"A comprehensive financial and life planning service"

Joe Gallego Office (630) 857-9177 Fax (630) 396-2671

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_	Ge	nder	
Birth Date	US Citizer	?Soc.	Security Numbe	r			
Marital Status:	Single	Married	Divorced _	Wi	dowed		
Any Previous Marri	ages?	If so, nu	mber and length	of prior ma	arriage(s)		-
Are you a US Veter	ran?	If so, da	ates of service				_
Client 2 Name				Age:	Ge	nder	,
Birth Date	US Citizer	?Soc.	Security Numbe	r			
Relationship:	Spouse	Partne	r/ Significant Othe	er	Other		
Any Previous Marri	ages?	_ If so, nur	mber and length o	of prior ma	rriage(s)		
Are you a US Veter	ran?	If so, da	ates of service				-
Address:							-
City		Sta	nteZi	o	-		
Phone (Residence))	Pref	erred e-mail				
CHILDREN/ GRAN	IDCHILDREN						
Name (First, Las		Date of <u>Birth</u>	School Age / Grade	Gender	-	<u>stc)</u> <u>Soc</u>	Sec#
			/				
			/				
			/				
			/				
(Social Security nu	mber is needed	for establish	ment of UTMA, 52	29 or othe	r Children's a	ccounts)	
Do you or any of yo	our dependents	have special	needs?	_ List nar	me and nature	of special r	need:_
Do you anticipate the	hat you will be o	caring for elde	erly parents/relativ	/es?			
Other important far	nily 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 Bus	siness Owner, partner or professional Practice
Retired Ho	memaker
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 Busi	ness Owner, partner or professional Practice
Retired Hom	nemaker
Business Phone	Cell
E-mail Home B	susiness E-mail
Preferred contact method (phone, email, work,	home)
DISCUSSION PRIORITIES Items of immedia	ate concern to you. Please <u>RANK</u> 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 the	nat you want to discuss? If so, describe:

INCOME AND FINANCIAL STATUS

0-\$50,000		\$200,	001 - \$500,0	000
\$50,001- \$10	00,000	 \$500,	001 - \$1,000	0,000
\$100,001 - \$2	200,000	Over	\$1,000,000	
Do you expect a substantial	change in household income d	uring the nex	t 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) (Please attach copy of judgr	Date ends ment showing terms of alimony a	 and child sup	port)	
Other (Business Income, R	ents, Partnership,Notes - List)			
Does anyone owe you mone	ey that you expect to be repaid?	Describe ar	mount and te	erms of loan:
About how much does it cur	rently cost every month for you/	your family t	o live comfo	rtably? (pre-t
If not yet retired: How much	ch monthly household income w	ould you req	uire to live o	n <i>during retir</i> e
dollars? (Gross income pr	e tax)	-		

UPCOMING EXPENSES

Do you have any significant purchases/ expenses coming up in the next 2-3 year	ars?	YES	S 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?			
I <u>I. DEBT MANAGEMENT</u>	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	s?		
c) Name of College, if known Public or Private?	In-s	tate 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	0	Type of Policy	Death	Cash	Policy	Annual
Person Insured	Company	(whole, term)	Benefit	Value	Loan	Premium
	_		·		\$	\$
	_				\$ \$	\$ \$
					\$	\$ \$
					\$ \$	
Medical Insurance						
Person Insured	Company		Deductible		Annual Premium	
			\$		\$	
	_		\$		\$	
Disability Income Insurance			Monthly	Waiting	Length of	Annual
Person Insured	Company		Coverage	Period	Benefit	Premium
			\$			_ \$
			\$			\$
Automobile Insurance						
Automobile	Company	Policy Number	Liability Coverage	Collision (deduct)	Compreher (deductible)	nsive Annual Premium
			\$			_ \$
			\$			\$
Homeowners Insurance – Co	mplete and atta	nch statement o	of declaration	n page		
Property Company	Policy	<u>Coverage</u> 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	NO	ISURE
a) Are you contributing to a retirement plan?				
Annual Employ <u>ee</u> 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 reti	rement_			_)
FINANCIAL INDEPENDENCE - Client 2 (If still employed)	YES	NO	NC	T SURE
a) Are you contributing to a retirement plan?				
Annual Employ <u>ee</u> contribution?	\$_			
Annual Employ <u>er</u> contribution?	\$_			
b) Do you have company Stock in your retirement plan?				
c) Are you covered by a defined benefit pension plan?(Attach Statemen	t)			
If so, will your pension continue to your spouse upon your death?				
d) Do you know what your Social Security Benefits may be?.(Attach Stm	:)			
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 re	etirement)
IF PRIMARY WAGE EARNER, OR BOTH ARE <u>RETIRED:</u>	Υ	ES	NO	NOT SUR
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	Y	'ES	NO	NOT SUR
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 investr	nents?			
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 you	ur stock options?			
(if applicable)				
k) Do you own all the types of investments you believe may	/ benefit you?			
I) If you own any highly appreciated assets, briefly describe	e			
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 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.				
10% -11.5%	_ 6% -7.5% _ 3% -5.5%			
	Rate of return do			n me. I am more
intere	sted in preservati	ion of pr	ıncıpaı	
VII TAXES		YES	NO	NOT SURE
a) Do you feel you are paying too much in Federal and St	tate 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 investment				
e) Will you be receiving a retirement plan lump sum distribu				
<u>VIII. ESTATE PLANNING</u> –		Y	'ES	NO NOT SUR
a) Do you have a will(s)?			-	
, , , ,				
b) So you live in the same state in which your will was draf				

d) Do you l	nave a Living Tru	ust(s)?				
e) Living T	rust Information					
Client 1	Date	Title of Trust				
Client 2	Date	Title of Trust				
				YES	NO	NOT SURE
f) Do you	have a Durable F	Power of Attorney?				
g) Do you	have a Health Ca	are Power of Attorney?				
h) If you di	ied yesterday, wo	ould your spouse/family have ade	equate income			
	to maintain the	eir standard of living?				
i) To whom	do you make sig	gnificant gifts each year?				
		an inheritance?				
IX. Other						
1. Do y	ou have a family	foundation?	_			
2. Do y	ou sit on the boa	ard of any non-profit organizations	s? _			
Professional A	Advisors					
Your Attorney						
Addres	SS		E-mail			
			Phone			
Your Accounta	nt					
Addres	SS		_ E-mail			
			_ Phone			
		you want to have knowledge of y	your financial affair	s?		
Name			_			
Address			_			
			Phone			
Whom do you	consult before ma	aking important financial decisior	าร?			

