



**CARTER CAPITAL  
MANAGEMENT**  
**FINANCIAL PLANNING QUESTIONNAIRE**

---

---

Thank you for taking the time to complete our financial planning questionnaire. The gathering of your financial information is a critical step in the financial planning process. Along with this questionnaire, please gather additional supporting information such as tax returns, wills, insurance documentation, bank and brokerage statements, and employer benefits information.

Please complete and answer all applicable questions to the best of your knowledge. If you do not know or have questions regarding parts of the questionnaire, continue on and call us upon completion. If you do not know the exact dollar amount, do not leave the question blank, but respond with your best estimate. This questionnaire is designed to gather important information about your financial well-being. Additional information may be necessary to adequately communicate to CARTER CAPITAL MANAGEMENT your particular financial situation. Provided on the final page of this questionnaire is a "miscellaneous section" for you to provide additional information.

Please feel free to call us if you need any assistance at all with this questionnaire. We look forward to meeting you with.

---

---



CARTER CAPITAL MANAGEMENT

FINANCIAL PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

Date: \_\_\_ \ \_\_\_ \ \_\_\_\_\_

Client 1

Client 2

Name

Nickname

Social Security Number

Gender

M  F

M  F

Birthdate

Email Address

Home Phone

Business Phone

Cellular Phone

Street Address

City/State/Zip

Marital Status

U.S. Citizen?

EMPLOYMENT INFORMATION

Client 1

Client 2

Profession/Title

Employer

Years of Service

Business Phone

Business Email

FAMILY INFORMATION

| Child Name | Birthdate | Funds Set Aside | Public/Private | In/Out of State | Grandchild               |
|------------|-----------|-----------------|----------------|-----------------|--------------------------|
| _____      | _____     | \$ _____        | _____          | _____           | <input type="checkbox"/> |
| _____      | _____     | \$ _____        | _____          | _____           | <input type="checkbox"/> |
| _____      | _____     | \$ _____        | _____          | _____           | <input type="checkbox"/> |
| _____      | _____     | \$ _____        | _____          | _____           | <input type="checkbox"/> |

GOALS

Please indicate your goal priority from the list of goals below. 1 = Most Important, 5 = Least Important

- \_\_\_\_\_ Comfortable Retirement
- \_\_\_\_\_ Education Planning
- \_\_\_\_\_ Estate Planning
- \_\_\_\_\_ Survivor Protection
- \_\_\_\_\_ Disability Protection

Additional Notes:

**GOALS**

Client 1

Client 2

**Current Age** \_\_\_\_\_

**Desired Retirement Age** \_\_\_\_\_

If you are retired, enter current age. If left blank we will assume age 65 retirement age. If client 2 leaves question blank, we will assume same retirement as Client 1.

**Desired Retirement Income** \$ \_\_\_\_\_

\$ \_\_\_\_\_

Please indicate total income needs in today's dollars after taxes.

**Desired Survivor Income** \$ \_\_\_\_\_

\$ \_\_\_\_\_

Please indicate total income needs in today's dollars after taxes. For Client 1, indicate income desire if Client 2 passed away. For Client 2, indicate income desire if Client 1 passed away.

**Future Inheritance** \$ \_\_\_\_\_

\$ \_\_\_\_\_

**PERSONAL ASSET INFORMATION**

|   | Value    | Amount Owed | Months Remaining | Interest Rate |
|---|----------|-------------|------------------|---------------|
| <b>Primary Residence</b>                                      | \$ _____ | \$ _____    | _____            | _____         |
| <b>Second Residence</b>                                       | \$ _____ | \$ _____    | _____            | _____         |
| <b>Automobiles 1</b>  | \$ _____ | \$ _____    | _____            | _____         |
| <b>Automobiles 2</b>  | \$ _____ | \$ _____    | _____            | _____         |
| <b>Personal Property</b><br>i.e. furniture, clothing, jewelry | \$ _____ | \$ _____    | _____            | _____         |

