



# Meridian Financial Group, Ltd.

## Wealth Plan Questionnaire



### **Meridian Financial Group, Ltd.**

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Date:

## PERSONAL INFORMATION

	Client 1	Client 2
Name		
Date of Birth		
Social Security Number		
Cell Phone		
Email		
Drivers License #		
Issue Date		
Expiration Date		

## Real Estate Information

	Primary Residence	Secondary Residence
Address		
Phone		
Purchase Price / Year	/	/
Current Value (as of )		
Owner(s) (please list the name(s) & check ownership type)	<input type="checkbox"/> Individually <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants In Common	<input type="checkbox"/> Individually <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants In Common
Months of the Year at this home		

## Employment Information

	Client 1	Client 2
Occupation/Title		
Employer		
Employer Address		
City, State, Zip		
Phone		
Fax		
Annual Salary		
Annual Bonus		

## Children & Grandchildren

	1st Child	2nd Child	3rd Child	4th Child	5th Child
First Name					
Last Name					
Birth Date					
Prior Marriage	Y / N	Y / N	Y / N	Y / N	Y / N
Dependent	Y / N	Y / N	Y / N	Y / N	Y / N
Parent of Child	BOTH/CLIENT1/CLIENT2	BOTH/CLIENT1/CLIENT2	BOTH/CLIENT1/CLIENT2	BOTH/CLIENT1/CLIENT2	BOTH/CLIENT1/CLIENT2
Spouse					
Birth Date					
Grandchild					
Birth Date					
Grandchild					
Birth Date					
Grandchild					
Birth Date					

### Other Real Estate

Address	Current Value	Purchase Price	Improvements	Rental Income

### Personal Property

Description (make/model)	Current Value	Purchase Price	Owner
Personal Property			
Vehicle 1			
Vehicle 2			
Vehicle 3			
Other			

### Cash Accounts

Institution	Current Value	Owner
Checking		
Savings		
Other		
Other		

### Taxable Investment Accounts

Description (Institution)	Current Value	Owner

### Retirement Accounts (401k, 403b, IRA, Roth IRA, etc.)

Owner/Descrip. (Institution)	Current Value	Employee Contribution	Employer Contribution	Primary Beneficiaries	Contingent Beneficiaries

Attach statements, if not previously provided

## Stock Options

Company Name					
Grants:	1	2	3	4	5
Grant Date					
Shares granted					
Shares vested					
Exercise Price					
First Vest Date					
Vest Frequency					
Vesting Periods					
Expiration Date					

Entity Name	Owner/ Co-Owners	Fair Market Value	Tax Basis	Ownership %	Entity Type (S corp, C corp, LLC, partnership)

**1 year goal for business:**


**5 year goal for business:**


**Desire for business at retirement/death:**


## Liabilities

Description/Institution	<u>Original Balance</u>	Date of Loan	<u>Rate (%)</u>	Monthly Payment
	Current Balance		Term (yrs)	

## Life Insurance

	1	2	3	4	5
<b>Policy:</b>					
<b>Company Name</b>					
<b>Policy Number</b>					
<b>Policy Type</b>					
<b>Purchase Date</b>					
<b>Policy Term</b>					
<b>Insured</b>					
<b>Owner</b>					
<b>Beneficiary</b>					
<b>Face Amount</b>					
<b>Cash Value</b>					

## Long Term Care/Disability Insurance

	1	2	3	4	5
<b>Policy:</b>					
<b>Company Name</b>					
<b>Policy Number</b>					
<b>Policy Type</b>					
<b>Purchase Date</b>					
<b>Insured</b>					
<b>Owner</b>					
<b>Monthly Benefit</b>					
<b>Premium</b>					
<b>Premium Term</b>					
<b>Elim. Period</b>					
<b>Benefit Period</b>					
<b>COLA</b>					

## Retirement Goals

- 1.) At what age would you like to retire?      Husband\_\_\_\_\_ Wife\_\_\_\_\_
- 2.) How much are your current annual expenses? \_\_\_\_\_
- 3.) If you were to retire today, how much after-tax income (in today's dollars) would you require on an annual basis to support your standard of living? Assume this amount would be deposited into your checking account on a monthly basis. Please consider whether your home mortgage and other debt will be paid off by retirement. Also factor in your travel expectations or other lifestyle changes in retirement.

**Annual Requirement** \$

- 4.) What size investment portfolio do you think you will need to achieve your goal? \_\_\_\_\_

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- 6.) Do you expect any large capital expenditures in the next 10 years? If so, please include amount and year.

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- 7.) Please list any other goals you may have in retirement.

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## Risk Tolerance

- 1.) On a scale from 1-10 ( 1 being very conservative - 10 being very aggressive), how would you describe your risk tolerance as an investor? \_\_\_\_\_
- 2.) On a scale from 1-10 ( 1 being very conservative - 10 being very aggressive), how do you think your current portfolio is positioned? \_\_\_\_\_

## Estate Planning

	Yes	No
1.) Do you have a will?	_____	_____
2.) Do you have a durable power of attorney for healthcare?	_____	_____
3.) Do you have a durable power of attorney for property?	_____	_____
4.) Do you have a living trust?	_____	_____
5.) Do you have an irrevocable life insurance trust?	_____	_____
6.) Do you expect to care for a parent or any other person?	_____	_____
7.) Do you or your spouse have any health problems? If so, please list in detail.	_____	_____
_____		
_____		
_____		
_____		
_____		
_____		

## Advisors

	Name / Company	Phone
Accountant		
Attorney		
Banker		
Insur. Agent		
Stock Broker		
Other Advisor		

## Education Planning

- 1.) Do you currently maintain investments to help pay for the cost of college? Yes \_\_\_\_ No \_\_\_\_  
If so, please list.

Type of Account (UTMA/UGMA, 529 Plan,	Beneficiary (child)	Current Value	Where is the account held?

- 3.) What type of college do you expect your children to attend? Public \_\_\_\_ Private \_\_\_\_

- 4.) What percentage of your child's education do you plan to pay for? \_\_\_\_\_%

- 5.) If your child were to pursue a post-graduate degree (masters, law school, medical school, etc.), would you plan to help pay for this education? Yes \_\_\_\_ No \_\_\_\_

- 6.) Would you like to help your grandchildren pay for college? Yes \_\_\_\_ No \_\_\_\_



## **DOCUMENT REQUEST**

**Please bring a copy of the following:**

- Most recent investment statements (taxable accounts, IRAs, 401k, 403b, annuities, etc.)
- Two (2) most recent federal and state income tax returns
- Most recent Social Security benefit statements
- Life, disability, liability and long-term care insurance policies, statements and illustrations (if available)
- Current wills, trust documents, powers of attorney and other legal documents
- Stock option and restricted stock statements
- Deferred compensation arrangements
- Values of titled personal assets
- Most recent pay stubs

**Also bring copies of any other documents you believe to be important.**

**After completing this questionnaire, please return with above documents to the following address:**

**Meridian Financial Group, Ltd.  
2246 S. State Route 157, Suite 350  
Glen Carbon, Illinois 62034**