

# Wealth Management Questionnaire



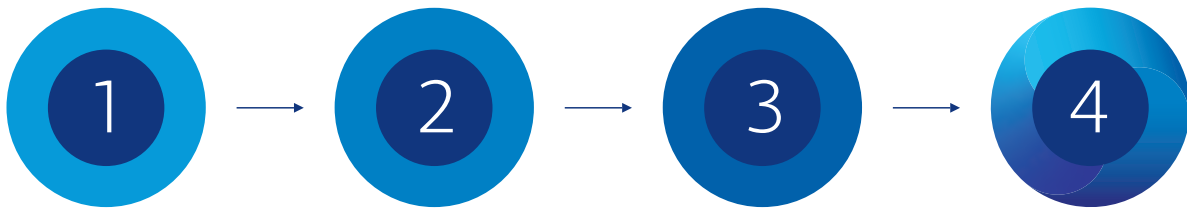
Client name(s) \_\_\_\_\_

Advisor Team Name \_\_\_\_\_

Advisor Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

With our wealth planning approach, you and your dedicated advisor will collaborate to build a financial strategy that aligns with both your unique goals, and your personal values — helping you manage, grow and preserve your wealth today, while also considering the impact it can have for years to come.



What matters to you

We learn what’s important to you now and what you want in the future.

Your path, your plan

Working together, we’ll design a personalized plan with guidance that truly supports you.

Making it happen

We set your plans in motion — helping you adjust your strategy as your goals change.

Helping you review, track your progress

We help you track your milestones and, working together, modify your plan based on the expected and unexpected things life brings.

**We’ll use the questions on the following pages to guide our conversation as we discuss:**

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**Keep in mind that there are no right or wrong answers. Just answer each question as best you can, and feel free to ask your own questions along the way.**

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<b>Are Not FDIC Insured</b>	<b>Are Not Bank Guaranteed</b>	<b>May Lose Value</b>
<b>Are Not Deposits</b>	<b>Are Not Insured by Any Federal Government Agency</b>	<b>Are Not a Condition to Any Banking Service or Activity</b>

BASIC INFORMATION

## About you

Name \_\_\_\_\_ Preferred name \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Marital status  Single  Married  Domestic partnership  Separated  Divorced  Widowed

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Preferred phone number \_\_\_\_\_  Work  Home  Mobile  Other

Best time to call \_\_\_\_\_ Do you own or rent your home?  Own  Rent

## Where you work and your citizenship status

Employment status \_\_\_\_\_ Employer \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Start date \_\_\_\_\_

Employer street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Industry \_\_\_\_\_

Are you a restricted/control person?  No  Yes

If yes, company name \_\_\_\_\_ If yes, company ticker \_\_\_\_\_

Are you a senior political person or politically exposed person?  No  Yes Are you a U.S. citizen?  No  Yes

If no, country of citizenship \_\_\_\_\_ Country of dual citizenship, if applicable \_\_\_\_\_

BASIC INFORMATION

## Contact information for your other advisors

**Attorney's name** \_\_\_\_\_

Firm name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**CPA's name** \_\_\_\_\_

Firm name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Insurance agent's name** \_\_\_\_\_

Firm name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Other advisor's name** \_\_\_\_\_

Firm name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

BASIC INFORMATION

## About your spouse or partner (if you'd like to include them in the process)

Spouse or partner name \_\_\_\_\_ Preferred name \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Marital status  Single  Married  Domestic partnership  Separated  Divorced  Widowed

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Preferred phone number \_\_\_\_\_  Work  Home  Mobile  Other

Best time to call \_\_\_\_\_

Do they own or rent their home?  Own  Rent

## Where they work and their citizenship status

Employment status \_\_\_\_\_ Employer \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Start date \_\_\_\_\_

Employer street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Industry \_\_\_\_\_

Are they a restricted/control person?  No  Yes

If yes, company name \_\_\_\_\_

If yes, company ticker \_\_\_\_\_

Are they a senior political person or politically exposed person?  No  Yes

Are they a U.S. citizen?  No  Yes If no, country of citizenship \_\_\_\_\_

Country of dual citizenship, if applicable \_\_\_\_\_

BASIC INFORMATION

## About your children or other dependents

Name	Date of birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## What you're focused on



### Finances

Have you reviewed your finances and balance sheet recently?

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### Home

Are you thinking of moving or purchasing another home?

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### Health

Are you saving to cover potential healthcare costs in retirement?

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### Leisure

Have you planned to generate the lifetime income you'll need to do all you want to do?

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### Work

Can you see yourself working in retirement? Do you have a passion you've always wanted to pursue?

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### Family

Is your family protected from the unexpected? Do you have a child's schooling expenses you want to cover? Are you helping an aging parent? Do you have a child or loved one with special needs?

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### Giving

Are you leaving money to a charity or cause you care about?

