# DETAILED
# QUESTIONNAIRE

*Personal and Confidential*

Financial Advisor: _____     Date:_____

# Personal Information

## Personal Information

| | Client | Co-Client |
|---|---|---|
| Full name | _____ | _____ |
| Gender | ☐ Male ☐ Female | ☐ Male ☐ Female |
| Date of birth | _____ / _____ / _____ | _____ / _____ / _____ |
| Marital status | ☐ Single ☐ Married ☐ Divorced<br>☐ Separated ☐ Widowed | ☐ Single ☐ Married ☐ Divorced<br>☐ Separated ☐ Widowed |
| Email address | _____ | _____ |
| Employment status | ☐ Retired ☐ Employed<br>☐ Business Owner ☐ Homemaker<br>☐ Not Currently Employed | ☐ Retired ☐ Employed<br>☐ Business Owner ☐ Homemaker<br>☐ Not Currently Employed |
| Employment income | $_____ | $_____ |
| Other pre-retirement income *(non investment)* | $_____ | $_____ |
| Citizenship | _____ | _____ |
| State of residence | _____ | |

*Enter children, grandchildren, other dependents or any other person whom you will give a Gift, designate as a Beneficiary or assign ownership of an insurance policy. Note: Date of Birth is only required for Children, Grandchildren and Other Dependents.*

| Name | Date of Birth | Relationship |
|---|---|---|
| _____ | _____ / _____ / _____ | ☐ Child ☐ Grandchild ☐ Other Dependent<br>☐ Beneficiary/Donee ☐ Charity ☐ Trust |
| _____ | _____ / _____ / _____ | ☐ Child ☐ Grandchild ☐ Other Dependent<br>☐ Beneficiary/Donee ☐ Charity ☐ Trust |
| _____ | _____ / _____ / _____ | ☐ Child ☐ Grandchild ☐ Other Dependent<br>☐ Beneficiary/Donee ☐ Charity ☐ Trust |
| _____ | _____ / _____ / _____ | ☐ Child ☐ Grandchild ☐ Other Dependent<br>☐ Beneficiary/Donee ☐ Charity ☐ Trust |

# My Financial Goals

## Retirement Goal

**Goal Importance** *(circle one)*

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

**Age to retire**: _____ _____
                     Client        Co-Client

**Life expectancy**: _____ _____
                     Client        Co-Client

**Retirement Living Expenses:**

Enter living expenses for the following retirement periods:

Expense Period 1 -- Client retired/Co-Client working  $_____ per ☐ Month ☐ Year

Expense Period 2 – Co-Client retired/Client working  $_____ per ☐ Month ☐ Year

Expense Period 3 -- Client AND Co-Client retired  $_____ per ☐ Month ☐ Year

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

Expense Period 5 -- Co-Client alone  $_____ per ☐ Month ☐ Year

Expenses that end during retirement (*e.g.,* mortgage, loan):

| Description | Year Expense Will End | Amount (Current Dollars) | Inflate |
|-------------|----------------------|--------------------------|---------|
| | | $_____ ☐ Mth ☐ Yr | ☐ Yes ☐ No |
| | | $_____ ☐ Mth ☐ Yr | ☐ Yes ☐ No |
| | | $_____ ☐ Mth ☐ Yr | ☐ Yes ☐ No |
| | | $_____ ☐ Mth ☐ Yr | ☐ Yes ☐ No |

**Will this amount inflate?** ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

**Will you change states in retirement?** ☐ No ☐ Yes

State where you will move: _____

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

# My Financial Goals

## College Goal

**Child's 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 cost estimate: $_____ *(Annual Cost)*

**B.** Use an average cost:
- ☐ Public In-State (4-year) - $20,339    ☐ Public Out-Of-State (4-year) - $32,329
- ☐ Public In-State (2-year) - $14,637    ☐ Public Out-Of-State (4-year) - $22,912
- ☐ Private (4-year) - $40,476    ☐ Average All - $26,832

**C.** Specific college: _____    ☐ Under Graduate ☐ Graduate

State in which the college is located: _____

Include costs for the following: *(Check which to include)*
- ☐ Tuition   ☐ Out-of-State fees   ☐ Room & Board   ☐ Books & Supplies   ☐ Other Costs

