

**CONFIDENTIAL PERSONAL
FINANCIAL PLANNING GUIDE**

***PLEASE COMPLETE THIS CONFIDENTIAL PLANNING GUIDE
AND RETURN IT PRIOR TO YOUR FIRST MEETING***

This confidential planning questionnaire is necessary to help us begin preparing for the meeting and to make the best use of our time. If you are unsure of an answer, or uncomfortable providing a response, simply leave the question blank.

In addition, the following documents will be needed at our meeting for the purpose of study and analysis to make appropriate recommendations. It is understood that this material will be treated confidentially at all times.

- ☐ Most recent payroll stub (if applicable)
- ☐ Income Tax Returns (2 years preferred)
- ☐ Social Security Benefits Statement
- ☐ Employment Benefits Statements (Group Benefit and Retirement Plan)
- ☐ Investment Statements (Brokerage, Mutual Funds, IRA, CD, etc)
- ☐ Insurance and /or Annuity Contracts
- ☐ Estate Planning Documents (Wills and Trusts, if applicable)
- ☐ Business Arrangements (Buy/Sell, Stock Options, etc., if applicable)
- ☐ Any other information that will assist in evaluating your finances

Our integrity and commitment to excellence place us in the top tier of financial advisory and wealth management firms. Our decisions are driven by loyalty to our clients and an understanding that long-term success will be enhanced by always putting our clients' interests first.

Your meeting is scheduled for _____

Planner Joe Gallego, Financial Planner

Last Name _____

24W671 Woodcrest Drive
Naperville, IL 60540

joe@agmig.com
www.agmig.com

Today's Date_____

PERSONAL AND FAMILY INFORMATION

Client 1 Name:_____Age_____Gender_____

Birth Date_____US Citizen?_____Soc. Security Number _____

Marital Status: _____Single _____ Married _____ Divorced _____ Widowed

Any Previous Marriages? _____ If so, number and length of prior marriage(s)_____

Are you a US Veteran? _____ If so, dates of service_____

Client 2 Name _____Age:_____ Gender_____

Birth Date_____US Citizen?_____Soc. Security Number _____

Relationship: _____Spouse _____Partner/ Significant Other _____Other_____

Any Previous Marriages? _____ If so, number and length of prior marriage(s)_____

Are you a US Veteran? _____ If so, dates of service_____

Address:_____

City_____State_____Zip _____ - _____

Phone (Residence)_____Preferred e-mail _____

CHILDREN/ GRANDCHILDREN

<u>Name</u> (First, Last)	<u>Date of Birth</u>	<u>Age /</u>	<u>School Grade</u>	<u>Gender</u>	<u>Relationship (e.g. child, etc)</u>	<u>Soc Sec #</u>
_____	_____	_____/_____	_____	_____	_____	_____
_____	_____	_____/_____	_____	_____	_____	_____
_____	_____	_____/_____	_____	_____	_____	_____
_____	_____	_____/_____	_____	_____	_____	_____
_____	_____	_____/_____	_____	_____	_____	_____

(Social Security number is needed for establishment of UTMA, 529 or other Children's accounts)

Do you or any of your dependents have special needs?_____ List name and nature of special need:_____

Do you anticipate that you will be caring for elderly parents/relatives?_____

Other important family information:

EMPLOYMENT STATUS

Which of the following best describes your current employment/ business status? Please complete pertinent contact information, **including most recent occupation and employer if you are currently retired.**

Client 1 (Name) _____

Occupation / Job Title _____

Name of Employer _____
(Current, or last employer if now retired)

_____ Currently Employed _____ Business Owner, partner or professional Practice

_____ Retired _____ Homemaker

Business Phone _____ Cell _____

E-mail: Home _____ Business E-Mail _____

Preferred contact method (phone, email, work, home) _____

Client 2 (Name) _____

Occupation / Job Title _____

Name of Employer _____
(Current, or last employer if now retired)

_____ Currently Employed _____ Business Owner, partner or professional Practice

_____ Retired _____ Homemaker

Business Phone _____ Cell _____

E-mail Home _____ Business E-mail _____

Preferred contact method (phone, email, work, home) _____

DISCUSSION PRIORITIES Items of immediate concern to you. Please RANK with 1 being the greatest concern

_____ Develop overall plan of action

_____ Cash Management

_____ Tax Reduction/ Control

_____ Estate Planning

_____ Investments

_____ Retirement Planning

_____ Education Funding

_____ Adequate Insurance Coverage

_____ Income Now

_____ Other _____

Do you have any specific goals or objectives that you want to discuss? If so, describe:

INCOME AND FINANCIAL STATUS

1. Which category best describes your **household's total annual income** last year, from all sources, before taxes??

_____ 0-\$50,000

_____ \$200,001 - \$500,000

_____ \$50,001- \$100,000

_____ \$500,001 - \$1,000,000

_____ \$100,001 - \$200,000

_____ Over \$1,000,000

Do you expect a substantial change in household income during the next two years?

2. Annual Income

Client 1

Client 2

Annual Salary, Wages

\$

\$

Bonus / Commission / Cost of Living Increase

Interest

Dividends

Pension

Social Security

IRA Distribution

Annuity Payout

Other Retirement Plan _____

Child Support.

Date ends _____

Alimony (Spousal Support)

Date ends _____

(Please attach copy of judgment showing terms of alimony and child support)

Other (Business Income, Rents, Partnership, Notes - List)

Does anyone owe you money that you expect to be repaid? Describe amount and terms of loan:

\$

About how much does it currently cost every month for you/ your family to live comfortably? (**pre-tax**) \$

If not yet retired: How much monthly household income would you require to live on *during retirement* in today's dollars? (Gross income – pre tax)

\$

UPCOMING EXPENSES

Do you have any significant purchases/ expenses coming up in the next 2-3 years? **YES** **NO**

Describe: _____ \$ _____
_____ \$ _____
_____ \$ _____

FINANCIAL PLANNING STATUS AND AREAS OF CONCERN

I. EMERGENCY RESERVES/ LIQUID FUNDS

- a) How much emergency cash do you desire to meet unanticipated needs? \$ _____
YES **NO** **NOT SURE**
- b) Do your cash accounts generate adequate yield?..... _____
- b) Do you believe your savings are well diversified?..... _____
- c) Are you comfortable with the tax status of your savings?..... _____

II. DEBT MANAGEMENT

YES **NO** **NOT SURE**

- a) Is all the interest on your debt tax deductible?..... _____
- b) Are you keeping your monthly debt payments as low as possible?..... _____

III. HIGHER EDUCATION

YES **NO** **NOT SURE**

- a) Will you be providing for a child or grand child's higher education costs?..... _____
If yes for how many years? _____
How many children/grandchildren? _____
- b) How much do you estimate yearly costs will be per child in today's dollars? _____
- c) Name of College, if known _____ Public or Private? _____ In-state or Out? _____
- d) How much have you set aside for future education costs? _____
- e) Have you established a tax-favored account such as a 529, UTMA
or Coverdell (Education) savings account?..... _____

IV. RISK MANAGEMENT / INSURANCE

YES **NO** **NOT SURE**

Do you believe your family is adequately insured in the following areas?

- a) Life Insurance..... _____
- b) Disability Insurance..... _____
- c) Long Term Health Care..... _____
- d) Homeowners..... _____
- e) Automobile..... _____
- f) Personal Liability..... _____
- g) Umbrella Liability Coverage..... _____
- h) Medical Coverage..... _____

CURRENT INSURANCE COVERAGE - Please provide copy of company benefits package

Life Insurance

Person Insured	Company	Type of Policy (whole, term)	Death Benefit	Cash Value	Policy Loan	Annual Premium
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____

Medical Insurance

Person Insured	Company	Deductible	Annual Premium
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Disability Income Insurance

Person Insured	Company	Monthly Coverage	Waiting Period	Length of Benefit	Annual Premium
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

Automobile Insurance

Automobile	Company	Policy Number	Liability Coverage	Collision (deduct)	Comprehensive (deductible)	Annual Premium
_____	_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	\$ _____	_____	_____	\$ _____

Homeowners Insurance – Complete and attach statement of declaration page

Property	Company	Policy	Coverage Property	Personal	Medical	Umbrella	Annual Premium
_____	_____	_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	_____	\$ _____

Long Term Health Care

Person Insured	Company	Daily Coverage	Waiting Period	Length of Benefit	Annual Premium
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

