUMENTS

Date of creation: \_\_\_\_\_ I have a:  Will  Power of attorney  Trust  Living will

### LIFE INSURANCE (OTHER THAN DMBA)

Insured*	Type**	Company	Death Benefit	Annual Premium	Cash Value	If Term, End Date
			\$	\$	\$	
			\$	\$	\$	

\* Insured: **A** Participant, **B** Spouse, **C** Child

\*\* Type: **T** Term, **GT** Group term, **W** Whole life, **U** Universal life, **V** Variable, **VU** Variable universal

## ANNUAL EARNED INCOME

INCOME SOURCE	PARTICIPANT	SPOUSE
Primary salary and wages (gross)	\$	\$
Secondary salary and wages (gross)	\$	\$
Self employment (net)	\$	\$
Other (royalties, alimony, child support, etc.)	\$	\$

## SOCIAL SECURITY INFORMATION

Complete the information below or provide a statement available from [www.ssa.gov/estimator](http://www.ssa.gov/estimator).

Do you want to include your Social Security benefits as a source of retirement income?  Yes  No

Do you want to include your spouse's Social Security benefits as a source of retirement income?  Yes  No

	Participant Age 62 Benefit	Participant Full Benefit	Spouse Age 62 Benefit	Spouse Full Benefit	Participant Age 70 Benefit
Age to start benefit	62 years	_____ years	62 years	_____ years	70 years
Anticipated or current monthly benefit	\$	\$	\$	\$	\$

## PENSION PLANS (OTHER THAN DMBA)

	Participant Pension 1	Participant Pension 2	Spouse Pension 1	Spouse Pension 2
Company name				
Anticipated annual amount (gross)	\$	\$	\$	\$
Starting age				
Retirement cost of living adjustment rate	%	%	%	%
Survivor benefit (percentage)	%	%	%	%

## LONG-TERM CARE INSURANCE

Description	Daily Benefit	Benefit Period (years)	Premium per Period	Premium Period*	Year Purchased	Inflation Adjustment
Participant long-term care	\$		\$			%
Spouse long-term care	\$		\$			%

\* Premium period: **M** Monthly, **Q** Quarterly, **S** Semi-annual, **A** Annual

## DISABILITY INSURANCE (OTHER THAN DMBA)

Description	Daily Benefit	Benefit Period (years)	Premium per Period	Premium Period*	Waiting Period (days)	Monthly Benefit	Inflation Adjustment
Participant disability	\$		\$			\$	%
Spouse disability	\$		\$			\$	%

\* Premium period: **M** Monthly, **Q** Quarterly, **S** Semi-annual, **A** Annual

## FINANCIAL GOALS (MISSIONS, ADULT EDUCATION, VACATION HOMES, CARS, ETC.)

Description	Amount Needed (today's dollars)	Frequency (lump sum or annually)	First Payment (mm/dd/yyyy)	Number of Payments	Amount Currently Saved
	\$				\$
	\$				\$
	\$				\$

## MONTHLY EXPENSES WORKSHEET

	Current	In Retirement*		Current	In Retirement*
Mortgage (principal & interest only) or rent	\$	\$	Emergency savings	\$	\$
Second mortgage	\$	\$	Clothing and personal care	\$	\$
Home equity loan	\$	\$	Household upkeep and improvements	\$	\$
Homeowners insurance premium	\$	\$	Entertainment	\$	\$
Monthly HOA fees	\$	\$	Travel	\$	\$
Property tax (home, auto)	\$	\$	Dining out	\$	\$
Utilities (gas, electric, phone, water, city)	\$	\$	Gifts (birthdays, Christmas, weddings, etc.)	\$	\$
Religious contributions (tithing, etc.)	\$	\$	Periodic expenses (roof, car, etc.)	\$	\$
Missionary support	\$	\$	Education	\$	\$
Private life insurance	\$	\$	Charitable contributions	\$	\$
Auto insurance	\$	\$	Internet	\$	\$
Medical insurance	\$	\$	Mobile phone	\$	\$
Other insurance:	\$	\$	Cable or satellite	\$	\$
	\$	\$	Bundle total (e.g., Internet, phone, cable)	\$	\$
Auto loan payments	\$	\$	Children's activities (music, sports, hobbies)	\$	\$
Credit card payments	\$	\$	Child care	\$	\$
Other loan payments:	\$	\$	Alimony/child support (court ordered)	\$	\$
	\$	\$	Other expenses (list):	\$	\$
Medical/dental expenses	\$	\$		\$	\$
Groceries	\$	\$		\$	\$
Auto fuel and maintenance	\$	\$	<b>Current total</b>	\$	
	\$	\$	<b>Anticipated total in retirement</b>		\$

## EDUCATION EXPENSES

Student Name	Current Age	Age to Start College	College Name	Cost per Year (today's dollars)	Number of Years	Current College Fund	Fund Type (529, UGMA, etc.)
				\$		\$	
				\$		\$	
				\$		\$	
				\$		\$	
				\$		\$	

**CASH ASSETS (CHECKING, SAVINGS, MONEY MARKET ACCOUNTS, CDs, ETC.)**

Asset Type	Purpose	Current Value (today's dollars)	Annual Additions	Total Return	Owner*
		\$	\$	%	
		\$	\$	%	
		\$	\$	%	

\* Owner: **A** Participant, **B** Spouse, **J** Joint tenants, **C** Tenants-in-common, **CP** Community property, **T** Trust

**INVESTMENTS (OTHER THAN DMBA)**

Examples of some investments: IRAs, stocks, annuities, 401(k) plans, etc.

Asset Type	Purpose	Current Value (today's dollars)	Annual Additions	Total Return	Owner*
		\$	\$	%	
		\$	\$	%	
		\$	\$	%	

\* Owner: **A** Participant, **B** Spouse, **J** Joint tenants, **C** Tenants-in-common, **CP** Community property, **T** Trust

**REAL ESTATE (HOME, CABIN, LAND, ETC.)**

Property Type	Current Market Value	Property Type	Current Market Value
	\$		\$

Mortgage, Equity Line, Etc.	Original Loan Amount	Original Term (years)	Origination Date	Current Balance	Monthly Payment (principal & interest only)	Interest Rate
	\$			\$	\$	%
	\$			\$	\$	%

**LIABILITIES (AUTO LOANS, RETIREMENT PLAN LOANS, OVERDRAFTS, CREDIT CARD DEBT, ETC.)**

Liability Type	Owner	Remaining Balance	Remaining Term	Interest Rate	Minimum Monthly Payment	Actual Monthly Payment
		\$		%	\$	\$
		\$		%	\$	\$
		\$		%	\$	\$
		\$		%	\$	\$

**NOTES (QUESTIONS, CONCERNS, ADDITIONAL INFORMATION)**