



MAPSTONE | VERITAS

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COMPREHENSIVE WEALTH MANAGEMENT

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# FINANCIAL QUESTIONNAIRE

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**Date:** \_\_\_\_\_ **Advisor:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_

Name:		Name:		
DOB:                      Citizenship:		DOB:                      Citizenship:		
<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Partner <input type="radio"/> Divorced <input type="radio"/> Widowed		Home Phone:		
Home E-mail:		Home E-mail:		
Home Address:		Alternative Address:		
Cell Phone:		Cell Phone:		
Employer:    Years:		Employer:    Years:		
Position:		Position:		
Address:		Address:		
Work Phone:		Work Phone:		
Work Email:		Work Email:		
Prior Employer:    Years:		Prior Employer:    Years:		
Military Service:		Military Service:		
Contacting Preference:		Contacting Preference:		
Will: Y N      Dated:		Attorney:		
Date of Durable Power of Attorney:		Accountant:		
Health Care Proxy: Y N      Dated:		Other Advisor:		
Children (Dependency <input type="checkbox"/> )	DOB:	Spouse:	Children:	Other info:
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

What are your plans, if any, for having additional children? \_\_\_\_\_

Have you been previously married? Y N If yes, do you have any obligations to or are receiving benefits from a former spouse? \_\_\_\_\_

If your parents are living, do you expect to become financially responsible for them at some point? \_\_\_\_\_

Other family considerations \_\_\_\_\_

Notes: \_\_\_\_\_

**Planning Objectives**

What is most important to you today? \_\_\_\_\_

What are your near-term and long-term financial goals? \_\_\_\_\_

Notes: \_\_\_\_\_

**Education Planning**

Do you have any current child care or education expenses? \_\_\_\_\_

How do you feel about saving for your children's (grandchildren's) education? \_\_\_\_\_

Do you have any long-term financial obligations for supporting dependents or children? \_\_\_\_\_

How much of the college cost would you like to cover (in today's dollars) \$ \_\_\_\_\_

Child	Balance	Additions	College	# of Yrs	Funding Goal (\$ / %)

**Income Information**

**Client 1**

**Client 2**

Base income:	\$ _____	Gross / Net	\$ _____	Gross / Net
Commissions:	\$ _____	Gross / Net	\$ _____	Gross / Net
Bonus:	\$ _____	Gross / Net	\$ _____	Gross / Net
Overtime:	\$ _____	Gross / Net	\$ _____	Gross / Net
Social Security:	\$ _____	Gross / Net	\$ _____	Gross / Net
Pension Income:	\$ _____	Gross / Net	\$ _____	Gross / Net
Other Income: _____	\$ _____	Gross / Net	\$ _____	Gross / Net
Other Income: _____	\$ _____	Gross / Net	\$ _____	Gross / Net

Do you anticipate any significant changes in your income in the short term? \_\_\_\_\_

Notes: \_\_\_\_\_

**Pension and Income Annuities**

Description	Type	Owner	Annual Benefit	Form of Benefit	Period Certain #Yrs	COLA %	JT & Survivor %	State Taxed?	Start Age	Basis

**Assets**

Non Qualified Assets	Owner	Total Value	Cost Basis	Purchase Date	Due Date	Rate of Return	Additions

1. Savings/Checking; 2. Money Market; 3. CDs; 4. Savings Bonds; 5. Bonds; 6. NQ Annuities; 7. Education Funds (529s); 8. Brokerage Accts. 9. Mutual Funds; 10. Stocks; 11. Residence; 12. Other Real Estate (rental properties, land); 13. Stock Option; 14. HSAs; 15. Business Assets; 16. Digital or Crypto Assets

Qualified Assets	Owner	Total Value	Purchase Date	Rate of Return	Additions	Employer Contributions

1. IRA; 2. Roth IRA; 3. Qualified Plan (401k, 403b, 457, SEP, SIMPLE, Owner's 401k)

**Liabilities**

Liability	Owner	Current Balance	Interest Rate	Deductible?	Prin & Int Payment	Extra Payment?	Payments per year	Start Year	Original Duration

1. Mortgage; 2. HELOC; 3. Car loan; 4. Education loan; 5. Credit card; 6. Personal loan; 7. Other

**Investment and Estate Planning**

Do you have any investments or properties abroad? \_\_\_\_\_

Have you acquired assets in any other states? \_\_\_\_\_

Do you have any realized capital gains or losses YTD or any loss carryforwards? \_\_\_\_\_

Do you expect to receive any gifts or inheritances? \_\_\_\_\_

Have you set up any trusts or have any trusts been set up for your benefit? \_\_\_\_\_

Are there any important organizations that we need to incorporate into your retirement or estate plan? \_\_\_\_\_

What is more important – providing for yourself, giving to your children or are those equally important? \_\_\_\_\_

If leaving money to the next generation is important, how would you like to do that? \_\_\_\_\_

Do you have a personal investment philosophy? \_\_\_\_\_

What are your investment return expectations? \_\_\_\_\_

What is the best or worst investment you have ever made (if any?) \_\_\_\_\_

**Social Security Planning**

**Client 1**

**Client 2**

Have you filed for Social Security yet? Y N

Filing Age: \_\_\_\_\_

Filing Age: \_\_\_\_\_

When do you plan to take SS?