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GOALS

## More about your goals and how you prioritize them

What age are you hoping to retire? \_\_\_\_\_

What age is your spouse hoping to retire? \_\_\_\_\_  
(if applicable)

How much income do you think you will need in retirement? \_\_\_\_\_  
(annually)

Keep in mind your retirement expenses can be based on your current expenses and should include things like basic living costs as well as discretionary expenses like travel. In general, retirement costs tend to be slightly lower than your current living expenses.

**As you think about your other goals, you should also prioritize them — essential, important or aspirational.**

- **Essential goals** usually represent the basics you need, such as paying rent or mortgage, utilities, health care, transportation, food, etc.
- **Important goals** are those that are critical to you, but you may have some flexibility in how or when you pay for them.
- **Aspirational goals** are “wants” as opposed to “needs.” These might include entertainment, gifts or travel. Make all estimates based on current prices.

**Describe your goal** \_\_\_\_\_

When do you want to begin? \_\_\_\_\_ What do you think it will cost? \_\_\_\_\_

How important is this goal?  Essential  Important  Aspirational

What might it take to achieve this goal? \_\_\_\_\_

**Describe your goal** \_\_\_\_\_

When do you want to begin? \_\_\_\_\_ What do you think it will cost? \_\_\_\_\_

How important is this goal?  Essential  Important  Aspirational

What might it take to achieve this goal? \_\_\_\_\_

**Describe your goal** \_\_\_\_\_

When do you want to begin? \_\_\_\_\_ What do you think it will cost? \_\_\_\_\_

How important is this goal?  Essential  Important  Aspirational

What might it take to achieve this goal? \_\_\_\_\_

## More about your goals and how you prioritize them

**Describe your goal** \_\_\_\_\_

When do you want to begin? \_\_\_\_\_ What do you think it will cost? \_\_\_\_\_

How important is this goal?  Essential  Important  Aspirational

What might it take to achieve this goal? \_\_\_\_\_

**Describe your goal** \_\_\_\_\_

When do you want to begin? \_\_\_\_\_ What do you think it will cost? \_\_\_\_\_

How important is this goal?  Essential  Important  Aspirational

What might it take to achieve this goal? \_\_\_\_\_

**Describe your goal** \_\_\_\_\_

When do you want to begin? \_\_\_\_\_ What do you think it will cost? \_\_\_\_\_

How important is this goal?  Essential  Important  Aspirational

What might it take to achieve this goal? \_\_\_\_\_

**Describe your goal** \_\_\_\_\_

When do you want to begin? \_\_\_\_\_ What do you think it will cost? \_\_\_\_\_

How important is this goal?  Essential  Important  Aspirational

What might it take to achieve this goal? \_\_\_\_\_

It is important to also understand how you think about risk

- **In life, would you say that you're a risk-taker, a risk-avoider or something in between?**

\_\_\_\_\_

- **How comfortable would you say you are with investment risk?**

\_\_\_\_\_



## Taxable investment accounts that are not at Merrill

**Taxable investment account 1 name and description** \_\_\_\_\_

Financial institution \_\_\_\_\_ Account owner \_\_\_\_\_

Ownership type (Single, joint, trust, etc.) \_\_\_\_\_ Cost basis \_\_\_\_\_ Market value \_\_\_\_\_

Account contribution in today's dollars \_\_\_\_\_

Inflation assumption \_\_\_\_\_% Start date and duration \_\_\_\_\_

Designated beneficiaries \_\_\_\_\_

**Taxable investment account 2 name and description** \_\_\_\_\_

Financial institution \_\_\_\_\_ Account owner \_\_\_\_\_

Ownership type (Single, joint, trust, etc.) \_\_\_\_\_ Cost basis \_\_\_\_\_ Market value \_\_\_\_\_

Account contribution in today's dollars \_\_\_\_\_

Inflation assumption \_\_\_\_\_% Start date and duration \_\_\_\_\_

Designated beneficiaries \_\_\_\_\_

**Taxable investment account 3 name and description** \_\_\_\_\_

Financial institution \_\_\_\_\_ Account owner \_\_\_\_\_

Ownership type (Single, joint, trust, etc.) \_\_\_\_\_ Cost basis \_\_\_\_\_ Market value \_\_\_\_\_

Account contribution in today's dollars \_\_\_\_\_

Inflation assumption \_\_\_\_\_% Start date and duration \_\_\_\_\_

Designated beneficiaries \_\_\_\_\_

**Taxable investment account 4 name and description** \_\_\_\_\_

Financial institution \_\_\_\_\_ Account owner \_\_\_\_\_

Ownership type (Single, joint, trust, etc.) \_\_\_\_\_ Cost basis \_\_\_\_\_ Market value \_\_\_\_\_

