MPH ASSET MANAGEMENT CO.
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– CONFIDENTIAL –

FINANCIAL PLANNING QUESTIONNAIRE

Client

Date

MPH ASSET MANAGEMENT CO.

PERSONAL INFORMATION

Client		Client Spouse	
Date of Birth	Age	Date of Birth	Age
Soc Sec #		Soc Sec #	
Street Address		Home Ph #	
City, State, Zip		Fax Ph #	
Occupation		Occupation	
Employer		Emlpoyer	
Bus Ph #		Bus Ph #	
Email Address		Email Address	

CHILDREN	Date of Birth	CHILDREN (cont'd)	Date of Birth
1)		4)	
2)		5)	
3)		6)	

Do you have up to date wills ☐ YES ☐ NO Date

Have you established any trusts ☐ YES ☐ NO Date

Your Estate Attorney: Ph #

Your Tax Preparer: Ph #

If you own your own business, indicate type: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ S Corp ☐ LLC

Year of Retirement: Client Spouse Desired Monthly Retirement Income

INSURANCE

Do you have disability insurance? ☐ YES ☐ NO Monthly Benefit? Duration

Do you have life insurance? ☐ YES ☐ NO Total Face Amount: Client Spouse

Type of medical insurance? Long Term Care?

STATEMENT OF NET WORTH AND SUITABILITY

Assets – Current Market Value		Liabilities – Current Balance	
Cash & Cash Equivalents		Residence - 1st Mortgage	
Life Insurance Cash Values		Residence - 2nd Mortgage	
Stocks, Bonds, Mutual Funds		Loans on Other Real Estate	
IRAs (Traditional/Rollover/Roth)s		Credit Card Balance	
Retirement Plans/401Ks/Def'd Comp		Auto Loans/Notes Payable	
Trust Deeds, Notes & Receivables		Other Debt	
Residence		Total Liabilities (B)	
Second Home		**Net Worth [(A) minus (B)]**	
Rental Property		**Net Worth** (excluding Home/Personal Property)	
Other Real Estate		**Liquid Assets**	
Business Interests		**Total Annual Income**	
Deferred Annuities		**Tax Bracket**	
Other		**# Years Investment Experience**	
Total Assets (A)		**Time Horizon**	

X
Client Signature

X
Client Spouse Signature

Date

INCOME AND EXPENSES

Annual Income (Wages/Salary) - Client $ Spouse $ Other Income $

Approximate: Annual Living Expenses (excluding income taxes) $

Do you pay Quarterly Estimates? ☐ YES ☐ NO FEDERAL $ STATE $

Do you expect any unusual or non-recurring expenses this year? If so, please explain:

Do you save money on a regular basis? Please explain:

Do you expect to Liquidate any assets this year? Please explain:

Do you expect any inheritance? Please explain:

With what amount of cash reserves do you feel most comfortable? $

GOALS AND OBJECTIVES

PLEASE RANK THE FOLLOWING IN ORDER OF IMPORTANCE (1 = TOP PRIORITY, 10 = LOWEST PRIORITY)

Preserve Capital	Reduce Insurance Premiums
Increase Current Income	Plan Retirement Income
Reduce Income Taxes	Reduce Estate Taxes
Increase Net Worth	Avoid Probate
Fund College Educations	Account Consolidation
Procure Adequate Insurance	Improve Investment Performance

What specific questions or need(s) do you have at this time?

What do you want and expect from your financial planner?

Client Name (Print) Client Spouse Name (Print) Date

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