Retirement Goal

Goal Importance (circle one)

			_		_			_				
	10	9 Needs	8	7	6 Want	5	4	3	2 Wishe	1		
		Neeus			vvaiit				VVISITE			I
ideai	Age to Retire:		Clien	t	Spouse		=					
Acce	ptable Age to R	etire	Client		C		_					
l ifo E	=vnootonov:		Clien	t	Spouse							
LIIE	Expectancy:		Client	- -	Spouse							
Retiren	nent Living Exp	ense:										
Enter Ideal Living Expense												
	Use the followi	ng amoun	ts for the	Retirer	ment period	:st						
	Expense Perio	d 1 Clie	nt retired/	Spouse	e working	\$				Month		Year
	Expense Perio	d 2 – Spo	use retire	d/Clien	t working	\$				Month		Year
	Expense Perio	d 3 Clie	nt AND S	pouse i	retired	\$				Month		Year
	Expense Perio	d 4 Clie	nt alone			\$				Month		Year
	Expense Perio	d 5 Spo	use alone)		\$			_ 🗆	Month		Year
Ent	er Acceptable L	iving Exp	ense									
	Use the followi	ng amour	ts for the	Retirer	ment period	:st						
	Expense Perio	d 1 Clie	nt retired/	Spouse	e working	\$				Month		Year
	Expense Perio	d 2 – Spo	use retire	d/Clien	t working	\$				Month		Year
	Expense Perio	d 3 Clie	nt AND S	pouse i	retired	\$				Month		Year
	Expense Perio	d 4 Clie	ent alone			\$				Month		Year
	Expense Perio	d 5 Spo	use alone	<i>ž</i>		\$				Month	П	Year

Adjustments to Living Expense Amounts

Description	Year Expense Will End	Amount (Current Dollars)	Inflate
		\$	☐ Yes ☐ No
		\$	☐ Yes ☐ No
		\$	☐ Yes ☐ No
		\$	☐ Yes ☐ No

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	

College Goal

Name:	Name:				Year	to Start:		:	# of Years of College:					
Goal II	mportance (circl	e one)												
	10	9 Needs	8	7	6 War	5 nts	4	3	2 Wishes	1				
Cost E	stimate: [Fill in A	, B, or C]												
	My Ideal cost e				(Annual Co	ost)								
	My Acceptable													
В.	IDEAL: Use ar 4-year: 2-year:	Public Ir	n-State - \$	S14,92	7 🗌 F	Public O								
	My Acceptable	cost estin	nate \$		(Annı	ıal Cost)								
C.	Specific College State in which to Include: (Check to Tuition [529 Prepaid To How many year My Acceptable	he college which to inclu Out-of- uition Plar rs of Tuitio	is located de) State fee: n and Fee	d: s □ es will	Room of	& Board		Books 8						
	my / toooptable		ωιο ψ		(/ u // c	iai Costy								
Outsid	le Funding for C	Sources D		lege: (•	,								
	Scholar					t Employ								
		Loans: \$_												
	Your ow	n income:	\$		Your Lo	oans: \$_								
Outsid	le Assets (Assets	not owned b	y you that w	ill be us	ed to pay fo	or this colle	ege, not ir	ncluding L	IGMA's, UTN	MA's, or 529	Plans)			
1.	Type of Asset:)escripti	on:						
	Current Value:						\$		Growt	h Rate: _	%			
2.	Type of Asset:						-							
	Current Value:	\$		_ /	Annual A	ddition: S	\$		Growt	h Rate: _	%			
Will th	is Amount Inflated	te? 🗌 No	⊃ ∏ Yes	s, Base	e Inflation	Rate [] Yes, I	Base Inf	flation Rat	e +/	%			

College Goal Name: Year to Start:____ # of Years of College: Goal Importance (circle one) 10 8 7 6 5 3 2 1 Wants Wishes Needs 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) Description: 3. Type of Asset: _____ Current Value: \$_____ Annual Addition: \$_____ Growth Rate: _____% Description: 4. Type of Asset: Current Value: \$_____ Annual Addition: \$_____ Growth Rate: _____%

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

Private School Goal

Name:	ame:				to Start:			# of Years of School:				
Goal Impor	tance (Circle One											
	10 9 Needs	_	7	6 Wants		4	3	2 Wishes	1			
Annual cost	Ideal: \$											
Will this Amo	Acceptable \$ unt Inflate? \[\] N		-		ate 🗌	Yes, Bas	se Infl	ation Rate	+/	%		
Name:				Year t	to Start:			# of Year	s of Sc	hool:		
Goal Impor	tance (Circle One	·)										
	10 9 Needs	8	7	6 Wants		4	3	2 Wishes	1			
Annual cost	Ideal: \$Acceptable \$											
Will this Amo	unt Inflate? 🗌 N	o 🗌 Yes	, Base In	flation R	ate 🗌	Yes, Bas	se Infl	ation Rate	+/	%		
Name:				Year t	to Start:			# of Year	s of Sc	hool:		
Goal Impor	tance (Circle One	·)										
	10 9 Needs		7	6 Wants		4	3	2 Wishes	1			
	Ideal: \$Acceptable \$		_(today's o	dollars)	C	Van Da	l - 0	ation Date	. /	0/		
VVIII THIS AMO	unt Inflate? 🔲 N	∪ ∐ res	, ⊭ase in	nation R	ate 🔲	res, Bas	se inti	ation Kate	+/	%		

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	
<u> </u>	
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:	_

Gift or Donation

Description:											
Importanc	e (Circl	e One)									
	10	9 Needs	8	7	6 Wants	5	4	3	2 Wishes	1	
Who is the dono	r?						_				
Who will receive	this gif	t?					Year you	plan	to give this	gift or do	onation:
Amount of Gift o	r Donat	ion: Ideal	\$						☐ Mont	h 🗌 Y	ear
		Acce	ptable:	\$					☐ Mont	h 🗌 Y	ear
Will this Amount	Inflate?	P □ No	☐ Yes	s, Base Ir	ıflation Ra	ite 🗌	Yes, Bas	se Infl	ation Rate	+/	%
Is this gift recurri	ing? 🗌	No 🗌	Yes								
How often w	ill it occ	ur: Every			year(s	s)					
When will it	end:	☐ Client	Retires	s 🗌 Spou	ise Retire	s 🗌	End of Cl	ient's	Plan		
		☐ End o	f Spous	se's Plan	OR 🗌 T	otal C	ccurrence	es:			
Description:		e One)	8	7	6	5	4	3	2	1	
		Needs			Wants				Wishes		
Who is the dono	r?										
Who will receive								nlan i	to give this	aift or do	nation:
Amount of Gift o	_						_	-	☐ Mont	-	
Will this Amount	Inflate										
Is this gift recurri				-,		·-• ⊔					
How often w	_				vear(s	3)					
When will it		_			-		End of Cl	ient's	Plan		
, , , , , , , , , , , , , , , , , , ,		☐ Fnd o		-	_						