V. FINANCIAL INDEPENDENCE - Client 1 (If still employed)**YES NO NOT SURE**

- a) Are you contributing to a retirement plan?..... ☐ ☐ ☐
Annual Employee~~ee~~ contribution?.....\$
Annual Employer (match) contribution?.....\$
b) Do you have company Stock in your retirement plan?..... ☐ ☐ ☐
c) Are you covered by a defined benefit pension plan? (Attach statement)..... ☐ ☐ ☐
If so, will your pension continue to your spouse upon your death?..... ☐ ☐ ☐
d) Do you know what your Social Security Benefits may be? (Attach stmt)..... ☐ ☐ ☐
e) How much do you contribute to a Traditional or Roth IRA annually?.....\$
f) At what age do you expect to retire? _____ (If retired, date of retirement _____)

FINANCIAL INDEPENDENCE - Client 2 (If still employed)**YES NO NOT SURE**

- a) Are you contributing to a retirement plan?..... ☐ ☐ ☐
Annual Employee~~ee~~ contribution?.....\$
Annual Employer contribution?.....\$
b) Do you have company Stock in your retirement plan?..... ☐ ☐ ☐
c) Are you covered by a defined benefit pension plan?..(Attach Statement) ☐ ☐ ☐
If so, will your pension continue to your spouse upon your death?..... ☐ ☐ ☐
d) Do you know what your Social Security Benefits may be?..(Attach Stmt) ☐ ☐ ☐
e) How much do you contribute to a Traditional or Roth IRA Annually?.....\$
f) At what age do you expect to retire? _____ (If retired, date of retirement _____)

IF PRIMARY WAGE EARNER, OR BOTH ARE RETIRED:**YES NO NOT SURE**

- a) Is your present income adequate to meet your monthly expenses?..... ☐ ☐ ☐
b) Do you have non-taxable retirement income?..... ☐ ☐ ☐
c) Are you minimizing taxes on your Social Security income?..... ☐ ☐ ☐
d) Will your pension continue to your spouse upon your death?..... ☐ ☐ ☐
e) Are you covered by employer-sponsored health insurance?..... ☐ ☐ ☐
f) Are you covered by Medicare Part A _____ Part B _____ Part D _____

VI. INVESTMENTS**YES NO NOT SURE**

- a) Are you comfortable with your overall investment portfolio?..... ☐ ☐ ☐
b) Are you satisfied with all of your individual investments?..... ☐ ☐ ☐
c) Are you comfortable with your current investment *income*?..... ☐ ☐ ☐
d) Do you make your own investment judgments and decisions?..... ☐ ☐ ☐
e) Do you believe you understand the risks associated with your investments?..... ☐ ☐ ☐
f) Are you satisfied with the rate of return on your investments?..... ☐ ☐ ☐
g) Do you save and invest on a systematic basis?..... ☐ ☐ ☐
h) What percent of gross income should you be saving? _____ %
i) Are you utilizing tax efficient investments?..... ☐ ☐ ☐

YES NO NOT SURE

j) Are you minimizing the income tax consequences of your stock options? _____
(if applicable)

k) Do you own all the types of investments you believe may benefit you?.....

l) If you own any highly appreciated assets, briefly describe _____

m) What is the best investment you ever made? _____

n) What is the worst investment you ever made? _____

o) Are there any investment vehicles that you would not buy (describe)? _____
Why? _____

INVESTMENT OBJECTIVE (Choose only one)

- _____ Preserving existing assets above all else
- _____ Conservative Income with minimum risk
- _____ Maximum Income with some principal risk
- _____ Moderate growth of assets, income secondary, some risk
- _____ Maximum growth of assets, substantial risk.

What would be the largest decline in your portfolio value that you would be able to tolerate over a three year period? _____ %

What do you believe is a reasonable rate of return (Choose only one)

- _____ 12% or higher
- _____ 10% -11.5%
- _____ 8% - 9.5%
- _____ 6% -7.5%
- _____ 3% -5.5%
- _____ Rate of return does not concern me. I am more interested in preservation of principal

VII TAXES

YES NO NOT SURE

a) Do you feel you are paying too much in Federal and State taxes?.....

b) Did you receive a Federal Tax refund last year?

If yes, how much? \$_____

c) Do you need to evaluate strategies for saving taxes?

d) Are you currently utilizing any tax-advantaged investments?.....

e) Will you be receiving a retirement plan lump sum distribution shortly?.....

VIII. ESTATE PLANNING –

YES NO NOT SURE

a) Do you have a will(s)?.....

b) So you live in the same state in which your will was drafted?.....

c) When was it last updated? Date_____

d) Do you have a Living Trust(s)?..... ..

e) Living Trust Information

Client 1 Date_____ Title of Trust _____

Client 2 Date_____ Title of Trust _____

YES NO NOT SURE

f) Do you have a Durable Power of Attorney?..... ..

g) Do you have a Health Care Power of Attorney?..... ..

h) If you died yesterday, would your spouse/family have adequate income
to maintain their standard of living?..... ..

i) To whom do you make significant gifts each year?_____

j) Do you expect to receive an inheritance?

If so, describe. _____

IX. Other

1. Do you have a family foundation? _____

2. Do you sit on the board of any non-profit organizations? _____

Professional Advisors

Your Attorney _____

Address _____

E-mail _____

Phone _____

Your Accountant _____

Address _____

E-mail _____

Phone _____

Other advisors or people whom you want to have knowledge of your financial affairs?

Name _____

Address _____

_____ Phone _____

Whom do you consult before making important financial decisions? _____

My Financial Goals

Retirement Goal

Goal Importance (circle one)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Ideal Age to Retire:

Client Spouse

Acceptable Age to Retire

Client Spouse

Life Expectancy:

Client Spouse

Retirement Living Expense:

Enter Ideal Living Expense

Use the following amounts for the Retirement periods:

Expense Period 1 -- Client retired/Spouse working \$ _____ ☐ Month ☐ Year

Expense Period 2 -- Spouse retired/Client working \$ _____ ☐ Month ☐ Year

Expense Period 3 -- Client AND Spouse retired \$ _____ ☐ Month ☐ Year

Expense Period 4 -- Client alone \$ _____ ☐ Month ☐ Year

Expense Period 5 -- Spouse alone \$ _____ ☐ Month ☐ Year

Enter Acceptable Living Expense

Use the following amounts for the Retirement periods:

Expense Period 1 -- Client retired/Spouse working \$ _____ ☐ Month ☐ Year

Expense Period 2 -- Spouse retired/Client working \$ _____ ☐ Month ☐ Year

Expense Period 3 -- Client AND Spouse retired \$ _____ ☐ Month ☐ Year

Expense Period 4 -- Client alone \$ _____ ☐ Month ☐ Year

Expense Period 5 -- Spouse alone \$ _____ ☐ Month ☐ Year

Adjustments to Living Expense Amounts

Description	Year Expense Will End	Amount (Current Dollars)	Inflate
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No

My Financial Goals

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Change State in Retirement

State where you will move: _____

When Will You Move? ☐ Client's Retirement ☐ Spouse's Retirement OR Year _____

My Financial Goals

College Goal

Name: _____ Year to Start: _____ # of Years of College: _____

Goal Importance (circle one)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Cost Estimate: [Fill in A, B, or C]

A. My Ideal cost estimate \$ _____ (Annual Cost)

My Acceptable cost estimate \$ _____ (Annual Cost)

B. IDEAL: Use an average cost: ☐ Average All - \$19,180

4-year: ☐ Public In-State - \$14,927 ☐ Public Out-Of-State - \$22,768 ☐ Private - \$30,210

2-year: ☐ Public In-State - \$11,350 ☐ Public Out-Of-State - \$15,657 ☐ Private - \$18,088

My Acceptable cost estimate \$ _____ (Annual Cost)

C. Specific College: _____ ☐ Under Graduate ☐ Graduate

State in which the college is located: _____

Include: (Check which to include)

☐ Tuition ☐ Out-of-State fees ☐ Room & Board ☐ Books & Supplies ☐ Other Costs

529 Prepaid Tuition Plan

How many years of Tuition and Fees will be covered for this college? _____

My Acceptable cost estimate \$ _____ (Annual Cost)

Outside Funding for College (Optional)

Other Funding Sources During College: (Annual Amounts)

Scholarships: \$ _____ Student Employment: \$ _____

Student Loans: \$ _____ Gifts and Other: \$ _____

Your own income: \$ _____ Your Loans: \$ _____

Outside Assets (Assets not owned by you that will be used to pay for this college, not including UGMA's, UTMA's, or 529 Plans)

1. Type of Asset: _____ Description: _____

Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %

2. Type of Asset: _____ Description: _____

Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____ %

(Note: the default rate is 6%)

My Financial Goals

College Goal

Name: _____ Year to Start: _____ # of Years of College: _____

Goal Importance (circle one)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Cost Estimate: [Fill in A, B, or C]

