WOODWAY
FINANCIAL ADVISORS
A TRUST COMPANY

Financial Planning Questionnaire

For:______________________________

____

Date:_____________________________

10000 Memorial Drive, Suite 650, Houston, TX 77024 Telephone: 713.683.7070 Fax: 713.683.0702

Financial Data Checklist

1. Financial Input Forms (Enclosed)

2. Wills / Trusts – Copies of your current wills, as well as copies of any trust agreements or other legal instruments pertinent to your financial situation.

3. Tax Returns – Copies of your last two years income tax returns and the latest gift tax return, if any. Estimated tax payments and/or copy of paycheck stub.

4. Business / Partnership Interests – Detailed information regarding partnerships, syndications, oil interests, or any other business interest.

5. Financial Assets – Detailed information regarding securities (stocks, bonds, etc.) consisting of security descriptions, cost basis, acquisition dates, maturity dates, etc. Copies of your most recent brokerage firm statements will provide most, if not all, of this information.

6. Insurance Analysis – Any recent insurance analysis or the specific policies covering your life, health, liability, accident and disability, homeowners, and automobile coverage.

7. Qualified and Nonqualified Benefit Plans – Any recent company-provided benefit statements regarding your specific employee benefit package (e.g.: pension and/or profit sharing plans, stock options, deferred compensation, etc.). Include copy of Change of Control Agreement, if applicable.

8. Retirement – Copies of any personal retirement accounts, such as IRAs, SEP IRAs, and individual 401(k) plan statements.

PERSONAL DATA

FAMILY INFORMATON

FULL NAME	AGE	BIRTHDATE	RELATION	OCCUPATION	SPECIAL CONSIDERATIONS

Expected date of completion of college for each child:

HOME ADDRESS:	HOME PHONE:
	CELL PHONE:
DATE OF MARRIAGE:	FAX:
PREVIOUS MARRIAGES:	HOME E-MAIL:

INHERITANCES EXPECTED:

POSSIBLE DEPENDENTS:

EMPLOYMENT INFORMATION

HUSBAND	WIFE
PRESENT EMPLOYER:	PRESENT EMPLOYER:
POSITION:	POSITION:
EMPLOYMENT DATE:	EMPLOYMENT DATE:
ESTIMATED RETIREMENT DATE:	ESTIMATED RETIREMENT DATE:
BONUS: DATE AWARDED:	BONUS: DATE AWARDED:
ESTIMATED ANNUAL SALARY IN 5 YEARS:	ESTIMATED ANNUAL SALARY IN 5 YEARS:
BUSINESS ADDRESS:	BUSINESS ADDRESS:
BUSINESS PHONE:	BUSINESS PHONE:
EMAIL:	EMAIL:
PARTNER OR OFFICER IN ANY OTHER VENTURE:	PARTNER OR OFFICER IN ANY OTHER VENTURE:

ADVISORS

ADVISOR	NAME	FIRM	ADDRESS	PHONE
ACCOUNTANT				
ATTORNEY				
INVESTMENTS				
LIFE INSURANCE				
BANKER				
OTHER				

OVERVIEW

LOCATION OF IMPORTANT DOCUMENTS

FINANCIAL GOALS AND OBJECTIVES

(1) Please explain in detail your primary concerns at the present time with respect to your financial situation.

Mr. ____

____

____

Mrs.____

____

____

(2) Any large expenditures planned over the next 5 to 10 years? (i.e. Weddings, Travel/Vacations, New Home, etc.)

____

____

(3) Planned retirement date or dates, if applicable:______________________________

(4) Where will you reside upon retirement? ______________________________

(5) Present gifting strategy, if any, for other family members: ______________________

____

(6) List any charitable intentions for the remainder of your estate, to what charity, and how much:

____

____

(7) Please provide other information, if applicable, to your particular situation. Special needs child, current disability, etc. ______________________________

____

INVESTMENT OBJECTIVES AND RISK TOLERANCE

Indicate your risk tolerance by placing a check mark in front of the response that applies to your situation.

(1) How important is capital preservation?

☐Not at all ☐Moderately important ☐Very Important

(2) How important is growth?

☐Not at all ☐Moderately important ☐Very Important

(3) How important is low volatility?

☐Not at all ☐Moderately important ☐Very Important

(4) How important is inflation protection?

