Welcome to Impact Wealth

Thank you for trusting us with your financial future. This questionnaire helps us understand the complete picture of your life — not just the numbers, but what matters most. Estimates are perfectly fine; we will refine everything together. Most clients finish in 25-35 minutes. When complete, please save and email to melissa@impactwealthplan.com

START HERE · YOUR VISION

Tell us about you — before the numbers

In a sentence or two, what does financial security mean to YOU?

What is your single biggest financial concern or goal right now?

On a scale of 1-10, how confident do you feel about your current financial path? (1 = very uncertain, 10 = very confident)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

GENERAL INFORMATION

Your Full Name | Today's Date | Anniversary Date

Marital Status ☐ Single ☐ Married ☐ Partner ☐ Separated ☐ Divorced ☐ Widowed

Street Address

City | State | Zip | Cell Phone | Email

Date of Birth

U.S. Citizen? ☐ Yes ☐ No

SPOUSE / PARTNER (CO-CLIENT) INFORMATION

Full Name | Date of Birth | U.S. Citizen? ☐ Yes ☐ No

Email | Cell Phone

EMPLOYMENT INFORMATION

YOUR EMPLOYMENT

Employment Type ☐ Self-Employed ☐ Company Owner ☐ Employee ☐ Retired ☐ Not Employed

Company / Employer | Occupation / Title | Years

Work Email | Work Phone

SPOUSE / PARTNER EMPLOYMENT

Employment Type ☐ Self-Employed ☐ Company Owner ☐ Employee ☐ Retired ☐ Not Employed

Company / Employer | Occupation / Title | Years

Work Email | Work Phone

CHILDREN & OTHER DEPENDENTS

Name	Date of Birth	Relation	Notes — education plans, special needs, etc.

HEALTH & LONGEVITY

This shapes your retirement horizon — there are no wrong answers

Longevity is one of the biggest variables in retirement planning. Even rough estimates help us build a realistic plan for you.

How would you describe YOUR current health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

How would you describe your SPOUSE / PARTNER's current health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ N/A

Family health history that influences how you think about longevity? | Your retire age | Spouse retire age

ASSETS — WHAT YOU OWN

Estimates are fine — we will verify exact figures with statements

BANK & CASH ACCOUNTS · checking, money market, savings, CDs, crypto

Type of Account	Owner	Institution	Balance ($)

RETIREMENT ACCOUNTS · 401(k), 403(b), 457, IRA, Roth IRA, SEP, SIMPLE, annuities

Account Name / Type	Institution / Custodian	Owner	Balance ($)

TAXABLE / INVESTMENT ACCOUNTS · brokerage, joint, trust, TOD/POD, 529, non-qualified annuity, digital assets

Account Name / Type	Institution / Custodian	Owner	Balance ($)

REAL ESTATE

Property / Address	Type	Owner	Est. Value ($)	Mortgage Balance ($)

Annual pre-tax income from investment properties ($)

Plan to sell any property? ☐ Yes ☐ No

If yes — approximate year and details:

BUSINESS OWNERSHIP

Business Name	Owner	Entity Type	Your Share Value ($)	Est. Annual Income ($)

Plan to sell business to fund retirement? ☐ Yes ☐ No

If no, plan to continue drawing income from the business? ☐ Yes ☐ No

If selling — approximate year

PERSONAL PROPERTY

Collectibles, vehicles, boats, art, jewelry, etc.

Description	Owner	Estimated Value ($)

LIABILITIES — WHAT YOU OWE

MORTGAGES

Property	Start Date	Original Amount ($)	Balance Remaining ($)	Rate (%)	Term	Monthly Pmt ($)

HOME EQUITY LINE OF CREDIT (HELOC)

Current Balance ($)	Credit Limit / Available ($)	Interest Rate %	Monthly Payment ($)	Term / Draw Period

Current Balance ($)	Credit Limit / Available ($)	Interest Rate %	Monthly Payment ($)	Term / Draw Period

Current Balance ($)	Credit Limit / Available ($)	Interest Rate %	Monthly Payment ($)	Term / Draw Period

OTHER DEBTS

Debt Type	Balance ($)	Interest Rate (%)	Monthly Payment ($)

CASH FLOW & SAVINGS · HIGH IMPORTANCE

This section has the biggest impact on your retirement projections

Not sure of your monthly spending? A quick estimate: take 12 months of total outgoing from your checking account, divide by 12.

