To provide you with the most comprehensive detailed Financial Plan, we will need you to send us your most recent statements of your all your retirement and non-retirement accounts. This will enable us to develop and design a customized plan tailored to your needs, your concerns, and your financial goals.

Feel free to black out or cover your account numbers; this information is not needed to establish your plan, just your most recent statements. Please complete this packet as detailed as possible and if you have any questions, or concerns, do not hesitate to reach out to us. We would be happy to assist you as much as you'd like.

Once completed please fax all pages, along with your financial statements to (888) 590-3668 and we will get your plan started. Once you have sent us the information please feel free to visit our website: www.parrosfinancialgroup.com to schedule your Financial Plan Review Appointment.

We are excited to assist you and also look forward to working with you!

DETAILED FINANCIAL PLANNING QUESTIONNAIRE

Husband's Information

Last Name: First Name:

Date of Birth: E-mail:

Work Phone: Cell:

Place of Employment: Position:

Wife's Information

Last Name: First Name:

Date of Birth: E-mail:

Work Phone: Cell:

Place of Employment: Position:

Family Information

Child 1: Last Name: First Name:

Date of Birth: High School Graduation Year:

Planning on attending College:

Child 2: Last Name: First Name:

Date of Birth: High School Graduation Year:

Planning on attending College:

Child 3: Last Name: First Name:

Date of Birth: High School Graduation Year:

Planning on attending College:

Income Details

How much will you receive from social security and at what age: [Husband / Wife]

Annual Income: ______ Spouse's Annual Income: ______

Combined adjusted gross income ______

Which tax form do you file: ● 1040 ☐ 1040E ☐ 1040A

How do you file: ● Joint ☐ Head of Household

Amount of Federal Tax Paid: ______ Do you own own business: ______

If yes, fewer than 100 employees? ______

Do you have untaxed income? ______

At what age would you both like to retire? Husband: ______ or ______ Wife: ______ or ______

How much net income, in today's dollars, per year would you like to have in retirement?

Annually: $

How much are you contributing to your child's college per year:

Child 1: $ Child 2: $ Child 3: $

How much per year are you planning on paying in tuition fees for your Child (or children)?

Annually per child: $ Amount of years per child: ______

How much income will you receive from your pension per year? At what age does it begin?

Husband: $ Age: ______ Wife: $ Age: ______

Do you have any goals between now and retirement? (Wedding, Vacation Home, New Kitchen, New Car,etc)

Goal	Start Year	Total Cost

How often would you like to review your financial plan? ☐ Semi-annually ☐ Annual

Retirement Assets i.e.IRAs, 401k, 403b, etc.

As of Today	Husband's	Annual Contribution	Total Value Of
IRAs			
Roth IRAs			
Company Sponsored Plans			
*Your Contributions			
*Company Contributions			
Previous Employer Retirement Plans			
Additional Retirement Plans			
Will you receive a Pension?			
*At what age?			
Total:			

As of Today	Wife's	Annual Contribution	Total Value Of
IRAs			
Roth IRAs			
Company Sponsored Plans			
*Your Contributions			
*Company Contributions			
Previous Employer Retirement Plans			
Additional Retirement Plans			
Will you receive a Pension?			
*At what age?			
Total:			

Non-Retirement Assets

As of TODAY, Total Value of:

	Husband	Wife	Joint
Checking/Saving Accounts	$	$	$
CD's	$	$	$
T-Bills	$	$	$
Money Market Funds	$	$	$
Mutual Funds	$	$	$
Stocks/Stock Options	$	$	$
Bonds	$	$	$
Trust Funds	$	$	$
Other Securities:	$	$	$
Educational IRAs	$	$	$
College Savings Plans for Students: including MESP and 529's. No included METS	$	$	$
Non-Retirement Annuities	$	$	$
Other Investments	$	$	$
Total Investments	$	$	$

Life Insurance Information:
Term, Whole, Universal, Annual Premium, etc.

	Husband	Wife	Notes
Group/Term Life	☐ YES ☐ NO	☐ YES ☐ NO	
Death Benefit	$	$	
Cash Life Insurance	☐ YES ☐ NO	☐ YES ☐ NO	
Death Benefit	$	$	
Cash Value	$	$	
Annual Premium Payment	$	$	
Disability Insurance	☐ YES ☐ NO	☐ YES ☐ NO	

Real Estate Details

What is your home worth: ______

What is Owed: ______

Mortgage Term (how many years left): ______

Year Purchased: ______

Cost of home when purchased: ______

Mortgage Origination Date: ______

Mortgage Interest Rate: ______ %

Investment/Properties/Land/Vacation Homes/Rental Homes

	Property 1	Property 2	Property 13
Value:	$	$	$
Debt:	$	$	$
Year Purchased:	$	$	$
Purchase Price:	$	$	$

Name of current Financial Advisor: ______

Name of current CPA: ______

City and State of Financial Advisor: ______

City and State of CPA: ______