A. My Ideal cost estimate \$ _____ (Annual Cost)

My Acceptable cost estimate \$ _____ (Annual Cost)

B. IDEAL: Use an average cost: ☐ Average All - \$19,180

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2-year: ☐ Public In-State - \$11,350 ☐ Public Out-Of-State - \$15,657 ☐ Private - \$18,088

My Acceptable cost estimate \$ _____ (Annual Cost)

C. Specific College: _____ ☐ Under Graduate ☐ Graduate

State in which the college is located: _____

Include: (Check which to include)

☐ Tuition ☐ Out-of-State fees ☐ Room & Board ☐ Books & Supplies ☐ Other Costs

529 Prepaid Tuition Plan

How many years of Tuition and Fees will be covered for this college? _____

My Acceptable cost estimate \$ _____ (Annual Cost)

Outside Funding for College (Optional)

Other Funding Sources During College: (Annual Amounts)

Scholarships: \$ _____ Student Employment: \$ _____

Student Loans: \$ _____ Gifts and Other: \$ _____

Your own income: \$ _____ Your Loans: \$ _____

Outside Assets (Assets not owned by you that will be used to pay for this college, not including UGMA's, UTMA's, or 529 Plans)

3. Type of Asset: _____ Description: _____

Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____%

4. Type of Asset: _____ Description: _____

Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____%

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

(Note: the default rate is 6%)

My Financial Goals

Private School Goal

Name: _____ Year to Start: _____ # of Years of School: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Annual cost Ideal: \$ _____ (today's dollars)

Acceptable \$ _____ (today's dollars)

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Name: _____ Year to Start: _____ # of Years of School: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Annual cost Ideal: \$ _____ (today's dollars)

Acceptable \$ _____ (today's dollars)

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Name: _____ Year to Start: _____ # of Years of School: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Annual cost Ideal: \$ _____ (today's dollars)

Acceptable \$ _____ (today's dollars)

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

My Financial Goals

Financial Goal – (Major Purchases, Weddings, Travel, New Home, etc.)

Description: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Year of Goal: _____

Cost: Ideal \$ _____ ☐ Month ☐ Year

Acceptable \$ _____ ☐ Month ☐ Year

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Is this goal recurring? ☐ No ☐ Yes

How often will it occur: Every _____ year(s)

When will it end: ☐ Client Retires ☐ Spouse Retires ☐ End of Client's Plan

☐ End of Spouse's Plan OR ☐ Total Occurrences: _____

Description: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Year of Goal: _____

Cost: Ideal \$ _____ ☐ Month ☐ Year

Acceptable \$ _____ ☐ Month ☐ Year

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Is this goal recurring? ☐ No ☐ Yes

How often will it occur: Every _____ year(s)

When will it end: ☐ Client Retires ☐ Spouse Retires ☐ End of Client's Plan

☐ End of Spouse's Plan OR ☐ Total Occurrences: _____

Description: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Year of Goal: _____

Cost: Ideal \$ _____ ☐ Month ☐ Year

Acceptable \$ _____ ☐ Month ☐ Year

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Is this goal recurring? ☐ No ☐ Yes

How often will it occur: Every _____ year(s)

When will it end: ☐ Client Retires ☐ Spouse Retires ☐ End of Client's Plan

☐ End of Spouse's Plan OR ☐ Total Occurrences: _____

My Financial Goals

Gift or Donation

Description: _____

Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Who is the donor? _____

Who will receive this gift? _____ Year you plan to give this gift or donation: _____

Amount of Gift or Donation: Ideal \$ _____ ☐ Month ☐ Year

Acceptable: \$ _____ ☐ Month ☐ Year

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Is this gift recurring? ☐ No ☐ Yes

How often will it occur: Every _____ year(s)

When will it end: ☐ Client Retires ☐ Spouse Retires ☐ End of Client's Plan

☐ End of Spouse's Plan OR ☐ Total Occurrences: _____

Description: _____

Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Who is the donor? _____

Who will receive this gift? _____ Year you plan to give this gift or donation: _____

Amount of Gift or Donation: Ideal \$ _____ ☐ Month ☐ Year

Acceptable: \$ _____ ☐ Month ☐ Year

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Is this gift recurring? ☐ No ☐ Yes

How often will it occur: Every _____ year(s)

When will it end: ☐ Client Retires ☐ Spouse Retires ☐ End of Client's Plan

☐ End of Spouse's Plan OR ☐ Total Occurrences: _____

My Financial Goals

Leave Bequest

Description/Recipient: _____

Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Who will receive this gift? _____

When will the Bequest be made: ☐ End of Client's Plan ☐ End of Spouse's Plan

Amount of Bequest: Ideal \$ _____ (today's dollars)

Acceptable \$ _____ (today's dollars)

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Description/Recipient: _____

Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Who will receive this gift? _____

When will the Bequest be made: ☐ End of Client's Plan ☐ End of Spouse's Plan

Amount of Bequest: Ideal \$ _____ (today's dollars)

Acceptable \$ _____ (today's dollars)

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Risk Tolerance Questionnaire

Investment Attitude Risk Questionnaire

Check the box next to the number in answer to each of the six risk tolerance questions below. These answers will help select your Asset Allocation Target Portfolio.

1. How important is capital preservation?

Not at all

Moderately important

Very important

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

2. How important is growth?

Not at all

Moderately important

Very important

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

3. How important is low volatility?

Not at all

Moderately important

Very important

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

4. How important is inflation protection?

Not at all

Moderately important

Very important

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

5. How important is current cash flow?

Not at all

Moderately important

Very important

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

6. How much risk are you willing to take to achieve a higher return?

Not at all

A Moderate amount

A lot

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

What Average Annual Rate of Return* do you want to earn on your portfolio to reach your financial goals?

(Enter a number between 5% and 14%.)

Average Annual Rate of Return* You Want: _____ %

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

Retirement Income

Social Security - Client

Age to Begin Taking Social Security _____

Select One Option:

- ☐ Use this amount: \$_____ ☐ Month ☐ Year *(pre-tax, current dollars)*
- ☐ Use the Planner Estimate *(based on current employment income)*
- ☐ Use this percentage of the Planner Estimate: ☐ 75% ☐ 50% ☐ 25% ☐ 0%
- ☐ I am ineligible for Social Security Benefits

Assign – How to Use: (choose one)

- ☐ Earmark to One Goal: _____
- ☐ Fund All Goals

Social Security - Spouse

Age to Begin Taking Social Security _____

Select One Option:

- ☐ Use this amount: \$_____ ☐ Month ☐ Year *(pre-tax, current dollars)*
- ☐ Use the Planner Estimate *(based on current employment income)*
- ☐ Use this percentage of the Planner Estimate: ☐ 75% ☐ 50% ☐ 25% ☐ 0%
- ☐ I am ineligible for Social Security Benefits

Assign – How to Use: (choose one)

- ☐ Earmark to One Goal: _____
- ☐ Fund All Goals

Retirement Income

Pension

Whose Pension: ☐ Client ☐ Spouse Description: _____

Income Begins: ☐ Client Retires ☐ Spouse Retires ☐ Receiving Now ☐ Year _____

Amount of Benefit (*estimate of pre-tax future value*): \$ _____ ☐ Month ☐ Year

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

(*Note: Inflation will begin in the year payments start.*)

Survivor Benefit: _____%

Assign – How to Use: (choose one)

- ☐ Earmark to One Goal: _____
☐ Fund All Goals
-

Whose Pension: ☐ Client ☐ Spouse Description: _____

Income Begins: ☐ Client Retires ☐ Spouse Retires ☐ Receiving Now ☐ Year _____

Amount of Benefit (*estimate of pre-tax future value*): \$ _____ ☐ Month ☐ Year

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

(*Note: Inflation will begin in the year payments start.*)

Survivor Benefit: _____%

Assign – How to Use: (choose one)

- ☐ Earmark to One Goal: _____
☐ Fund All Goals

Retirement Income

Part-Time Employment

Whose Income: ☐ Client ☐ Spouse Description: _____

Income Begins: ☐ Client Retires ☐ Spouse Retires ☐ Receiving Now ☐ Year _____

Number of Years: _____

Income When Work Begins (*pre-tax, today's dollars*): \$ _____ ☐ Month ☐ Year

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

☐ Earmark to One Goal: _____

☐ Fund All Goals

Whose Income: ☐ Client ☐ Spouse Description: _____

Income Begins: ☐ Client Retires ☐ Spouse Retires ☐ Receiving Now ☐ Year _____

Number of Years: _____

Income When Work Begins (*pre-tax, today's dollars*): \$ _____ ☐ Month ☐ Year

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

☐ Earmark to One Goal: _____

☐ Fund All Goals

Annuity Income

Whose Annuity: ☐ Client ☐ Spouse Description: _____

Year annuity payments start: _____

Value at Annuitization: \$ _____ Cost Basis: \$ _____

Amount of annuity payments (*pre-tax, future value*): \$ _____ ☐ Month ☐ Year

Income Growth Rate: _____% Exclusion Ratio: _____%

Annuity Type (*Choose one option*)