Account contribution in today's dollars \_\_\_\_\_

Inflation assumption \_\_\_\_\_% Start date and duration \_\_\_\_\_

Designated beneficiaries \_\_\_\_\_

ASSETS

## How your assets are allocated in taxable investment accounts

<b>You</b>		<b>Your spouse or partner</b>	
<b>Cash</b>	_____ %	<b>Cash</b>	_____ %
<b>Equity</b>	_____ %	<b>Equity</b>	_____ %
<b>Fixed Income</b>	_____ %	<b>Fixed Income</b>	_____ %
Taxable	_____ %	Taxable	_____ %
Tax-free	_____ %	Tax-free	_____ %
<b>Alternative Investments</b>	_____ %	<b>Alternative Investments</b>	_____ %
Real assets	_____ %	Real assets	_____ %
Hedge Fund Strategies	_____ %	Hedge Fund Strategies	_____ %
Private Equity	_____ %	Private Equity	_____ %
Annual taxable savings target	_____	Annual taxable savings target	_____

## Retirement accounts, such as a 401(k), IRA or Roth IRA, that are not at Merrill

### Retirement account 1 name and description \_\_\_\_\_

Financial institution \_\_\_\_\_ Account owner \_\_\_\_\_

Ownership type (Single, joint, trust, etc.) \_\_\_\_\_ Cost basis \_\_\_\_\_ Market value \_\_\_\_\_

Mandatory withdrawals (if applicable) \_\_\_\_\_ Account contribution in today's dollars \_\_\_\_\_

Inflation assumption \_\_\_\_\_ % Start date and duration \_\_\_\_\_

Employer will match \_\_\_\_\_ % Of first \_\_\_\_\_ %

Employer will match \_\_\_\_\_ % Of first \_\_\_\_\_ %

Maximum amount you can contribution annually \_\_\_\_\_ Do you have a profit-sharing plan?  Yes \_\_\_\_\_ %  No

Designated beneficiaries \_\_\_\_\_

### Retirement account 2 name and description \_\_\_\_\_

Financial institution \_\_\_\_\_ Account owner \_\_\_\_\_

Ownership type (Single, joint, trust, etc.) \_\_\_\_\_ Cost basis \_\_\_\_\_ Market value \_\_\_\_\_

Mandatory withdrawals (if applicable) \_\_\_\_\_ Account contribution in today's dollars \_\_\_\_\_

Inflation assumption \_\_\_\_\_ % Start date and duration \_\_\_\_\_

Employer will match \_\_\_\_\_ % Of first \_\_\_\_\_ %

Employer will match \_\_\_\_\_ % Of first \_\_\_\_\_ %

Maximum amount you can contribution annually \_\_\_\_\_ Do you have a profit-sharing plan?  Yes \_\_\_\_\_ %  No

Designated beneficiaries \_\_\_\_\_

## Retirement accounts, such as a 401(k), IRA or Roth IRA, that are not at Merrill (continued)

### Retirement account 3 name and description \_\_\_\_\_

Financial institution \_\_\_\_\_ Account owner \_\_\_\_\_

Ownership type (Single, joint, trust, etc.) \_\_\_\_\_ Cost basis \_\_\_\_\_ Market value \_\_\_\_\_

Mandatory withdrawals (if applicable) \_\_\_\_\_ Account contribution in today's dollars \_\_\_\_\_

Inflation assumption \_\_\_\_\_ % Start date and duration \_\_\_\_\_

Employer will match \_\_\_\_\_ % Of first \_\_\_\_\_ %

Employer will match \_\_\_\_\_ % Of first \_\_\_\_\_ %

Maximum amount you can contribution annually \_\_\_\_\_ Do you have a profit-sharing plan?  Yes \_\_\_\_\_ %  No

Designated beneficiaries \_\_\_\_\_

### Retirement account 4 name and description \_\_\_\_\_

Financial institution \_\_\_\_\_ Account owner \_\_\_\_\_

Ownership type (Single, joint, trust, etc.) \_\_\_\_\_ Cost basis \_\_\_\_\_ Market value \_\_\_\_\_

Mandatory withdrawals (if applicable) \_\_\_\_\_ Account contribution in today's dollars \_\_\_\_\_

Inflation assumption \_\_\_\_\_ % Start date and duration \_\_\_\_\_

Employer will match \_\_\_\_\_ % Of first \_\_\_\_\_ %

Employer will match \_\_\_\_\_ % Of first \_\_\_\_\_ %

Maximum amount you can contribution annually \_\_\_\_\_ Do you have a profit-sharing plan?  Yes \_\_\_\_\_ %  No

