



Your Confidential Financial Planning Questionnaire

Home Office Location:

101 Town Center Drive, Suite 111
Warren, NJ 07059

Telephone: (908) 769-4333

Toll free: (888) 769-4333

Fax: (908) 769-4777

Other Office Locations:

Empire State Building, New York, NY: (212) 601-2626

Coral Springs, Florida: (954) 227-1061

New Smyrna Beach, Florida: (888) 354-6214; (386)-409-0857

Website:

www.beacon-financial.net

Securities and advisory services offered through National Planning Corporation (NPC), Member NASD/SIPC. Beacon Financial Group & NPC are separate and unrelated companies.

Confidential Financial Planning Questionnaire

The initial step in developing a sound financial plan involves having a clear idea of where you stand today. You can begin by collecting the financial information outlined in this questionnaire. It will provide you with a record of your assets, liabilities, income and expenses.

Personal Information

Current date _____ Client Sex _____ Married _____

Client _____ Birthdate _____ S.S.# _____

Spouse/Partner _____ Birthdate _____ S.S.# _____

Address _____

City/State/Zip _____

Phone: (Home) _____ Client (W) _____ Spouse (W) _____

E-mail _____

Dependent Children

Name (Youngest first)	Social Security number	Birthdate	Annual college cost (Today's \$\$\$)	College start year	Number years college
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____

Percent of education costs parents will pay: _____%

Employment

	Client	2nd Person
Employer	_____	_____
Address	_____	_____
City/State/Zip	_____	_____
Phone	_____	_____
Occupation	_____	_____
Yr began	_____	_____

Investment Assets (Please attach a list or continue on back if necessary.)

<i>Name/Investment</i>	<i>Owner</i>	<i>Account Value(\$\$\$)</i>	
Checking account	_____	_____	\$ _____
Savings account	_____	_____	\$ _____
Money Market accounts	_____	_____	\$ _____
Corporate/Govt bonds	_____	_____	\$ _____
Certificates of Deposit (attach list with maturity dates)	_____	_____	\$ _____
Notes Receivables	_____	_____	\$ _____
Stock Mutual Funds	_____	_____	\$ _____
Bond Mutual Funds	_____	_____	\$ _____
Other securities (REIT, UIT, Commodities, etc.)	_____	_____	\$ _____
Investment Real Estate	_____	_____	\$ _____
Municipal Bonds/Funds	_____	_____	\$ _____
Tax deferred annuities	_____	_____	\$ _____
Cash value in life insurance	_____	_____	\$ _____
Stocks (attach list)	_____	_____	\$ _____
Business interests	_____	_____	\$ _____
Total Investment Assets			\$ _____

<i>Retirement Accounts</i>	<i>Client</i>	<i>2nd Person</i>
Traditional IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Keogh/SEP	\$ _____	\$ _____
Keogh/SEP	\$ _____	\$ _____
401(K)/TSA	\$ _____	\$ _____
401(K)/TSA	\$ _____	\$ _____
Other retirement assets	\$ _____	\$ _____
Combined Total Retirement Assets		\$ _____

Personal Assets

Owner	Current Value	
Residence	_____	\$ _____
Personal property	_____	\$ _____
Autos	_____	\$ _____
Recreational vehicles	_____	\$ _____
Boats	_____	\$ _____
Other, jewelry, etc.	_____	\$ _____
Total Personal Assets		\$ _____

Debts

	Lender	Owner	Account balance	Monthly payment	Interest rate	Opened date
Residence mortgage	_____	_____	\$ _____	\$ _____	_____ %	_____
Residence mortgage	_____	_____	\$ _____	\$ _____	_____ %	_____
Investment loans	_____	_____	\$ _____	\$ _____	_____ %	_____
Investment loans	_____	_____	\$ _____	\$ _____	_____ %	_____
Auto loans	_____	_____	\$ _____	\$ _____	_____ %	_____
Auto loans	_____	_____	\$ _____	\$ _____	_____ %	_____
Charge card accounts	_____	_____	\$ _____	\$ _____	_____ %	_____
Personal loans	_____	_____	\$ _____	\$ _____	_____ %	_____
Other debts	_____	_____	\$ _____	\$ _____	_____ %	_____
Total Debt			\$ _____	\$ _____		

Financial Goals

Description of Goal: %**	Year needed	Amount needed*	Inflation Rate
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %

* AMOUNT NEEDED = show this in today's dollars, per year.
 **INFLATION RATE = an estimate of the annual increase in cost of this item.

