



## Short-Form Financial Planning Questionnaire

Effective financial planning and investment management involves a very personal information gathering process. The more we understand your goals, lifestyle, and vision, the better we will be able to advise you. The information you share with Lifetime Value Management and its team will remain strictly confidential.

### Personal Information

First Name\*  Middle Name  Last Name

Social Security/Tax ID  Birth Date  Marriage Date

Home Phone  Mobile Phone  Email Address\*

#### Legal Home Street Address

City  State  Zip Code

#### Seasonal Street Address (if applicable)

City  State  Zip Code

#### Employment Status

Full-time  Part-time  Not currently employed  Retired

Employer Name  Employer Industry

Occupation / Position

#### Employer Address

City  State  Zip Code

At Lifetime Value Management, we understand the importance of your privacy and the confidentiality of your personal and financial information. By completing this financial planning questionnaire, you agree that all provided information will be kept strictly confidential and used solely for creating a personalized financial plan. We employ industry-standard security measures to protect your data and will not disclose it to third parties without your explicit consent, except as required by law. You have the right to access and correct your personal information at any time. If you have any questions or concerns, please contact us.



*Francisco J. Nunez*

### Couple Information

Spouse Name	Spouse Middle Name	Spouse Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security/Tax ID	Birth Date	Mobile Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address			
<input type="text"/>			
Employment Status			
Full-time	Part-time	Not currently employed	Retired
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer Name		Employer Industry	
<input type="text"/>		<input type="text"/>	
Occupation / Position			
<input type="text"/>			
<b>Employer Address</b>			
<input type="text"/>			
<input type="text"/>			
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Children

Child #1		
Name	Social Security	Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Child #2		
Name	Social Security	Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Child #3		
Name	Social Security	Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Child #4		
Name	Social Security	Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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### Key Goals & Objectives

	Budgeting, cash flow		Tax planning
	Investment portfolio review		Providing for dependents in case of death(s)
	Reducing personal debts		Estate planning
	Executive benefits consultation		Providing for self and family in case of disability
	Saving for children's college education		Professional investment management
	Establishing small business retirement plan(s) and benefits		Achieving maximum benefits from current resources
	Saving for retirement		Employee stock options planning and management
	Other		

*Please check all items that are of importance or concern to you.*

### Goals

What are your most important personal and financial goals for the next:

1 Year?

5 Years?

10 Years?

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