Designated beneficiaries \_\_\_\_\_

## Deferred compensation payouts

### **Deferred compensation account 1 name and description** \_\_\_\_\_

Financial institution \_\_\_\_\_

Account owner \_\_\_\_\_ Ownership type (Single, joint, trust, etc.) \_\_\_\_\_

Account value \_\_\_\_\_

Payout start date \_\_\_\_\_ Payout duration (years) \_\_\_\_\_

Plan type (fixed or variable) \_\_\_\_\_ Earnings rate (fixed only) \_\_\_\_\_%

Account contribution in today's dollars \_\_\_\_\_

Inflation assumption \_\_\_\_\_% Start date and duration \_\_\_\_\_

Designated beneficiaries \_\_\_\_\_

### **Deferred compensation account 2 name and description** \_\_\_\_\_

Financial institution \_\_\_\_\_

Account owner \_\_\_\_\_ Ownership type (Single, joint, trust, etc.) \_\_\_\_\_

Account value \_\_\_\_\_

Payout start date \_\_\_\_\_ Payout duration (years) \_\_\_\_\_

Plan type (fixed or variable) \_\_\_\_\_ Earnings rate (fixed only) \_\_\_\_\_%

Account contribution in today's dollars \_\_\_\_\_

Inflation assumption \_\_\_\_\_% Start date and duration \_\_\_\_\_

Designated beneficiaries \_\_\_\_\_

ASSETS

How assets are allocated in the retirement accounts

<b>You</b>		<b>Your spouse or partner</b>	
<b>Cash</b> _____	%	<b>Cash</b> _____	%
<b>Equity</b> _____	%	<b>Equity</b> _____	%
<b>Fixed Income</b> _____	%	<b>Fixed Income</b> _____	%
Taxable _____	%	Taxable _____	%
Tax-free _____	%	Tax-free _____	%
<b>Alternative Investments</b> _____	%	<b>Alternative Investments</b> _____	%
Real assets _____	%	Real assets _____	%
Hedge Fund Strategies _____	%	Hedge Fund Strategies _____	%
Private Equity _____	%	Private Equity _____	%

ASSETS

## Education savings accounts that are not at Bank of America or Merrill

**Education savings account 1 name and description** \_\_\_\_\_

Financial institution \_\_\_\_\_

Account owner \_\_\_\_\_ Student \_\_\_\_\_

Account value \_\_\_\_\_

Investment objective (growth, income, etc.) \_\_\_\_\_

Account contribution in today's dollars \_\_\_\_\_ Inflation assumption \_\_\_\_\_% Start date and duration \_\_\_\_\_

**Education savings account 2 name and description** \_\_\_\_\_

Financial institution \_\_\_\_\_

Account owner \_\_\_\_\_ Student \_\_\_\_\_

Account value \_\_\_\_\_

Investment objective (growth, income, etc.) \_\_\_\_\_

Account contribution in today's dollars \_\_\_\_\_ Inflation assumption \_\_\_\_\_% Start date and duration \_\_\_\_\_

**Education savings account 3 name and description** \_\_\_\_\_

Financial institution \_\_\_\_\_

Account owner \_\_\_\_\_ Student \_\_\_\_\_

Account value \_\_\_\_\_

Investment objective (growth, income, etc.) \_\_\_\_\_

Account contribution in today's dollars \_\_\_\_\_ Inflation assumption \_\_\_\_\_% Start date and duration \_\_\_\_\_

**Education savings account 4 name and description** \_\_\_\_\_

Financial institution \_\_\_\_\_

Account owner \_\_\_\_\_ Student \_\_\_\_\_

Account value \_\_\_\_\_

Investment objective (growth, income, etc.) \_\_\_\_\_

Account contribution in today's dollars \_\_\_\_\_ Inflation assumption \_\_\_\_\_% Start date and duration \_\_\_\_\_

ASSETS

## Bank accounts that are not at Bank of America or Merrill

**Bank account 1 name and description** \_\_\_\_\_

Financial institution \_\_\_\_\_

Account owner \_\_\_\_\_ Balance \_\_\_\_\_ Account value \_\_\_\_\_

Investment objective (growth, income, etc.) \_\_\_\_\_ Account contribution in today's dollars \_\_\_\_\_

Inflation assumption \_\_\_\_\_% Start date and duration \_\_\_\_\_

Designated beneficiaries \_\_\_\_\_

**Bank account 2 name and description** \_\_\_\_\_

Financial institution \_\_\_\_\_

Account owner \_\_\_\_\_ Balance \_\_\_\_\_ Account value \_\_\_\_\_

Investment objective (growth, income, etc.) \_\_\_\_\_ Account contribution in today's dollars \_\_\_\_\_

Inflation assumption \_\_\_\_\_% Start date and duration \_\_\_\_\_

Designated beneficiaries \_\_\_\_\_

**Bank account 3 name and description** \_\_\_\_\_

Financial institution \_\_\_\_\_

Account owner \_\_\_\_\_ Balance \_\_\_\_\_ Account value \_\_\_\_\_

Investment objective (growth, income, etc.) \_\_\_\_\_ Account contribution in today's dollars \_\_\_\_\_

Inflation assumption \_\_\_\_\_% Start date and duration \_\_\_\_\_

Designated beneficiaries \_\_\_\_\_

**Bank account 4 name and description** \_\_\_\_\_

Financial institution \_\_\_\_\_

Account owner \_\_\_\_\_ Balance \_\_\_\_\_ Account value \_\_\_\_\_

Investment objective (growth, income, etc.) \_\_\_\_\_ Account contribution in today's dollars \_\_\_\_\_