**Have you prepaid for college using a 529 Prepaid Tuition Plan?** ☐ No ☐ Yes

How many years of tuition and fees will be covered for this college? _____

## 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? *(Note: the default rate is 6%)*

☐ No   ☐ Yes, Base Inflation Rate   ☐ Yes, Base Inflation Rate +/- _____%

# My Financial Goals

## College Goal

**Child's 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 cost estimate: $_____ *(Annual Cost)*

**B.** Use an average cost:

- [ ] Public In-State (4-year) - $20,339     - [ ] Public Out-Of-State (4-year) - $32,329
- [ ] Public In-State (2-year) - $14,637     - [ ] Public Out-Of-State (2-year) - $22,912
- [ ] Private (4-year) - $40,476             - [ ] Average All - $26,832

**C.** Specific college: _____  - [ ] Under Graduate  - [ ] Graduate

State in which the college is located: _____

Include costs for the following: *(Check which to include)*

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

**Have you prepaid for college using a 529 Prepaid Tuition Plan?** - [ ] No  - [ ] Yes

How many years of tuition and fees will be covered for this college? _____

## 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? *(Note: the default rate is 6%)*

- [ ] No  - [ ] Yes, Base Inflation Rate  - [ ] Yes, Base Inflation Rate +/- _____%

# My Financial Goals

## Private School Goals

Child's 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:  $_____*(today's dollars)*

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

---

Child's 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:  $_____*(today's dollars)*

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

---

Child's 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:  $_____*(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: $_____ ☐ 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's Retirement, ☐ Co-Client's Retirement, ☐ End of Client's Plan

        ☐ End of Co-Client's Plan, ☐ End of 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: $_____ ☐ 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's Retirement, ☐ Co-Client's Retirement, ☐ End of Client's Plan

        ☐ End of Co-Client's Plan, ☐ End of Plan OR ☐ Total Occurrences: _____

# My Financial Goals

Description: _____

Goal Importance *(circle one)*:

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

Year of goal: _____

Cost: $_____ ☐ 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's Retirement, ☐ Co-Client's Retirement, ☐ End of Client's Plan

    ☐ End of Co-Client's Plan, ☐ End of Plan OR ☐ Total Occurrences: _____

## 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: $_____ per ☐ 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's Retirement, ☐ Co-Client's Retirement ☐ End of Client's Plan

    ☐ End of Co-Client's Plan, ☐ End of 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: $_____ per ☐ Month ☐ Year

# My Financial Goals

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's Retirement,  ☐ Co-Client's Retirement,  ☐ End of Client's Plan

☐ End of Co-Client's Plan,  ☐ End of Plan OR  ☐ Total Occurrences: _____

## 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 Co-Client's Plan

Amount of bequest: $_____ *(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 Co-Client's Plan

Amount of bequest: $_____ *(today's dollars)*

Will this amount inflate? ☐ No  ☐ Yes, Base Inflation Rate  ☐ Yes, Base Inflation Rate +/- _____%

# Risk Tolerance Questionnaire

## Risk Assessment

*On a scale of 1-100 with 1 being the lowest and 100 the highest, how much risk are you willing to accept?  Enter your score in the space provided.*  Compare yourself to other investors. The average risk score for all investors is 50. Two thirds of all investors score between 40 and 60, and only 1 in 1000 selects a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?

*Household Score* _____        *Client* _____    *Co-Client* _____

## Investment Attitude Risk Questionnaire

*Check the box next to the number to answer each of the six risk tolerance questions below.*

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?

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

**When will you begin taking Social Security?**

☐ Full Retirement Age (FRA)

☐ As early as possible

☐ Retirement

☐ Age _____

☐ I am ineligible for Social Security benefits

**Do you plan to use a strategy to maximize Social Security?  If yes check the applicable option.**

☐ Restricted Application

**Select one option for the benefit amount:**

☐ Use this amount: $_____     ☐ Month  ☐ Year *(pre-tax, current dollars)*

☐ Use the planner estimate *(based on current employment income)*

☐ Estimate the benefit using my Primary Insurance Amount: $_____

**Assign – How to Use**: (choose one)

☐ Fund All Goals          ☐ Earmark to One Goal: _____

## Social Security – Co-Client

**When will you begin taking Social Security?**

☐ Full Retirement Age (FRA)

