CONFIDENTIAL

PLANNING FACT FINDER

PDS Planning, Inc.

It's your life. Plan for it.

Registered Investment Adviser
1621 West First Avenue ■ Columbus, Ohio 43212
Phone (614) 481-8449 ■ Fax (614) 486-0546

PERSONAL INFORMATION

Client Name	Address (Street, City, State, Zip)	Birth Date	Social Security #	Phone Number
		Email		
Employer	Address (Street, City, State, Zip)	Position	Salary/Income	Work Phone
		Email		

Spouse Name	Address (Street, City, State, Zip)	Birth Date	Social Security #	Phone Number
		Email		
Employer	Address (Street, City, State, Zip)	Position	Salary/Income	Work Phone
		Email		
Comments:				

Child Name (and spouse)	City, State	Birth Date	Comments:
Grandchildren (Names, Ages)			

Child Name (and spouse)	City, State	Birth Date	Comments:
Grandchildren (Names, Ages)			

Child Name (and spouse)	City, State	Birth Date	Comments:
Grandchildren (Names, Ages)			

Child Name (and spouse)	City, State	Birth Date	Comments:
Grandchildren (Names, Ages)			
Comments:			

Client Parent's Name	City, State	Age	Comments:

Client Parent's Name	City, State	Age	Comments:
Comments:			

Please list the financial issues that are the most important to you:

1.____

2.____

3.____

4.____

5.____

- **FINANCES**. What are your biggest financial concerns? What is the best financial decision you ever made? How do you feel about your present situation? Your future? How do you measure your wealth?

- **WORK.** Are you doing what you want to be doing? Potential for job change? What does retirement look like to you?

- **PHYSICAL HEALTH.** How is your health? Any special needs or limitations? Any concern with Health Insurance now or in the future?

- **LEISURE.** Do you take time for leisure activities? Would you like to change activities and/or increase your leisure time? What are your hobbies/interests? Volunteer/Community Service?

- **FAMILY.** Marital status? Do you expect it to change? Your immediate and extended family, where are they, are there any challenges, concerns or needs?

- **HOUSING.** Are you living where you want to live? Foreseen changes? Any dreams for vacation home or second home? Have you considered a retirement community and the need for health care options?

- **PROBLEMS and SURPRISES.** Is there anything for which you feel you need to be prepared?

- **INVESTMENTS.** What has been your best investment decision? What is your greatest investment fear?

- **ESTATE.** Do your documents accomplish what you want? Are there any special or unique goals? Or any charitable or philanthropic interests or goals?

Please answer the following questions so that PDS Planning, Inc. can better understand your financial goals. These goals will be discussed in more detail at future meetings of the financial planning process.

Y= Yes, N= No, ?= not sure/do not know, NA= Not applicable
Please mark the most appropriate answer. If spouses differ on a question, please make a notation.

CASH FLOW PLANNING

Y N ? N/A

☐ ☐ ☐ ☐ Do you budget?

☐ ☐ ☐ ☐ Do you have discretionary dollars left each month or after each pay period?

☐ ☐ ☐ ☐ Are you satisfied that your current savings will meet most emergencies or opportunities?

☐ ☐ ☐ ☐ Do you anticipate any unusual expenses in the next 5 years?

☐ ☐ ☐ ☐ Do you expect your income to change significantly in the next few years?

COMMENTS/QUESTIONS/ISSUES:

TAX PLANNING

Y N ? N/A

☐ ☐ ☐ ☐ Do you prepare your own taxes? If no, please provide name of CPA or Firm.

Name________________________Firm____________________________________

☐ ☐ ☐ ☐ Do you have Self-Employed, Schedule C or Privately Held business income?

☐ ☐ ☐ ☐ Are you responsible for the maintenance or upkeep of a relative?

☐ ☐ ☐ ☐ Are you interested in learning about charitable giving techniques for living gifts?

COMMENTS/QUESTIONS/ISSUES:

EDUCATIONAL PLANNING

Y N ? N/A

☐ ☐ ☐ ☐ Do you expect to have additional children?

☐ ☐ ☐ ☐ Do you anticipate primary and/or secondary education expenses?

☐ ☐ ☐ ☐ Will you pay for your children's college educations? Estimated cost per year $__________.

☐ ☐ ☐ ☐ Do you and/or your children have funds set aside for education?

☐ ☐ ☐ ☐ Do you anticipate that grandparents or others might gift and/or contribute to your children's education?

☐ ☐ ☐ ☐ Do you have a desire to provide dollars for grandchildren for education or other needs?

COMMENTS/QUESTIONS/ISSUES:

INVESTMENT PLANNING

Y N ? N/A

☐ ☐ ☐ ☐ Are you satisfied with the current rate of return of your portfolio?

☐ ☐ ☐ ☐ Are you satisfied with the diversification of your portfolio?

☐ ☐ ☐ ☐ Do you own investments that you would be reluctant to sell?

☐ ☐ ☐ ☐ Do you believe inflation is a long-term problem for you?

☐ ☐ ☐ ☐ Do you fear the risk of market loss more than the risk of inflation?

☐ ☐ ☐ ☐ Do you believe the market can be successfully timed, buying low and selling high?

☐ ☐ ☐ ☐ Do you believe investment returns can be influenced by superior stock selection?

☐ ☐ ☐ ☐ Do you believe asset diversification is important?

COMMENTS/QUESTIONS/ISSUES:

INSURANCE PLANNING

Y N ? N/A

☐ ☐ ☐ ☐ Do you (and/or your spouse) have individual and/or employer provided life insurance?