Inflation assumption \_\_\_\_\_% Start date and duration \_\_\_\_\_

Designated beneficiaries \_\_\_\_\_



## Real estate assets

**Property 1 description (primary residence, vacation home, investment property, etc.)** \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner type (Single, joint, trust, etc.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Estimated market value \_\_\_\_\_ Will you use the proceeds to fund goals?  Yes  No

Designated beneficiaries \_\_\_\_\_

**Property 2 description (primary residence, vacation home, investment property, etc.)** \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner type (Single, joint, trust, etc.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Estimated market value \_\_\_\_\_ Will you use the proceeds to fund goals?  Yes  No

Designated beneficiaries \_\_\_\_\_

ASSETS

Personal assets (i.e., business interest, expected inheritance, boat or other large asset)

**Personal asset 1 description** \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner type (Single, joint, trust, etc.) \_\_\_\_\_

Estimated market value \_\_\_\_\_ Will you use the proceeds to fund goals?  Yes  No

Designated beneficiaries \_\_\_\_\_

**Personal asset 2 description** \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner type (Single, joint, trust, etc.) \_\_\_\_\_

Estimated market value \_\_\_\_\_ Will you use the proceeds to fund goals?  Yes  No

Designated beneficiaries \_\_\_\_\_

**Personal asset 3 description** \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner type (Single, joint, trust, etc.) \_\_\_\_\_

Estimated market value \_\_\_\_\_ Will you use the proceeds to fund goals?  Yes  No

Designated beneficiaries \_\_\_\_\_

**See all your financial information in one place**

To easily share this information with your advisor, consider signing up for [My Financial Picture](#). Accessible through the [MyMerrill](#) website and app, this secure service provides you with a single snapshot of your Merrill and Bank of America accounts as well as accounts at external financial institutions. This view lets you see your financial information in one place online and offers a more complete view — one that you can share with your advisor so you can access advice across your financial picture.

## Stock options

**Stock option 1 type**    Nonqualified    Incentive    Restricted stock    SAR    RSU    Other

Company name or symbol \_\_\_\_\_ Owner \_\_\_\_\_

Grant date \_\_\_\_\_ Expiration date \_\_\_\_\_

Strike price \_\_\_\_\_ Number of shares \_\_\_\_\_

Number of shares vested \_\_\_\_\_ Vested bargain element \_\_\_\_\_

Nest vesting date \_\_\_\_\_ Number of shares vesting \_\_\_\_\_ Frequency \_\_\_\_\_

**Stock option 2 type**    Nonqualified    Incentive    Restricted stock    SAR    RSU    Other

Company name or symbol \_\_\_\_\_ Owner \_\_\_\_\_

Grant date \_\_\_\_\_ Expiration date \_\_\_\_\_

Strike price \_\_\_\_\_ Number of shares \_\_\_\_\_

Number of shares vested \_\_\_\_\_ Vested bargain element \_\_\_\_\_

Nest vesting date \_\_\_\_\_ Number of shares vesting \_\_\_\_\_ Frequency \_\_\_\_\_

**Stock option 3 type**    Nonqualified    Incentive    Restricted stock    SAR    RSU    Other

Company name or symbol \_\_\_\_\_ Owner \_\_\_\_\_

Grant date \_\_\_\_\_ Expiration date \_\_\_\_\_

Strike price \_\_\_\_\_ Number of shares \_\_\_\_\_

Number of shares vested \_\_\_\_\_ Vested bargain element \_\_\_\_\_

Nest vesting date \_\_\_\_\_ Number of shares vesting \_\_\_\_\_ Frequency \_\_\_\_\_

**Stock option 4 type**    Nonqualified    Incentive    Restricted stock    SAR    RSU    Other

Company name or symbol \_\_\_\_\_ Owner \_\_\_\_\_

Grant date \_\_\_\_\_ Expiration date \_\_\_\_\_

Strike price \_\_\_\_\_ Number of shares \_\_\_\_\_

Number of shares vested \_\_\_\_\_ Vested bargain element \_\_\_\_\_

Nest vesting date \_\_\_\_\_ Number of shares vesting \_\_\_\_\_ Frequency \_\_\_\_\_

Designated beneficiaries for stock options \_\_\_\_\_

LIABILITIES

# Mortgages

**Mortgage 1 description (primary residence, vacation home, investment property, etc.)** \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner type (Single, joint, trust, etc.) \_\_\_\_\_

Balance \_\_\_\_\_ Current interest rate \_\_\_\_\_%

Monthly payment (principal and interest) \_\_\_\_\_

Type  Fixed  Adjustable  Fixed-Adjustable Adjustment period begins \_\_\_\_\_

Payments remaining (months) \_\_\_\_\_ Holding period (years) \_\_\_\_\_

**Mortgage 2 description (primary residence, vacation home, investment property, etc.)** \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner type (Single, joint, trust, etc.) \_\_\_\_\_