Leave Bequest

Description	/Recipient: _									
Importan	ce (Circle On	e)								
	10	9 Needs	8	7	6 Want	-	4	3	2 Vishes	1
Who will re	ceive this gif	:?								
When will	he Bequest b	e made: [Enc	of Clien	t's Plan	☐ Er	nd of Spo	ouse's F	lan	
Amount of	Bequest: Ide	al \$				(today'	s dollars)			
	Acc	eptable \$				(today'	s dollars)			
Will this Ar	nount Inflate?							se Inflat	ion Rate	+/
-	n/Recipient: _ ce (Circle On									
	10	9	8	7	6	5	4	3	2	1
		Needs			Want	s		'	Vishes	
When will	ceive this gif he Bequest t Bequest: Ide	e made: [End	l of Clien	t's Plan	(today'	•	ouse's F	lan	
\\/ill thic Ar	nount Inflate?	·						se Inflat	ion 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 import Not at all	ant is	capital p	rese	rvation?		Modera	ately	importa	ant					Very	impo	ortant
	<u> </u>		2		3		4		5		6		7		8		9
2.	How import	ant is	growth?														
	Not at all						Modera	ately	importa	ant					Very	impo	ortant
	<u> </u>		2		3		4		5		6		7		8		9
3.	How import	ant is	low vola	tility	?												
	Not at all						Modera	ately	importa	ant					Very	impo	ortant
	□ 1		2		3		4		5		6		7		8		9
4.	How import	ant is	inflation	prote	ection?												
	Not at all						Modera	ately	importa	ant					Very	impo	ortant
	☐ 1		2		3		4		5		6		7		8		9
5.	How import	ant is	current o	cash	flow?												
	Not at all						Modera	ately	importa	ant					Very	impo	ortant
	<u> </u>		2		3		4		5		6		7		8		9
6.	How much	risk a	ire you wi	illing	to take to	ach	ieve a h	ighe	r return	?							
	Not at all						A Mode	erate	amour	nt					A lot		
	<u> </u>		2		3		4		5		6		7		8		9
	at Average A er a number be				urn* do yo	ou wa	ant to ea	arn o	n your	portfo	olio to i	reacl	h your f	inand	cial goa	ls?	
Ανε	erage Annua	l Rate	e of Retu	rn* Y	ou 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.

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) \square Use this percentage of the Planner Estimate: \square 75% \square 50% \square 25% \square 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

Earmark to One Goal:

Assign – How to Use: (choose one)

☐ Fund All Goals

Pension

Whose Pension: Client Spouse Description:
Income Begins: Client Retires Spouse Retires Receiving Now Year
Amount of Benefit (estimate of pre-tax future value): \$
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:
Whose Pension: Client Spouse Description: Income Begins: Client Retires Spouse Retires Receiving Now Year
Amount of Benefit (estimate of pre-tax future value): \$ Month
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:

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): \$ \qquad Month \qquad 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: 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: \$_____ 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: _____

Earmark to One Goal: ___________

Assign – How to Use: (choose one)

Fund All Goals

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 Re	ental Income (pre-tax rental income less expenses): \$
Will this Amount I	nflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/%
Assign – How to I	Jse: (choose one)
	Earmark to One Goal: Fund All Goals

Other Retirement Income

Whose Income: Client Spouse Description:
Income Begins: Client Retires Spouse Retires Receiving Now Year
Income Ends:
Amount of Income (pre-tax, today's dollars): \$
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:
Amount of Income (pre-tax, today's dollars): \$
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:
Amount of Income (pre-tax, today's dollars): \$
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:
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

Other Irrevocable Trust Income

Whose Income: Client Spouse Description:
Income Begins: Client Retires Spouse Retires Receiving Now Year
Income Ends:
Amount of Income (pre-tax, today's dollars): \$
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:
Amount of Income (pre-tax, today's dollars): \$
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

401(k) Plans Description:					ose Plan:	Client C	☐ Snouse	
Description: Current Total Value: \$): \$		
	ə: \$				i iax vaido	(11011 11011))· Ψ	
Asset Class Distr								
CA	% STB	%	ITB	%	LTB	%	LCVS	%
	% MCS							
UC								
Assign – How to	Use: (Check one)							
	☐ Earmark to 0	One Goal:						
	☐ Earmark to N	/lultiple G	oals:					
	☐ Fund All Goa	als						
	Leave to Est	ate						
	☐ Not Used in	Plan						
Income								
Total Incor	me from this employe	er: \$						
Will this Ar	mount Inflate? 🔲 N s:	lo 🗌 Ye	s, Base Infl	ation Rate	e 🗌 Yes, B	ase Inflati	on Rate +/	%
Pre-tax co	ntributions: Enter %	of annual	income	%	or 🗌 As	sume Max	Contribution	n Each Yr
After-tax c	ontributions (non-Ro	th):	%					
Year Cont	ributions Begin:		_					
Contribution	ons End: 🗌 Client R	etires 🔲 🤄	Spouse Ret	ires 🗌 Y	'ear			
Employer Contrib	outions							
If your Employer m	natches your contribu	ıtions, cor	nplete this:	section.				
Employer	will match this % of y	our contri	ibution:	%				
Up until yo	our contribution react	nes this %	:%					
Then your	employer will match	this % of	your contril	oution:	%			
	our total contribution		-					
Employer Contrib								
Maximum annual of								
Some plans also have	ve a maximum limit on an has such a limit en			•			ardless of the	percentage

Legend For Asset Class Distribution

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

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

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: ______%

Employ	er Spon	sored Plan	S						
Type of PI	an:				_ W	hose Plan: [Client [Spouse	
		\$				ter Tax Value	e: \$		
Asset Cla	ss Distrib	oution:							
CA	%	STB	%	ITB	%	LTB	%	LCVS	%
LCGS	%	MCS	%	SCS	%	IDS	%	LCVS	%
UC	%								
Assign –	How to U	se: (Check one)						
		Earmar	k to One (Goal:					
		Earmar	k to Multip	ole Goals:					
		☐ Fund Al	l Goals						
		Leave to	o Estate						
		☐ Not Use	ed in Plan						
Income									
To	otal Incom	e from this em	ployer: \$_						
Your conf			☐ No ☐	Yes, Base	Inflation Ra	ate 🗌 Yes, I	Base Inflat	ion Rate +/	%
Pr	e-tax Con	tributions: Ent	er % of ar	nnual income	%	or 🗌 As	ssume Ma	x Contribution	Each Yr
		ntributions:							
		outions:							
		outions: \$							
Ye	ear Contrib	outions Begin:							
C	ontribution	s End: 🔲 Clie	ent Retires	Spouse	Retires	Year			
Employer	Contribu	tions		-					
		tches your co	ntributions	s, complete th	nis section.				
•		ill match this %		•					
		r contribution	-	-					
•		mployer will m				%			
	-	r total contribu		•	_				
	_	tions Limit			,				
		llar limit : \$							
Some plan	ns also ha	ve a maximun					tribute in a	a year, regardl	ess of the
percentag	e limit abo	ve. If your pla	n has suc	h a limit, ente	er the amou	unt.			
Additiona	I Employ	er Contribution	ons - Prof	it Sharing					
		kes contribution ntributions you					€.		
] Contrib	oution as a %	of income		%				
		outions as doll		•	='	Frow annually	by _	%	
C		s End: □ Clie							

