

DATA COLLECTION BOOKLET

CONFIDENTIAL



NEW ENGLAND FINANCIAL PLANNING GROUP, LLC

Dear Client:

The purpose of this Data Collection Booklet is to acquaint us with you and your personal financial situation. All the information you share with us will be held in strictest confidence.

The financial plan which results from this information will be your plan and will serve to address your needs. The quality of the plan and its benefit to you depend upon the accuracy and completeness of the data on which it is based.

Please feel free to call us should any questions arise as you complete this booklet.

We look forward to working with you.

New England Financial Planning Group, LLC.

FAMILY INFORMATION

Date _____

Client

Name _____

Address _____

Home Tel. _____

Work Tel. _____

Email _____

Email (work) _____

Employer _____

Business Address _____

Occupation _____

Birthdate _____

Social Security No. _____

Preferred method of Contact _____

Spouse

Name _____

Zip Code _____

Home Tel. _____

Work Tel. _____

Email _____

Email (work) _____

Employer _____

Business Address _____

Occupation _____

Birthdate _____

Social Security No. _____

Preferred Method of Contact _____

Children	Date of Birth	Grade in School as of 01-01-	Dependent		Soc. Sec. Number
			Yes	No	
_____	_____	_____	____	____	_____
_____	_____	_____	____	____	_____
_____	_____	_____	____	____	_____

(C = Client; S = Spouse Reply)

What are your future personal and financial goals for you and your family?

C. _____

S. _____

In what ways are you expecting that the New England Financial Planning Group will be able to help you attain these goals?

C. _____

S. _____

	Client (C)	Spouse (S)
Salary	_____	_____
Bonus	_____	_____
Estimated Annual Increase	_____	_____
Other (Real Estate Income, etc.)	_____	_____
Social Security: Do you Qualify	_____	_____
Social Security: Benefit Amount (from statement)	_____	_____
Do you expect any major inheritances or legal settlements? Yes / No		
Source? _____		
Approximate Date? _____	Estimated Amount? _____	
Are you anticipating any lump-sum distributions from a qualified plan?		
C. _____	S. _____	
Approximate date _____	Approximate date _____	
Estimated Amount _____	Estimated Amount _____	
Are you eligible for any Corporate Benefits? i.e. Health Care, Disability Insurance		
C. _____	S. _____	
Premium _____	Premium _____	
Will company pay for health plan during retirement?		
C. _____	S. _____	

	% Company Match Monthly Cont.	Client Monthly Cont.	Spouse Monthly Cont.
Tax Savings Plan	_____	_____	_____
Retirement Plan	_____	_____	_____
Profit Sharing Plan	_____	_____	_____
401(k) Plan	_____	_____	_____
Stock Purchase Plan	_____	_____	_____
Stock Option Plan	_____	_____	_____
After-tax Savings	_____	_____	_____
Other (Car Reimbursement, etc.)	_____	_____	_____

OUTFLOWS

What do you anticipate the inflation rate will be over the next 3 years? _____%

Do you anticipate any future financial dependency by relatives? Yes / No

Do you anticipate any extraordinary major expenditures? Yes / No

What _____ Approximate Date _____ Estimated Amount _____

EDUCATIONAL EXPENSES

Estimate the annual educational expenses for each child in today's dollars

Child's Name	Anticipated Annual Expense	Starting Year	Ending Year	Existing Assets	Account Type
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ATTITUDES TOWARD MONEY

These questions are designed to help us assess your thoughts and experiences on the management of your current assets. They are also meant to stimulate your thinking in terms of your future financial goals (C = Client; S = Spouse Reply)

**1. What does the accumulation of money mean to you?
(Check all that you think are important)**

	C	S
A. Quality Living	_____	_____
B. Savings	_____	_____
C. Luxury	_____	_____
D. Education	_____	_____
E. Retirement	_____	_____
F. Independence	_____	_____
G. Estate for Children	_____	_____
H. A Bigger House	_____	_____

2. Of the choices above, which 3 do you consider most important?

	C	S
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____

3. At what age would you like to retire?

C	S
_____	_____

4. In today's dollars, what would you need to live on?

C	S
_____	_____

**5. What aspects of today's living concern you most?
(Check all that you think are important)**

	C	S
A. Ability to maintain current lifestyle	_____	_____
B. Inflation	_____	_____
C. Inability to save	_____	_____
D. National economy	_____	_____
E. Escalating taxes	_____	_____
F. World economy	_____	_____

6. How much money do you need in an emergency fund?

C	S
_____	_____

7. How experienced are you at investments?

	C	S
A. None	_____	_____
B. Little	_____	_____
C. Moderate	_____	_____
D. Experienced	_____	_____
E. Very Experienced	_____	_____

8. Of your investments, what has done the best job for you?

	C	S
A. Stocks	_____	_____
B. Bonds	_____	_____
C. Real Estate (Other than your home)	_____	_____
D. Insurance	_____	_____
E. Other (please indicate)	_____	_____
F. None	_____	_____