☐ As early as possible

☐ Retirement

☐ Age _____

☐ I am ineligible for Social Security benefits

**Do you plan to use a strategy to maximize Social Security?  If yes check the applicable option.**

☐ Restricted Application

**Select one option for the benefit amount:**

☐ Use this amount: $_____     ☐ Month  ☐ Year *(pre-tax, current dollars)*

☐ Use the planner estimate *(based on current employment income)*

☐ Estimate the benefit using my Primary Insurance Amount: $_____

**Assign – How to Use**: (choose one)

☐ Fund All Goals          ☐ Earmark to One Goal: _____

# Retirement Income

## Pension

Whose pension: ☐ Client ☐ Co-Client

Description: _____

Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year _____

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

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%
*(Note: Inflation will begin in the year payments begin.)*

Survivor benefit: _____%

Assign – How to Use: (choose one)

    ☐ Fund All Goals      ☐ Earmark to One Goal: _____

---

Whose pension: ☐ Client ☐ Co-Client

Description: _____

Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year _____

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

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%
*(Note: Inflation will begin in the year payments begin.)*

Survivor benefit: _____%

Assign – How to Use: (choose one)

    ☐ Fund All Goals      ☐ Earmark to One Goal: _____

# Retirement Income

## Part-Time Employment

Whose income: ☐ Client ☐ Co-Client

Description: _____

Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year _____

Number of years: _____

Income amount *(pre-tax, today's dollars)*: $_____ per ☐ Month ☐ Year

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

☐ Fund All Goals ☐ Earmark to One Goal: _____

Whose income: ☐ Client ☐ Co-Client

Description: _____

Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year _____

Number of years: _____

Income amount *(pre-tax, today's dollars)*: $_____ per ☐ Month ☐ Year

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

☐ Fund All Goals ☐ Earmark to One Goal: _____

## Annuity Income

Whose annuity: ☐ Client ☐ Co-Client

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 Co-Client_____%

☐ 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)

☐ Fund All Goals ☐ Earmark to One Goal: _____

# Retirement Income

## Rental Property Income

Whose income:  ☐ Client  ☐ Co-Client

Description: _____

Income begins:  ☐ Client's Retirement  ☐ Co-Client's Retirement  ☐ Receiving Now  ☐ Year _____

Income ends:  ☐ End of Client's Plan  ☐ End of Co-Client'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)

☐ Fund All Goals      ☐ Earmark to One Goal: _____

## Other Retirement Income

Whose income:  ☐ Client  ☐ Co-Client        Description: _____

Income begins:  ☐ Client's Retirement  ☐ Co-Client's Retirement  ☐ Receiving Now  ☐ Year _____

Income ends:  ☐ End of Client's Plan  ☐ End of Co-Client's Plan  ☐ End of Plan  ☐ Year _____

Amount of income *(pre-tax, today's dollars)*: $_____ per  ☐ 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)

☐ Fund All Goals      ☐ Earmark to One Goal: _____

Whose income:  ☐ Client  ☐ Co-Client        Description: _____

Income begins:  ☐ Client's Retirement  ☐ Co-Client's Retirement  ☐ Receiving Now  ☐ Year _____

Income ends:  ☐ End of Client's Plan  ☐ End of Co-Client's Plan  ☐ End of Plan  ☐ Year _____

Amount of income *(pre-tax, today's dollars)*: $_____ per  ☐ 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)

☐ Fund All Goals      ☐ Earmark to One Goal: _____

Whose income:  ☐ Client  ☐ Co-Client        Description: _____

Income begins:  ☐ Client's Retirement  ☐ Co-Client's Retirement  ☐ Receiving Now  ☐ Year _____

Income ends:  ☐ End of Client's Plan  ☐ End of Co-Client's Plan  ☐ End of Plan  ☐ Year _____

Amount of income *(pre-tax, today's dollars)*: $_____ per  ☐ 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)

☐ Fund All Goals      ☐ Earmark to One Goal: _____

# Retirement Income

Whose income: ☐ Client ☐ Co-Client        Description: _____

Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year _____

Income ends: ☐ End of Client's Plan ☐ End of Co-Client's Plan ☐ End of Plan ☐ Year _____

Amount of income *(pre-tax, today's dollars)*: $_____ per ☐ 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)

☐ Fund All Goals        ☐ Earmark to One Goal: _____


## Other Irrevocable Trust Income

Whose income: ☐ Client ☐ Co-Client

Description: _____

Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year _____

Income ends: ☐ End of Client's Plan ☐ End of Co-Client's Plan ☐ End of Plan ☐ Year _____