Balance \_\_\_\_\_ Current interest rate \_\_\_\_\_%

Monthly payment (principal and interest) \_\_\_\_\_

Type  Fixed  Adjustable  Fixed-Adjustable Adjustment period begins \_\_\_\_\_

Payments remaining (months) \_\_\_\_\_ Holding period (years) \_\_\_\_\_

**Mortgage 3 description (primary residence, vacation home, investment property, etc.)** \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner type (Single, joint, trust, etc.) \_\_\_\_\_

Balance \_\_\_\_\_ Current interest rate \_\_\_\_\_%

Monthly payment (principal and interest) \_\_\_\_\_

Type  Fixed  Adjustable  Fixed-Adjustable Adjustment period begins \_\_\_\_\_

Payments remaining (months) \_\_\_\_\_ Holding period (years) \_\_\_\_\_

LIABILITIES

Other liabilities (i.e., credit cards, lines of credit, security-based loans, auto loans)

**Other liability 1 description** \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner type (Single, joint, trust, etc.) \_\_\_\_\_

Balance \_\_\_\_\_ Current interest rate \_\_\_\_\_%

Monthly payment (principal and interest) \_\_\_\_\_

**Other liability 2 description** \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner type (Single, joint, trust, etc.) \_\_\_\_\_

Balance \_\_\_\_\_ Current interest rate \_\_\_\_\_%

Monthly payment (principal and interest) \_\_\_\_\_

**Other liability 3 description** \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner type (Single, joint, trust, etc.) \_\_\_\_\_

Balance \_\_\_\_\_ Current interest rate \_\_\_\_\_%

Monthly payment (principal and interest) \_\_\_\_\_

**Other liability 4 description** \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner type (Single, joint, trust, etc.) \_\_\_\_\_

Balance \_\_\_\_\_ Current interest rate \_\_\_\_\_%

Monthly payment (principal and interest) \_\_\_\_\_

**Other liability 5 description** \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner type (Single, joint, trust, etc.) \_\_\_\_\_

Balance \_\_\_\_\_ Current interest rate \_\_\_\_\_%

Monthly payment (principal and interest) \_\_\_\_\_

**Other liability 6 description** \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner type (Single, joint, trust, etc.) \_\_\_\_\_

Balance \_\_\_\_\_ Current interest rate \_\_\_\_\_%

Monthly payment (principal and interest) \_\_\_\_\_

TAXES & INCOME

## General tax information

Federal tax rate \_\_\_\_\_% State tax rate \_\_\_\_\_% Local tax rate \_\_\_\_\_%

Are there any other taxes that you pay currently? \_\_\_\_\_

Bank of America and its affiliates do not provide legal, tax or accounting advice. You should consult your legal and/or tax advisors before making any financial decisions.

INCOME

## Earned income (i.e., salary, alimony, rental income)

**Earned income 1 description (salary, self-employment, etc.)** \_\_\_\_\_

Owner \_\_\_\_\_ Current or anticipated start year \_\_\_\_\_

Annual amount in today's dollars \_\_\_\_\_ Inflation assumption \_\_\_\_\_%

Duration (number of years or lifetime) \_\_\_\_\_

**Earned income 2 description (salary, self-employment, etc.)** \_\_\_\_\_

Owner \_\_\_\_\_ Current or anticipated start year \_\_\_\_\_

Annual amount in today's dollars \_\_\_\_\_ Inflation assumption \_\_\_\_\_%

Duration (number of years or lifetime) \_\_\_\_\_

INCOME

## Social Security benefits

Owner \_\_\_\_\_ Annual benefit amount \_\_\_\_\_

Age you started or plan to start taking benefits \_\_\_\_\_

Owner \_\_\_\_\_ Annual benefit amount \_\_\_\_\_

Age you started or plan to start taking benefits \_\_\_\_\_

## Other sources of income in retirement (i.e., pension, annuity)

**Retirement income 1 description** \_\_\_\_\_

Owner \_\_\_\_\_ Annual amount in today's dollars \_\_\_\_\_

Start date \_\_\_\_\_ Duration (number of years or lifetime) \_\_\_\_\_

Inflation indexed?  Yes \_\_\_\_\_%  No Survivor benefit?  Yes \_\_\_\_\_%  No Tax exempt  Yes  No

**Retirement income 2 description** \_\_\_\_\_

Owner \_\_\_\_\_ Annual amount in today's dollars \_\_\_\_\_

Start date \_\_\_\_\_ Duration (number of years or lifetime) \_\_\_\_\_

Inflation indexed?  Yes \_\_\_\_\_%  No Survivor benefit?  Yes \_\_\_\_\_%  No Tax exempt  Yes  No

**Retirement income 3 description** \_\_\_\_\_

Owner \_\_\_\_\_ Annual amount in today's dollars \_\_\_\_\_

Start date \_\_\_\_\_ Duration (number of years or lifetime) \_\_\_\_\_

Inflation indexed?  Yes \_\_\_\_\_%  No Survivor benefit?  Yes \_\_\_\_\_%  No Tax exempt  Yes  No

