Aspirational
WEALTH MANAGEMENT, LLC

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Client Financial Discovery Questionnaire

About you and your household

Your full legal name

Spouse / partner full legal name

Name you go by

Spouse / partner preferred name

Date of birth

Spouse / partner date of birth

Social Security number (SSN)

Spouse / partner SSN

Your phone number

Spouse / partner phone number

Your preferred email address

Spouse / partner preferred email address

Children, dependents and family members

Name	Relationship	Birth date / age	Dependent?

Additional children, dependents or family members to consider

Please return this completed form using the secure client portal provided by our office.

Getting to know you

What prompted you to seek financial guidance at this point in your life?

What do you enjoy most? (Family, hobbies, travel, volunteering, community, etc.)

If money were not a concern, how would you most like to spend your time?

What are your greatest financial concerns or uncertainties?

Goals and milestones

What would you like to accomplish?	Target year / age	Estimated cost ($)

Family, philanthropy and your legacy

- ☐ Leave an inheritance for loved ones
- ☐ Make gifts to charities or causes
- ☐ Preserve property or a family business
- ☐ Spend most of my assets during my lifetime
- ☐ Balance spending, giving and inheritance
- ☐ Not sure yet - would like guidance

What would you like your legacy to be? What values or impact matter most to you?

Who or what would you like to support, and is there a target amount or share of your estate?

Employment and earnings

Enter estimated annual gross pay before taxes, excluding bonuses or commissions listed separately.

YOU

Occupation / employer

Estimated annual gross pay ($)

Pay frequency (weekly, biweekly, twice monthly, monthly)

Annual bonus / commission / other compensation ($)

SPOUSE / PARTNER (IF APPLICABLE)

Occupation / employer

Estimated annual gross pay ($)

Pay frequency (weekly, biweekly, twice monthly, monthly)

Annual bonus / commission / other compensation ($)

- ☐ Income varies seasonally
- ☐ Self-employed / business owner
- ☐ Career or job change anticipated
- ☐ Planning to work after retirement

Other income

Source (Social Security, rent, pension, etc.)	Gross amount ($)	Frequency	Starts / ends

Expected changes in income (future pension, sale, reduced hours, rental income, etc.)

Tax information

Tax filing status

State(s) where you file taxes

CPA / tax preparer name

- ☐ Business ownership
- ☐ Stock options / equity compensation
- ☐ Capital loss carryovers
- ☐ Other complex tax considerations

Banking, investments and retirement accounts

List all accounts, including outside investment and retirement accounts. Approximate amounts are fine.

Institution / company	Account type (IRA, Roth, 401(k), HSA, 529, etc.)	Owner	Current value ($)

Current contributions, employer retirement matching, or planned deposits / withdrawals

Savings and other assets

Emergency savings set aside ($)

Other assets (business, vehicles, etc.) ($)

Annuities, pensions, vested compensation or other asset details

If available, please provide current investment, retirement, annuity and education account statements through our secure portal.

Primary residence and other properties

- [ ] Own primary home
- [ ] Rent primary home
- [ ] Own rental / second home
- [ ] Plan to relocate / downsize

Primary residence / mailing address (street, city, state, ZIP)

Current property market value ($)

Original property purchase date

Original purchase price ($)

Monthly rent, if applicable ($)

Other property / rental income details

Mortgage / home equity loan details

Please complete one section for each mortgage, home equity loan or HELOC. Include escrow when applicable.

MORTGAGE / HELOC 1

Property / lender

Original loan date

Original loan amount ($)

Current balance ($)

Interest rate (%) / fixed or variable

Monthly payment ($)

Loan term / estimated payoff date

Payment includes property tax / insurance? (Y/N)

MORTGAGE / HELOC 2

Property / lender

Original loan date

Original loan amount ($)

Current balance ($)

Interest rate (%) / fixed or variable

Monthly payment ($)

Loan term / estimated payoff date

Payment includes property tax / insurance? (Y/N)

Additional mortgages, HELOC balances, variable-rate adjustments or property notes

Auto, student, personal and other installment loans

For mortgages and HELOCs, use the previous page. List each remaining loan separately.

LOAN 1

LOAN TERM months / yrs.

Type / lender

Original loan date

Original loan amount ($)

Current balance ($)

Interest rate (%)

Monthly payment ($)

LOAN 2

LOAN TERM months / yrs.

Type / lender

Original loan date

Original loan amount ($)

Current balance ($)

Interest rate (%)

Monthly payment ($)

LOAN 3

LOAN TERM months / yrs.

Type / lender

Original loan date

Original loan amount ($)

Current balance ($)

Interest rate (%)

Monthly payment ($)

Credit cards

Card / institution	Balance ($)	Interest rate (%)	Monthly payment ($)

Additional loan / credit card details (balances, rates, payments or other notes)

Average monthly household expenses

For expenses that occur yearly, estimate the annual total and divide by 12. Include purchases paid by credit card in the appropriate categories.

Groceries / household food

Dining out, delivery, coffee

Electricity, water, gas, trash

Cell phone plans

Internet / cable / TV

Streaming & subscriptions (Netflix, apps, etc.)

Household items / cleaning supplies

Home maintenance / landscaping / repairs

HOA dues / community fees

Fuel / parking / tolls

Auto upkeep (service, tires, repairs)

Medical, dental, prescriptions / co-pays

Gym, fitness, wellness / club fees

Clothing / personal care / hair

Childcare, school, camps, sports

Pets (food, vet, grooming)

Travel and vacations (average / month)

Entertainment, hobbies / recreation

Gifts / holidays / birthdays (average / month)

Charitable donations (average / month)

Family financial support

Other everyday spending

Reality check

- [ ] Based on a spending app or records
- [ ] Mostly estimated from memory
- [ ] Includes irregular annual expenses
- [ ] Would like help validating expenses

Commonly overlooked costs or special spending circumstances

Other recurring expenses

List costs not already counted in household spending. Identify amounts included in escrow or deducted from your paycheck so they are not counted twice.