Amount of income *(pre-tax, today's dollars)*: $_____ per ☐ 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)

☐ Fund All Goals        ☐ Earmark to One Goal: _____

Whose income: ☐ Client ☐ Co-Client

Description: _____

Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year _____

Income ends: ☐ End of Client's Plan ☐ End of Co-Client's Plan ☐ End of Plan ☐ Year _____

Amount of income *(pre-tax, today's dollars)*: $_____ per ☐ 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)

☐ Fund All Goals        ☐ Earmark to One Goal: _____

# Investment Assets

## 401(k) Plans

Description:_____    Whose plan: ☐ Client ☐ Co-Client

Current total value: $_____    After-tax value (non-Roth): $_____

Current Roth value: $_____

**Asset Class Distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

**Assign – How to Use:** *(check one)*

☐ Fund All Goals    ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**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 year

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

Roth contributions: _____%

Roth contributions: $_____

Year contributions begin: _____

Contributions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ 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's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Legend For Asset Class Distribution**

| | | |
|---|---|---|
| CE = Cash & Cash Equivalents | STB = Short Term Bonds | ITB = Intermediate Term Bonds |
| LTB = Long Term Bonds | LCVS = Large Cap Value Stocks | LCGS = Large Cap Growth Stocks |
| MCS = Mid Cap Stocks | SCS = Small Cap Stocks | IDS = International Developed Stocks |
| IES = International Emerging Stocks | Unclassified = All Other Asset Classes | |

# Investment Assets

## Employer Sponsored Plans

Type of plan: _____     Whose plan: ☐ Client ☐ Co-Client

Description: _____

Current total value: $_____     After-tax value(non-Roth): $_____

Current Roth value: $_____

**Asset class distribution:**

    CE _____%  STB _____%  ITB _____%  LTB _____%  LCVS _____%

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

    UC _____%

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**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 year

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

    Roth contributions: _____%

    Roth contributions: $_____

    Year contributions begin: _____

    Contributions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ 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's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Legend For Asset Class Distribution**

| | | |
|---|---|---|
| CE = Cash & Cash Equivalents | STB = Short Term Bonds | ITB = Intermediate Term Bonds |
| LTB = Long Term Bonds | LCVS = Large Cap Value Stocks | LCGS = Large Cap Growth Stocks |
| MCS = Mid Cap Stocks | SCS = Small Cap Stocks | IDS = International Developed Stocks |
| IES = International Emerging Stocks | Unclassified = All Other Asset Classes | |

# Investment Assets

## Traditional IRAs

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Current value: $_____          After tax-value: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals          ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**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's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

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

---

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Current value: $_____          After-tax value: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals          ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**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's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

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

**Legend For Asset Class Distribution**

| | | |
|---|---|---|
| CE = Cash & Cash Equivalents | STB = Short Term Bonds | ITB = Intermediate Term Bonds |
| LTB = Long Term Bonds | LCVS = Large Cap Value Stocks | LCGS = Large Cap Growth Stocks |
| MCS = Mid Cap Stocks | SCS = Small Cap Stocks | IDS = International Developed Stocks |
| IES = International Emerging Stocks | Unclassified = All Other Asset Classes | |

# Investment Assets

## Traditional IRAs

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Current value: $_____          After-tax value: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**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's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
|---|---|---|---|---|
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

---

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Current value: $_____          After-tax value: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**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's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
|---|---|---|---|---|
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

**Legend For Asset Class Distribution**

| CE = Cash & Cash Equivalents | STB = Short Term Bonds | ITB = Intermediate Term Bonds |
|---|---|---|
| LTB = Long Term Bonds | LCVS = Large Cap Value Stocks | LCGS = Large Cap Growth Stocks |
| MCS = Mid Cap Stocks | SCS = Small Cap Stocks | IDS = International Developed Stocks |
| IES = International Emerging Stocks | Unclassified = All Other Asset Classes | |

# Investment Assets

## SEPP IRA – 72(t)

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Ticker symbol:_____          Units:_____

Current value: $_____          After-tax value: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan  ☐ Leave to Estate

**72(t) distributions**

   Annual distribution amount: $_____     Year distribution began:_____

**Asset class distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

---

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Ticker symbol:_____          Units:_____

