

*****CONFIDENTIAL – INTERNAL JOHN D. DOVICH & ASSOCIATES USE ONLY*****

PERSONAL FINANCIAL PLANNING QUESTIONNAIRE

Please fill out this questionnaire as accurately and completely as possible. You may estimate or make rough guesses where necessary. If you do so, please identify these answers clearly by putting a question mark in the margin next to your response.

1. Personal Information

JDA Office Use Only	<input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> C <input type="checkbox"/> D
	You	Your Spouse
Title (Dr., Mr., Mrs., etc.)		
Full Name	Last: First: MI:	Last: First: MI:
Suffix (PhD, DDS, CPA, etc.)		
Nickname		
Social Security Number		
Driver's License	Number: State: Expiration:	Number: State: Expiration:
Date of Birth		
Place of Birth		
Home address	Street: City: State: zip:	Street: City: State: zip:
Home telephone number		
Mobile telephone number		
Personal e-mail address		

2. Business Contact Information

	You	Your Spouse
Occupation		
Job title		
Name of employer		
Business address	Street: City: State: zip:	Street: City: State: zip:
Number of years employed		
Business telephone number		
Business e-mail address		

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Preferred contact person _____

Preferred mailing address _____

Preferred telephone number _____

Preferred e-mail address _____

3. Second Home (if applicable)

Address _____

Telephone number: _____

4. Prior Marriages

	<i>Yes</i>	<i>No</i>
Have you been married previously?	<input type="checkbox"/>	<input type="checkbox"/>
Has your spouse been married previously?	<input type="checkbox"/>	<input type="checkbox"/>

5. Children

<i>Name</i>	<i>Sex</i>		<i>Social Security Number</i>	<i>Birth Date</i>	<i>Dependent</i>	
	<i>M</i>	<i>F</i>			<i>Yes</i>	<i>No</i>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

6. Income

Income	You	Your Spouse
2015 Earned	\$ _____	\$ _____
2016 Earned	\$ _____	\$ _____
2017 Anticipated	\$ _____	\$ _____

7. Net Worth & Personal Residence Information

Total Assets*	Total Liabilities	Net Worth
\$	\$	\$

* Total assets include all business interests, personal and business owned real estate, personal residence, value of Investments including retirement accounts, etc.

Estimated Value of Home	Mortgage Amount	Term/Interest Rate
\$	\$	\$

8. Business Interests

Do you or your spouse own or is either of you a partner in any business enterprise? Yes No

If yes:

Percentage of ownership: _____

Structure (C Corp, S Corp, Partnership, LLC, Sole Proprietor): _____

Other partner's names and percentage of ownership: _____

9. Estate Planning

Do you have an estate plan? Yes No

Does your spouse have an estate plan? Yes No

Explain: _____

10. Advisors

Accountant

Name	Firm	Business Phone #	How Long?
_____	_____	()	_____
Firm Address	_____	City	State Zip
_____	_____	_____	_____

Attorney

Name	Firm	Business Phone #	How Long?
_____	_____	()	_____
Firm Address	_____	City	State Zip
_____	_____	_____	_____

Life Insurance

Agent	Firm	Business Phone #	How Long?
_____	_____	()	_____
Life Insurance Agent Address	_____	City	State Zip
_____	_____	_____	_____

Property and Casualty Insurance

Agent	Firm	Business Phone #	How Long?
_____	_____	()	_____
Address	_____	City	State Zip
_____	_____	_____	_____

Banker

Name	Bank	Business Phone #	How Long?
_____	_____	()	_____
Address	_____	City	State Zip
_____	_____	_____	_____

11. Financial Planning Goals

Please list your specific financial planning goals and indicate their relative importance to you and your spouse.

Goal	You		Spouse	
	<i>Very</i>	<i>Somewhat</i>	<i>Very</i>	<i>Somewhat</i>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Other Items to Note

Please provide copies of the following documents prior to your scheduled meeting:

- IRA/retirement plan documents/statements
- Investment account statements
- Prior two years tax returns
- Wills, trusts, power of attorney
- Employment contracts (if applicable)
- Insurance policies (auto, home, life, disability, umbrella, etc.)
- Social Security Administration benefit statements
- Employee benefits booklets including confirmation statement of currently elected benefits
- Any business agreements (shareholder, buy-sell, etc.)

These documents can be emailed or, for your convenience, uploaded securely using the following URL: <http://upload.jdovich.com>. Please include your last name in the document name before uploading them. Also, please remember that if you password protect your documents before uploading them, you will need to provide us with that password.

Date Completed: _____

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