Traditional IRAs

Who is the owner: ☐ Client ☐ Spouse	Description	1:			
Current Value: \$		′alue: \$			
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 Ye	ar			
Asset Class Distribution:					
CA% STB% ITB	%	LTB	%	LCVS	%
LCGS% MCS% SCS _	%	IDS	%	IES	
UC%					
Who is the owner: ☐ Client ☐ Spouse	Description):			
Current Value: \$		/alue: \$			
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 Ye	ar			
Asset Class Distribution:					
CA% STB% ITB	%	I TR	0/2	LCVS	%
			/0	LO 10	
LCGS% MCS% SCS _		IDS		IES	

Traditional IRAs

Who is the owner: Client Spouse	Description:			
Current Value: \$	After Tax Value: \$			
Assign – How to Use: (Check one)				
☐ Earmark to One Goal:				<u> </u>
☐ Earmark to Multiple Goals: _				
☐ Fund All Goals				
☐ Leave to Estate				
☐ Not Used in Plan				
Annual Additions: (Check one)				
Pre-Tax: Additions: \$ Ir	nflate? No Yes			
☐ Maximum contribution each year				
After-Tax: Additions: \$				
Maximum contribution each year				
Year Additions Begin:				
Year Additions End: Client Retires Spouse F	Retires			
Asset Class Distribution:		_		
	% LTB	%	LCVS	%
CA% STB% ITB LCGS% MCS% SCS	% IDS	<u></u> %	IES	<u></u> %
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: \$ Ir	nflate? ☐ No ☐ Yes			
Maximum contribution each year				
After-Tax: Additions: \$				
Maximum contribution each year				
Year Additions Begin:				
Year Additions End: Client Retires Spouse F	Retires 🗆 Year			
Asset Class Distribution:	totilos 🗀 roui	_		
CA% STB% ITB	% LTB	%	LCVS	%
LCGS% MCS% SCS			IES	
UC %				/0

SEPP IRA – 72(t)	
Who is the owner: Client Spouse	Description:
Current Value: \$	
Assign – How to Use: (Check one)	
☐ Earmark to One Goal:	
☐ Earmark to Multiple G	oals:
☐ Fund All Goals	
☐ Leave to Estate	
☐ Not Used in Plan	
72(t) Distributions	
Annual Distribution Amount:\$	Year Distribution Began:
Asset Class Distribution:	
CA% STB% IT	TB% LTB% LCVS% ICS% IDS% IES%
LCGS% MCS% S	CS% IDS% IES%
UC%	
Who is the owner: ☐ Client ☐ Spouse	Description:
Ticker Symbol:	• -
Current Value: \$	
Assign – How to Use: (Check one)	-
<u></u>	·
	oals:
 ☐ Fund All Goals	
Leave to Estate	
☐ Not Used in Plan	
72(t) Distributions	
Annual Distribution Amount:\$	Year Distribution Began:
Asset Class Distribution:	<u> </u>
CA% STB% IT	ГВ% LTВ% LCVS%
LCGS% MCS% S	CS% IDS% IES%
UC%	

Roth IRAs									
Who is the owner	r: 🔲 (Client 🗌 S	Spouse		Descript	ion:			
Current Value: \$_									
Assign - How to	Use:	(Check one))						
		Earmarl	k to One G	oal:					
	_				• •				
		☐ Fund Al	l Goals						
		Leave to	o Estate						
		☐ Not Use	ed in Plan						
Annual Addition	S: (Ch	eck one)							
Pre-Tax:	Addi	tions: \$			Inflate?	No 🗌 Yes	;		
	Maxi	imum contr	ibution ead	ch year					
After-Tax: ☐	Addi	tions: \$							
Year Addition	ns Beg	in:							
Year Addition	_				e Retires 🔲	Year			
Asset Class Dis				•	_				
CA9	%	STB	%	ITB _	%	LTB	%	LCVS	%
LCGS9					%				
UC9									
Who is the owner	r: 🔲 (Client 🗌 S	3pouse		Descript	ion:			
Current Value: \$_									
Assign – How to									
		☐ Earmarl	k to One G	oal:					
		☐ Earmarl	k to Multipl	e Goals	:				
		☐ Fund Al	l Goals						
		Leave to	o Estate						
		☐ Not Use	ed in Plan						
Annual Addition	S: (Ch	eck one)							
Pre-Tax:	Addi	tions: \$			Inflate?	No 🗌 Yes	i		
	Maxi	imum contr	ibution ead	ch year					
After-Tax: ☐	Addi	tions: \$							
Year Addition	ns Beg	in:							
Year Addition	ns End	: Client	Retires [Spouse	e Retires 🔲	Year			
Asset Class Dis	tributi	on:							
CA9	%	STB	%	ITB _	%	LTB	%	LCVS	%
LCGS9	%	MCS	%	SCS	%	IDS	%	IES	%
LIC 0	%								

Coverdell Accounts (ESA)	
Who is the owner: Custodial De	scription:
Current Value: \$	
Assign – How to Use: (Check one)	
☐ Earmark to One Goal:	
<u> </u>	s:
☐ 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 Spous	e Retires 🗆 Vear
Asset Class Distribution:	e real
	% LTB % LCVS %
LCGS % MCS % SCS	% LTB% LCVS%%
UC%	/0 IBC/0 IEC/0
Who is the owner: Custodial De	scription:
Current Value: \$	
Assign – How to Use: (Check one)	
_	
	S:
☐ 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 Spous	a Patires T Vaar
Asset Class Distribution:	e Relies
CA% STB% ITB _	% LTB% LCVS%
LCGS% MCS% SCS	
UC %	/0 IDO/0 IEO/0

529 Savings Plan Who is the owner: Client Spouse Description: Beneficiaries/Percentage Estate Spouse Is this asset subject to state taxes? No Yes 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 Year Additions Begin: Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year **Asset Class Distribution:** CA _____% STB _____% ITB _____% LTB _____% LCVS _____% MCS _____% SCS _____% IDS _____% IES _____% LCGS _____% UC _____% Who is the owner: Client Spouse Description: Beneficiaries/Percentage Other - _____ % Estate Spouse Other - _____ Is this asset subject to state taxes? No Yes 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 Year Additions Begin: Year Additions End: ☐ Client Retires ☐ Spouse Retires ☐ Year _____ **Asset Class Distribution:** STB _____% ITB _____% LTB _____% LCVS _____% CA _____%

SCS % IDS %

MCS %

LCGS _____%

UC _____%

IES %

Annuities		
Who is the owner: Client Spouse	Description:	
Current Value: \$		
Assign – How to Use: (Check one)		
☐ Earmark to One Goal:	:	
☐ Earmark to Multiple G	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 Special	oouse Retires	
Asset Class Distribution:		
CA% STB% IT	TB% LTB% LCVS9 SCS% IDS% IES9	%
LCGS% MCS% Se	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:	:	
	Goals:	
☐ Fund All Goals		
☐ Leave to Estate		
Annual Additions: (Check one)		
Additions: \$	_ Inflate? ☐ No ☐ Yes	
Year Additions Begin:	_	
Year Additions End: Client Retires Special	oouse Retires	
Asset Class Distribution:		
CA% STB% IT	TB% LTB% LCVS9	%
LCGS% MCS% Se	SCS% IDS% IES9	%
LIC %		