☐ Joint Life

Income Guaranty: ☐ Period Certain ☐ Lifetime Only ☐ Installment Refund ☐ Cash Refund

If Period Certain, enter years: _____

Income to Spouse _____%

☐ Single Life

Income Guaranty: ☐ Period Certain ☐ Lifetime Only ☐ Installment Refund ☐ Cash Refund

If Period Certain, enter years: _____

☐ Specific Period Enter years: _____

Assign – How to Use: (choose one)

☐ Earmark to One Goal: _____

☐ Fund All Goals

Retirement Income

Rental Property Income

Whose Income: ☐ Client ☐ Spouse Description: _____

Income Begins: ☐ Client Retires ☐ Spouse Retires ☐ Receiving Now ☐ Year _____

Income Ends: ☐ End of Client's Plan ☐ End of Spouse's Plan ☐ End of Plan ☐ Year _____

Amount of Net Rental Income (*pre-tax rental income less expenses*): \$_____ ☐ Month ☐ Year

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

☐ Earmark to One Goal: _____

☐ Fund All Goals

Retirement Income

Other Retirement Income

Whose Income: ☐ Client ☐ Spouse Description: _____

Income Begins: ☐ Client Retires ☐ Spouse Retires ☐ Receiving Now ☐ Year _____

Income Ends: ☐ End of Client's Plan ☐ End of Spouse's Plan ☐ End of Plan ☐ Year _____

Amount of Income (*pre-tax, today's dollars*): \$ _____ ☐ Month ☐ Year

Is this income tax-free? ☐ No ☐ Yes

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

☐ Earmark to One Goal: _____

☐ Fund All Goals

Whose Income: ☐ Client ☐ Spouse Description: _____

Income Begins: ☐ Client Retires ☐ Spouse Retires ☐ Receiving Now ☐ Year _____

Income Ends: ☐ End of Client's Plan ☐ End of Spouse's Plan ☐ End of Plan ☐ Year _____

Amount of Income (*pre-tax, today's dollars*): \$ _____ ☐ Month ☐ Year

Is this income tax-free? ☐ No ☐ Yes

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

☐ Earmark to One Goal: _____

☐ Fund All Goals

Whose Income: ☐ Client ☐ Spouse Description: _____

Income Begins: ☐ Client Retires ☐ Spouse Retires ☐ Receiving Now ☐ Year _____

Income Ends: ☐ End of Client's Plan ☐ End of Spouse's Plan ☐ End of Plan ☐ Year _____

Amount of Income (*pre-tax, today's dollars*): \$ _____ ☐ Month ☐ Year

Is this income tax-free? ☐ No ☐ Yes

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

☐ Earmark to One Goal: _____

☐ Fund All Goals

Whose Income: ☐ Client ☐ Spouse Description: _____

Income Begins: ☐ Client Retires ☐ Spouse Retires ☐ Receiving Now ☐ Year _____

Income Ends: ☐ End of Client's Plan ☐ End of Spouse's Plan ☐ End of Plan ☐ Year _____

Amount of Income (*pre-tax, today's dollars*): \$ _____ ☐ Month ☐ Year

Is this income tax-free? ☐ No ☐ Yes

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

☐ Earmark to One Goal: _____

☐ Fund All Goals

Retirement Income

Other Irrevocable Trust Income

Whose Income: ☐ Client ☐ Spouse Description: _____

Income Begins: ☐ Client Retires ☐ Spouse Retires ☐ Receiving Now ☐ Year _____

Income Ends: ☐ End of Client's Plan ☐ End of Spouse's Plan ☐ End of Plan ☐ Year _____

Amount of Income (*pre-tax, today's dollars*): \$_____ ☐ Month ☐ Year

Is this income tax-free? ☐ No ☐ Yes

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Whose Income: ☐ Client ☐ Spouse Description: _____

Income Begins: ☐ Client Retires ☐ Spouse Retires ☐ Receiving Now ☐ Year _____

Income Ends: ☐ End of Client's Plan ☐ End of Spouse's Plan ☐ End of Plan ☐ Year _____

Amount of Income (*pre-tax, today's dollars*): \$_____ ☐ Month ☐ Year

Is this income tax-free? ☐ No ☐ Yes

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

☐ Earmark to One Goal: _____

☐ Fund All Goals

Investment Assets

401(k) Plans

Description: _____

Whose Plan: ☐ Client ☐ Spouse

Current Total Value: \$ _____

After Tax Value(non-Roth): \$ _____

Current Roth Value: \$ _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%
UC _____%

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
☐ Earmark to Multiple Goals: _____
☐ Fund All Goals
☐ Leave to Estate
☐ Not Used in Plan

Income

Total Income from this employer: \$ _____

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Your contributions:

Pre-tax contributions: Enter % of annual income _____% or ☐ Assume Max Contribution Each Yr

After-tax contributions (non-Roth): _____%

Year Contributions Begin: _____

Contributions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Employer Contributions

If your Employer matches your contributions, complete this section.

Employer will match this % of your contribution: _____%

Up until your contribution reaches this %: _____%

Then your employer will match this % of your contribution: _____%

Up until your total contribution reaches this %: _____%

Employer Contributions Limit

Maximum annual dollar limit : \$ _____

Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.

Additional Employer Contributions - Profit Sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

- ☐ Contribution as a % of income: _____%
☐ Contributions as dollar amount: \$ _____ Grow annually by _____%
Contributions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Legend For Asset Class Distribution

CA = Cash & Cash Alternatives

LTB = Long Term Bonds

MCS = Mid Cap Stocks

IES = International Emerging Stocks

STB = Short Term Bonds

LCVS = Large Cap Value Stocks

SCS = Small Cap Stocks

Unclassified = All Other Asset Classes

ITB = Intermediate Term Bonds

LCGS = Large Cap Growth Stocks

IDS = International Developed Stocks

Investment Assets

Employer Sponsored Plans

Type of Plan: _____

Whose Plan: ☐ Client ☐ Spouse

Description: _____

Current Total Value: \$ _____

After Tax Value: \$ _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%

UC _____%

Assign – How to Use: (Check one)

☐ Earmark to One Goal: _____

☐ Earmark to Multiple Goals: _____

☐ Fund All Goals

☐ Leave to Estate

☐ Not Used in Plan

Income

Total Income from this employer: \$ _____

Will this Amount Inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Your contributions:

Pre-tax Contributions: Enter % of annual income _____% or ☐ Assume Max Contribution Each Yr

After-tax Contributions: _____%

Roth Contributions: _____%

Roth Contributions: \$ _____

Year Contributions Begin: _____

Contributions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Employer Contributions

If your Employer matches your contributions, complete this section.

Employer will match this % of your contribution: _____%

Up until your contribution reaches this %: _____%

Then your employer will match this % of your contribution: _____%

Up until your total contribution reaches this %: _____%

Employer Contributions Limit

Maximum annual dollar limit : \$ _____

Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.