**Retirement income 4 description** \_\_\_\_\_

Owner \_\_\_\_\_ Annual amount in today's dollars \_\_\_\_\_

Start date \_\_\_\_\_ Duration (number of years or lifetime) \_\_\_\_\_

Inflation indexed?  Yes \_\_\_\_\_%  No Survivor benefit?  Yes \_\_\_\_\_%  No Tax exempt  Yes  No

## Life insurance

**Life insurance policy 1 description (Term, Whole, Variable, Universal)** \_\_\_\_\_

Policy owner \_\_\_\_\_ Owner type (Single, joint, common property, ILIT, Other) \_\_\_\_\_

Whose life is insured? \_\_\_\_\_ Insured type (Single, First to Die, Second to Die) \_\_\_\_\_

Net death benefit \_\_\_\_\_ Policy end year (if term) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Net cash surrender value \_\_\_\_\_ Annual provided by employer (if any) \_\_\_\_\_

Annual premium \_\_\_\_\_ Planned premium duration \_\_\_\_\_

Primary beneficiary name \_\_\_\_\_ %

Primary beneficiary name \_\_\_\_\_ %

Primary beneficiary name \_\_\_\_\_ %

Contingent beneficiary name \_\_\_\_\_ %

Contingent beneficiary name \_\_\_\_\_ %

Contingent beneficiary name \_\_\_\_\_ %

**Life insurance policy 2 description (Term, Whole, Variable, Universal)** \_\_\_\_\_

Policy owner \_\_\_\_\_ Owner type (Single, joint, common property, ILIT, Other) \_\_\_\_\_

Whose life is insured? \_\_\_\_\_ Insured type (Single, First to Die, Second to Die) \_\_\_\_\_

Net death benefit \_\_\_\_\_ Policy end year (if term) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Net cash surrender value \_\_\_\_\_ Annual provided by employer (if any) \_\_\_\_\_

Annual premium \_\_\_\_\_ Planned premium duration \_\_\_\_\_

Primary beneficiary name \_\_\_\_\_ %

Primary beneficiary name \_\_\_\_\_ %

Primary beneficiary name \_\_\_\_\_ %

Contingent beneficiary name \_\_\_\_\_ %

Contingent beneficiary name \_\_\_\_\_ %

Contingent beneficiary name \_\_\_\_\_ %



## Long-term care insurance

**Long-term care policy 1 description (Traditional LTC, Life Insurance with LTC rider)** \_\_\_\_\_

Policy owner \_\_\_\_\_

Owner type (Single, joint, common property, ILIT, Other) \_\_\_\_\_

Who is insured? \_\_\_\_\_

Premium waiver  Yes  No Year Purchased \_\_\_\_\_ Elimination period (days) \_\_\_\_\_

Insurance company \_\_\_\_\_ Annual premium \_\_\_\_\_

Tax deduction  Yes  No Inflation rider \_\_\_\_\_ Annual benefit \_\_\_\_\_

Planned premium duration \_\_\_\_\_ Amount provided by employer (if any) \_\_\_\_\_

**Long-term care policy 2 description (Traditional LTC, Life Insurance with LTC rider)** \_\_\_\_\_

Policy owner \_\_\_\_\_

Owner type (Single, joint, common property, ILIT, Other) \_\_\_\_\_

Who is insured? \_\_\_\_\_

Premium waiver  Yes  No Year Purchased \_\_\_\_\_ Elimination period (days) \_\_\_\_\_

Insurance company \_\_\_\_\_ Annual premium \_\_\_\_\_

Tax deduction  Yes  No Inflation rider \_\_\_\_\_ Annual benefit \_\_\_\_\_

Planned premium duration \_\_\_\_\_ Amount provided by employer (if any) \_\_\_\_\_

**Long-term care policy 3 description (Traditional LTC, Life Insurance with LTC rider)** \_\_\_\_\_

Policy owner \_\_\_\_\_

Owner type (Single, joint, common property, ILIT, Other) \_\_\_\_\_

Who is insured? \_\_\_\_\_

Premium waiver  Yes  No Year Purchased \_\_\_\_\_ Elimination period (days) \_\_\_\_\_

Insurance company \_\_\_\_\_ Annual premium \_\_\_\_\_

Tax deduction  Yes  No Inflation rider \_\_\_\_\_ Annual benefit \_\_\_\_\_

Planned premium duration \_\_\_\_\_ Amount provided by employer (if any) \_\_\_\_\_

## Disability insurance

**Disability insurance policy 1 description (Employer funded, individually funded)** \_\_\_\_\_

Policy owner \_\_\_\_\_

Owner type (Single, joint, common property, ILIT, Other) \_\_\_\_\_

Who is insured? \_\_\_\_\_

Insurance company \_\_\_\_\_ Annual premium \_\_\_\_\_

Planned premium duration \_\_\_\_\_ Amount provided by employer (if any) \_\_\_\_\_

