



Asset management
as individual as you

A large, stylized, light yellow leaf graphic is positioned behind the text, extending from the left side towards the right and curving upwards.

Personal Planning
Questionnaire

CONFIDENTIAL

Section III: Beneficiary Information

Client Primary Beneficiary: _____ Relationship: _____ Beneficiary Weighting: _____

SS# _____ - _____ - _____ DOB: ____ / ____ / _____ Phone: (_____) _____

Mailing Address: _____
Street City State Zip

Client Primary Beneficiary: _____ Relationship: _____ Beneficiary Weighting: _____

SS# _____ - _____ - _____ DOB: ____ / ____ / _____ Phone: (_____) _____

Mailing Address: _____
Street City State Zip

Client Contingent Beneficiary: _____ Relationship: _____ Beneficiary Weighting: _____

SS# _____ - _____ - _____ DOB: ____ / ____ / _____ Phone: (_____) _____

Mailing Address: _____
Street City State Zip

Client Contingent Beneficiary: _____ Relationship: _____ Beneficiary Weighting: _____

SS# _____ - _____ - _____ DOB: ____ / ____ / _____ Phone: (_____) _____

Mailing Address: _____
Street City State Zip

Spouse Primary Beneficiary: _____ Relationship: _____ Beneficiary Weighting: _____

SS# _____ - _____ - _____ DOB: ____ / ____ / _____ Phone: (_____) _____

Mailing Address: _____
Street City State Zip

Spouse Primary Beneficiary: _____ Relationship: _____ Beneficiary Weighting: _____

SS# _____ - _____ - _____ DOB: ____ / ____ / _____ Phone: (_____) _____

Mailing Address: _____
Street City State Zip

Spouse Contingent Beneficiary: _____ Relationship: _____ Beneficiary Weighting: _____

SS# _____ - _____ - _____ DOB: ____ / ____ / _____ Phone: (_____) _____

Mailing Address: _____
Street City State Zip

Spouse Contingent Beneficiary: _____ Relationship: _____ Beneficiary Weighting: _____

SS# _____ - _____ - _____ DOB: ____ / ____ / _____ Phone: (_____) _____

Mailing Address: _____
Street City State Zip

Section VII:

Tax Services

- Personal Income Tax Return
- Business Entity Return: 1120; 1120S or 1065
- Estate and Trust Return
- Tax Planning
- Complimentary review of prior year individual 1040 return

Business Services

- Business Consulting
- Bookkeeping
- QuickBooks Account Set-up
- Payroll
- Sales Tax

If requesting services above:

- Previous 1-2 years of tax returns with tax documents included

Section VIII: Client Bill Paying Services

- Establish a client checking account
- Bills paid on the 10th and 25th of each month
- Automatic transfers between your brokerage account and your checking account
- Monthly reconciliation of bank statements
- Quarterly reports mailed to you

Would you be interested in this service? yes no

Section IX: Other Financial Information

Property 1 Address: _____
Street City State Zip

Property 1 Value: \$ _____ Mortgage Balance: \$ _____ Terms (length/interest rate): _____

Property 2 Address: _____
Street City State Zip

Property 2 Value: \$ _____ Mortgage Balance: \$ _____ Terms (length/interest rate): _____

Vehicle Make: _____ Model: _____ Year: _____ Estimated Value: \$ _____

Vehicle Make: _____ Model: _____ Year: _____ Estimated Value: \$ _____

Additional Household Driver: _____ DOB: _____ mm/dd/yyyy Driver's License # _____ State: _____

Additional Household Driver: _____ DOB: _____ mm/dd/yyyy Driver's License # _____ State: _____

Additional Household Driver: _____ DOB: _____ mm/dd/yyyy Driver's License # _____ State: _____

Current Income: annual: \$ _____ monthly: \$ _____

Current Expenditures: annual: \$ _____ monthly: \$ _____

Current Retirement Savings Rate: annual: \$ _____ monthly: \$ _____

Current Savings Rate (Excluding Retirement Savings): \$ _____

Expected Income Needed in Retirement: \$ _____ Anticipated Retirement Age(s): You: _____ Spouse: _____

Expected Sources of Retirement Income: _____

Retirement Savings (Excluding Pensions and Social Security Benefits): \$ _____

Section IX: Other Financial Information (continued)

Expected Pension Benefit(s) at Retirement Age: You: \$ _____ Spouse: \$ _____

Expected Social Security Benefit(s) at Retirement Age: You: \$ _____ Spouse: \$ _____

Life Insurance Death Benefit and Cash Values: \$ _____

Annuities: \$ _____ Rental Property: \$ _____

Other Sources: \$ _____
\$ _____

Checking Account Values: \$ _____ Savings Account Values: \$ _____

Other Liabilities & Terms: _____

Any Significant Future Spending Plans? yes no _____

Any Significant Wealth Increase Anticipated? yes no _____

Gifting Plans? yes no _____

Special Needs Planning? yes no _____

Section X: Investment Approach & Tolerance

Any income need: _____

Income need as a percent of investments: _____

Desired meeting frequency: Annually Semi-Annually Other _____

Which of the following best describes your investment objective(s)?

- Preservation of capital and focus on current income
- A balance between capital appreciation and current income
- Capital appreciation with little or no need for current income

Further explanation/Description

Investment restrictions/Other important information* (if none, indicate "None")



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