



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 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 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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