



Financial Planning Questions and Items Needed

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Representatives offer products and services using the following business names: Southeast Financial Services, Inc.– insurance and financial services | Ameritas Investment Company, LLC (AIC), Member FINRA/SIPC– securities and investments | Ameritas Advisory Services (AAS)– investment advisory services. AIC/AAS are not affiliated with Southeast Financial Services, Inc.

About

It starts with understanding:

We gather information to gain insight into where you are today and where you want to be. This gives us the understanding we need to design and manage a meaningful financial blueprint with direction and resources to help address your specific short and long-term goals.

Planning takes time, care, knowledge, and commitment. If you have any issues, questions, concerns, or feedback throughout your journey, please contact us at [email us](mailto:info@citrix.com) or call us at 336-275-0314. We are excited to get started!

The ‘gathering information’ process:

Please complete this questionnaire to the best of your ability, adding any additional relevant information in the notes space. Any items requested should be uploaded to Citrix Sharefile (e-mail invite sent the same day as this questionnaire) or uploaded to our General secure inbox [here](#).

Next steps:

Discuss your timeline for the planning process with our Financial Planner to make sure expectations are realistic for both your family and our firm.

Once you provide the information requested, we input and analyze the data, then contact you with any additional information needed or questions. Once any follow-up questions/items are addressed, we work on building your plan and recommendations to address wealth and risk management needs.

We will schedule a meeting to present the plan and discuss recommendations. Then, we can facilitate any agreed upon strategies to put your plan into action. Financial Plans are adjusted as needed and reviewed at least annually. We work together to navigate your unique Journey and stay on track.

Items Needed

Please provide the following documentation via your Citrix Sharefile folder or General secure file upload [here](#).

- Salary/Employer benefit information
 - Paystubs
 - Employer benefits coverage information/summary

- Social security statement(s)
 - To access online: www.ssa.gov/myaccount.
 - Paper statements are mailed every 5 years beginning at age 25.

- Recent statement(s)
 - Cash assets
 - Bank/savings/money market/CD accounts
 - Investment assets
 - Non-retirement investment accounts
 - Retirement investment accounts
 - Liabilities
 - Mortgages
 - Personal loans and/or other financial obligations

- Insurance information
 - Life, Disability Income (DI), Long-term care, or other insurance policy details (both individual and through employer).

- Cash flow information
 - Budget
 - This questionnaire includes a simplified template. If you have a budget/cash flow template already, feel free to provide a copy of that instead.
 - Individual and employer contributions to retirement account(s)

- Any other notes, policies, or legal documentation relevant to your plan.

Questionnaire

Complete the information below to the best of your knowledge and add any additional information or notes in the 'Additional notes/details' sections.

Family Overview

CLIENT

Legal name_____

Preferred name_____

Birthdate_____

Special needs? Y/N_____

In good health? Y/N_____

Marital status_____

Previous marriage(s)? Y/N_____

Citizenship_____

Cell phone_____

Email_____

Primary Address_____

Mailing Address (if different)_____

SPOUSE

Legal name_____

Preferred name_____

Birthdate_____

Special needs? Y/N_____

In good health? Y/N_____

Marital status_____

Previous marriage(s)? Y/N_____

Citizenship_____

Cell phone_____

Email_____

How many financially dependent children do you have?_____

Does anyone else depend on you financially?_____

Anticipating more children and/or dependents?_____

Employment and income information

CLIENT

Employer_____

Title/position_____

Years employed_____

Owner/control person? Y/N_____

Desired retirement age_____

Current Salary_____

Bonus/Commission_____

Other income_____

SPOUSE

Employer_____

Title/position_____

Years employed_____

Owner/control person? Y/N_____

Desired retirement age_____

Current Salary_____

Bonus/Commission_____

Other income_____

Upcoming employment or income changes?_____

Assets and liabilities overview

For Assets, enter the account balances the appropriate ownership categories.
 For Liabilities, enter the amount owed for each mortgage or loan.