Current value: $_____          After-tax value: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan  ☐ Leave to Estate

**72(t) distributions**

   Annual distribution amount: $_____     Year distribution began:_____

**Asset class distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

**Legend For Asset Class Distribution**

| | | |
|---|---|---|
| CE = Cash & Cash Equivalents | STB = Short Term Bonds | ITB = Intermediate Term Bonds |
| LTB = Long Term Bonds | LCVS = Large Cap Value Stocks | LCGS = Large Cap Growth Stocks |
| MCS = Mid Cap Stocks | SCS = Small Cap Stocks | IDS = International Developed Stocks |
| IES = International Emerging Stocks | Unclassified = All Other Asset Classes | |

# Investment Assets

## Roth IRAs

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Current value: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

Pre-tax:     ☐ Additions: $_____     Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-tax: ☐ Additions: $_____

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

---

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Current value: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(Check one)*

Pre-tax:     ☐ Additions: $_____     Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-tax: ☐ Additions: $_____

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset Class Distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

**Legend For Asset Class Distribution**

| | | |
|---|---|---|
| CE = Cash & Cash Equivalents | STB = Short Term Bonds | ITB = Intermediate Term Bonds |
| LTB = Long Term Bonds | LCVS = Large Cap Value Stocks | LCGS = Large Cap Growth Stocks |
| MCS = Mid Cap Stocks | SCS = Small Cap Stocks | IDS = International Developed Stocks |
| IES = International Emerging Stocks | Unclassified = All Other Asset Classes | |

# Investment Assets

## Coverdell Accounts (ESA)

Who is the owner: ☐ Custodial          Description: _____

Current value: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

☐ Additions: $_____          Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

Year additions begin _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

---

Who is the owner: ☐ Custodial          Description: _____

Current value: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

☐ Additions: $_____          Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

**Legend For Asset Class Distribution**

| | | |
|---|---|---|
| CE = Cash & Cash Equivalents | STB = Short Term Bonds | ITB = Intermediate Term Bonds |
| LTB = Long Term Bonds | LCVS = Large Cap Value Stocks | LCGS = Large Cap Growth Stocks |
| MCS = Mid Cap Stocks | SCS = Small Cap Stocks | IDS = International Developed Stocks |
| IES = International Emerging Stocks | Unclassified = All Other Asset Classes | |

# Investment Assets

## 529 Savings Plan

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Beneficiaries/Percentage

|  |  |  |  |
|---|---|---|---|
| Estate | _____% | Other - _____ | _____% |
| Surviving Client | _____% | Other - _____ | _____% |

Current value: $_____          Is this asset subject to state taxes? ☐ No ☐ Yes

**Assign – How to Use:** *(check one)*

☐ Fund All Goals    ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

☐ Additions: $_____          Inflate? ☐ No ☐ Yes

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

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

---

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Beneficiaries/Percentage

|  |  |  |  |
|---|---|---|---|
| Estate | _____% | Other - _____ | _____% |
| Surviving Client | _____% | Other - _____ | _____% |

Current value: $_____          Is this asset subject to state taxes? ☐ No ☐ Yes

**Assign – How to Use:** *(check one)*

☐ Fund All Goals    ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

☐ Additions: $_____          Inflate? ☐ No ☐ Yes

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

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

**Legend For Asset Class Distribution**

CE = Cash & Cash Equivalents        STB = Short Term Bonds         ITB = Intermediate Term Bonds
LTB = Long Term Bonds               LCVS = Large Cap Value Stocks  LCGS = Large Cap Growth Stocks
MCS = Mid Cap Stocks                SCS = Small Cap Stocks         IDS = International Developed Stocks
IES = International Emerging Stocks  Unclassified = All Other Asset Classes

# Investment Assets

## Annuities

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Current value: $_____          Cost basis: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

☐ Additions: $_____          Inflate? ☐ No ☐ Yes

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

---

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Current Value: $_____          Cost basis: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

☐ Additions: $_____          Inflate? ☐ No ☐ Yes

Year Additions Begin: _____

Year Additions End: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

**Legend For Asset Class Distribution**

| | | |
|---|---|---|
| CE = Cash & Cash Equivalents | STB = Short Term Bonds | ITB = Intermediate Term Bonds |
| LTB = Long Term Bonds | LCVS = Large Cap Value Stocks | LCGS = Large Cap Growth Stocks |
| MCS = Mid Cap Stocks | SCS = Small Cap Stocks | IDS = International Developed Stocks |
| IES = International Emerging Stocks | Unclassified = All Other Asset Classes | |

