



# MICELI



## FINANCIAL PLANNING

### PRELIMINARY QUESTIONNAIRE

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

#### **BACKGROUND INFORMATION**

The information requested will enable us to serve your needs with efficiency and at less cost. Please indicate if a question does not apply, with "N/A". If you need more space for answers please use the reverse side of the preceding page or the Notes page at the end. If the information requested is available from another document that will be provided with this questionnaire, please so indicate, and attach it to the questionnaire. Please include with this questionnaire copies of the following:

- Estate Planning Documents
- Tax Returns (last 2 years)
- Brokerage Statements
- Employee Benefit Plan Booklets
- Insurance Contracts
- Retirement Plan Statements
- Cost Basis Information

**Please FAX a copy of the completed questionnaire to 303-904-8701 or fill in the editable PDF questionnaire and email to [plan@salmiceli.com](mailto:plan@salmiceli.com). Bring supporting documentation to our initial meeting. If you prefer to provide us with the original of any document, we will have it copied and returned to you as soon as possible. Please send important material by registered mail.**

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Birth Date \_\_\_/\_\_\_/\_\_\_ SS # \_\_\_-\_\_\_-\_\_\_  
Birth Place \_\_\_\_\_  
Citizenship U.S.A. \_\_\_ Other \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Earned Income \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_  
Work Email \_\_\_\_\_  
Retirement Income \_\_\_\_\_  
Social Security Income \_\_\_\_\_  
Are you covered by a state or federal  
retirement plan? YES \_\_\_ NO \_\_\_  
Hobbies/Interests \_\_\_\_\_  
\_\_\_\_\_

Spouse \_\_\_\_\_  
Birth Date \_\_\_/\_\_\_/\_\_\_ SS # \_\_\_-\_\_\_-\_\_\_  
Birth Place \_\_\_\_\_  
Citizenship U.S.A. \_\_\_ Other \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Earned Income \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_  
Work Email \_\_\_\_\_  
Retirement Income \_\_\_\_\_  
Social Security Income \_\_\_\_\_  
Are you covered by a state or federal  
retirement plan? YES \_\_\_ NO \_\_\_  
Hobbies/Interests \_\_\_\_\_  
\_\_\_\_\_

Please specify any publicly traded company of which you or your spouse are a director, 10% shareholder or officer: \_\_\_\_\_

Are you or your spouse affiliated with any bank, brokerage firm or insurance company? Yes No

**ADDRESS**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Home Fax (\_\_\_\_) \_\_\_\_\_ Web \_\_\_\_\_

**CHILDREN**

<u>Name</u>	<u>SS Number</u>	<u>Birth Date</u>	<u>From Previous Marriage</u>	<u>Providing Support (Y/N)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please indicate the level of importance for receiving financial planning help in the following financial planning objectives:

<b>Financial Planning Objective</b>	<b>Extremely Important</b>	<b>Important</b>	<b>Not Important</b>
Understand/Improve your Budget/Cash Flow			
Retirement Planning			
Funding your Children's Education			
Reduce/Minimize your Income Taxes			
Life/Auto/Home Insurance Planning			
Disability Planning			
Estate Planning			
Portfolio Analysis and/or Investment Management			

What are your primary reasons for seeking financial planning advice?

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Please describe your financial goals, where do you see yourself financially in 10 years?

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Please describe any special circumstances that are currently, or might in the future, affect your financial health.