Annuities (Continued)						
Who is the owner: Client Spouse	Des	cription:				
Current Value: \$	Current Value: \$ Cost Basis: \$					
Assign – How to Use: (Check one)						
☐ Earmark to One Go	oal:					
☐ Earmark to Multiple	Goals:					
☐ Fund All Goals						
☐ Leave to Estate						
Annual Additions: (Check one)						
Additions: \$	Inflate?	☐ No	☐ Yes			
Year Additions Begin:						
Year Additions End: Client Retires	Spouse Retires	☐ Yea	ar			
Asset Class Distribution:	•	· <u></u>				
CA% STB%	ITB	%	LTB	%	LCVS	%
LCGS% MCS%						
UC%			_			
Cash Value Life: Variable Life						
Owner:	Insured:] Client	☐ Spouse [1 st to	Die 2 nd to	Die
Name or Description:			=			
Beneficiaries & Death Benefit						
Estate% Other		%	Other			%
Spouse% Other		%	Other -			%
Current Value: \$						
Asset Class Distribution:						
CA% STB%						
LCGS% MCS%	SCS	%	IDS	%	IES	%
UC%						
Cost Basis: \$		Insu	urance Amount	:: \$		
Assign – How to Use: (Check one)						
☐ Earmark to One Go	oal:					
☐ 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	h year					
After-Tax: Additions: \$						
Year Additions Begin:	<u></u>					
Year Additions End: ☐ Client Retires ☐	Spouse Retires	☐ Yea	ar			

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

Cash Value Life: Variable Life	
Owner:	☐ Client ☐ Spouse ☐ 1 st to Die ☐ 2 nd 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	e? No Yes
Maximum contribution each year	
After-Tax: Additions: \$	
Year Additions Begin:	
Year Additions End: Client Retires Spouse Retires	res 🗌 Year

Other Tax-Deferr	red						
Who is the owner:	Client Spouse)	Description	on:			
Current Value: \$	· ·		Cost Basi	is: \$			
Assign – How to Us	e: (Check one)						
	☐ Earmark to On	e Goal:					
	☐ Earmark to Mu						
	☐ Fund All Goals	;					
	☐ Leave to Estat	е					
	☐ Not Used in Pl	an					
Annual Additions:	Check one)						
Additions: \$_			Inflate? 🗌 N	lo 🗌 Yes			
	egin:						
	nd: Client Retires		se Retires 🔲 Y	ear			
Asset Class Distrib		_ ,					
CA%	STB%	6 ITB_	%	LTB	%	LCVS	%
CA% LCGS%	MCS%	6 SCS	%	IDS	%	IES	%
UC%							
U.S. Savings Bo	nd						
Who is the owner:] Client 🗌 Spouse)	Description	on:			
Current Value: \$			Cost Basi	is: \$			
Assign – How to Us	e: (Check one)						
	☐ Earmark to On	e Goal:					
	☐ Earmark to Mu	Itiple Goal	s:				
	☐ Fund All Goals	;					
	Leave to Estat	е					
	■ Not Used in Pl ■ Not Used in Pl	an					
Annual Additions: (
Additions: \$_			Inflate? 🗌 N	lo 🗌 Yes			
Year Additions B	egin:						
Year Additions E	nd: Client Retires	s 🗌 Spous	se Retires 🔲 Y	'ear			
Asset Class Distrib	ution:						
CA%	STB%	6 ITB_	%	LTB	%	LCVS	%
LCGS%	MCS%	6 SCS	%	IDS	%	IES	%
LIC 9/							

Investment Assets

laxable		
Who is the owner:	loint Custodial	
If Joint, what kind? Survivorship Commo	on Entirety Community Property	
☐ Other w/ Client ☐ Other	r w/ Spouse	
Description:		
Ticker Symbol:	Units:	
Current Value: \$	Cost Basis: \$	
Assign – How to Use: (Check one)		
☐ Earmark to One Goal:		
	·	
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:		
	% LTB% LCVS	
	% IDS% IES	%
UC%		
Who is the owner: Client Spouse J		
	on	
Other w/ Client Other	·	
Description:		
Ticker Symbol: Current Value: \$	Units:	
Assign – How to Use: (Check one)	Cost Basis: \$	
Earmark to One Goal:		
<u> </u>		
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 Vear	
Asset Class Distribution:		
CA% STB% ITB	% LTB% LCVS	%
LCGS% MCS% SCS _		%
UC%		. =

Investment Assets

Tax-Free			
Who is the owner	er: Client Spouse Joint Custodial		
If Joint, what kin	d?	rty	
	☐ Other w/ Client ☐ Other w/ Spouse		
Description:		_	
Ticker Symbol:	Units:		
Current Value: \$	Cost Basis: \$	_	
Is this asset sub	ject to state taxes? No Yes		
Assign – How t	o Use: (Check one)		
	Earmark to One Goal:		
	Earmark to Multiple Goals:		
	☐ Fund All Goals		
	Leave to Estate		
	□ Not Used in Plan		
Annual Additio	ns: (Check one)		
Addition	ns: \$		
Year Addition	ons Begin:		
Year Addition	ons End: Client Retires Spouse Retires Year Year		
Asset Class Dis	•		
CA	% STB% ITB% LTB%	LCVS	%
LCGS		IES	
UC			
NA/I '- (I			
Who is the owner		1	
If Joint, what kin		ту	
Decembrica	Other w/ Client Other w/ Spouse		
	Hada.	=	
	Units:		
	Cost Basis: \$	=	
	ject to state taxes?		
Assign – How t	to Use: (Check one)		
	Earmark to One Goal:		
	Earmark to Multiple Goals:		
	Fund All Goals		
	Leave to Estate		
	☐ Not Used in Plan		
Annual Additio	,		
	ns: \$ Inflate? \[\text{No} \text{ \text{\text{\text{\text{\text{\text{No}}}}}}		
	ons Begin:		
	ons End: Client Retires Spouse Retires Year Year		
Asset Class Dis			
CA	· · · · · · · · · · · · · · · · · · ·	LCVS	
LCGS	% MCS% SCS% IDS%	IES	%
UC	%		