# Investment Assets

## Annuities (continued)

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Current value: $_____          Cost basis: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

☐ Additions: $_____          Inflate? ☐ No ☐ Yes

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

## Cash Value Life: Variable Life

Owner:  ☐ Client ☐ Co-Client          Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Name or Description: _____

**Beneficiaries:**

| | | |
|---|---|---|
| Estate ____% | Other - _____ ____% | Other - _____ ____% |
| Co-Client ____% | Other - _____ ____% | Other - _____ ____% |

Current value: $_____

**Asset class distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

Cost basis: $_____          Insurance amount: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

Pre-tax: ☐ Additions: $_____          Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-tax: ☐ Additions: $_____

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Legend For Asset Class Distribution**

| | | |
|---|---|---|
| CE = Cash & Cash Equivalents | STB = Short Term Bonds | ITB = Intermediate Term Bonds |
| LTB = Long Term Bonds | LCVS = Large Cap Value Stocks | LCGS = Large Cap Growth Stocks |
| MCS = Mid Cap Stocks | SCS = Small Cap Stocks | IDS = International Developed Stocks |
| IES = International Emerging Stocks | Unclassified = All Other Asset Classes | |

# Investment Assets

## Cash Value Life: Variable Life

Owner: ☐ Client ☐ Co-Client          Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Name or Description:_____

**Beneficiaries:**

| | | | | | |
|---|---|---|---|---|---|
| Estate | ___% | Other - _____ | ___% | Other - _____ | ___% |
| Surviving Client | ___% | Other - _____ | ___% | Other - _____ | ___% |

Current value: $_____

**Asset class distribution:**

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%

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

UC _____%

Cost basis: $_____          Insurance amount: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals    ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

Pre-tax:    ☐ Additions: $_____    Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-tax: ☐ Additions: $_____

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Legend For Asset Class Distribution**

CE = Cash & Cash Equivalents          STB = Short Term Bonds          ITB = Intermediate Term Bonds
LTB = Long Term Bonds                 LCVS = Large Cap Value Stocks   LCGS = Large Cap Growth Stocks
MCS = Mid Cap Stocks                  SCS = Small Cap Stocks          IDS = International Developed Stocks
IES = International Emerging Stocks    Unclassified = All Other Asset Classes

# Investment Assets

## Other Tax-Deferred

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Current value: $_____          Cost basis: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

☐ Additions: $_____          Inflate? ☐ No ☐ Yes

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

## U.S. Savings Bond

Who is the owner: ☐ Client ☐ Co-Client          Description: _____

Current value: $_____          Cost basis: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

☐ Additions: $_____          Inflate? ☐ No ☐ Yes

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

# Investment Assets

## Taxable

Who is the owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

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

Description: _____

Ticker symbol: _____ Units: _____

Current value: $_____ Cost basis: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

☐ Additions: $_____ Inflate? ☐ No ☐ Yes

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

---

Who is the owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

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

Description: _____

Ticker symbol: _____ Units: _____

Current value: $_____ Cost basis: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

☐ Additions: $_____ Inflate? ☐ No ☐ Yes

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

| | | | | |
|---|---|---|---|---|
| CE _____% | STB _____% | ITB _____% | LTB _____% | LCVS _____% |
| LCGS _____% | MCS _____% | SCS _____% | IDS _____% | IES _____% |
| UC _____% | | | | |

**Legend For Asset Class Distribution**

| | | |
|---|---|---|
| CE = Cash & Cash Equivalents | STB = Short Term Bonds | ITB = Intermediate Term Bonds |
| LTB = Long Term Bonds | LCVS = Large Cap Value Stocks | LCGS = Large Cap Growth Stocks |
| MCS = Mid Cap Stocks | SCS = Small Cap Stocks | IDS = International Developed Stocks |
| IES = International Emerging Stocks | Unclassified = All Other Asset Classes | |