YOUR INCOME & SAVINGS

Net Monthly Take-Home Income ($)

Average Monthly Spending — All ($)

Annual Retirement Contributions ($)

Employer Match Amount or % (if any)

SPOUSE / PARTNER INCOME & SAVINGS

Net Monthly Take-Home Income ($)

Average Monthly Spending — All ($)

Annual Retirement Contributions ($)

Employer Match Amount or % (if any)

Additional annual savings capability outside retirement accounts ($)

Account type (individual, joint, trust, etc.)

RETIREMENT SPENDING GOAL

How much per month do you estimate needing in retirement?
(today's dollars, exclude taxes — leave blank to use current spending)

PENSIONS

Client Name	Monthly Amount at Start ($)	Age at Start	Annual COLA (%)	Payout Option

SOCIAL SECURITY · Visit ssa.gov/myaccount for your estimated benefit amounts

Client Name	Current Benefit (if receiving)	Amount at Age 62	Amount at Full Ret. Age	Amount at Age 70

OTHER INCOME & LUMP SUM EVENTS

PART-TIME WORK IN RETIREMENT

Do YOU expect to work part-time during retirement? ☐ Yes ☐ No

If yes — how many years?

Annual salary in today's dollars ($)

Does your SPOUSE / PARTNER expect to work part-time during retirement? ☐ Yes ☐ No

If yes — how many years?

Annual salary in today's dollars ($)

EXPECTED WINDFALLS & MAJOR EXPENSES

Expected inheritance / gifts — ballpark value ($)

Estimated year

Major planned purchases or lump expenses (not education) ($)

Year

INSURANCE ANALYSIS

Please attach copies of current policy statements

TERM LIFE INSURANCE

Coverage Amount ($)	Insured	Group or Individual	Term Remaining	Annual Premium ($)

PERMANENT LIFE INSURANCE · whole, universal, VUL, etc.

Coverage ($)	Type	Year Purchased	Insured	Cash Value ($)	Annual Premium ($)

Do you or your spouse / partner have Disability Insurance? ☐ Yes ☐ No

Do you or your spouse / partner have Long-Term Care Insurance? ☐ Yes ☐ No

ESTATE PLANNING

Do you have a will in place? ☐ Yes ☐ No

Do you have powers of attorney (financial & medical)? ☐ Yes ☐ No

Have you executed health care proxies / advance directives? ☐ Yes ☐ No

Have you established any trusts? ☐ Yes ☐ No

Have beneficiaries been named on all accounts? ☐ Yes ☐ No

When were these documents last reviewed / updated?

Estate Attorney(s)

CPA / Tax Professional(s)

TAX SITUATION

How do you typically file taxes? ☐ Single ☐ MFJ ☐ MFS ☐ Head of Household

Significant tax events expected in the next 1-3 years? (stock options, Roth conversion, business sale, etc.)

FINANCIAL PERSONALITY & DECISION-MAKING

Have you worked with a financial planner before? ☐ Yes ☐ No

If yes — what worked well, and what did not?

Who primarily makes financial decisions in your household? ☐ Mostly Me ☐ Mostly Spouse/Partner ☐ Jointly

How would you describe your overall investment risk comfort? ☐ Conservative ☐ Moderate ☐ Growth-Oriented ☐ Aggressive

Is there anything about your relationship with money — fears, past experiences, family history — that would help us understand you and serve you better?

YOUR TOP PRIORITIES & ANYTHING ELSE WE SHOULD KNOW

This is the most important section — please share as much as you like

What are your top 1-3 financial priorities right now? Any unique circumstances, family situations, values, concerns, or goals that will help us understand your situation and serve you better:

Is there a specific financial event, milestone, or deadline you are working toward?

What would make our relationship a tremendous success in your eyes?

Charitable giving goals? (DAF, QCDs, estate giving, etc.)

Whom may we thank for referring you to Impact Wealth?

Impact Wealth