☐Not at all ☐Moderately important ☐Very Important

(5) How important is current income distributions from your investment portfolio?

☐Not at all ☐Moderately important ☐Very Important

(6) How much risk are you willing to take to achieve a higher return?

☐Not at all ☐Moderately Important ☐Very Important

FINANCIAL STATEMENT

ASSETS (MARKET VALUE)		LIABILITIES	
CASH IN THE FOLLOWING BANKS (ITEMIZE)		NOTES PAYABLE TO BANKS (ITEMIZE)	
		1. DUE TO:	
		COLLATERAL:	
		2. DUE TO:	
		COLLATERAL:	
STOCKS AND BONDS (TOTALS ONLY)		3. DUE TO:	
U.S. GOVERNMENT SECURITIES		COLLATERAL:	
SAVINGS BONDS		OTHER NOTES PAYABLE - SECURED	
OTHER BONDS		1. DUE TO:	
MARKETABLE STOCK		COLLATERAL:	
OTHER STOCK		2. DUE TO:	
NOTES DUE ME (TOTALS ONLY)		COLLATERAL:	
SECURED BY REAL ESTATE		OTHER NOTES PAYABLE - UNSECURED	
SECURED BY OTHER COLLATERAL		DUE TO:	
UNSECURED (COLLECTIBLE)		DUE TO:	
OTHER AMOUNTS OWED TO ME		TAXES OWING: INCOME TAXES	
PROFESSIONAL ACCTS. RECEIVABLE		OTHER TAXES	
OTHER COLLECTIBLE AMOUNTS		LIFE INSURANCE POLICY LOANS	
CASH SURRENDER VALUE OF LIFE INSURANCE		DUE ON AUTOMOBILES	
AUTOMOBILES			
REAL ESTATE (TOTALS ONLY)		OWING ON REAL ESTATE (TOTALS)	
HOMESTEAD		DUE ON HOMESTEAD	
OTHER RESIDENTIAL REAL ESTATE		DUE ON OTHER RES. REAL ESTATE	
COMMERCIAL REAL ESTATE		DUE ON COMMERCIAL REAL ESTATE	
RURAL REAL ESTATE		DUE ON RURAL REAL ESTATE	
OIL INTERESTS (TOTALS ONLY)		OTHER LIABILITIES (DESCRIBE)	
PRODUCING PROPERTIES			
OTHER OIL INTERESTS			
COMPANY BENEFITS (TOTALS ONLY)			
PROFIT SHARING PLAN			
THRIFT / SAVINGS PLAN			
PENSION PLAN			
DEFERRED COMPENSATION			
STOCK OPTION BARGAIN ELEMENT			
OTHER ASSETS (DESCRIBE)			
IRA / KEOGH PLAN			
PERSONAL PROPERTY			
HOUSEHOLD FURNISHINGS		TOTAL LIABILITIES	
		NET WORTH (ASSETS MINUS LIAB.)	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

VALUE OF: COMMUNITY PROPERTY $ ____________________

SEPARATE PROPERTY: HUSBAND $ WIFE: $

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REAL ESTATE

LOCATION AND DESCRIPTION	TITLE IN NAME OF	AMOUNT INVESTED	DATE ACQUIRED	% OWNER	MARKET VALUE	CURRENT MORTGAGE		
						BALANCE	RATE	TERM

OIL INTEREST

LOCATION AND DESCRIPTION (FIELD, COUNTY, STATE, WELL, LEASE OR ROYALTY INTEREST)	FRACTIONAL INTEREST	MONTHLY INCOME	PRESENT VALUATION	VALUATION BY WHOM

STOCKS AND BONDS

# SHARES	NAME OF SECURITY	DATE ACQUIRED	COST PER SHARE	MARKET PER SHARE	DIVIDEND RATE	PLEDGED/ MARGINED	WHERE TRADED	REGISTERED IN NAME OF

STOCK OPTIONS

PLAN TYPE	# OF SHARES	STOCK	DATE AWARDED	EXERCISE DATE	EXERCISE PRICE		MARKET VALUE		BEFORE TAX PROFIT
					PER SHARE	TOTAL	PER SHARE	TOTAL	

DATE OF LAST INSIDER TRADE (BUY/SELL):