# Investment Assets

## Tax-Free

Who is the owner:  ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

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

Description: _____

Ticker symbol: _____     Units: _____

Current value: $_____     Cost basis: $_____

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

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

☐ Additions: $_____     Inflate? ☐ No ☐ Yes

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

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

---

Who is the owner:  ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

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

Description: _____

Ticker symbol: _____     Units: _____

Current value: $_____     Cost basis: $_____

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

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

☐ Additions: $_____     Inflate? ☐ No ☐ Yes

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

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

**Legend For Asset Class Distribution**

CE = Cash & Cash Equivalents      STB = Short Term Bonds            ITB = Intermediate Term Bonds
LTB = Long Term Bonds             LCVS = Large Cap Value Stocks     LCGS = Large Cap Growth Stocks
MCS = Mid Cap Stocks              SCS = Small Cap Stocks            IDS = International Developed Stocks
IES = International Emerging Stocks   Unclassified = All Other Asset Classes

# Adjust Preferences

## Willingness to Adjust Preferences

1. How willing are you to retire later than your Target retirement age?
   - ☐ Not at All
   - ☐ Slightly Willing
   - ☐ Somewhat Willing
   - ☐ Very Willing

2. In what order do you prefer to retire?
   - ☐ Both retire in the same year
   - ☐ Either can retire first
   - ☐ Client can retire first
   - ☐ Co-Client can retire first

3. If you had to save more, what is the maximum extra amount you could save annually to meet your goals? This amount is the above and beyond the total 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 Target?
   - ☐ 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 Target?
   - ☐ Slightly Willing
   - ☐ Somewhat Willing
   - ☐ Very Willing

# Stock Options

## Stock Options Plan

Who is the owner: ☐ Client ☐ Co-Client

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 ☐ Co-Client

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

**Stock Options - Cash Receipt Schedule:** As an alternative to letting the program calculate the future value of Stock Options, enter the after-tax, future cash amount(s) below.

## Stock Options

Name of grant  _____          Future value *(after tax)* Low: $_____

Year cash received  _____          Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant  _____          Future value *(after tax)* Low: $_____

Year cash received  _____          Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant  _____          Future value *(after tax)* Low: $_____

Year cash received  _____          Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant  _____          Future value *(after tax)* Low: $_____

Year cash received  _____          Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant  _____          Future value *(after tax)* Low: $_____

Year cash received  _____          Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant  _____          Future value *(after tax)* Low: $_____

Year cash received  _____          Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant  _____          Future value *(after tax)* Low: $_____

Year cash received  _____          Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant  _____          Future value *(after tax)* Low: $_____

Year cash received  _____          Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant  _____          Future value *(after tax)* Low: $_____

Year cash received  _____          Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____

# Other Assets

## Restricted Stock Plan

Who is the owner: ☐ Client ☐ Co-Client

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: _____

# Other Assets

## Restricted Stock Plan

Who is the owner: ☐ Client ☐ Co-Client

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: _____

# Other Assets

**Restricted Stock - Cash Receipt Schedule:** As an alternative to letting the program calculate the future value of Restricted Stock, enter the after-tax, future cash amount(s) below.

**<u>Restricted Stock Grants</u>**

Name of grant _____      Future value *(after tax)* Low: $_____

Year cash received _____      Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant _____      Future value *(after tax)* Low: $_____

Year cash received _____      Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant _____      Future value *(after tax)* Low: $_____

Year cash received _____      Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant _____      Future value *(after tax)* Low: $_____

Year cash received _____      Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant _____      Future value *(after tax)* Low: $_____

Year cash received _____      Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant _____      Future value *(after tax)* Low: $_____

Year cash received _____      Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant _____      Future value *(after tax)* Low: $_____

Year cash received _____      Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant _____      Future value *(after tax)* Low: $_____

Year cash received _____      Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____


Name of grant _____      Future value *(after tax)* Low: $_____

Year cash received _____      Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____

# Other Assets

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

Owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

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

Description: _____    Current value: $_____

Will the value of this asset increase each year? ☐ No ☐ Yes _____%

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)* Low: $_____

                                  Future value *(after tax)* Expected: $_____

                                  Future value *(after tax)* High: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

---

Owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

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

Description: _____    Current value: $_____

Will the value of this asset increase each year? ☐ No ☐ Yes _____%

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)* Low: $_____

                                  Future value *(after tax)* Expected: $_____

                                  Future value *(after tax)* High: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

---

Owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

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

Description: _____    Current value: $_____

Will the value of this asset increase each year? ☐ No ☐ Yes _____%

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)* Low: $_____

                                  Future value *(after tax)* Expected: $_____

                                  Future value *(after tax)* High: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

