



Pinney & Scofield

Building long-term relationships with long-term investors

FINANCIAL PLANNING QUESTIONNAIRE

Client: _____ **Spouse/Partner:** _____

Here are some hints and explanations to help you complete this form:

If a question does not apply to you just indicate "N/A" and go to the next question. If current or correct information is not readily available please make an effort to get the information (it will be worth it in the long run).

It is the policy of Pinney & Scofield, Inc. to treat the information provided herein as absolutely **CONFIDENTIAL. NOTHING** will be released to any other party (including family members) without the expressed permission of the parties filling out this form.

Review the following list of items we would like to have in order to assist you with financial planning. Please make copies of these items and return them with this questionnaire. If you have children living at home, include the same items for them if applicable. You may find it helpful to check each item off as you collect them to assure a complete file. **PLEASE DO NOT SEND US ORIGINALS (OR YOUR ONLY COPY) OF ANY DOCUMENTS.**

- _____ Year-end paystub(s)
- _____ Most recent tax return (federal and state). A PDF copy is preferable.
- _____ Most recent mortgage statement
- _____ Mutual fund and bank account statements (most recent)
- _____ Brokerage account statements (most recent)
- _____ Retirement statements (e.g., IRAs, Roth IRAs, company 401(k) plans, TIAA/CREF)
- _____ Benefits statement(s) - should include investment choices for pensions, 401(k)s, insurance coverage, estimate of pension payments, etc.
- _____ Social Security Benefits Statement(s) - please include earnings history page
- _____ Outline of coverage for insurance policies (life, disability, homeowner's, auto, long-term care)
- _____ Applicable trust documents

PERSONAL INFORMATION

Name: _____	Name: _____
Marital Status: _____	Marital Status: _____
Social Security #: _____	Social Security #: _____
Birth Date: _____	Birth Date: _____
Cell Phone #: _____	Cell Phone #: _____
Email Address: _____	Email Address: _____

Home Phone #: _____

Home Address: _____

City, State, and Zip Code: _____

Employer: _____	Employer: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Occupation: _____	Occupation: _____
Work Phone #: _____	Work Phone #: _____
Work e-mail address: _____	Work e-mail address: _____

Dependents (indicate N/A if none):

Name	Birth Date	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORKING INCOME

Client

Spouse/Partner

Current income from wages	_____	_____
Frequency of pay (biweekly, semi-monthly)	_____	_____
Bonus income	_____	_____
Net self-employment	_____	_____
Expected annual increase in pay (%)	_____	_____
Age you expect to retire	_____	_____
Age you wish to retire	_____	_____

PENSION AND ANNUITY INCOME

Expected pension/annuity start year	_____	_____
Is this from a government employer excluded from Social Security?	_____	_____
What is/will be the annual income amount?	_____	_____
Source of income (name of insurance company, employer)	_____	_____
Does it have a cost of living increase? If so, what percentage?	_____	_____
Is there a survivor benefit? If so, what percentage?	_____	_____

SOCIAL SECURITY INCOME

Gross benefit from 1099 or annual Social Security letter	_____	_____
If not receiving, age expect to start	_____	_____

OTHER INCOME (e.g. trust distributions, installment or business sale payments)

_____	_____	_____
_____	_____	_____

RECURRING AND ANTICIPATED EXPENSES AND RECEIPTS

Normal Expenditures

Excluding housing, taxes, insurance and education, how much do you estimate you spend annually on your day-to-day lifestyle? _____

Do you have annual recurring expenses (e.g. vacations, gifts or charity)? _____

Special Expenditures (e.g. education costs, home improvement project, alimony, child support):

Name of Expense	Yearly Cost in Today's Dollars	Start Year	Number of Years to Pay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Receipts (e.g. alimony, child support, inheritance, family gifts)

Name of Receipt	Yearly Dollar Amount	Start Year	Number of Years to be Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RECENT CASH FLOW

Please provide beginning and ending balances of your cash accounts for last year:

<u>Account</u>	<u>January 1, 2023</u>	<u>December 31, 2023</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you pay estimated taxes during 2023? If so, how much? _____

Did you have any large expenses or receipts last year that you would not typically incur on an annual basis (new car, home renovation project, inheritance, etc.)? If so, how much was the expense(s) and/or receipt(s)?

HEALTH INSURANCE

	Client	Spouse/Partner
If you are covered under an employer group plan:		
Share of the annual premium	_____	_____
Is the plan eligible for a Health Savings Account (HSA)?	_____	_____
Does your employer offer a Flexible Spending Account (FSA)?	_____	_____
If you are covered under an individual plan:		
What is your annual premium?	_____	_____
Is the plan eligible for a Health Savings Account (HSA)?	_____	_____
If you are on Medicare:		
Part B users, what is your premium for: Supplemental coverage (also known as Medigap)?	_____	_____
Part D (prescription drugs)?	_____	_____
Part C (Advantage) users, what is your annual premium?	_____	_____

Regardless of your coverage source, how much do you spend annually out of pocket? _____

LIFE INSURANCE POLICIES

	Policy #1	Policy #2	Policy #3
Type of insurance (group, individual, term, whole life ...)	_____	_____	_____
Insured	_____	_____	_____
Owner	_____	_____	_____
Beneficiary	_____	_____	_____
Death benefit	_____	_____	_____
Cash value	_____	_____	_____
Issued date	_____	_____	_____
Annual premium	_____	_____	_____