ASSETS	CLIENT	SPOUSE	JOINT
Real estate property	_____	_____	_____
Personal property	_____	_____	_____
Other property _____	_____	_____	_____
Checking/savings accounts	_____	_____	_____
Money market/CDs/other cash	_____	_____	_____
Other cash _____	_____	_____	_____
Taxable investments (non-retirement)	_____	_____	_____
Other taxable _____	_____	_____	_____
Qualified retirement (401k, etc.)	_____	_____	_____
Individual retirement (IRAs; non-Roth)	_____	_____	_____
Roth IRA accounts	_____	_____	_____
Other retirement _____	_____	_____	_____
Education-specific (529, etc.)	_____	_____	_____
Other assets _____	_____	_____	_____
LIABILITIES	CLIENT	SPOUSE	JOINT
Primary mortgage	_____	_____	_____
Secondary mortgage	_____	_____	_____
Other mortgages _____	_____	_____	_____
Automobile loans	_____	_____	_____
Personal loans	_____	_____	_____
Business loans	_____	_____	_____
Lines of credit	_____	_____	_____
Student loans	_____	_____	_____
Credit cards (if not paid off monthly)	_____	_____	_____
Other liabilities _____	_____	_____	_____

Expenses overview

Use the simplified budget template or your own budgeting software to provide estimated annual totals below.

Fixed annual _____ Education annual _____
Variable (avg/year) _____ Special exp. this year _____

Upcoming large expenditures/projects? _____

Are you anticipating any major lifestyle changes (i.e. marriage, divorce, retirement, moving, etc.)? _____

Do you anticipate any significant changes to your cash flow? _____

Goals overview

Provide your specific goals for financial planning with #1 being the most important objective.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

Protection overview

Indicate whether you have the following coverage (Y/N). Add details in notes.

	CLIENT 1	CLIENT 2	JOINT
Major health issues	_____	_____	_____
Health insurance	_____	_____	_____
Savings for emergencies	_____	_____	_____
Disability income insurance	_____	_____	_____
Life insurance coverage	_____	_____	_____
Long-term care insurance	_____	_____	_____
Personal liability insurance	_____	_____	_____
Umbrella or other insurance	_____	_____	_____

Additional notes/details _____

Estate planning overview

Indicate if you have the following documentation (Y/N). Add details in notes.

	CLIENT 1	CLIENT 2	JOINT
Will	_____	_____	_____
Living Trust	_____	_____	_____
Other Trust	_____	_____	_____
Healthcare POA	_____	_____	_____
Financial POA	_____	_____	_____

For any items in place, when was the last review/update? _____

Additional notes/details _____

Simplified budget template

Enter amount budgeted for the categories listed. A report from your current expense tracking system is acceptable in place of filling in the items below.

SYSTEMATIC SAVINGS

Retirement contributions _____
Other Investment contributions _____
Checking/savings contributions _____
Other budgeted savings _____

LIABILITY PAYMENTS

Mortgage/rent _____
Installment loan payments _____
Credit card payments _____
Education loan payments _____
Other loan/liability payments _____

LIVING EXPENSES

Utilities (e.g. gas, electric, water) _____
Home & yard maintenance/cleaning _____
Phone and mobile _____
TV and internet _____
Other memberships/subscriptions _____
Medical copays/prescriptions _____
Medical insurance premiums _____
Life/DI/LTC/Other ins. premiums _____
Dependent care costs _____
Current education/tuition costs _____
Auto maintenance and fuel costs _____
Home improvement/repair _____
Groceries/household expenses _____
Dining, entertainment, hobbies (avg) _____
Travel expenses (avg) _____
Personal care and clothing (avg) _____
Other: _____
Other: _____

Additional notes/details – All categories

Please include any information that you think may be relevant to your plan, including details that did not fit in the above spaces.