Expense / payment	Amount ($)	Frequency	Escrow / payroll?
Property tax (outside mortgage escrow)			
Homeowner / renter insurance			
Auto / umbrella insurance			
Health insurance / Medicare premiums			
Life insurance premiums			
Long-term care premiums			
Disability / additional insurance premiums			

Major future purchases, goals and changing expenses

Include home renovations, new cars, college, weddings, significant travel, large gifts and medical expenses.

Goal / expense	Expected year or ages	Estimated amount ($)	One-time or repeated?

Any expenses expected to end, grow substantially or change during retirement?

Your retirement vision

Your planned retirement age or year

Spouse / partner planned retirement age or year

Planned part-time income after retirement

Plans to move, travel, buy property or downsize

- [ ] Spend more in early retirement
- [ ] Maintain my current lifestyle
- [ ] Spend less as I get older
- [ ] Still exploring retirement plans

What do you want retirement to look like?

Social Security

We can compare benefits beginning at age 62, full retirement age and age 70 using your Social Security Statement.

Your expected claiming age

Spouse / partner expected claiming age

If already claiming: your monthly benefit ($)

If already claiming: spouse monthly benefit ($)

- [ ] I am already claiming Social Security
- [ ] My spouse is already claiming
- [ ] Neither has claimed yet
- [ ] Not sure when to claim

SOCIAL SECURITY STATEMENT

https://secure.ssa.gov/myssa/myssa-statement-ui/home

If possible, please attach your Social Security statement. Each spouse may obtain a separate statement using the link above.

Pensions, annuities, deferred compensation or other future income (amount / start year)

Life insurance

Policy types include term life, whole life, universal life, variable universal life and group life through an employer.

LIFE INSURANCE POLICY 1

Company / insured person

Type (term, whole, universal, etc.)

Death benefit ($)

Cash value ($), if any

Annual premium ($)

Policy end date / beneficiary

LIFE INSURANCE POLICY 2

Company / insured person

Type (term, whole, universal, etc.)

Death benefit ($)

Cash value ($), if any

Annual premium ($)

Policy end date / beneficiary

Long-term care protection

Include stand-alone long-term care policies and life policies with long-term care benefits.

LONG-TERM CARE POLICY 1

Company / insured person

Monthly benefit ($)

Annual premium ($)

Elimination period (days)

Benefit duration / total pool

Inflation protection / notes

LONG-TERM CARE POLICY 2

Company / insured person

Monthly benefit ($)

Annual premium ($)

Elimination period (days)

Benefit duration / total pool

Inflation protection / notes

- ☐ No current long-term care coverage
- ☐ Would like to discuss future care costs
- ☐ Have additional policies
- ☐ Not sure what I have

Additional life / long-term care details or questions

Disability insurance coverage

Include disability insurance through work and any privately purchased policies.
If you have additional short-term or long-term policies, please attach the policy or benefits summary.

- ☐ Coverage through employer
- ☐ Personally purchased coverage
- ☐ No current disability coverage
- ☐ Not sure / would like to review

DISABILITY INSURANCE POLICY 1

Insurance company / insured person

Type (short-term / long-term)

Monthly benefit ($ or % of pay)

Waiting period (days)

Benefit duration / ending age

Premium ($) / frequency

How are the premiums paid? (Select all that apply)

- ☐ Payroll, pre-tax
- ☐ Payroll, after-tax
- ☐ Out of pocket
- ☐ Employer pays

Can the coverage continue if employment ends?

- ☐ Yes
- ☐ No
- ☐ Not sure

DISABILITY INSURANCE POLICY 2

Insurance company / insured person

Type (short-term / long-term)

Monthly benefit ($ or % of pay)

Waiting period (days)

Benefit duration / ending age

Premium ($) / frequency

How are the premiums paid? (Select all that apply)

- ☐ Payroll, pre-tax
- ☐ Payroll, after-tax
- ☐ Out of pocket
- ☐ Employer pays

Can the coverage continue if employment ends?

- ☐ Yes
- ☐ No
- ☐ Not sure

Additional disability insurance details or questions

Any benefit limits, own-occupation terms, policy exclusions, offsets, employer-paid amounts or other notes:

If available, please provide disability policy summaries or your employer benefits statement.

Estate planning and preferences - select what you currently have in place

- [ ] Will
- [ ] Living trust or other trust
- [ ] Financial power of attorney
- [ ] Healthcare directive
- [ ] Beneficiaries reviewed / current
- [ ] Guardians named for minor children
- [ ] Special-needs trust / planning
- [ ] Healthcare power of attorney

Estate attorney / contact (if applicable)

Charitable trust, donor fund or planned gift

Would you like help with any of the above? Please tell us what you would like to review.

Investment preferences - select any that reflect your priorities

- [ ] Preserve principal / reduce risk
- [ ] Balance stability with long-term growth
- [ ] Prioritize long-term growth
- [ ] Generate income / distributions

Anything else you would like Taunya to know about your family, finances or wishes?

Helpful records to provide through our secure client portal

- [ ] Investment and retirement statements
- [ ] Most recent federal tax returns
- [ ] Social Security statements, if not claiming
- [ ] Life / LTC policy summaries
- [ ] Mortgage and other loan statements
- [ ] Estate planning documents, if available

Disclosures

Content in this material is for general information only and not intended to provide specific advice or recommendations for any individual. All performance referenced is historical and is no guarantee of future results. All indices are unmanaged and may not be invested into directly.

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