



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. It has a smooth, flowing shape with a pointed tip and a curved base.

Personal Planning
Questionnaire

CONFIDENTIAL

Section I: Services Requested

- Investment Advisory Services
- Financial Planning
- Tax Services
- Business Services
- Bill Paying

How did you discover VASI? _____

Your reason for switching to VASI: _____

Previous advisor: _____

Referral (if applicable): _____

Section II: Contact Information (client and spouse)

CLIENT:

Legal Name: _____
First MI Last

Legal Address (no P.O. Boxes): _____
Street City State Zip

Mailing Address: _____
(if different from legal address) Street City State Zip

SS# _____ - _____ - _____ DOB: _____ mm/dd/yyyy Driver's License # _____ State: _____

Phone: (____) _____ Cell: (____) _____ Email: _____

Employer: _____ Occupation: _____

Business Address: _____
Street City State Zip

Business Phone: (____) _____ Business Email: _____

Preferred method of contact: Home Email Work Email Home Phone Work Phone Cell Phone

SPOUSE:

Legal Name: _____
First MI Last

Legal Address (no P.O. Boxes): _____
Street City State Zip

Mailing Address: _____
(if different from legal address) Street City State Zip

SS# _____ - _____ - _____ DOB: _____ mm/dd/yyyy Driver's License # _____ State: _____

Phone: (____) _____ Cell: (____) _____ Email: _____

Employer: _____ Occupation: _____

Business Address: _____
Street City State Zip

Business Phone: (____) _____ Business Email: _____

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 IV: Account Information

Account Type

- | | | |
|--|--|---|
| <input type="checkbox"/> Contributory IRA | <input type="checkbox"/> Investment Management | <input type="checkbox"/> Individual 401(k) Plan |
| <input type="checkbox"/> IRA Rollover | <input type="checkbox"/> Trust Management | <input type="checkbox"/> SEP IRA |
| <input type="checkbox"/> Contributory Roth IRA | <input type="checkbox"/> Estate Management | <input type="checkbox"/> SIMPLE IRA |
| <input type="checkbox"/> Roth IRA Rollover | <input type="checkbox"/> 529 College Savings | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Inherited IRA | <input type="checkbox"/> Custodial Account | <input type="checkbox"/> Corporate Not-For-Profit |

Additional Account Information

529 College Savings, Custodial Account

Child's Legal Name: _____ Relationship: _____
First MI Last

SS# _____ - _____ - _____ DOB: _____
mm/dd/yyyy

Mailing Address: _____
Street City State Zip

Phone: (_____) _____

Account Features (not applicable for all accounts)

SchwabOne Checks: yes no SchwabOne Visa Card: yes no

eDelivery Enrollment: yes no eDelivery Email Preference: _____

Electronic Tax Payments: yes no

MoneyLink (include "voided" check): yes no

Cash Remittance Amount: \$_____ Remittance Date and Frequency: _____

Tax Withholding on Remittance: Federal % _____ State % _____

Section V: Estate Planning and Services

Attorney: _____

Last Will and Testament included

Letters of Testamentary included (original or certified copy dated within 60 days)

Death Certificate included (original or certified copy)

Estate Tax I.D. Number: _____

Decedent's Name: _____
First MI Last

SS# _____ - _____ - _____ DOB: _____ DOD: _____
mm/dd/yyyy mm/dd/yyyy

Section VI: Insurance Services

Coverage listed below is available through our affiliate, Valicenti Insurance Services, Inc.

- | | | | |
|---------------------------|--------------|--------------|------------------|
| • Automobile | • Homeowners | • Life | • Long-Term Care |
| • Watercraft | • Renters | • Disability | • Business |
| • Recreational Vehicle(s) | • Umbrella | • Healthcare | |

Would you like an introduction? yes no

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")



**VALICENTI ADVISORY
SERVICES, INC.**

www.valicenti.com

400 East Water Street
Elmira, NY 14901-3411
607-734-2665
Fax: 607-734-6845

447 East Water Street
Elmira, NY 14901
607-733-9022
Fax: 607-734-6157

24 West Market Street
Corning, NY 14830-2617
607-936-1203
Fax: 607-936-0213