Alberty Financial
planning services, inc.

Personal Financial Planning Questionnaire

Personal Information

	Client #1	Client #2
Full Name		
Gender		
DOB, Age		
Marital Status		
Home Phone #		
Work Phone #		
Cell Phone #		
Email Address		
Current Address		
Dependents (Name, Gender, DOB, Marital Status)		
Parents (if deceased, when)		
Occupation, Employer's Name and Address		

Personal Property Assets

	Asset #1	Asset #2	Asset #3	Asset #4
Description				
Owner				
Type				
Date of Purchase				
Purchase Price				
Market Value				

Real Estate Assets

	Asset #1	Asset #2
Description		
Owner		
Type		
Date of Purchase		
Purchase Price		
Market Value		
Rental Income		
Rental Expenses		

Business Assets

	Asset #1	Asset #2
Description		
Owner		
Type		
Date of Purchase		
Purchase Price		
Market Value		
Rental Income		
Rental Expenses		

Non-Qualified Saving Strategies

	Account #1	Account #2	Account #3	Account #4
Description				
Account Owner				
Contribution Amount				
Contribution Frequency				

Income

	Client #1	Client #2
Description		
Owner		
Amount		
Frequency		
Bonus		

Regular Cash Gifting Strategies

	Gifting Strategy #1	Gifting Strategy #2
Description		
Gift to		
Gift by		
Amount		
Frequency		

Retirement

	Account #1	Account #2	Account #3	Account #4
Description				
Owner				
Contribution				
Frequency				
Employer Match				