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**YES NO**

- \_\_\_ \_\_\_ Do you plan to make a significant financial change in the next five years? If so, please describe:  
\_\_\_\_\_
- \_\_\_ \_\_\_ Do you plan to move from your present home within the next five years? If so, please describe:  
\_\_\_\_\_
- \_\_\_ \_\_\_ Do you plan to change your present job? Who \_\_\_\_\_ When? \_\_\_\_\_
- \_\_\_ \_\_\_ Are your parents or adult children dependent on you for support? If so, please describe:  
\_\_\_\_\_
- \_\_\_ \_\_\_ Do you or anyone in your family have special needs? \_\_\_\_\_ Please describe: \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_ \_\_\_ Do you have a will or trusts? \_\_\_\_\_ Does your spouse have a will or trusts? \_\_\_\_\_
- \_\_\_ \_\_\_ Do you have an inclination to start a business? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_ \_\_\_ Do you plan to pay for your children or grandchildren's college education? How much?  
\_\_\_\_\_
- \_\_\_ \_\_\_ If anyone has been married previously, is there any remaining financial obligation due from or to the prior spouse? Please describe: \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_ \_\_\_ Do you have Life Insurance? How much? \$ \_\_\_\_\_ How much spouse? \$ \_\_\_\_\_
- \_\_\_ \_\_\_ Do you have Disability Insurance? How much? \$ \_\_\_\_\_ How much spouse? \$ \_\_\_\_\_
- \_\_\_ \_\_\_ Do you have Health Insurance? Who? \_\_\_\_\_
- \_\_\_ \_\_\_ Have you ever been declined or rated for life or disability insurance?
- \_\_\_ \_\_\_ Do you routinely receive an income tax refund? How much? \$ \_\_\_\_\_
- \_\_\_ \_\_\_ Do you have any Capital loss carry forward from last year? Please describe: \_\_\_\_\_
- \_\_\_ \_\_\_ Do you have any realized any capital gains or losses this year? Please describe: \_\_\_\_\_
- \_\_\_ \_\_\_ Do you have significant unrealized gains or losses in your accounts? Describe: \_\_\_\_\_
- \_\_\_ \_\_\_ Do you plan to retire at a specific age? When? \_\_\_\_\_
- \_\_\_ \_\_\_ Do you plan to work during retirement? How much? \_\_\_\_\_ hrs/yr
- \_\_\_ \_\_\_ How much do you expect to spend during retirement on an annual basis? \$ \_\_\_\_\_
- \_\_\_ \_\_\_ Do you receive/hold options or participate in stock purchase plans? If yes, please describe:  
\_\_\_\_\_
- \_\_\_ \_\_\_ Do you expect an inheritance? How much? \$ \_\_\_\_\_ When? \_\_\_\_\_
- \_\_\_ \_\_\_ Do you have an attorney, accountant, insurance advisor, broker, investment advisor, Banker, Trustee? (Circle those, which apply)
- \_\_\_ \_\_\_ Are you satisfied with your financial progress to date?
- \_\_\_ \_\_\_ Do you have a budget? Are you living within your budget? \_\_\_\_\_
- \_\_\_ \_\_\_ Do you save systematically? How much? \$ \_\_\_\_\_
- \_\_\_ \_\_\_ Do you have an Emergency Fund? If so, please describe: \_\_\_\_\_
- \_\_\_ \_\_\_ Do you plan on taking any non-recurring withdrawals from your savings account(s), over the next ten years. (Examples: large tax liability, second home purchase, charitable contributions)  
If so, please describe: \_\_\_\_\_
- \_\_\_ \_\_\_ Do you regularly contribute to Charity? Who is your favorite Charity? \_\_\_\_\_

**ASSETS**

<b><u>Bank Accounts</u></b>	<b><u>Owner</u></b>	<b><u>Description</u></b>	<b><u>Approx. Cost Basis</u></b>	<b><u>Approx. Value</u></b>
Checking	_____	_____	\$ _____	\$ _____
Savings	_____	_____	\$ _____	\$ _____
Certificates of Deposit	_____	_____	\$ _____	\$ _____
Savings Bonds	_____	_____	\$ _____	\$ _____
Other	_____	_____	\$ _____	\$ _____
 <b><u>Brokerage / Mutual Funds Accounts</u></b>				
(List each main	_____	_____	\$ _____	\$ _____
account separately)	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
 <b><u>Retirement Plans</u></b>				
IRA Account	_____	_____	\$ _____	\$ _____
IRA Account	_____	_____	\$ _____	\$ _____
Roth IRA Account	_____	_____	\$ _____	\$ _____
Roth IRA Account	_____	_____	\$ _____	\$ _____
401(k) or Thrift Plan	_____	_____	\$ _____	\$ _____
401(k) or Thrift Plan	_____	_____	\$ _____	\$ _____
TSA / 403(b) Plan	_____	_____	\$ _____	\$ _____
TSA / 403(b) Plan	_____	_____	\$ _____	\$ _____
Deferred Comp Plan	_____	_____	\$ _____	\$ _____
ESOP or Stock Option Plan	_____	_____	\$ _____	\$ _____
Other Plan	_____	_____	\$ _____	\$ _____
 <b><u>Real Estate</u></b>				
Primary Residence	_____	_____	\$ _____	\$ _____
Vacation Home	_____	_____	\$ _____	\$ _____
Rental Property	_____	_____	\$ _____	\$ _____
Other Real Estate	_____	_____	\$ _____	\$ _____
 <b><u>Business Interests</u></b>				
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
 <b><u>Other Assets</u></b>				
Accounts receivable	_____	_____	\$ _____	\$ _____
Gold or precious metals	_____	_____	\$ _____	\$ _____
Coin/stamp/other collectibles	_____	_____	\$ _____	\$ _____
Oil or Gas interests	_____	_____	\$ _____	\$ _____
Art and antiques	_____	_____	\$ _____	\$ _____
Jewelry and furs	_____	_____	\$ _____	\$ _____
Auto	_____	_____	\$ _____	\$ _____
Auto	_____	_____	\$ _____	\$ _____
Personal Property	_____	_____	\$ _____	\$ _____
Other Assets	_____	_____	\$ _____	\$ _____
<b>TOTAL ASSETS</b>				<b>\$ _____</b>

## LIABILITIES

<u>Description</u>	<u>Start Date</u>	<u>Interest Rate</u>	<u>Term</u>	<u>Secured With</u>	<u>Initial Balance</u>	<u>Current Balance</u>
Home Mortgage(s)						
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
Home Equity						
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
Other Mortgages						
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
Auto Loans/Leases						
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
Other Installment Loans						
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
Business Loans						
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
Taxes Due						
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
Credit Cards						
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
Other Personal Debt						
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____

**TOTAL LIABILITIES**      \$ \_\_\_\_\_

**NET WORTH**      \$ \_\_\_\_\_  
(Assets minus Liabilities)