Additional Employer Contributions - Profit Sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

☐ Contribution as a % of income: _____%

☐ Contributions as dollar amount: \$ _____ Grow annually by _____%

Contributions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Legend For Asset Class Distribution

CA = Cash & Cash Alternatives

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SCS = Small Cap Stocks

Unclassified = All Other Asset Classes

ITB = Intermediate Term Bonds

LCGS = Large Cap Growth Stocks

IDS = International Developed Stocks

Investment Assets

Traditional IRAs

Who is the owner: ☐ Client ☐ Spouse

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign – How to Use: *(Check one)*

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: ☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-Tax: ☐ Additions: \$ _____

☐ Maximum contribution each year

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%
UC _____%

Who is the owner: ☐ Client ☐ Spouse

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign – How to Use: *(Check one)*

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: ☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-Tax: ☐ Additions: \$ _____

☐ Maximum contribution each year

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%
UC _____%

Legend For Asset Class Distribution

CA = Cash & Cash Alternatives

LTB = Long Term Bonds

MCS = Mid Cap Stocks

IES = International Emerging Stocks

STB = Short Term Bonds

LCVS = Large Cap Value Stocks

SCS = Small Cap Stocks

Unclassified = All Other Asset Classes

ITB = Intermediate Term Bonds

LCGS = Large Cap Growth Stocks

IDS = International Developed Stocks

Investment Assets

Traditional IRAs

Who is the owner: ☐ Client ☐ Spouse

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign – How to Use: *(Check one)*

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: ☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-Tax: ☐ Additions: \$ _____

☐ Maximum contribution each year

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%

UC _____%

Who is the owner: ☐ Client ☐ Spouse

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign – How to Use: *(Check one)*

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: ☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-Tax: ☐ Additions: \$ _____

☐ Maximum contribution each year

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%

UC _____%

Legend For Asset Class Distribution

CA = Cash & Cash Alternatives

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Investment Assets

SEPP IRA – 72(t)

Who is the owner: ☐ Client ☐ Spouse

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign – How to Use: *(Check one)*

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

72(t) Distributions

Annual Distribution Amount: \$ _____ Year Distribution Began: _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%

UC _____%

Who is the owner: ☐ Client ☐ Spouse

Description: _____

Ticker Symbol: _____

Units: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign – How to Use: *(Check one)*

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

72(t) Distributions

Annual Distribution Amount: \$ _____ Year Distribution Began: _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%

UC _____%

Legend For Asset Class Distribution

CA = Cash & Cash Alternatives

LTB = Long Term Bonds

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LCGS = Large Cap Growth Stocks

IDS = International Developed Stocks

Investment Assets

Roth IRAs

Who is the owner: ☐ Client ☐ Spouse

Description: _____

Current Value: \$ _____

Assign – How to Use: *(Check one)*

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: ☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-Tax: ☐ Additions: \$ _____

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%

UC _____%

Who is the owner: ☐ Client ☐ Spouse

Description: _____

Current Value: \$ _____

Assign – How to Use: *(Check one)*

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: ☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-Tax: ☐ Additions: \$ _____

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%

UC _____%

Legend For Asset Class Distribution

CA = Cash & Cash Alternatives

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Unclassified = All Other Asset Classes

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LCGS = Large Cap Growth Stocks

IDS = International Developed Stocks

Investment Assets

Coverdell Accounts (ESA)

Who is the owner: ☐ Custodial Description: _____

Current Value: \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Annual Additions: (Check one)

☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%
UC _____%

Who is the owner: ☐ Custodial Description: _____

Current Value: \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Annual Additions: (Check one)

☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%
UC _____%

Legend For Asset Class Distribution

CA = Cash & Cash Alternatives

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Investment Assets

529 Savings Plan

Who is the owner: ☐ Client ☐ Spouse

Description: _____

Beneficiaries/Percentage

Estate _____%

Other - _____%

Spouse _____%

Other - _____%

Current Value: \$ _____

Is this asset subject to state taxes? ☐ No ☐ Yes

Assign – How to Use: (Check one)

☐ Earmark to One Goal: _____

☐ Earmark to Multiple Goals: _____

☐ Fund All Goals

☐ Leave to Estate

☐ Not Used in Plan

Annual Additions: (Check one)

☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%

UC _____%

Who is the owner: ☐ Client ☐ Spouse

Description: _____

Beneficiaries/Percentage

Estate _____%

Other - _____%

Spouse _____%

Other - _____%

Current Value: \$ _____

Is this asset subject to state taxes? ☐ No ☐ Yes

Assign – How to Use: (Check one)

☐ Earmark to One Goal: _____

☐ Earmark to Multiple Goals: _____

☐ Fund All Goals

☐ Leave to Estate

☐ Not Used in Plan

Annual Additions: (Check one)

☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%

UC _____%

Legend For Asset Class Distribution

CA = Cash & Cash Alternatives

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LCGS = Large Cap Growth Stocks

IDS = International Developed Stocks

Investment Assets

Annuities

Who is the owner: ☐ Client ☐ Spouse Description: _____
Current Value: \$ _____ Cost Basis: \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
☐ Earmark to Multiple Goals: _____
☐ Fund All Goals
☐ Leave to Estate
☐ Not Used in Plan

Annual Additions: (Check one)

☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%
UC _____%

Who is the owner: ☐ Client ☐ Spouse Description: _____
Current Value: \$ _____ Cost Basis: \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
☐ Earmark to Multiple Goals: _____
☐ Fund All Goals
☐ Leave to Estate
☐ Not Used in Plan

Annual Additions: (Check one)

☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%
UC _____%

Legend For Asset Class Distribution

CA = Cash & Cash Alternatives
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ITB = Intermediate Term Bonds
LCGS = Large Cap Growth Stocks
IDS = International Developed Stocks

Investment Assets

Annuities (Continued)

Who is the owner: ☐ Client ☐ Spouse Description: _____
Current Value: \$ _____ Cost Basis: \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
☐ Earmark to Multiple Goals: _____
☐ Fund All Goals
☐ Leave to Estate
☐ Not Used in Plan

Annual Additions: (Check one)

☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%
UC _____%

Cash Value Life: Variable Life

Owner: ☐ Client ☐ Spouse Insured: ☐ Client ☐ Spouse ☐ 1st to Die ☐ 2nd to Die

Name or Description: _____

Beneficiaries & Death Benefit

Estate _____% Other - _____% Other - _____%
Spouse _____% Other - _____% Other - _____%

Current Value: \$ _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%
UC _____%

Cost Basis: \$ _____ Insurance Amount: \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
☐ Earmark to Multiple Goals: _____
☐ Fund All Goals
☐ Leave to Estate
☐ Not Used in Plan

Annual Additions: (Check one)

Pre-Tax: ☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-Tax: ☐ Additions: \$ _____

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Legend For Asset Class Distribution

CA = Cash & Cash Alternatives

LTB = Long Term Bonds

MCS = Mid Cap Stocks

IES = International Emerging Stocks

STB = Short Term Bonds

LCVS = Large Cap Value Stocks

SCS = Small Cap Stocks

Unclassified = All Other Asset Classes

ITB = Intermediate Term Bonds

LCGS = Large Cap Growth Stocks

IDS = International Developed Stocks

Investment Assets

Cash Value Life: Variable Life

Owner: ☐ Client ☐ Spouse

Insured: ☐ Client ☐ Spouse ☐ 1st to Die ☐ 2nd to Die

Name or Description: _____

Beneficiaries & Death Benefit

Estate _____% Other - _____% Other - _____%

Spouse _____% Other - _____% Other - _____%

Current Value: \$ _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%

UC _____%

Cost Basis: \$ _____

Insurance Amount: \$ _____

Assign – How to Use: *(Check one)*

☐ Earmark to One Goal: _____

☐ Earmark to Multiple Goals: _____

☐ Fund All Goals

☐ Leave to Estate

☐ Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: ☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-Tax: ☐ Additions: \$ _____

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

CA = Cash & Cash Alternatives
LTB = Long Term Bonds
MCS = Mid Cap Stocks
IES = International Emerging Stocks

Legend For Asset Class Distribution

STB = Short Term Bonds
LCVS = Large Cap Value Stocks
SCS = Small Cap Stocks
Unclassified = All Other Asset Classes

ITB = Intermediate Term Bonds
LCGS = Large Cap Growth Stocks
IDS = International Developed Stocks

Investment Assets

Other Tax-Deferred

Who is the owner: ☐ Client ☐ Spouse

Description: _____

Current Value: \$ _____

Cost Basis: \$ _____

Assign – How to Use: *(Check one)*

☐ Earmark to One Goal: _____

☐ Earmark to Multiple Goals: _____

☐ Fund All Goals

☐ Leave to Estate

☐ Not Used in Plan

Annual Additions: *(Check one)*

☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%

UC _____%

U.S. Savings Bond

Who is the owner: ☐ Client ☐ Spouse

Description: _____

Current Value: \$ _____

Cost Basis: \$ _____

Assign – How to Use: *(Check one)*

☐ Earmark to One Goal: _____

☐ Earmark to Multiple Goals: _____

☐ Fund All Goals

☐ Leave to Estate

☐ Not Used in Plan

Annual Additions: *(Check one)*

☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%

UC _____%

Legend For Asset Class Distribution

CA = Cash & Cash Alternatives

LTB = Long Term Bonds

MCS = Mid Cap Stocks

IES = International Emerging Stocks

STB = Short Term Bonds

LCVS = Large Cap Value Stocks

SCS = Small Cap Stocks

Unclassified = All Other Asset Classes

ITB = Intermediate Term Bonds

LCGS = Large Cap Growth Stocks

IDS = International Developed Stocks

Investment Assets

Taxable

Who is the owner: ☐ Client ☐ Spouse ☐ Joint ☐ Custodial
If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property
☐ Other w/ Client ☐ Other w/ Spouse

