Print Form

Macke Financial Advisory Group

Wealth Management & Life Planning

Confidential Financial Planning Questionnaire

To Save this form with your information, please click **Print**. Change the Printer Setting to **Print to PDF** or **Save as PDF**

Name ______________________________

Date ______________

Disclosure

This material is not intended as an offer or solicitation for the purchase or sale of any security or financial instrument. It is intended to gather important information designed to better assist with your financial planning process. It is distributed with the understanding that it is not intended to render accounting, legal or tax advice. Please consult your legal or tax advisor concerning such matters, as needed, to answer the following questionnaire.

Investment and insurance products are not insured by the FDIC or other governmental agencies and are subject to investment risk, including possible loss of the principal amount invested.

Client Acknowledgement

To the best of my knowledge, the information provided in this questionnaire is true and correct and reflects an accurate portrayal of my current financial situation. Should any material changes occur prior to the preparation of my financial plan, I will advise Macke Financial Advisory Group immediately.

I further acknowledge that the results of my financial plan will be based on the information I provide, which may include both general and specific recommendations. As my circumstances change, some of the recommendations made within this plan may no longer be appropriate and I should review my situation periodically.

I assume sole responsibility to decide whether to implement the advice contained in the financial plan and to determine whether the recommendations have been implemented correctly.

I understand that the financial plan will include financial projections and make certain assumptions based on historical data that serve as a useful and reasonable basis to develop recommendations. I further acknowledge that there is no guarantee that my experience will match the projections prepared for me.

I agree and acknowledge that the payment of all taxes due on income or capital gains from the implementation of the recommendations remains my sole obligation.

I agree that I am digitally signing this form by typing my name.

Client Signature ______________________ Date ____________

Co Client Signature ______________________ Date ____________

Personal Information

Marital Status: (check one)

☐ Single ☐ Married ***Date Married:*** ____________________

	Client	Co-Client
First Name, Middle Initial		
Last Name		
Birth Date		
Social Security Number		

Primary Address:

Address	
City, State Zip	

	Client	Co-Client
Home Phone		
Cell Phone		
Other Phone		
Email Address		
Web Page		

Other Address:

Address	
City, State Zip	

Drivers License:	License Number	Expiration Date	State of Issue
Client			
Co-Client			

Employment:

	Client	**Co-Client**
Employer		
Occupation		
Work Address		
City, State Zip		
Phone		
Fax		
Email Address		

Do you or your spouse have any major health problems. If yes, briefly describe:

In one year from now, looking back on your relationship with your financial advisor, what will you expect to have accomplished?

Is there a family history of health issues such as Alzheimer's, Parkinson's, etc?

Dependent Information

Dependent Children:

Dependent	Social Security Number	Birth Date	Dependent until age

Education:

Percent of college costs parents plan to pay ________ %

Check to deduct educational expenses from retirement funds ☐

Child's Name	1st Year of College	# of Years	School Type	Funds Available Now	Annual College Costs	Monthly Savings

Instructions:

1st Year of College Enter the calendar year the child will begin college.
# of Years Enter the number of years the child will be attending college.
School Type Select the type of school from the drop down list.
Funds Available Now Enter the present value of the funds available for college.
Annual College Cost Enter the amount of the annual college costs in today's dollars.
Monthly Savings Enter the monthly savings amount to be entered into the college fund.

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