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

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 th	ne owner:	□ C	lient 🗌 S	pouse								
Stock Na	ame:											
	ass: (Check											
	•	·] Large Ca	p Growth	□ Sma	II Cap □	Mid Cap					
	-		ed 🗌 Int	-		-						
			n?			<u> </u>						
20 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		🗀•									
Vesting	Schedule											
Name						d by Year						
	1	2	3	4	5	6	7	8	9	10		
		Į.										
	ptions Gra				0							
					Grant Name:							
Type:	│ISO □ │ Graptod:	NQO			Options Already Exercised:							
Expiration	oranteu n Date:				Grant Price:							
	ptions Gra											
	·				Grant Name:							
	Iso 🔲 I				Ontions Already Evergined							
Options (Granted:				Options Already Exercised:							
Select V	esting Sch	edule:			Grant Tibo.							
	J											
Stock O	ptions Gra	int										
Grant Date:					Grant Name:							
Type: 🗌	ISO 🗌 I	NQO										
Options Granted:					Optio	ons Already	y Exercise	d:				
Expiration Date:Select Vesting Schedule:					Grar	nt Price:						
Select V	esting Sch											
Stock O	ptions Gra	int										
	-				Gran	nt Name:						
	ISO 🔲				2.41							
Options (Granted: _				Optio	ons Already	y Exercise	d:				
Expiratio	n Date:				Grar							
Select Vo	esting Sche	edule:										

Stock Options

Stock (Options	Plan										
Who is th	ne owner:	□ C	lient 🗌 S	pouse								
Stock Na	ame:			<u> </u>								
	ass: (Check											
	•		Large Ca	ap Growth	☐ Sma	II Cap □	Mid Cap					
	-		ed 🗍 In	-		-	•					
		-										
			n? □ No									
•	-			_								
Vesting	Schedule											
Name	1	2	3	1	% Veste	d by Year	7	8	9	10		
	l		3	4	3	6	1	0	9	10		
Stook O	ntions Gra	nnt.										
-	ptions Gra				Gra	nt Name:						
	ISO 🔲 I				Glai	it ivallie						
Options (Granted:	NQO			Options Already Exercised:							
Expiratio	n Date:				_ Grant Price:							
Select Ve	esting Sche	edule:										
Stools O	mtiana Cua	4										
_	ptions Gra				Grant Namo:							
					Grant Name:							
	│ISO □ │ Granted:				Options Already Exercised:							
Expiratio	n Date:				Grant Price:							
Select Ve	esting Sche	edule:										
-	ptions Gra				•							
Grant Date: Grant Name: Type: ☐ ISO ☐ NQO												
Type:	│ ISO	NQO			Onti	one Already	v Evercise	٩٠				
Options Granted:Expiration Date:					Options Already Exercised:							
Select Vesting Schedule:												
_												
	ptions Gra				_							
					Grai	nt Name:						
	ISO 🔲 I				0-1	المحال ممت	-	ـا.				
Expiration 6	oranied:							d:				
Select Ve	esting Sch	edule:										

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 Ontions Cront	
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: SO NQO	
Options Granted:	Ontions Already Evergised:
Options Granted: Expiration Date:	Options Already Exercised:
Select Vesting Schedule:	Orant i nice.
Ocioot vooling concadio.	
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: SO NQO	
Options Granted:	Options Already Exercised:
Expiration Date:	Grant Price:
Select Vesting Schedule:	
Stock Options Grant	
•	Cront Name:
Grant Date:	Grant Name:
Type: SO NQO	
Options Granted:	Options Already Exercised:
Expiration Date:	Grant Price:
Select Vesting Schedule:	
Stock Options Grant	
Grant Date:	Grant Name:
Type: SO NQO	
Options Granted:	Options Already Exercised:
Expiration Date:	Grant Price:
Soloet Vesting Schodule:	· ·

Restricted Stock

Who is the owner:	Restric	ted Stoc	k Plan									
Asset Class: (Check one)	Who is th	he owner:	□ C	lient 🗌 S	pouse							
Asset Class: (Check one)	Ticker: _					Stock	Name:					
International Developed												
International Developed		Large Cap	Value [Large Ca	p Growth	☐ Smal	I Cap □	Mid Cap				
Vesting Schedule				_	-		·	·				
Vesting Schedule							Update:					
Name												
Name												
Restricted Stock Grant Grant Name: Grant Name: Grant Name: Grant Name:	Vesting	Schedule				% Vester	hy Vear					
Grant Date:	Name	1	2	3	4			7	8	9	10	
Grant Date:												
Grant Date:												
Grant Date:												
Grant Date:												
Grant Date:												
Grant Date:	Restrict	ed Stock G	Grant									
Shares Granted: Select Vesting Schedule: Restricted Stock Grant Grant Date: Select Vesting Schedule: Restricted Stock Grant Grant Date: Shares Granted: Select Vesting Schedule: Restricted Stock Grant Grant Date: Select Vesting Schedule: Restricted Stock Grant Grant Date: Select Vesting Schedule: Grant Name: Shares Granted: Select Vesting Schedule: Restricted Stock Grant Grant Date: Shares Granted: Select Vesting Schedule: Restricted Stock Grant Grant Date: Select Vesting Schedule: Grant Name: Shares Granted: Select Vesting Schedule:						Gran	t Name:					
Restricted Stock Grant Grant Date:	Shares C	Granted:										
Restricted Stock Grant Grant Date:	Select V	esting Sche	edule:									
Grant Date: Grant Name: Select Vesting Schedule: Grant Name: Select Vesting Schedule: Grant Name: Select Vesting Schedule: Select Vesting Schedule: Grant Name: Select Vesting Schedule: Grant Name: Select Vesting Schedule: Select Vesting Schedule: Grant Name: Select Vesting Schedule:	Dootsiet	ad Ctaals C	Nama and									
Shares Granted: Select Vesting Schedule: Restricted Stock Grant Grant Date: Shares Granted: Select Vesting Schedule: Restricted Stock Grant Grant Date: Shares Granted: Select Vesting Schedule: Grant Name: Shares Granted: Select Vesting Schedule: Restricted Stock Grant Grant Date: Select Vesting Schedule: Grant Name: Select Vesting Schedule: Restricted Stock Grant Grant Date: Shares Granted: Select Vesting Schedule: Grant Name: Grant Name: Grant Name: Grant Name: Grant Name: Grant Name:						Cron	t Nama.					
Restricted Stock Grant Grant Date: Grant Name: Select Vesting Schedule: Grant Name: Restricted Stock Grant Grant Date: Grant Name: Shares Granted: Grant Name: Select Vesting Schedule: Grant Name: Restricted Stock Grant Grant Date: Grant Name: Select Vesting Schedule: Grant Name:	Shares (Granted:										
Restricted Stock Grant Grant Date:												
Grant Date: Grant Name:		J										
Shares Granted: Select Vesting Schedule: Grant Name: Grant Name: Shares Granted: Select Vesting Schedule: Grant Name: Grant Name: Shares Granted: Grant Name: Select Vesting Schedule: Grant Name: Grant Name: Select Vesting Schedule: Grant Name: Grant Name: Select Vesting Schedule:	Restrict	ed Stock G	Frant									
Restricted Stock Grant Grant Date: Grant Name: Shares Granted: Grant Name: Select Vesting Schedule: Grant Name: Restricted Stock Grant Grant Date: Grant Name: Shares Granted: Grant Name: Select Vesting Schedule: Grant Name:	Grant Da	ate:				Gran	t Name:					
Restricted Stock Grant Grant Date:	Shares C	Granted:										
Grant Date: Grant Name:	Select v	esting Sche	edule:									
Grant Date: Grant Name:	Restrict	ed Stock G	Grant									
Shares Granted: Select Vesting Schedule: Restricted Stock Grant Grant Date: Shares Granted: Select Vesting Schedule: Restricted Stock Grant Grant Date: Grant Name: Grant Name:						Grant Name:						
Restricted Stock Grant Grant Date: Grant Name: Shares Granted: Select Vesting Schedule: Restricted Stock Grant Grant Date: Grant Name:	Shares Granted:											
Grant Date: Grant Name: Shares Granted: Select Vesting Schedule: Grant Name: G	Select V	esting Sche	edule:									
Grant Date: Grant Name: Shares Granted: Select Vesting Schedule: Grant Name: G	Restrict	ed Stock G	Grant									
Shares Granted: Select Vesting Schedule: Select Schedule:						Gran	t Namo:					
Restricted Stock Grant Grant Date: Grant Name:	Shares Granted:				Gian	t Ivallie						
Grant Date: Grant Name:	Select V	esting Sche	edule:		_							
Grant Date: Grant Name:												
Grant Date: Grant Name: Grant Name:						_						
OUGLES VIIGUIEU	Grant Da	ate: Prantod:				Gran	t Name:					
Select Vesting Schedule:	Select V	esting Sche	edule:									