Description: _____

Ticker Symbol: _____

Units: _____

Current Value: \$ _____

Cost Basis: \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
☐ Earmark to Multiple Goals: _____
☐ Fund All Goals
☐ Leave to Estate
☐ Not Used in Plan

Annual Additions: (Check one)

☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%
UC _____%

Who is the owner: ☐ Client ☐ Spouse ☐ Joint ☐ Custodial
If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property
☐ Other w/ Client ☐ Other w/ Spouse

Description: _____

Ticker Symbol: _____

Units: _____

Current Value: \$ _____

Cost Basis: \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
☐ Earmark to Multiple Goals: _____
☐ Fund All Goals
☐ Leave to Estate
☐ Not Used in Plan

Annual Additions: (Check one)

☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%
UC _____%

Legend For Asset Class Distribution

CA = Cash & Cash Alternatives

LTB = Long Term Bonds

MCS = Mid Cap Stocks

IES = International Emerging Stocks

STB = Short Term Bonds

LCVS = Large Cap Value Stocks

SCS = Small Cap Stocks

Unclassified = All Other Asset Classes

ITB = Intermediate Term Bonds

LCGS = Large Cap Growth Stocks

IDS = International Developed Stocks

Investment Assets

Tax-Free

Who is the owner: ☐ Client ☐ Spouse ☐ Joint ☐ Custodial
If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property
☐ Other w/ Client ☐ Other w/ Spouse

Description: _____

Ticker Symbol: _____ Units: _____

Current Value: \$ _____ Cost Basis: \$ _____

Is this asset subject to state taxes? ☐ No ☐ Yes

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
☐ Earmark to Multiple Goals: _____
☐ Fund All Goals
☐ Leave to Estate
☐ Not Used in Plan

Annual Additions: (Check one)

☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%
UC _____%

Who is the owner: ☐ Client ☐ Spouse ☐ Joint ☐ Custodial
If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property
☐ Other w/ Client ☐ Other w/ Spouse

Description: _____

Ticker Symbol: _____ Units: _____

Current Value: \$ _____ Cost Basis: \$ _____

Is this asset subject to state taxes? ☐ No ☐ Yes

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
☐ Earmark to Multiple Goals: _____
☐ Fund All Goals
☐ Leave to Estate
☐ Not Used in Plan

Annual Additions: (Check one)

☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%
UC _____%

Legend For Asset Class Distribution

CA = Cash & Cash Alternatives

LTB = Long Term Bonds

MCS = Mid Cap Stocks

IES = International Emerging Stocks

STB = Short Term Bonds

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SCS = Small Cap Stocks

Unclassified = All Other Asset Classes

ITB = Intermediate Term Bonds

LCGS = Large Cap Growth Stocks

IDS = International Developed Stocks

Adjust Preferences

Willingness to Adjust Preferences

1. How willing are you to retire later than your Ideal retirement age?
 - ☐ Slightly willing
 - ☐ Somewhat willing
 - ☐ Very Willing

2. How willing are you to retire later than your Ideal retirement age?
 - ☐ Both retire in the same year
 - ☐ Either can retire first
 - ☐ Client 1 can retire first
 - ☐ Client 2 can retire first

3. What is the maximum extra amount you could save annually, if necessary, to meet your goals. This amount is the total of additions you are already making to investment assets.
\$ _____

4. How willing are you to save more money?
 - ☐ Slightly willing
 - ☐ Somewhat willing
 - ☐ Very Willing

5. When considering all of the goals you have classified as **NEEDS**, how willing are you to reduce your Goal Amounts from the Ideal?
 - ☐ Slightly willing
 - ☐ Somewhat willing
 - ☐ Very Willing

6. When considering all of the goals you have classified as **WANTS**, how willing are you to reduce your Goal Amounts from the Ideal?
 - ☐ Slightly willing
 - ☐ Somewhat willing
 - ☐ Very Willing

7. When considering all of the goals you have classified as **WISHES**, how willing are you to reduce your Goal Amounts from the Ideal?
 - ☐ Slightly willing
 - ☐ Somewhat willing
 - ☐ Very Willing

Stock Options

Stock Options Plan

Who is the owner: ☐ Client ☐ Spouse

Stock Name: _____

Asset Class: *(Check one)*

☐ Large Cap Value ☐ Large Cap Growth ☐ Small Cap ☐ Mid Cap

☐ International Developed ☐ International Emerging

Market Price: \$ _____

Last Update: _____

Do all Options Vest at Death? ☐ No ☐ Yes

Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options

Stock Options Plan

Who is the owner: ☐ Client ☐ Spouse

Stock Name: _____

Asset Class: *(Check one)*

☐ Large Cap Value ☐ Large Cap Growth ☐ Small Cap ☐ Mid Cap

☐ International Developed ☐ International Emerging

Market Price: \$ _____

Last Update: _____

Do all Options Vest at Death? ☐ No ☐ Yes

Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ☐ ISO ☐ NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Restricted Stock

Restricted Stock Plan

Who is the owner: ☐ Client ☐ Spouse

Ticker: _____

Stock Name: _____

Asset Class: *(Check one)*

☐ Large Cap Value ☐ Large Cap Growth ☐ Small Cap ☐ Mid Cap

☐ International Developed ☐ International Emerging

Market Price: \$ _____

Last Update: _____

Do all Shares Vest at Death? ☐ No ☐ Yes

Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock

Restricted Stock Plan

Who is the owner: ☐ Client ☐ Spouse

Ticker: _____

Stock Name: _____

Asset Class: *(Check one)*

☐ Large Cap Value ☐ Large Cap Growth ☐ Small Cap ☐ Mid Cap

☐ International Developed ☐ International Emerging

Market Price: \$ _____

Last Update: _____

Do all Shares Vest at Death? ☐ No ☐ Yes

Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Other Assets

Personal and Business Assets

(Homes, Vehicles, Personal Property, Business Assets, Real Estate, etc.)

Owner: ☐ Client ☐ Spouse ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property
☐ Other w/ Client ☐ Other w/ Spouse

Description: _____ Current Value: \$ _____

Will the value of this asset increase each year? _____ %

Do you intend to sell this asset to help fund your Goals? ☐ No ☐ Yes (If Yes, complete the remaining items)

Year to Sell _____ Future Value (after-tax) \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
 - ☐ Earmark to Multiple Goals: _____
 - ☐ Fund All Goals
 - ☐ Leave to Estate
 - ☐ Not Used in Plan
-

Owner: ☐ Client ☐ Spouse ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property
☐ Other w/ Client ☐ Other w/ Spouse

Description: _____ Current Value: \$ _____

Will the value of this asset increase each year? _____ %

Do you intend to sell this asset to help fund your Goals? ☐ No ☐ Yes (If Yes, complete the remaining items)

Year to Sell _____ Future Value (after-tax) \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
 - ☐ Earmark to Multiple Goals: _____
 - ☐ Fund All Goals
 - ☐ Leave to Estate
 - ☐ Not Used in Plan
-

Owner: ☐ Client ☐ Spouse ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property
☐ Other w/ Client ☐ Other w/ Spouse

Description: _____ Current Value: \$ _____

Will the value of this asset increase each year? _____ %

Do you intend to sell this asset to help fund your Goals? ☐ No ☐ Yes (If Yes, complete the remaining items)

Year to Sell _____ Future Value (after-tax) \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Other Assets

Pension - Lump Sum Distribution

Owner: ☐ Client ☐ Spouse

Description: _____

Current Value: \$ _____

Year of Distribution: _____

Value of Distribution \$ _____

Value is: (Check one) ☐ Pre-tax ☐ After-tax

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Deferred Compensation (Receiving Now)

Owner: ☐ Client ☐ Spouse

Description: _____

Current Value (today's dollars): \$ _____

Distribution Period

Number of Years: _____

Annual Payment (pre-tax) \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Owner: ☐ Client ☐ Spouse

Description: _____

Current Value (today's dollars): \$ _____

Distribution Period

Number of Years: _____

Annual Payment (pre-tax) \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Other Assets

Deferred Compensation *(Future)*

Owner: ☐ Client ☐ Spouse

Description: _____

Current Value *(today's dollars)*: \$ _____

Contributions

Amount – Select Method

☐ None

☐ Percentage of Income Annual Income: \$ _____ Grow Annually by: _____ %
% Contribution: _____

☐ Dollar Amount \$ _____ Grow Annually by: _____ %

Period

Start Year: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Value at Start of Distribution

Rate of Return during Accumulation: _____ %

Year Distributions Begin: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Distribution Period