NOTES RECEIVABLE

MAKER	ORIGINAL AMOUNT	BALANCE	MATURITY OR PAYMENT SCHEDULE	COLLATERAL

CASH FLOW STATEMENT

	ANNUAL	MONTHLY
PLEASE PROVIDE THE FOLLOWING INCOME DATA OR ATTACH A CURRENT PAYCHECK STUB		
INCOME:		
SALARY/ NET PROFESSIONAL INCOME		
BONUS		
DIVIDENDS AND INTEREST:		
TAXABLE		
NON-TAXABLE		
PARTNERSHIPS / BUSINESS INTERESTS		
DEFERRED COMPENSATION		
CAPITAL GAINS		
TOTAL		
LESS: (WITHHELD FROM PAYCHECK)		
INCOME TAX		
SOCIAL SECURITY		
COMPANY BENEFIT COSTS:		
GROUP LIFE INSURANCE		
MEDICAL INSURANCE		
DISABILITY INSURANCE		
OTHER		
401(K), SAVINGS PLAN; PROFIT SHARING PLAN		
EMPLOYEE %		
EMPLOYER %		
STOCK PURCHASE PLAN		
CHARITABLE PLAN		
TOTAL		
DISPOSABLE INCOME: (INCOME LESS WITHHOLDING)		
FIXED EXPENSES		
RENT/MORTGAGE PAYMENTS (PRIN, INT, TAX, INS)		
PERSONAL LIFE INSURANCE		
PERSONAL MEDICAL INSURANCE		
AUTOMOBILE INSURANCE		
AUTOMOBILE PAYMENTS		
DEBT:		
CONSUMER DEBT		
INVESTMENT DEBT		
OTHER DEBTS		
TUITION		
SUPPORT PAYMENTS		
ALIMONY		
CHILD		
RELATIVES		
FIXED SAVING/INVESTMENT (OTHER THAN CO. W/H)		
TAXES (OTHER THAN WITHHOLDING) (EST. TAX PAYMENTS)		
INCOME		
STATE AND LOCAL		
PROPERTY		
OTHER		
OTHER		
TOTAL FIXED EXPENSES:		

	ANNUAL	MONTHLY
VARIABLE EXPENSES:		
HOUSEHOLD:		
FURNITURE AND APPLIANCES		
HOUSEHOLD SUPPLIES		
UTILITIES		
PHONE		
MAINTENANCE AND REPAIRS		
LAWN, GARDEN AND POOL		
DOMESTIC HELP		
PETS		
TOTAL		
FOOD AND BEVERAGES:		
GROCERIES		
DINING OUT		
OTHER		
TOTAL		
CLOTHING AND PERSONAL CARE:		
PURCHASES		
CLEANING AND LAUNDRY		
COSMETICS AND TOILETRIES		
HAIRCUTS		
BEAUTY SALON / SPA		
PERSONAL ALLOWANCES		
TOTAL		
TRANSPORTATION:		
OPERATING COST		
REPAIRS		
LICENSES		
PARKING		
TOTAL		
MEDICAL:		
DENTISTS		
PHYSICIANS		
DRUGS		
TOTAL		

	ANNUAL	MONTHLY
RECREATION AND EDUCATION:		
ENTERTAINMENT		
CLUB DUES		
BOOKS, MAGAZINES AND NEWSPAPERS		
SPORTS EQUIPMENT		
CAMP		
LESSONS		
VACATIONS		
BOAT/AIRPLANE OPERATION & MAINT.		
OTHER		
TOTAL		
GIFTS AND CONTRIBUTIONS:		
CHURCH AND CHARITY		
PERSONAL GIFTS		
POLITICAL		
TOTAL		
MISCELLANEOUS		
OTHER SAVINGS OR INVESTMENTS		
TOTAL VARIABLE EXPENSES		
TOTAL FIXED EXPENSES:		
TOTAL EXPENSES:		

NOTES

NOTES

WOODWAY FINANCIAL ADVISORS
AN INDEPENDENT TRUST COMPANY

Providing Comprehensive Financial Planning,
Investment Management, Estate and Trust
Administration

Providing exceptional value
Improving worth and
Protecting assets of our clients

Fee Based
No conflicts of interest
Stability with over 25 years in successful operation

Visit us at www.woodwayfinancial.com

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