JOHNSON • KOESTLER
WEALTH MANAGEMENT GROUP
*of Wells Fargo Advisors*

# Client Planning Questionnaire

**Wells Fargo Advisors**
950 Wayzata Blvd E
Wayzata, MN 55391

| **Investment and Insurance Products:** | | |
|---|---|---|
| **Not FDIC Insured** | **No Bank Guarantee** | **May Lose Value** |

Wells Fargo Advisors is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company

## Financial Information:

To effectively advise you on financial decisions and make the best use of meeting time, we will need complete information about your financial life. The first step in the planning process is data collection. To facilitate the data collection and make our initial meeting more productive, we ask that you to complete our client questionnaire. We ask that you please return the completed questionnaire to us by regular mail, fax, or electronically via secure email. Please do not hesitate to call us with any questions prior to getting started.

## Confidentiality:

Confidentiality and protection of your personal information is of the highest importance to our firm. We will not disclose any information about you to anyone -- including your employer, accountant, attorney, or family -- without your permission.

## Contact Information:

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Senior Registered Client Associate
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## Personal and Contact Information

| Family Data | Client 1 | Client 2 |
|---|---|---|
| Full Legal Name (First, MI, Last) | | |
| Home Street Address | | |
| City, State, Zip | | |
| Home Telephone | | |
| Mobile Telephone | | |
| Email | | |
| Date of Birth | | |
| Social Security Number | | |
| Gender | | |
| Marital Status | | |
| **Employment** | | |
| Occupation / Job Title | | |
| Employer Name | | |
| Current gross annual income | | |

## Children & Dependent Information

| Child / Dependent | Child / Dependent |
|---|---|
| Full Name: | Full Name: |
| Relationship: | Relationship: |
| Date of Birth: | Date of Birth: |
| Social Security Number: | Social Security Number: |
| Marital Status: | Marital Status: |
| **Child / Dependent** | **Child / Dependent** |
| Full Name: | Full Name: |
| Relationship: | Relationship: |
| Date of Birth: | Date of Birth: |
| Social Security Number: | Social Security Number: |
| Marital Status: | Marital Status: |
| **Child / Dependent** | **Child / Dependent** |
| Full Name: | Full Name: |
| Relationship: | Relationship: |
| Date of Birth: | Date of Birth: |
| Social Security Number: | Social Security Number: |
| Marital Status: | Marital Status: |

## Goals and Objectives

| Goal | Annual Expense | Start | End |
|---|---|---|---|
| *Example: Travel* | *$5,000* | *At retirement* | *2045* |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## Retirement Planning

| | Client 1 | Client 2 |
|---|---|---|
| At what age do you expect to retire? | | |
| Anticipated annual expenses in retirement? | | |
| Annual contributions to your retirement plan(s)? | | |
| Annual employer match/contribution(s) | | |
| Do you anticipate any changes to income within the next 3 years*? | | |
| During retirement, how much monthly income do you expect to receive from: | | |
| Social Security? | | |
| Employer pension(s) or other income? | | |

## Insurance

| Do you have: | Client 1 | Client 2 |
|---|---|---|
| Life insurance? If so, how much is coverage? | | |
| Short-term disability insurance? | | |
| Long-term disability insurance? | | |
| Long-term care insurance? | | |
| Employer-provided medical insurance? | | |
| Umbrella liability insurance? If so, how much is coverage? | | |

## Estate Planning Strategies

| | Client 1 | Client 2 |
|---|---|---|
| Do you have a Will? | | |
| Do you have a Durable Power of Attorney? | | |
| Do you have a Health Care Proxy? | | |
| Do you have a Trust? | | |
| Are you the beneficiary of any Trust? | | |

## Personal Statement of Net Worth

| Assets | Client 1 | Client 2 | Joint | Total |
|---|---|---|---|---|
| **Cash** | | | | |
| Checking/Savings/Money Market | | | | $ 0.00 |
| **Taxable Investments** | | | | |
| Stocks, Bonds, Mutual Funds | | | | $ 0.00 |
| Investment Real Estate | | | | $ 0.00 |
| **Retirement Accounts** | | | | |
| IRA (SEP/SIMPLE) | | | | $ 0.00 |
| Roth IRA | | | | $ 0.00 |
| Employer Plan (401k, 403b, etc.) | | | | $ 0.00 |
| Other Retirement Plans | | | | $ 0.00 |
| Pension | | | | $ 0.00 |
| **Other Investments** | | | | |
| Tuition Savings Plans (529/ESA) | | | | $ 0.00 |
| Custodial Accts (UTMA/UGMA) | | | | $ 0.00 |
| **Personal Property** | | | | |
| Primary Residence | | | | $ 0.00 |
| Vacation Property | | | | $ 0.00 |
| Vehicles | | | | $ 0.00 |
| Household and Other Property | | | | $ 0.00 |
| **Total Assets** | $ 0.00 | | | |

| Liabilities | Balance | Monthly Payment | Interest Rate |
|---|---|---|---|
| Primary Mortgage | | | |
| Second Mortgage/HELOC | | | |
| Education Loan(s) | | | |
| Auto Loan(s) | | | |
| Credit card(s) | | | |
| Personal Loan(s) | | | |
| Other liabilities | | | |
| **Total Liabilities** | $ 0.00 | | |
| **Net Worth (Assets – Liabilities)** | $ 0.00 | | |

**Professional Advisors** (for our records)

| | Name | Company | Phone Number | Email |
|---|---|---|---|---|
| Accountant | | | | |
| Attorney | | | | |
| Insurance Agent | | | | |

**Kindly Provide the Following Documents** (for financial analysis) or use the Account Aggregator available in the Wells Fargo Mobile App to add outside investment and asset detail.

1. Statements for all outside investment accounts and bank accounts
2. Statements for all retirement accounts and annuities
3. Statements for all life insurance policies
4. Social Security statements (from www.SSA.gov)
5. Estate Planning Documents (if applicable)
6. Most recent Gift Tax Return (if applicable)

**Additional Notes**

Please list any additional points of interest or concern including any health or family circumstances that you believe is relevant to our discussion.

PM-0212028-5836221