Restricted Stock

Restric	ted Stoc	k Plan									
Who is th	ne owner:	□ C	lient 🗌 S	pouse							
Ticker:					Stock	k Name:					
Asset Cla	ass: (Check	one)									
□ I	_arge Cap	Value	Large Ca	ap Growth	☐ Smal	I Cap □	Mid Cap				
I	nternationa	al Develop	ed 🗌 In	ternational	Emerging						
Market P	rice: \$				Last	Update:					
Do all Sh	nares Vest	at Death	? 🗌 No [Yes							
Vesting	Schedule										
Name						d by Year				10	
	1	2	3	4	5	6	7	8	9	10	
Restricte	ed Stock G	Frant									
Grant Da	te:				Gran	t Name:					
Select ve	esting Sche	edule:									
Restricte	ed Stock G	Grant									
					Grant Name:						
Shares G	Granted:										
Select Ve	esting Sche	edule:									
	ed Stock G										
Grant Da	te:				Gran	t Name:					
Select Ve	esting Sche	edule:									
00.000	,										
Restricte	ed Stock G	rant									
Grant Date:					Grant Name:						
Shares G	ranted:										
Select Ve	esting Sche	edule:									
Dantelat											
Restricted Stock Grant Grant Date: Grant Name:											
Grant Date: Shares Granted: Salast Vesting Schodule:					Gran	t Name:					
Select Ve	esting Sche	edule:									
	-										
Restricte	ed Stock G	rant									
Grant Da	te:				Gran	t Name:					
Shares G	Granted:										
Select Ve	esting Sche	eaule:									

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 Only 100 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	

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

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

Deferred Compensation (Futu	re) Continued		
Owner: Client Spouse	Descripti	ion:	
Current Value (today's dollars): \$			
Contributions			
Amount – Select Method			
□ None			
☐ Percentage of Income	Annual Income: \$		_%
☐ Dollar Amount	\$	Grow Annually by:	_%
Period			
Start Year:			
Year Additions End: ☐ Client R	etires Spouse Retires '	Year	
Value at Start of Distribution			
Rate of Return during Accumula	tion:%		
Year Distributions Begin: 🗌 Clie	ent Retires 🗌 Spouse Retires	s 🗌 Year	
Distribution Period			
Number of Years:	Annual F	Payment (pre-tax) \$	
Annual Distribution			
Rate of Return during Distribution	n:%		
Assign – How to Use: (Check one)			
☐ Earmark t	o One Goal:		
☐ Earmark t	o Multiple Goals:		
☐ Fund All C	Goals		
☐ Leave to B	Estate		
☐ Not Used	in Plan		

Insurance Assets – Cash Value (Universal/Variable/Whole/Other) ☐ Client ☐ Spouse ☐ 1st to Die ☐ 2nd to Die Insured: Description: Current Cash Value: \$______ (before tax – today's dollars) Average Annual Growth Rate: _____ (excluding cost of insurance) **Beneficiaries & Death Benefit** ____% Other - _____ % Other - _____ % Estate 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 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 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

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:	
☐ 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	

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

Cash Value Life Policies owned by the Client or Spouse

Investment Asset (Variable Life)		
Owner: \square Client \square Spouse Insured:	☐ Client ☐ Spouse ☐ 1 st to Die ☐ 2 nd to	o 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: \$ Inflat	e? No Yes	
Maximum contribution each year		
After-Tax: Additions: \$		
Year Additions Begin:		
Year Additions End: ☐ Client Retires ☐ Spouse Reti	res 🗌 Year	
Asset Class Distribution:		
CA% STB% ITB	% LTB% LCVS	%
LCGS% MCS% SCS		
UC%		

Other Asset (Universal/Variable/Whole Life/Oth	ier Life)	
Owner:	Insured: \square Client \square Spouse \square 1 st to Die \square 2 nd to Die	
Description:	_ Current Cash Value: \$ (before tax - today's dollars,)
Average Annual Growth Rate:	_ (excluding cost of insurance)	
Beneficiaries/Percentage		
Estate% Other		
Spouse% Other		
Death Benefit Amount:	_ Premium Amount: \$ every	
How long will premiums be paid?		
☐ Until insured dies ☐ Until policy termina	ates	
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 G	oals:	
☐ Fund All Goals		
☐ Leave to Estate		
☐ Not Used in Plan		

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

Cash Value Life (Universal/Variable/Whole Life/Othe	er)		
Owner:	r Entity		
Insured: Client Spouse 1st to Die 2	^d to Die		
Description/Company:	Current Cash Value	: \$(/	before tax - today's dollars)
Beneficiaries/Percentage			
Estate% Other			
Spouse% Other	% O)ther	%
Death Benefit (deduct policy loans):	Premium Amount:	: \$	every
How long will premiums be paid?			
☐ Until insured dies ☐ Until policy terminates	☐ For this Number	r of Years	
When will this policy terminate?			
☐ When insured dies ☐ Year			
If ownership is of this policy was transferred, enter the	<u> </u>		
Select the original owner of the policy: Client			
Non Cook Volue Life Policies All Owner	•		
Non-Cash Value Life Policies – All Owner	5		
Non-Cash Value Life (Term Life)	D 04 D	F	
Owner: Client Spouse Irrevocable Trus	. —	or Entity	
Insured: Client Spouse 1st to Die 2 ⁿ			
Description/Company:			
Beneficiaries/Percentage	0/ 0)thar	0/
Estate% Other Spouse% Other			
Death Benefit Amount:	Premium Amount:	: \$	every
How long will premiums be paid?	□ For this Number	r of Vooro	
☐ Until insured dies ☐ Until policy terminates When will this policy terminate?		Of fears	
When insured dies ☐ Year			
If ownership is of this policy was transferred, enter the	e vear of transfer:		
Select the original owner of the policy: Client	<u> </u>		
Non-Cash Value Life (Group Term/Other)			
Owner: Client Spouse Irrevocable Trus	st Other Person	or Entity	
Insured: Client Spouse	_	,	
Description/Company:			
Beneficiaries/Percentage			
Estate% Other	% O	Other	%
Spouse% Other			
Death Benefit Amount:			
When will this policy terminate?			
☐ When insured dies ☐ Year			
If ownership is of this policy was transferred, enter the	e year of transfer:		
Select the original owner of the policy: Client			