**Other Personal Assets**

**Other Personal Liabilities**

| List  | Value    | List   | Amount Owed |
|-------|----------|--|-------------|
| _____ | \$ _____ | <b>Unsecured Credit</b><br>(i.e. credit cards) | \$ _____    |
| _____ | \$ _____ | <b>Home Equity Loans</b>                       | \$ _____    |
| _____ | \$ _____ | _____  | _____       |
| _____ | \$ _____ | _____  | _____       |

|                             |                     |          |                     |          |                  |          |                   |
|-----------------------------|---------------------|----------|---------------------|----------|------------------|----------|-------------------|
| <b>Percent Ownership of</b> | <b>Client 1 - %</b> | <b>+</b> | <b>Client 2 - %</b> | <b>+</b> | <b>Joint - %</b> | <b>=</b> | <b>Total 100%</b> |
| <b>Personal Assets</b>      | _____               | <b>+</b> | _____               | <b>+</b> | _____            | <b>=</b> | 100%              |

**RETIREMENT ASSET INFORMATION**

|  | Client 1   |  | Client 2   |  |
|--|------------|--|------------|--|
|  | Balance    | Annual Contribution  | Balance    | Annual Contribution  |
| <b>Profit Sharing</b><br>(i.e. 401(k) and other defined contribution plans)<br>Describe: | \$ _____   | \$ _____<br>(your contribution)<br>\$ _____<br>(employer contribution) | \$ _____   | \$ _____<br>(your contribution)<br>\$ _____<br>(employer contribution) |
| <b>Other Company Plans</b><br>(i.e. SEP, SIMPLE's)<br>Describe:                          | \$ _____   | \$ _____<br>(your contribution)<br>\$ _____<br>(employer contribution) | \$ _____   | \$ _____<br>(your contribution)<br>\$ _____<br>(employer contribution) |
| <b>Other Company Plans</b><br>(i.e. annuities, 403b, 457)<br>Describe:                   | \$ _____   | \$ _____<br>(your contribution)<br>\$ _____<br>(employer contribution) | \$ _____   | \$ _____<br>(your contribution)<br>\$ _____<br>(employer contribution) |
| <b>Deferred Compensation</b>   | \$ _____   | \$ _____   | \$ _____   | \$ _____   |
| <b>Self-employed Plans</b>   | \$ _____   | \$ _____   | \$ _____   | \$ _____   |
| <b>SEP IRA accounts</b>  | \$ _____   | \$ _____   | \$ _____   | \$ _____   |
| <b>Traditional IRA Accounts</b>  | \$ _____   | \$ _____   | \$ _____   | \$ _____   |
| <b>Roth IRA Accounts</b>   | \$ _____   | \$ _____   | \$ _____   | \$ _____   |
| <b>Annuities</b>   | \$ _____   | \$ _____   | \$ _____   | \$ _____   |
|  | Cost Basis | _____  | Cost Basis | _____  |

## INVESTMENT ASSET INFORMATION

|   |  |   |  |
|---|--|---|--|
| <b>Cash and Cash Equivalents</b>              | <b>Amount</b>                                      |   | <b>Amount</b>                          |
|   | Checking Accounts \$ _____                         | Near/Short-term Cash \$ _____               |  |
|   | Savings Accounts \$ _____                          | Other Cash \$ _____                         |  |
|   | Money Market \$ _____                              |   |  |
| <b>Equities</b>                               |  |   |  |
|   | Common Stock \$ _____                              | Convertible Stocks \$ _____                 |  |
|   | Stock Mutual Funds \$ _____                        | Other Equities \$ _____                     |  |
| <b>Fixed Income</b>                           |  |   |  |
|   | Corporate \$ _____                                 | CDs \$ _____                                |  |
|   | Municipal \$ _____                                 | Preferred Stock \$ _____                    |  |
|   | Government \$ _____                                | Other Fixed Income \$ _____                 |  |
| <b>Other</b>                                  |  |   |  |
|   | Receivables \$ _____                               | Futures \$ _____                            |  |
|   | Hard Assets (i.e. precious metals) \$ _____        | Real Estate (traded) (i.e. REITs) \$ _____  |  |
|   | Real Estate (income producing, net value) \$ _____ | Real Estate (Raw land) (net value) \$ _____ |  |
|   | Limited Partnerships \$ _____                      | Other \$ _____                              |  |
| <b>Percent Ownership of Investment Assets</b> | <b>Client 1 - %</b>                                | + <b>Client 1 - %</b>                       | + <b>Joint - %</b> = <b>Total 100%</b> |
|   | _____  | + _____                                     | = 100%                                 |