Benefit end age \_\_\_\_\_ Are benefits taxable?  Yes  No

**Disability insurance policy 2 description (Employer funded, individually funded)** \_\_\_\_\_

Policy owner \_\_\_\_\_

Owner type (Single, joint, common property, ILIT, Other) \_\_\_\_\_

Who is insured? \_\_\_\_\_

Insurance company \_\_\_\_\_ Annual premium \_\_\_\_\_

Planned premium duration \_\_\_\_\_ Amount provided by employer (if any) \_\_\_\_\_

Benefit end age \_\_\_\_\_ Are benefits taxable?  Yes  No

## Basic information for you

Do you have a will?  Yes  No If yes, have you reviewed it in the last three (3) years?  Yes  No

Do you have a living trust?  Yes  No Attorney's name (optional) \_\_\_\_\_

Who is your successor trustee? \_\_\_\_\_ Does your will/living trust have a unified credit provision?  Yes  No

Have you designated beneficiaries for applicable accounts and reviewed them recently?  Yes  No

Prior gifts: \_\_\_\_\_

Total taxable gifts \_\_\_\_\_ Federal taxes paid \_\_\_\_\_ Other credits \_\_\_\_\_

Are there any end of life expenses you would like to plan for? \_\_\_\_\_

Funeral expenses \_\_\_\_\_ Emergency expenses \_\_\_\_\_ Other expenses \_\_\_\_\_

Are you the trustee of an irrevocable trust?  Yes  No If yes, who are the beneficiaries? \_\_\_\_\_

Beneficiary \_\_\_\_\_ Beneficiary \_\_\_\_\_

Beneficiary \_\_\_\_\_ Beneficiary \_\_\_\_\_

Are you the beneficiary of an irrevocable trust?  Yes  No

## Basic information for your spouse or partner

Do they have a will?  Yes  No If yes, have they reviewed it in the last three (3) years?  Yes  No

Do they have a living trust?  Yes  No Attorney's name (optional) \_\_\_\_\_

Who is their successor trustee? \_\_\_\_\_ Does their will/living trust have a unified credit provision?  Yes  No

Have they designated beneficiaries for applicable accounts and reviewed them recently?  Yes  No

Prior gifts: \_\_\_\_\_

Total taxable gifts \_\_\_\_\_ Federal taxes paid \_\_\_\_\_ Other credits \_\_\_\_\_

Are there any end of life expenses they would like to plan for? \_\_\_\_\_

Funeral expenses \_\_\_\_\_ Emergency expenses \_\_\_\_\_ Other expenses \_\_\_\_\_

Are they the trustee of an irrevocable trust?  Yes  No If yes, who are the beneficiaries? \_\_\_\_\_

Beneficiary \_\_\_\_\_ Beneficiary \_\_\_\_\_

Beneficiary \_\_\_\_\_ Beneficiary \_\_\_\_\_

Are they the beneficiary of an irrevocable trust?  Yes  No

## Individuals or philanthropic beneficiaries of your estate

Beneficiary \_\_\_\_\_ Beneficiary \_\_\_\_\_

Beneficiary \_\_\_\_\_ Beneficiary \_\_\_\_\_

Beneficiary \_\_\_\_\_ Beneficiary \_\_\_\_\_

Do you have a charitable remainder trust?  Yes  No

Do you have an irrevocable life insurance trust?  Yes  No

Do you have a credit shelter trust?  Yes  No

## Gifts of charitable donations you expect to give

**Gift/contribution name 1** \_\_\_\_\_

How important is this goal?  Essential  Important  Aspirational

Donor \_\_\_\_\_ Start Date \_\_\_\_\_ Duration (Number of years or lifetime) \_\_\_\_\_

How much will be considered for the annual exclusion or lifetime exemption? \_\_\_\_\_

**Gift/contribution name 2** \_\_\_\_\_

How important is this goal?  Essential  Important  Aspirational

Donor \_\_\_\_\_ Start Date \_\_\_\_\_ Duration (Number of years or lifetime) \_\_\_\_\_

How much will be considered for the annual exclusion or lifetime exemption? \_\_\_\_\_

**Gift/contribution name 3** \_\_\_\_\_

How important is this goal?  Essential  Important  Aspirational

Donor \_\_\_\_\_ Start Date \_\_\_\_\_ Duration (Number of years or lifetime) \_\_\_\_\_

How much will be considered for the annual exclusion or lifetime exemption? \_\_\_\_\_

**Gift/contribution name 4** \_\_\_\_\_

How important is this goal?  Essential  Important  Aspirational

Donor \_\_\_\_\_ Start Date \_\_\_\_\_ Duration (Number of years or lifetime) \_\_\_\_\_

How much will be considered for the annual exclusion or lifetime exemption? \_\_\_\_\_

Are you interested in pursuing positive social and environmental impact while targeting competitive financial returns with **Sustainable & Impact Investing**?  Yes  No

## Bringing it all together

Thank you for taking the time to walk through this Wealth Planning Questionnaire. Your responses will serve as the foundation for your personalized plan that we'll create together. I'll then help you put your plan into action and revisit periodically as your needs and goals change over time. And remember, you can call on me and my team at any time with questions or when you want advice on any of your financial needs.