Number of Years: _____

Annual Payment *(pre-tax)* \$ _____

Annual Distribution

Rate of Return during Distribution: _____ %

Assign – How to Use: *(Check one)*

☐ Earmark to One Goal: _____

☐ Earmark to Multiple Goals: _____

☐ Fund All Goals

☐ Leave to Estate

☐ Not Used in Plan

Other Assets

Deferred Compensation *(Future) Continued*

Owner: ☐ Client ☐ Spouse

Description: _____

Current Value *(today's dollars)*: \$ _____

Contributions

Amount – Select Method

☐ None

☐ Percentage of Income Annual Income: \$ _____ Grow Annually by: _____ %
% Contribution: _____

☐ Dollar Amount \$ _____ Grow Annually by: _____ %

Period

Start Year: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Value at Start of Distribution

Rate of Return during Accumulation: _____ %

Year Distributions Begin: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Distribution Period

Number of Years: _____

Annual Payment *(pre-tax)* \$ _____

Annual Distribution

Rate of Return during Distribution: _____ %

Assign – How to Use: *(Check one)*

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Other Assets

Insurance Assets – Cash Value *(Universal/Variable/Whole/Other)*

Owner: ☐ Client ☐ Spouse

Insured: ☐ Client ☐ Spouse ☐ 1st to Die ☐ 2nd to Die

Description: _____

Current Cash Value: \$_____ *(before tax – today's dollars)*

Average Annual Growth Rate: _____ *(excluding cost of insurance)*

Beneficiaries & Death Benefit

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Death Benefit Amount: _____ Premium Amount: \$_____ every _____

How long will premiums be paid?

☐ Until insured dies ☐ Until policy terminates ☐ Year _____

When will this policy terminate?

☐ When insured dies ☐ Year _____

Do you intend to sell this asset to help fund your Goals? ☐ No ☐ Yes *(If Yes, complete the remaining items)*

Withdrawal Year: _____ Amount of Withdrawal: \$_____ Tax-free withdrawal: \$_____

Assign – How to Use: *(Check one)*

☐ Earmark to One Goal: _____

☐ Earmark to Multiple Goals: _____

☐ Fund All Goals

☐ Leave to Estate

☐ Not Used in Plan

Owner: ☐ Client ☐ Spouse

Insured: ☐ Client ☐ Spouse ☐ 1st to Die ☐ 2nd to Die

Description: _____

Current Cash Value: \$_____ *(before tax – today's dollars)*

Average Annual Growth Rate: _____ *(excluding cost of insurance)*

Beneficiaries/Percentage

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Death Benefit Amount: _____ Premium Amount: \$_____ every _____

How long will premiums be paid?

☐ Until insured dies ☐ Until policy terminates ☐ For this Number of Years _____

When will this policy terminate?

☐ When insured dies ☐ Year _____

Do you intend to sell this asset to help fund your Goals? ☐ No ☐ Yes *(If Yes, complete the remaining items)*

Year of Withdrawal: _____

Future Cash Value of Policy: \$_____ *(Before tax – future dollars)* Tax-free withdrawal: \$_____

Assign – How to Use: *(Check one)*

☐ Earmark to One Goal: _____

☐ Earmark to Multiple Goals: _____

☐ Fund All Goals

☐ Leave to Estate

☐ Not Used in Plan

Other Assets

529 Savings Plan

Owner: ☐ Client ☐ Spouse

Description: _____

Current Value: \$ _____

Annual Growth Rate: _____

Do you intend to sell this asset to help fund your Goals? ☐ No ☐ Yes (If Yes, complete the remaining items)

Year to Sell _____

Future Value (after-tax) \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Owner: ☐ Client ☐ Spouse

Description: _____

Current Value: \$ _____

Annual Growth Rate: _____

Do you intend to sell this asset to help fund your Goals? ☐ No ☐ Yes (If Yes, complete the remaining items)

Year to Sell _____

Future Value (after-tax) \$ _____

Assign – How to Use: (Check one)

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Other Assets

Future Assets *Cash (Inheritance, Gift, Settlement, etc.)*

Owner: ☐ Client ☐ Spouse ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property
☐ Other w/ Client ☐ Other w/ Spouse

Description: _____

Year to Receive: _____

Future Value (after tax) \$ _____

Assign – How to Use: *(Check one)*

- ☐ Earmark to One Goal: _____
 - ☐ Earmark to Multiple Goals: _____
 - ☐ Fund All Goals
 - ☐ Leave to Estate
 - ☐ Not Used in Plan
-

Owner: ☐ Client ☐ Spouse ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property
☐ Other w/ Client ☐ Other w/ Spouse

Description: _____

Year to Receive: _____

Future Value (after tax) \$ _____

Assign – How to Use: *(Check one)*

- ☐ Earmark to One Goal: _____
- ☐ Earmark to Multiple Goals: _____
- ☐ Fund All Goals
- ☐ Leave to Estate
- ☐ Not Used in Plan

Insurance Policies

Cash Value Life Policies owned by the Client or Spouse

Investment Asset (Variable Life)

Owner: ☐ Client ☐ Spouse

Insured: ☐ Client ☐ Spouse ☐ 1st to Die ☐ 2nd to Die

Name or Description: _____

Beneficiaries & Death Benefit

Estate ____% Other - _____ ____% Other - _____ ____%

Spouse ____% Other - _____ ____% Other - _____ ____%

Current Value: \$ _____

Cost Basis: \$ _____

Insurance Amount: \$ _____

Assign – How to Use: (Check one)

☐ Earmark to One Goal: _____

☐ Earmark to Multiple Goals: _____

☐ Fund All Goals

☐ Leave to Estate

☐ Not Used in Plan

Annual Additions: (Check one)

Pre-Tax: ☐ Additions: \$ _____ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-Tax: ☐ Additions: \$ _____

Year Additions Begin: _____

Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____

Asset Class Distribution:

CA _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% MCS _____% SCS _____% IDS _____% IES _____%

UC _____%

Insurance Policies

Other Asset (Universal/Variable/Whole Life/Other Life)

Owner: ☐ Client ☐ Spouse

Insured: ☐ Client ☐ Spouse ☐ 1st to Die ☐ 2nd to Die

Description: _____ Current Cash Value: \$_____ (before tax - today's dollars)

Average Annual Growth Rate: _____ (excluding cost of insurance)

Beneficiaries/Percentage

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Death Benefit Amount: _____ Premium Amount: \$_____ every _____

How long will premiums be paid?

☐ Until insured dies ☐ Until policy terminates ☐ For this Number of Years _____

When will this policy terminate?

☐ When insured dies ☐ Year _____

Do you intend to sell this asset to help fund your Goals? ☐ No ☐ Yes (If Yes, complete the remaining items)

Year of Withdrawal: _____

Amount of Withdrawal: \$_____ (Before tax – future dollars) Tax-free withdrawal: \$_____

Assign – How to Use: (Check one)

☐ Earmark to One Goal: _____

☐ Earmark to Multiple Goals: _____

☐ Fund All Goals

☐ Leave to Estate

☐ Not Used in Plan

Insurance Policies

Cash Value Life Policies owned by Trust or Other Person or Entity

Cash Value Life (Universal/Variable/Whole Life/Other)

Owner: ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Spouse ☐ 1st to Die ☐ 2nd to Die

Description/Company: _____ Current Cash Value: \$ _____ (before tax - today's dollars)

Beneficiaries/Percentage

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Death Benefit (deduct policy loans): _____ Premium Amount: \$ _____ every _____

How long will premiums be paid?

☐ Until insured dies ☐ Until policy terminates ☐ For this Number of Years _____

When will this policy terminate?

☐ When insured dies ☐ Year _____

If ownership is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: ☐ Client ☐ Spouse

Non-Cash Value Life Policies – All Owners

Non-Cash Value Life (Term Life)

Owner: ☐ Client ☐ Spouse ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Spouse ☐ 1st to Die ☐ 2nd to Die

Description/Company: _____

Beneficiaries/Percentage

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Death Benefit Amount: _____ Premium Amount: \$ _____ every _____

How long will premiums be paid?

☐ Until insured dies ☐ Until policy terminates ☐ For this Number of Years _____

When will this policy terminate?

☐ When insured dies ☐ Year _____

If ownership is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: ☐ Client ☐ Spouse

Non-Cash Value Life (Group Term/Other)

Owner: ☐ Client ☐ Spouse ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Spouse

Description/Company: _____

Beneficiaries/Percentage

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Death Benefit Amount: _____

When will this policy terminate?

☐ When insured dies ☐ Year _____

If ownership is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: ☐ Client ☐ Spouse

Insurance Policies

Non-Cash Value Life Policies – All Owners

Non-Cash Value Life (Group Term/Other)

Owner: ☐ Client ☐ Spouse ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Spouse

Description/Company: _____

Beneficiaries/Percentage

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Death Benefit Amount: _____

When will this policy terminate?