9. Write in which investment has been the least satisfactory.

C: _____

S: _____

10. In buying insurance protection, do you think it is:

C S

A. Good protection for the family _____

B. Necessary evil _____

C. Good investment _____

D. Very complicated _____

E. Not well enough informed to evaluate _____

11. With whom do you discuss or make your investment decisions?

C S

A. Wife/Husband _____

B. Broker _____

C. Office mates _____

D. Lawyer _____

E. Accountant _____

F. Best friend _____

12. Of those listed, whose opinion most influences your final decision?

C S

13. Does your investment philosophy tend to be:

C S

Conservative _____

Moderate _____

Aggressive _____

14. Do you read the financial section of the newspaper?

C S

Weekly _____

Daily _____

Monthly _____

Never _____

15. How well do you feel you are managing your assets?

C S

Well _____

Satisfactorily _____

Not well _____

Could be improved _____

16. Do you feel you are living within your income?

C S

A. Pretty Well _____

B. No _____

C. Extra Income _____

17. How much non-qualified money do you save each month?

C S

18. How much time do you spend managing your assets?

C S

Little _____

Moderate _____

A good deal _____

19. How do you feel you have done in managing your assets in terms of appreciation?

	C	S
Reasonably well	_____	_____
Well	_____	_____
Not as well as expected	_____	_____
Poorly	_____	_____

20. How long have your investments been in their present position?

	C	S
1 Month	_____	_____
6 Months	_____	_____
5 Years	_____	_____
10 Years or More	_____	_____

21. Are you willing or able to delegate these responsibilities to someone else?

	C	S
A. Yes	_____	_____
B. Like to be personally involved	_____	_____
C. Don't know anyone	_____	_____
D. Don't trust anyone	_____	_____
E. Don't know	_____	_____
F. Past experience in this has not been good	_____	_____

22. Assuming you could find someone you feel comfortable with, how much of the responsibility of managing your assets would you like to delegate to someone else?

	C	S
10%	_____	_____
25%	_____	_____
50%	_____	_____
75%	_____	_____
100%	_____	_____

23. As an overall investment strategy, which of the following would you like?

	C	S
Long term growth	_____	_____
Preservation of Principal	_____	_____
Blue Chip Stocks	_____	_____
Current Income	_____	_____
Aggressive Growth	_____	_____
Easy to manage and understand	_____	_____
Diversification	_____	_____
Inflation Hedge	_____	_____
Maximum leverage from available funds	_____	_____

24. Are you willing to look at alternative investments?

	C	S
Yes	_____	_____
No	_____	_____

25. In the future I would like to:

	C	S
A. Have enough money to retire	_____	_____
B. Have enough money to educate my children	_____	_____
C. Triple my net worth	_____	_____
D. Have a sizable estate to pass on to my children	_____	_____
E. Get on a boat and go around the world	_____	_____
F. Pursue a different job/career	_____	_____
G. Other (define)	_____	_____

26. Do you have an interest in one or more charities?

	C	S
Yes	_____	_____
No	_____	_____
If so what charities?	_____	

<i>Fully Tax Deductible</i>	Monthly (\$)	Annually (\$)
IRA/Keogh Contributions	_____	_____
401(k) Plan Contributions	_____	_____
Real Estate Tax	_____	_____
Auto Excise Tax	_____	_____
Charitable Contributions	_____	_____
<i>Partially Tax Deductible</i>		
Medical & Dental Expenses (not covered or reimbursed)	_____	_____
Tax Preparation Fee	_____	_____
Investment/Financial Advisory Fee	_____	_____
Safe Deposit Box Rental Fee	_____	_____
Professional Dues/Publications/Seminars	_____	_____
<i>Nondeductible</i>		
Food/Groceries	_____	_____
Clothing	_____	_____
Utilities	_____	_____
Telephone	_____	_____
Cleaners	_____	_____
New Household Purchases	_____	_____
Auto Maintenance	_____	_____
Entertainment	_____	_____
Club Dues	_____	_____
Vacations, Trips, Camping	_____	_____
Misc. – Horses, Boats	_____	_____
Domestic Help	_____	_____
Home Maintenance	_____	_____
Yard/Pool Maintenance	_____	_____
Subscriptions	_____	_____
Gifts, Birthdays	_____	_____
Educational Expense	_____	_____
Insurance:		
Life	_____	_____
Medical	_____	_____
Liability	_____	_____
Automobile	_____	_____
Homeowners	_____	_____
Long Term Care	_____	_____
Investment/Savings		
Other	_____	_____

In order for the planning process to be effective, the data which we use must be accurate.

Please provide us with the following documents or copies thereof. In the case of original documents, we will copy them and return the originals to you.

Planner

Received

Documents

- _____ Client's Will
- _____ Spouse's Will
- _____ Latest Federal Tax Return
- _____ Latest State Tax Return
- _____ Latest Pay Stubs
- _____ Latest statements from all accounts held jointly or separately.
(Savings, Mutual Fund, Money Market, Stock Portfolio)
- _____ Statements indicating cost basis of Assets
(stocks, Personal Residence, etc.)
- _____ Statements of Assets in Retirement Plans
(Pension, Profit Sharing, Keogh, IRA, 401(k), Thrift)
- _____ Latest mortgage statement
- _____ Other loan details if not already provided
- _____ All insurance policies
(life, health, disability, Business/Office overhead, automobile, homeowners liability)
- _____ Trust agreements, if applicable
- _____ Other documents
(eg: stock option plans, divorce decree)
- _____ Social Security Statement
- _____ Healthcare Proxy
- _____ Power of Attorney

Existing Advisors

Do you presently work with an Attorney? _____ May we contact them? _____

If yes, what is their name and phone number? _____

Do you presently work with a Tax Professional? _____ May we contact them? _____

If yes, what is their name and phone number? _____

Do you presently work with an Insurance Professional? _____ May we contact them? _____

If yes, what is their name and phone number? _____



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