Insurance Policies

Disability Income Insurance Policies (short- and long-term)

	Policy 1	Policy 2	Policy 3	Policy 4
Company name	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Annual premium	\$ _____	\$ _____	\$ _____	\$ _____
Annual benefits	\$ _____	\$ _____	\$ _____	\$ _____
Waiting period	_____	_____	_____	_____
Benefit period	_____	_____	_____	_____

Life Insurance Policies

	Policy 1	Policy 2	Policy 3
Company name	_____	_____	_____
Type*	_____	_____	_____
Owner	_____	_____	_____
Insured	_____	_____	_____
Primary beneficiary	_____	_____	_____
Current death benefit	\$ _____	\$ _____	\$ _____
Cash surrender value	\$ _____	\$ _____	\$ _____
Outstanding loan value	\$ _____	\$ _____	\$ _____
Annual premium	\$ _____	\$ _____	\$ _____

	Policy 4	Policy 5	Policy 6
Company name	_____	_____	_____
Type*	_____	_____	_____
Owner	_____	_____	_____
Insured	_____	_____	_____
Primary beneficiary	_____	_____	_____
Current death benefit	\$ _____	\$ _____	\$ _____
Cash surrender value	\$ _____	\$ _____	\$ _____
Outstanding loan value	\$ _____	\$ _____	\$ _____
Annual premium	\$ _____	\$ _____	\$ _____

*Term, Whole Life, Universal, Variable Universal, Group Term, etc.

DETERMINING YOUR CASH FLOW - INCOME AND EXPENSES

Annual Income

Client	2nd Person	
Employment (wages, salaries, bonuses)	\$ _____	\$ _____
Self-employment/business income	\$ _____	\$ _____
Social Security benefits	\$ _____	\$ _____
Other government benefits	\$ _____	\$ _____
Pensions (if currently receiving)	\$ _____	\$ _____
Other income - taxable _____	\$ _____	\$ _____
Other income - nontaxable _____	\$ _____	\$ _____
	Combined Total Annual Income	\$ _____

Expenses

	Monthly	Annually
Committed Expenses: Income Taxes		
Federal income tax withholding and estimated payments - client	\$ _____	\$ _____
Federal income tax withholding and estimated payments - second person	\$ _____	\$ _____
State and local income tax withholding - client	\$ _____	\$ _____
State and local income tax withholding - second person	\$ _____	\$ _____
FICA (Social Security) tax - client	\$ _____	\$ _____
FICA (Social Security) tax - 2nd person	\$ _____	\$ _____
Total Taxes	\$ _____	\$ _____

Budget

	Monthly	Annually
HOUSEHOLD:		
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Home Maintenance	\$ _____	\$ _____
Furniture &	\$ _____	\$ _____
DEBTS:		
Home mortgages	\$ _____	\$ _____
Charge cards	\$ _____	\$ _____
Auto loans	\$ _____	\$ _____
Personal loans	\$ _____	\$ _____
Other investments	\$ _____	\$ _____
MONTHLY ADDITIONS:		
Savings deposits	\$ _____	\$ _____
Investments	\$ _____	\$ _____
Retirement plans-client	\$ _____	\$ _____
Retirement plans-2nd person	\$ _____	\$ _____
PERSONAL:		
Auto operation	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Education	\$ _____	\$ _____
Food	\$ _____	\$ _____
Medical expenses	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____
Subscriptions	\$ _____	\$ _____
TAXES:		
Property Taxes	\$ _____	\$ _____
Other taxes	\$ _____	\$ _____
INSURANCE:		
Medical	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Homeowners	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL (I)	\$ _____	\$ _____

(of household, debts, monthly savings, personal, taxes and insurance)

	Monthly	Annually
DISCRETIONARY EXPENSES :		
Entertainment/dining	\$ _____	\$ _____
Recreation/travel/vacation	\$ _____	\$ _____
Cash charitable contributions	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Hobbies	\$ _____	\$ _____
Home Improvements	\$ _____	\$ _____
Other discretionary expenses (tax deductible)	\$ _____	\$ _____
Other discretionary expenses (non deductible)	\$ _____	\$ _____
TOTAL DISCRETIONARY EXPENSES (II):	\$ _____	\$ _____
TOTAL EXPENSES (I + II)	\$ _____	\$ _____

Combined total annual income (Total from page 5) \$ _____

Total annual expenses (Total from page 6) \$ _____

Annual discretionary income (Difference) \$ _____

(Subtract annual expenses from annual income. This is what you may save or spend each year. Additional discretionary income may be obtained by reducing discretionary expenses.)

Financial Objectives

Rate each item for your level of concern.

1 = Not at all concerned. 4 = Very concerned. (circle one)

Reducing income taxes	1	2	3	4
Protection from inflation	1	2	3	4
Maximum investment growth potential	1	2	3	4
Current spendable income from assets	1	2	3	4
Liquidity (convert assets to cash)	1	2	3	4

By completing this questionnaire, you've started the process of developing your personal financial plan. Keep this profile handy for your reference, and be sure to bring it with you when you meet with your Beacon financial consultant.

DOCUMENTS NEEDED

Review this checklist of items that you should bring when you meet with your Beacon financial consultant.

- Latest paycheck stubs and bank statements
- Most recent federal and state income tax returns
- Life and health insurance policies (including life, disability income, major medical, nursing home)
- All pertinent information/latest statements on present investments such as stocks, bonds, mutual funds, certificates, insurances, etc. (i.e., maturity dates and yields)
- Latest employee benefit manual/statements and retirement plan statement
- Latest wills and trusts