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 y	ear of transfer:				
Select the original owner of the policy: Client	·				
ÿ , , , <u> </u>	- '				
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:	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 ra	te:%				
Insured: Client Spouse	Description/Co:				
Premium Amount: \$ every	Tax Status: ☐ Pre-Tax ☐ After-Tax				
Monthly Benefit Amount: \$	Elimination Period:	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 ra	te:%				

Other Insurance Policies

Lengtherm Come (Homes Come Only March 1)	
Long Term Care (Home Care Only/Nursing House	•
Insured:	
	per
	2 3 4 5 6 7 8 9 10 Lifetime
Daily Benefit Amount: \$	
Inflation Option: (Check One) None Simple or Company and of	•
If you selected Simple or Compounded,	a, enterrate%
Incured:	Description/Co:
Insured:	per
Daily Benefit Amount: \$	
Inflation Option: (Check One) None Simp	•
If you selected Simple or Compounded,	•
ii you selected Simple of Compounded,	1, enter rate
Medicare Supplement Insurance Policies	
Insured: Description	on/Co:
Type: (Check one) A B C D E	
	per Month Quarter Six Months Year
	on/Co:
Type: (Check one) \square A \square B \square C \square D \square E	
Premium Amount: \$	per Month Quarter Six Months Year
Property & Casualty Insurance Policies (Auto	to Homeowners Umbrella/Othen
	Policy Expiration Date:
	per Month Quarter Six Months Year
Tremium Amount. \$\psi\$	per ivioritii quarter oix ivioritiis rear
Description/Co:	Policy Expiration Date:
	per Month Quarter Six Months Year
Description/Co:	Policy Expiration Date:
Premium Amount: \$	
<u> </u>	
Description/Co:	Policy Expiration Date:
Premium Amount: \$	
Description/Co:	Policy Expiration Date:
Premium Amount: \$	
Description/Co:	Policy Expiration Date:
Premium Amount: \$	
· ·	· — — — — — —

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 ☐ C	Common 🗌 Entirety 🗌 Com	munity 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 ☐ C☐ Other w/ Client ☐	Common ☐ Entirety ☐ Com Other w/ Spouse	munity Property
Lender:		Outstanding balance: \$	
Initial Loan Amount: \$		Date Loan Began:	Term:
			to Pay Full Balance:
Description:			
Whose debt? Client			
If Joint, what kind?	Survivorship C	Common 🗌 Entirety 🗌 Com	imunity 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 ☐ C☐ Other w/ Client ☐	Common	munity Property
Lender:		·	
Initial Loan Amount: \$	_	_	Term:
· ·			
milerest Rate	wonthly Payment. \$_	OR Date	to Pay Full Balance:
Description:			
Whose debt? Client			
If Joint, what kind?	☐ Survivorship ☐ C	Common	imunity Property
Lender:		Outstanding balance: \$	
Initial Loan Amount: \$			
· 		Date Loan Began:	Term:

Insurance Needs Analysis

Life Insurance Needs Analysis

If Client Dies		If Spouse Dies
\$	Existing Life Insurance to Include	\$
\$	Additional Death Benefit	\$
	Amounto to be Reid at Rooth	
¢	Amounts to be Paid at Death Liabilities	\$
\$ \$	Final Expenses	\$ \$
\$	Bequests	\$
\$	Other Payments	\$
	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 these would reduce the amount of Life Insurance you need. List as 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	If Spouse Dies
\$	Assets that would be sold at death.	\$
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 Pension	your Retirement Income that would continue at your death. Annuity Income Rental Income Royalties [Other
Spouse Employment If your spouse is not following: Start Year Annual Income: \$	ot currently employed and would seek employment if you died ar: Stop Year:	, enter the
Dependents	List any dependents that would NOT be eligible for Social Sebenefits:	ecurity Survivor

Insurance Needs Analysis

Disability Needs Analysis for Client

Do you want to include Social Securi	ity Disability E	Benefits in the analysis?	☐ No ☐ Yes	
Spouse Employment				fallando
If your spouse isn't currently emp	=			_
Start Year: Stop Year	:	_ Annual Income: \$	Inflate?	∐ Yes
Income				
Enter any income you would con		ve if you were disabled.		
(Do not include your spouse's employme			_	_
Start Year: Stop Year	:	_ Annual Income: \$	Inflate?	Yes
Income Needed — (Select One Option) A: Enter the pre-tax amount you	would need it	f 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	\$			
Disability Needs Analysis for Do you want to include Social Securi	-	Benefits in the analysis?	 □ No □ Yes	
Spouse Employment	,	,		
If your spouse isn't currently emp	ploved and w	ould seek emplovment if vo	u were disabled, enter the	followina:
Start Year: Stop Year	-			•
Income			<u> </u>	_
Enter any income you would con (Do not include your spouse's employme		ve if you were disabled.		
Start Year: Stop Year		Annual Income: \$	Inflate? ☐ No	☐ Yes
	-			
Income Needed — (Select One Option) A: Enter the pre-tax amount you	would need it	f 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 I	Needed:	%		

Insurance Needs Analysis

Long-Term Care Needs Analysis

	Client	Spouse
Cost of Long-Term Care		
	☐ Nursing Home	☐ Nursing Home
	☐ Assisted Living	Assisted Living
Type of Long-Term Care	☐ Home Care – 4hr/day	☐ Home Care – 4hr/day
	☐ Home Care – 8hr/day	Home Care – 8hr/day
	☐ Home Care – 12hr/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:	\$	\$

Estate Analysis

Estate Documents

	Client	Spouse
Will	☐ No ☐ Yes	☐ No ☐ Yes
Includes Bypass Trust	☐ No ☐ Yes	
Date Last Reviewed		
Medical Directive	☐ No ☐ Yes	☐ No ☐ Yes
Power of Attorney	☐ No ☐ Yes	☐ No ☐ Yes

Budget

Personal and Family Expenses

Monthly Budget		dget Amount	
Category	Current _ Alt 1 /		
	Carront	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

	Monthly Budget Amount		
Category	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			

<u>Taxes</u>

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

<u>Income</u>

	Monthly Budget Amount		
Category	Current	Alt 1 / Retirement	
Employment			
Other			

Budget

Home Expenses

Description:		
Describilion.		

	Monthly Budget Amount		
Category	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

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

Vehicle Expenses

Description:

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

Budget

Home Expenses

Description:		

	Monthly Budget Amount		
Category	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

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

Vehicle Expenses

Descri	ption:	

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