☐ When insured dies ☐ Year _____

If ownership is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: ☐ Client ☐ Spouse

Other Insurance Policies

Disability (Group/Personal/Other)

Insured: ☐ Client ☐ Spouse

Description/Co: _____

Premium Amount: \$_____ every _____

Tax Status: ☐ Pre-Tax ☐ After-Tax

Monthly Benefit Amount: \$_____

Elimination Period: _____ ☐ Months ☐ Years

Benefit Period (select one)

☐ Period of Time _____ per _____

☐ Until this Age _____

Inflation Option: (Check One) ☐ None ☐ Simple ☐ Compounded

If you selected Simple or Compounded, enter rate: _____%

Insured: ☐ Client ☐ Spouse

Description/Co: _____

Premium Amount: \$_____ every _____

Tax Status: ☐ Pre-Tax ☐ After-Tax

Monthly Benefit Amount: \$_____

Elimination Period: _____ ☐ Months ☐ Years

Benefit Period (select one)

☐ Period of Time _____ per _____

☐ Until this Age _____

Inflation Option: (Check One) ☐ None ☐ Simple ☐ Compounded

If you selected Simple or Compounded, enter rate: _____%

Insurance Policies

Other Insurance Policies

Long Term Care (Home Care Only/Nursing Home Care/Other)

Insured: _____ Description/Co: _____
Premium Amount: \$ _____ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year
Benefit Period: (Check # of years or Lifetime) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Lifetime
Daily Benefit Amount: \$ _____ Elimination Period: _____ days
Inflation Option: (Check One) ☐ None ☐ Simple ☐ Compounded
If you selected Simple or Compounded, enter rate: _____ %

Insured: _____ Description/Co: _____
Premium Amount: \$ _____ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year
Benefit Period: (Check # of years or Lifetime) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Lifetime
Daily Benefit Amount: \$ _____ Elimination Period: _____ days
Inflation Option: (Check One) ☐ None ☐ Simple ☐ Compounded
If you selected Simple or Compounded, enter rate: _____ %

Medicare Supplement Insurance Policies

Insured: _____ Description/Co: _____
Type: (Check one) ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ Other
Premium Amount: \$ _____ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Insured: _____ Description/Co: _____
Type: (Check one) ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ Other
Premium Amount: \$ _____ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Property & Casualty Insurance Policies (Auto, Homeowners, Umbrella/Other)

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Liabilities

Liabilities -- Summary Input

(Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)

Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Liabilities

Liabilities - Detailed Input

(Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)

Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Spouse

Lender: _____

Outstanding balance: \$ _____

Initial Loan Amount: \$ _____

Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Spouse

Lender: _____

Outstanding balance: \$ _____

Initial Loan Amount: \$ _____

Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Spouse

Lender: _____

Outstanding balance: \$ _____

Initial Loan Amount: \$ _____

Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Spouse

Lender: _____

Outstanding balance: \$ _____

Initial Loan Amount: \$ _____

Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Spouse

Lender: _____

Outstanding balance: \$ _____

Initial Loan Amount: \$ _____

Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Insurance Needs Analysis

Life Insurance Needs Analysis

If Client Dies

\$ _____
\$ _____

**Existing Life Insurance to Include
Additional Death Benefit**

Amounts to be Paid at Death

\$ _____
\$ _____
\$ _____
\$ _____

Liabilities
Final Expenses
Bequests
Other Payments

If Spouse Dies

\$ _____
\$ _____

Living Expenses for Survivors

\$ _____

Current Annual Amount (after tax)
Cover Expense until Spouse is this Age

\$ _____

\$ _____

Future Annual Amount (after tax)
Cover Expense until Spouse is this Age (*Life Expectancy*)

\$ _____

Financial Goals

If you die, there might be Goals in your Plan that you won't want to fund. Deleting these would reduce the amount of Life Insurance you need. List any goals that you wouldn't want to fund if your spouse died.

Sell Other Assets

If Clients Dies

\$ _____

Enter the total after-tax amount of Personal and Business Assets that would be sold at death.

If Spouse Dies

\$ _____

Other Income

From Now Until Retirement

\$ _____

Annual Other Income Amount
(*current dollars, pre tax*)

\$ _____

☐ No ☐ Yes

Will this amount inflate?

☐ No ☐ Yes

After Retirement

Check the types of your Retirement Income that would continue at your death.

☐ Pension ☐ Annuity Income ☐ Rental Income ☐ Royalties ☐ Other

Spouse Employment

If your spouse is not currently employed and would seek employment if you died, enter the following: Start Year: _____ Stop Year: _____

Annual Income: \$ _____ Inflate? ☐ No ☐ Yes

Dependents

List any dependents that would NOT be eligible for Social Security Survivor benefits:

Insurance Needs Analysis

Disability Needs Analysis for Client

Do you want to include Social Security Disability Benefits in the analysis? ☐ No ☐ Yes

Spouse Employment

If your spouse isn't currently employed and would seek employment if you were disabled, enter the following:

Start Year: _____ Stop Year: _____ Annual Income: \$ _____ Inflate? ☐ No ☐ Yes

Income

Enter any income you would continue to receive if you were disabled.

(Do not include your spouse's employment income.)

Start Year: _____ Stop Year: _____ Annual Income: \$ _____ Inflate? ☐ No ☐ Yes

Income Needed – (Select One Option)

A: Enter the pre-tax amount you would need if you were disabled.

Time Period	Monthly Amount
Year 1, Month1	\$ _____
Year 1, Months 2-3	\$ _____
Year 1, Months 4-5	\$ _____
Year 1, Months 6-12	\$ _____
Year 2	\$ _____
Year 3-5	\$ _____
Year 6 to Age 65	\$ _____

B: Use a Percentage of Income Needed: _____ %

Disability Needs Analysis for Spouse

Do you want to include Social Security Disability Benefits in the analysis? ☐ No ☐ Yes

Spouse Employment

If your spouse isn't currently employed and would seek employment if you were disabled, enter the following:

Start Year: _____ Stop Year: _____ Annual Income: \$ _____ Inflate? ☐ No ☐ Yes

Income

Enter any income you would continue to receive if you were disabled.

(Do not include your spouse's employment income.)

Start Year: _____ Stop Year: _____ Annual Income: \$ _____ Inflate? ☐ No ☐ Yes

Income Needed – (Select One Option)

A: Enter the pre-tax amount you would need if you were disabled.

Time Period	Monthly Amount
Year 1, Month1	\$ _____
Year 1, Months 2-3	\$ _____
Year 1, Months 4-5	\$ _____
Year 1, Months 6-12	\$ _____
Year 2	\$ _____
Year 3-5	\$ _____
Year 6 to Age 65	\$ _____

B: Use a Percentage of Income Needed: _____ %

Insurance Needs Analysis

Long-Term Care Needs Analysis

Cost of Long-Term Care

Type of Long-Term Care

- ☐ Nursing Home
- ☐ Assisted Living
- ☐ Home Care – 4hr/day
- ☐ Home Care – 8hr/day
- ☐ Home Care – 12hr/day

Inflation Rate for LTC Expenses

_____ %

Long-Term Care Period

Age at which care is needed

Number of years of LTC

Expense Adjustments

Reduce expenses during Care
Period by this amount each year:

\$ _____

Spouse

- ☐ Nursing Home
- ☐ Assisted Living
- ☐ Home Care – 4hr/day
- ☐ Home Care – 8hr/day
- ☐ Home Care – 12hr/day

_____ %

\$ _____

Estate Analysis

Estate Documents

	Client	Spouse
Will	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Includes Bypass Trust	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Date Last Reviewed	<hr/>	
Medical Directive	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Power of Attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Budget

Personal and Family Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Alimony		
Bank Charges		
Books/Magazine		
Business Expense		
Care for Parent/Other		
Cash - Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care		
Child Support		
Child Tutor		
Clothing - Client		
Clothing - Spouse		
Clothing - Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare - Dental		
Healthcare - Medical		
Healthcare - Prescription		
Healthcare - Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Public Transportation		
Recreation		
Self Improvement		
Student Loan Payment		
Vacation/Travel		
Other		

Personal Insurance Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Disability for Client		
Disability for Spouse		
Life for Client		
Life for Spouse		
LTC for Client		
LTC for Spouse		
Medical for Client		
Medical for Spouse		
Umbrella Liability		
Other		

Taxes

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Client FICA		
Client Medicare		
Spouse FICA		
Spouse Medicare		
Federal Income		
State Income		
Local Income		
Other		

Income

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Employment		
Other		

Budget

Home Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Budget

Home Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		