Plan for: Name______________________ Death Benefit $______________ Cash Value $________________

Name______________________ Death Benefit $______________ Cash Value $________________

☐ ☐ ☐ ☐ Would your (and/or your spouse's) death cause anyone financial hardships?
Survivor income needed $__________/year.

☐ ☐ ☐ ☐ Do you have a life insurance policy that is being used in your business planning?

☐ ☐ ☐ ☐ Would your (and/or your spouse's) disability cause financial hardship?

☐ ☐ ☐ ☐ Do you (and/or your spouse) have individual and/or employer provided disability insurance?

Plan for: Name______________________________ Benefit__________________

Name______________________________ Benefit__________________

☐ ☐ ☐ ☐ Do you own a Long-Term Health Care (Nursing Home) insurance policy?

☐ ☐ ☐ ☐ Do you have antiques, collectibles, jewelry, art work, etc. that are, or should be, scheduled items on your property insurance?

☐ ☐ ☐ ☐ Do you have any financial liability issues pending at this time?

☐ ☐ ☐ ☐ Do you have an umbrella liability policy?

COMMENTS/QUESTIONS/ISSUES:

RETIREMENT PLANNING

Y N ? N/A

☐ ☐ ☐ ☐ Do you have a definite retirement *age* goal? Yourself________ Spouse________.

☐ ☐ ☐ ☐ Do you have a definite retirement income goal? $___________/year.

☐ ☐ ☐ ☐ Is it possible that one spouse would be working while the other is retired?

☐ ☐ ☐ ☐ Will you work part-time when you reach retirement? Anticipated income $__________/year.

☐ ☐ ☐ ☐ Are there investments or other assets that are NOT potential sources of retirement income?

☐ ☐ ☐ ☐ Will you receive Social Security retirement benefits?

☐ ☐ ☐ ☐ Do you expect to receive pension income at retirement?

COMMENTS/QUESTIONS/ISSUES:

ESTATE PLANNING

Y N ? N/A

☐ ☐ ☐ ☐ Do you have a will(s)?

☐ ☐ ☐ ☐ Do you have a Living Will and Health Care Power of Attorney?

☐ ☐ ☐ ☐ Do you have a Durable Power of Attorney?

☐ ☐ ☐ ☐ Do you have a Living Trust?

☐ ☐ ☐ ☐ Are your will(s) and powers of attorney up to date?

☐ ☐ ☐ ☐ Do you have an estate planning attorney?

Name______________________________Firm____.

☐ ☐ ☐ ☐ Will you inherit property or assets?

☐ ☐ ☐ ☐ Do you think your estate will pay significant federal and state estate tax?

☐ ☐ ☐ ☐ Have you or would you consider purchasing life insurance to pay estate taxes and costs?

☐ ☐ ☐ ☐ Should your children share equally in your estate?

☐ ☐ ☐ ☐ Is leaving a substantial inheritance important to you?

☐ ☐ ☐ ☐ Are you responsible for the maintenance or upkeep of a relative?

☐ ☐ ☐ ☐ Is there anyone for whom you have any financial responsibility who might have special needs in the event of your death?

☐ ☐ ☐ ☐ Is there a possibility that your parents will require financial assistance?

☐ ☐ ☐ ☐ Do you have a desire to make a charitable bequest or learn about legacy techniques?

COMMENTS/QUESTIONS/ISSUES:

Please provide the following preliminary financial data

ASSETS

Cash Equivalents

Checking Accounts

________________ $ ________________

________________ $ ________________

Savings/Money Market Accounts

________________ $ ________________

________________ $ ________________

Certificates of Deposit

________________ $ ________________

________________ $ ________________

Securities

Stocks/Bonds/Mutual Funds

________________ $ ________________

________________ $ ________________

Retirement Accounts

IRA Account(s)

________________ $ ________________

________________ $ ________________

________________ $ ________________

401(k), Profit Sharing, Simple, SEP Plan

________________ $ ________________

________________ $ ________________

STRS, PERS, FERS

________________ $ ________________

Pension Plan

________________ $ ________________

Tax Sheltered Annuity/403(b) Plan

________________ $ ________________

Deferred Compensation/457

________________ $ ________________

ESOP/Stock Option Plan

________________ $ ________________

Education Funds

529 Plans

________________ $ ________________

UTMA/UGMA Accounts

________________ $ ________________

Real Estate

Primary Residence

________________ $ ________________

Second Home

________________ $ ________________

Rental Property

________________ $ ________________

Annual Rental Income $ ________________

Other Assets

Business Interests

________________ $ ________________

Art/Antiques/Jewelry/collectibles

________________ $ ________________

Personal Property

________________ $ ________________

Automobiles

________________ $ ________________

________________ $ ________________

Total Assets $ ________________

LIABILITIES

Home Mortgage

________________ $ ________________

Second Mortgage

________________ $ ________________

Home Equity Line of Credit

Credit Limit $________________ *Balance* $____________

Auto Loans/Leases

________________ $ ________________

________________ $ ________________

________________ $ ________________

Other Installment Loans

________________ $ ________________

Business Loans

________________ $ ________________

Credit Cards

________________ $ ________________

________________ $ ________________

Other Personal Debt

________________ $ ________________

Total Liabilities $ ________________

PDS

PLANNING, INC.

It's your life. Plan for it.

Registered Investment Adviser
1621 West First Avenue ■ Columbus, Ohio 43212
Phone (614) 481-8449 ■ Fax (614) 486-0546

911, 1C