### Employee Stock Options

Number of shares multiplied by current market price minus exercise price. (i.e., number of shares x (current market price - exercise price))

|                                    |                 |                  |                    |
|------------------------------------|-----------------|------------------|--------------------|
|                                    | <b>Client 1</b> |                  | <b>Client 2</b>    |
| <b>Company Name</b>                | _____           | _____            | _____              |
|                                    | <b>Vested</b>   | <b>Nonvested</b> | <b>Vested</b>      |
| <b>Non-Qualified Stock Options</b> | \$ _____        | \$ _____         | \$ _____           |
| <b>Incentive Stock Options</b>     | \$ _____        | \$ _____         | \$ _____           |
| <b>Current Market Price</b>        | \$ _____        | per share        | \$ _____ per share |

## RETIREMENT BENEFITS

|                                 |  |  |                             |
|---------------------------------|--|--|-----------------------------|
|                                 | <b>Client 1</b>  |  | <b>Client 2</b>             |
| <b>Employer Spon. Pension</b>   | \$ _____ Per Mo., Age _____                              | \$ _____ Per Mo., Age _____                              | _____                       |
| <b>Cost of Living Adjusted?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |
| <b>Pension Survivor Benefit</b> | \$ _____ Per Mo., Age _____                              | \$ _____ Per Mo., Age _____                              | _____                       |
| <b>Cost of Living Adjusted?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| <b>Social Security?</b>         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
|                                 | \$ _____ Per Mo., Age _____                              | \$ _____ Per Mo., Age _____                              | _____                       |

## DISABILITY BENEFITS

|                                    |                    |                    |                 |
|------------------------------------|--------------------|--------------------|-----------------|
|                                    | <b>Client 1</b>    |                    | <b>Client 2</b> |
| <b>Benefit Amount</b>              |                    |                    |                 |
| <b>Employer Provided - paid by</b> |                    |                    |                 |
| <b>Employer</b>                    | \$ _____ per month | \$ _____ per month |                 |
| <b>You</b>                         | \$ _____ per month | \$ _____ per month |                 |
| <b>Personally Owned</b>            | \$ _____ per month | \$ _____ per month |                 |

**ESTATE INFORMATION**

|   | Client 1                     |                             | Client 2                     |                             |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Do you have a will?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a living trust?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your will have a unified credit provision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**LIFE INSURANCE**

|   | Client 1 |          | Client 2 |  |
|---|----------|----------|----------|--|
| Employer Provided                       | \$ _____ | \$ _____ |          |  |
| Personally Owned                        | \$ _____ | \$ _____ |          |  |
| Cash Value                              | \$ _____ | \$ _____ |          |  |
| Amount spouse owns on you               | \$ _____ | \$ _____ |          |  |
| Cash Value                              | \$ _____ | \$ _____ |          |  |
| Amount Owned by Others<br>(i.e. trusts) | \$ _____ | \$ _____ |          |  |
| Survivorship (second to die) policy     | _____    |          |          |  |

**INCOME INFORMATION**

|                            | Client 1 |          | Client 2 |  |
|----------------------------|----------|----------|----------|--|
| Annual Income              |          |          |          |  |
| Gross Salary and Bonus     | \$ _____ | \$ _____ |          |  |
| Net Self-employment        | \$ _____ | \$ _____ |          |  |
| Pension                    | \$ _____ | \$ _____ |          |  |
| Social Security            | \$ _____ | \$ _____ |          |  |
| Alimony Income             | \$ _____ | \$ _____ |          |  |
| Roth IRA Conversion Income | \$ _____ | \$ _____ |          |  |
| Other Taxable Income       | \$ _____ | \$ _____ |          |  |
| Dividends                  | \$ _____ | \$ _____ |          |  |
| Taxable Interest           | \$ _____ | \$ _____ |          |  |
| Tax-Free Interest          | \$ _____ | \$ _____ |          |  |
| Other Tax-Free Income*     | \$ _____ | \$ _____ |          |  |
| *Specify source of income  | _____    | _____    |          |  |

**TAX INFORMATION**

Number of Household Dependents \_\_\_\_\_

Amount of Itemized deductions (if applicable) \_\_\_\_\_

Current Tax Bracket (i.e. 25%, 30%, 35%) \_\_\_\_\_

Amount of Tax Credits Taken \_\_\_\_\_

**ADDITIONAL QUESTIONS****Attorney's Address**

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

**Accountant's Address**

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