Expected Age: \_\_\_\_\_

Expected Age: \_\_\_\_\_

Do you have a strategy for SS? \_\_\_\_\_

**Inflation Assumptions**

Cost of Living Adjustment: Pre-Retirement: \_\_\_\_\_% Post Retirement: \_\_\_\_\_% Education: \_\_\_\_\_%

**Retirement Assumptions**

**Client 1**

**Client 2**

Retirement Age: \_\_\_\_\_

Death age: \_\_\_\_\_

Retirement Income Needs Beginning at Retirement: \$ \_\_\_\_\_ Survivor \_\_\_\_\_%

(Net need: gross – (savings, payroll and income taxes, LI/DI/LTC insurance, liabilities, other expenses falling off in retirement)

Additional Income in Retirement: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Start Age: \_\_\_\_\_

Duration (Years): \_\_\_\_\_

Describe the retirement lifestyle you want. \_\_\_\_\_

What is your plan for health insurance in retirement? \_\_\_\_\_

Will you be moving or downsizing your home in retirement? \_\_\_\_\_

Do you apply for star or enhanced star? \_\_\_\_\_

Notes: \_\_\_\_\_

**Life Insurance Policies & Survivor Needs**

Company	Type	Issue Date	Insured	Owner	Beneficiary	Death Benefit	Cash Value	Premium	Riders

*Group; Whole Life; Universal Life; Variable Life; YRT; Level Term*

Are any liabilities forgiven or paid off at death?: \_\_\_\_\_

How did you arrive at the amount of life insurance you own? \_\_\_\_\_

Annual Net Survivor's Income Needs at Death of:

**Client 1**

**Client 2**

Child Dependency (including child care expenses):

\$ / % \_\_\_\_\_

\$ / % \_\_\_\_\_

Pre-Retirement:

\$ / % \_\_\_\_\_

\$ / % \_\_\_\_\_

Retirement:

\$ / % \_\_\_\_\_

\$ / % \_\_\_\_\_

Survivor's Immediate Cash Needs / Final Expenses:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Have you set up any pre-paid final expenses? \_\_\_\_\_

Upon a pre-mature death of you or your spouse, would you want to fund your education goals? Y N

Survivor's details:

**Client 2 Survives:**

**Client 1 Survives:**

Retirement Age:

\_\_\_\_\_

\_\_\_\_\_

Death Age:

\_\_\_\_\_

\_\_\_\_\_

Annual Wage (What income will survivor make?):

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Upon pre-mature death of your spouse, would you want to move or downsize? \_\_\_\_\_

How long do you want your life insurance to remain in force? \_\_\_\_\_

Do you have any charitable giving goals or legacy goals that you would like us to include? \_\_\_\_\_

Smoker: Y N Type:	Frequency: Date of Last Use:	Smoker: Y N Type:	Frequency: Date of Last Use:
Height:	Weight:	Height:	Weight:

**Property & Casualty Insurance**

Who is your property & casualty insurance agent? \_\_\_\_\_ Company \_\_\_\_\_

Do you have a personal liability (umbrella) policy? \_\_\_\_\_

Have you recently done a review? \_\_\_\_\_

Notes \_\_\_\_\_

**Disability Income**

Company	Coverage Type	Integrate w/ SS?	Insured	Monthly Benefit	COLA	Elimination Period	Benefit Period	Benefit Taxable?	Premium

In the event you are unable to work due to an accident or sickness, what amount of income would be required to run your household? \_\_\_\_\_

If your income was to stop, how long would your savings and investments last? \_\_\_\_\_

How would disability affect your savings for your retirement? \_\_\_\_\_

**Long Term Care**

Company	Insured	Partnership Plan? Y/N	Daily Benefit	COLA %	Simple or Compound	Elimination Period	Benefit Period	Premium

What is your eldercare plan? \_\_\_\_\_

Would you prefer to stay at home? \_\_\_\_\_

If you need care, who would you want to take care of you? \_\_\_\_\_

Are you familiar with the cost of eldercare? \_\_\_\_\_

Have you ever had a family member in a nursing home or assisted living facility, or receive home health care? \_\_\_\_\_

Do you have a plan to pay for this care? \_\_\_\_\_

Is protecting against the cost of long-term care important to you? \_\_\_\_\_

Notes \_\_\_\_\_

**Review and Recap**

Of everything we have covered so far, what are the most important issues to you? \_\_\_\_\_

**Referrals**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Notes**

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**Net Worth / Tax Bracket / Investment Experience / KYC**

Net Worth: \_\_\_\_\_ Investment Experience (# of years) Total: \_\_\_\_\_

Liquid Net Worth: \_\_\_\_\_ Stocks: \_\_\_\_ Bonds: \_\_\_\_ Mutual Funds: \_\_\_\_ Margin: \_\_\_\_

Federal Tax Bracket: \_\_\_\_\_ Annuities: \_\_\_\_ Partnerships: \_\_\_\_ Options: \_\_\_\_ Other: \_\_\_\_

Assets as % of Net Worth: Real Estate: \_\_\_\_% Mutual Funds: \_\_\_\_% Checking/Savings: \_\_\_\_% Annuities: \_\_\_\_%

Insurance: \_\_\_\_% Stocks: \_\_\_\_% Alternative Inv: \_\_\_\_% Bonds: \_\_\_\_% Other: \_\_\_\_% Specify: \_\_\_\_\_

**Tasks**

**E-Money:** Y N  Asset Allocation  Survivorship  College  Retirement  Disability  Long-Term Care

**Other items needed:** \_\_\_\_\_

**Assigned To:** \_\_\_\_\_ **To be completed by (date):** \_\_\_\_\_ **Tier:** \_\_\_\_\_

**Add to Salesforce:** Y N **Add to Email Communication:** Y N **Review Schedule Beg.:** \_\_\_\_\_

**Risk Tolerance Score:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Risk Tolerance Score:** \_\_\_\_\_ **Dated:** \_\_\_\_\_