DISABILITY INSURANCE POLICIES

	Policy #1	Policy #2	Policy #3
Type of policy (group or individual)	_____	_____	_____
Insured	_____	_____	_____
Monthly benefit amount	_____	_____	_____
What is the elimination period? (90, 180 days)	_____	_____	_____
How long will the benefits be paid?	_____	_____	_____
Annual premium	_____	_____	_____

LONG-TERM CARE INSURANCE POLICIES

	Client	Spouse/Partner
Daily or monthly benefit	_____	_____
Is home care covered?	_____	_____
Length of coverage	_____	_____
Are benefits adjusted for inflation? If so, how often and by what percentage?	_____	_____
Annual premium	_____	_____

ASSETS & LIABILITIES

Please list **all** your investment financial assets here and include copies of account statements. If you are making contributions or withdrawals, please tell us how much and how often.

Non-Retirement Accounts (i.e. “taxable” accounts):

Description of Account	Owner	Current Value	Contributions/ Withdrawals
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement Accounts (e.g. traditional IRAs, Roth IRAs, employer sponsored retirement plans such as 401(k) or 403(b)):

Description of Account	Owner	Current Value	Contributions/ Withdrawals
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Formula for employer match to retirement plan contributions (e.g. 50% match up to 4% of salary or 100% for first 3% of salary)

Client	Spouse/Partner
_____	_____

Do you own your employer’s stock in a tax deferred employer retirement plan?

_____	_____
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REAL ESTATE

If you don't own your home: What is your monthly rent? _____

Estimated monthly expenses _____

	Property #1	Property #2	Property #3
Description	_____	_____	_____
Current market value	_____	_____	_____
Purchase price	_____	_____	_____
Additions to cost basis	_____	_____	_____
Mortgage balance	_____	_____	_____
Monthly payment excluding taxes and insurance	_____	_____	_____
Mortgage interest rate	_____	_____	_____
Is mortgage rate fixed or variable?	_____	_____	_____
Years remaining on mortgage	_____	_____	_____
Real estate taxes	_____	_____	_____
Other monthly costs (repairs, utilities, condo fees..)	_____	_____	_____
Rental income	_____	_____	_____
Year of planned sale	_____	_____	_____

OUTSTANDING LIABILITIES

Please list all your outstanding non-mortgage liabilities (mortgages are to be listed under Real Estate). Under description, indicate what type of loan it is (e.g., charge account, car loan, student loan, home equity loan).

Description	Amount Outstanding	Interest Rate	Payment/ Month	# of Payments Remaining
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ESTATE PLANNING AND TAX PREPARER

Please indicate the year the following legal documents were created and when they were last reviewed.

Document	Year Created	Year last reviewed
Will(s)	_____	_____
Power(s) of Attorney	_____	_____
Health care proxy(ies)	_____	_____
Other (e.g., trusts)	_____	_____

Bequest you would like to leave to children, friends, charities, etc.:

Client: _____

Spouse/Partner: _____

Please provide us with contact information for your estate attorney:

Name: _____

Firm Name: _____

Address: _____

Telephone number: _____

Email: _____

Please provide us with contact information for your tax preparer:

Name: _____

Firm Name: _____

Address: _____

Telephone number: _____

Email: _____

GOALS

Please list specific goals you have. Examples include first or second homes or renovations, recreational items (boat, vehicle etc.), retirement or vacation travel, children’s weddings, grandchildren’s education, charitable donations or any other currently known future need for substantial cash.

Description of Goal	Amount Needed	Year of Goal
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there special questions or concerns you would like us to concentrate on in developing a financial plan for you? Include here any other facts about your situation you would like us to consider.

INVESTMENT RESTRICTIONS/OTHER IMPORTANT INFORMATION (indicate N/A if none) *:

** Unless stated otherwise in this space, we will assume that there are no restrictions on our services, other than to manage the account in accordance with your designated investment objective(s) which will be based upon the information provided on this document and confirmed in an Investment Policy Statement.*

IMPORTANT NOTES

The information requested in this questionnaire is intended to enable Pinney & Scofield, Inc. to identify your investment need(s)/objective(s) and exposure to risk which will then form the basis of an Investment Policy Statement (IPS). The IPS will document your investment asset class allocation parameters as well as any investment-related restrictions. Pinney & Scofield, Inc. will rely on the IPS while managing your account(s) until you advise us in writing, to the contrary.

To the extent applicable, the information in this questionnaire represents your aggregate objectives, goals and restrictions. Your portfolio may be comprised of multiple accounts, all of which, when viewed in the aggregate, will reflect your overall objectives, goals and restrictions.

Past performance is not a guarantee of future results. Different types of investments involve varying degrees of risk. Therefore, it should not be assumed that future performance of any specific investment or investment strategy (including the investments and/or investment strategies recommended and/or undertaken by Pinney & Scofield, Inc.) will be profitable.

Please remember that it remains your responsibility to advise Pinney & Scofield, Inc. in writing, if there are any changes in the information provided herein, including any change in your personal/financial situation or if you would like to impose, add, or to modify any reasonable restrictions to Pinney & Scofield, Inc.'s investment advisory services.

SIGNATURES

Thank you very much for filling out this rather long form. We will do our best to develop a reasonable and coherent plan.

Signature(s) of party or parties filling out this form:

Date

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____