



LYONS INVESTMENT GROUP
A WEALTH MANAGEMENT COMPANY

Financial Planning Questionnaire

Gathering information is an essential first step in organizing your financial future. We are excited to get started!

Please call at 817-649-1981 if you have any questions, concerns, or feedback throughout the planning journey!

Requested Documentation

Documentation can be provided in person at our next meeting, or we can give you access to an online secure vault where you can upload documentation.

- Recent paystubs
- Social Security statements
 - *You can create an account at www.ssa.gov/myaccount to access current information. If you do not create an account, paper statements will be mailed to you every 5 years beginning at age 25.*
- Most recent statements for the following:
 - Brokerage/mutual fund accounts
 - Bank/savings/money market/CD accounts
 - Retirement accounts
 - Mortgages
 - Other loans or financial obligations
- Budget/cash flow
 - *Use the simplified template we have included, or provide a report from your own expense tracking system*
- Any other financial, policy, or legal documentation relevant to your planning

Annual Income

	You	Spouse (if applicable)
Salary	\$ _____	\$ _____
Bonus	\$ _____	\$ _____
Commission	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____
Other Income _____	\$ _____	\$ _____

Annual Expenses

	You	Spouse (if applicable and if separate from your expenses)
Fixed Living Expenses	\$ _____	\$ _____
Variable Living Expenses	\$ _____	\$ _____
Education Expenses	\$ _____	\$ _____
Special Expenses _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

*The “Simplified Budget/Cash Flow” at the end of this packet will help you calculate your expenses. If you are already tracking this, please provide a report from your current expense tracking system.

Cash Flow General Questions

Are you anticipating any major lifestyle changes (i.e. marriage, divorce, retirement, moving, etc.)?

Yes: _____ No Uncertain

Do you anticipate any significant changes to your cash flow?

Yes: _____ No Uncertain

Do you expect to have any major special expenditures in the near future?

Yes: _____ No Uncertain

Assets Overview

Non-retirement Assets

	Owned by You	Owned by Spouse	Jointly Owned
Checking accounts	\$	\$	\$
Savings/CDs/Money Market accounts	\$	\$	\$
Primary home value	\$	\$	\$
Secondary home value	\$	\$	\$
Non-Retirement Investment accounts	\$	\$	\$
Other Non-Retirement Assets:			
_____	\$	\$	\$
_____	\$	\$	\$

Retirement and Education-Specific

	Owned by You	Owned by Spouse	Jointly Owned
Qualified Retirement accounts (e.g., 401k)	\$	\$	\$
IRA accounts	\$	\$	\$
529s or other education accounts	\$	\$	\$
Other Retirement/Education Accounts:			
_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$

Liabilities Overview

	Owned by You	Owned by Spouse	Jointly Owned
Primary mortgage	\$	\$	\$
Other mortgages	\$	\$	\$
Installment loans (e.g., autos)	\$	\$	\$
Education/School loans	\$	\$	\$
Credit cards <i>*do not include if paying off monthly</i>	\$	\$	\$
Other loans or liabilities:			
_____	\$	\$	\$
_____	\$	\$	\$

Protection

Please indicate if you have any of the following. Provide details or amounts if available.

	You			Spouse		
Major health issues	<input type="checkbox"/> Y_____	<input type="checkbox"/> N		<input type="checkbox"/> Y_____	<input type="checkbox"/> N	
Health insurance	<input type="checkbox"/> Y_____	<input type="checkbox"/> N		<input type="checkbox"/> Y_____	<input type="checkbox"/> N	
Savings for emergencies	<input type="checkbox"/> Y_____	<input type="checkbox"/> N		<input type="checkbox"/> Y_____	<input type="checkbox"/> N	
Disability coverage	<input type="checkbox"/> Y_____	<input type="checkbox"/> N	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Y_____	<input type="checkbox"/> N	<input type="checkbox"/> Uncertain
Life Insurance	<input type="checkbox"/> Y_____	<input type="checkbox"/> N	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Y_____	<input type="checkbox"/> N	<input type="checkbox"/> Uncertain
Long-Term care	<input type="checkbox"/> Y_____	<input type="checkbox"/> N	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Y_____	<input type="checkbox"/> N	<input type="checkbox"/> Uncertain
Personal liability	<input type="checkbox"/> Y_____	<input type="checkbox"/> N	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Y_____	<input type="checkbox"/> N	<input type="checkbox"/> Uncertain

Estate Planning

Please indicate if one or both of you have the following.

	You			Spouse		
Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Living Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Other Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Healthcare Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Financial Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain

If one or both of you have a Will, when was the last update/review? _____

Goals and Objectives

Provide your specific goals for financial planning with #1 being the most important objective.

1. _____
2. _____
3. _____
4. _____
5. _____

General Information

_____ Your Name	_____ Birthdate	_____ Best Phone #	_____ Best E-Mail Address	
_____ Spouse Name (if applicable)	_____ Spouse Birthdate	_____ Spouse Best Phone #	_____ Spouse Best E-Mail Address	
_____ Residential Address		_____ City	_____ State	_____ Zip
_____ Mailing Address (if different)		_____ City	_____ State	_____ Zip

Children and Dependents

_____ Name	_____ Age	_____ Relationship	_____ Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Name	_____ Age	_____ Relationship	_____ Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Name	_____ Age	_____ Relationship	_____ Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Name	_____ Age	_____ Relationship	_____ Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you plan to have more children? Yes No

If yes, how many more children do you plan to have? _____

Occupation

_____ Your Job Title	_____ Employer	_____ # of Years	_____ Expected Retirement Date
_____ Spouse Job Title	_____ Employer	_____ # of Years	_____ Expected Retirement Date

Do you expect an occupation change in the near future? Yes No

If yes, please provide a brief description of the changes you expect: _____

Simplified Cash Flow / Budget Template

Please enter amount budgeted for the categories listed. A report from your current expense tracking system is acceptable in place of this template. Either use monthly or annual totals.

Income

Gross Family Income (Wages and tips)	\$ _____
Social Security Income	\$ _____
Other: _____	\$ _____

Systematic Savings

Retirement Account Contributions	\$ _____
Investment Account Contributions	\$ _____
Checking/Savings Account Contributions	\$ _____
Other: _____	\$ _____

Liabilities

Mortgage or rent	\$ _____
Loan payments	\$ _____
Credit card payments	\$ _____
Other: _____	\$ _____

Expenses

Utilities (e.g., heat, electric, water)	\$ _____
Home Services (e.g., security, cleaning, maintenance)	\$ _____
Phone, cell phone, cable, and internet services	\$ _____
Memberships and subscriptions	\$ _____
Medical (e.g., copays, prescriptions)	\$ _____
Insurance premiums (e.g., Health, Life, DI, LTC)	\$ _____
Dependent care costs	\$ _____
Auto maintenance, repair, and fuel costs	\$ _____
Home improvement and repair	\$ _____
Groceries and household supplies	\$ _____
Dining out, travel, entertainment, and hobbies	\$ _____
Personal care and clothing	\$ _____
Other: _____	\$ _____

Thank you!

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