# Other Assets

## Pension - Lump Sum Distribution

Owner: ☐ Client ☐ Co-Client          Description: _____

Current value: $_____          Year of distribution: _____

Value of distribution $_____          Value is: *(check one)* ☐ Pre-tax ☐ After-tax

**Assign – How to Use:** *(check one)*

☐ Fund All Goals          ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate


## Deferred Compensation *(Receiving Now)*

Owner: ☐ Client ☐ Co-Client          Description: _____

Current value *(today's dollars)*: $_____

**Distribution period**

　Number of years: _____          Annual payment *(pre-tax)* $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals          ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

---

Owner: ☐ Client ☐ Co-Client          Description: _____

Current value *(today's dollars)*: $_____

**Distribution period**

　Number of years: _____          Annual payment *(pre-tax)* $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals          ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

# Other Assets

## Deferred Compensation *(Future)*

Owner: ☐ Client ☐ Co-Client                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's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Value at start of distribution**

Rate of return during accumulation: _____%

Year distributions begin: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Distribution period**

Number of years: _____        Annual payment *(pre-tax)* $_____

**Annual distribution**

Rate of Return during distribution: _____%

**Assign – How to Use:** *(check one)*

☐ Fund All Goals    ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

# Other Assets

## Deferred Compensation *(Future)*

Owner: ☐ Client ☐ Co-Client                    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's Retirement ☐ Co-Client's Retirement ☐ Year _____

### Value at start of distribution

Rate of Return during accumulation: _____%

Year distributions begin: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

### Distribution period

Number of years: _____          Annual payment *(pre-tax)* $_____

### Annual distribution

Rate of return during distribution: _____%

### Assign – How to Use: *(check one)*

☐ Fund All Goals    ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

# Other Assets

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

Owner: ☐ Client ☐ Co-Client     Insured: ☐ Client ☐ Co-Client ☐ 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 - _____ ___% |

Estate        ___%     Other - _____ ___%     Other - _____ ___%

Surviving Client     ___%     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: $_____ (b*efore tax – future dollars*) Tax-free withdrawal: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

---

Owner: ☐ Client ☐ Co-Client     Insured: ☐ Client ☐ Co-Client ☐ 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 - _____ ___%

Surviving Client     ___%     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: $_____ (b*efore tax – future dollars*) Tax-free withdrawal: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

# Other Assets

## 529 Savings Plan

Owner: ☐ Client ☐ Co-Client          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)* Low: $_____

                                       Future value *(after tax)* Expected: $_____

                                       Future value *(after tax)* High: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals   ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

---

Owner: ☐ Client ☐ Co-Client          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)* Low: $_____

                                       Future value *(after tax)* Expected: $_____

                                       Future value *(after tax)* High: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals   ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

# Other Assets

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

Owner: ☐ Client ☐ Co-Client ☐ Joint

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

☐ Other w/ Client ☐ Other w/ Co-Client

Description: _____

Year to receive: _____          Future value *(after tax)* Low: $_____

Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

---

Owner: ☐ Client ☐ Co-Client ☐ Joint

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

☐ Other w/ Client ☐ Other w/ Co-Client

Description: _____

Year to receive: _____          Future value *(after tax)* Low: $_____

Future value *(after tax)* Expected: $_____

Future value *(after tax)* High: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals     ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

# Insurance Needs Analysis

## Cash Value Life Policies owned by the Client or Co-Client

**Investment Asset** *(Variable Life)*

Owner: ☐ Client ☐ Co-Client          Insured: ☐ Client ☐ Co-Client ☐ 1$^{st}$ to Die ☐ 2$^{nd}$ to Die

Name or Description:_____

**Beneficiaries & Death Benefit:**

Estate ___%   Other - _____ ___%   Other - _____ ___%

Surviving Client ___%   Other - _____ ___%   Other - _____ ___%

Current value: $_____          Cost Basis: $_____

Insurance amount: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals   ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

**Annual additions:** *(check one)*

Pre-tax:   ☐ Additions: $_____      Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-tax: ☐ Additions: $_____

Year additions begin: _____

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year _____

**Asset class distribution:**

CE _____%   STB _____%   ITB _____%   LTB _____%   LCVS _____%

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

UC _____%

# Insurance Needs Analysis

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

Owner: ☐ Client ☐ Co-Client          Insured: ☐ Client ☐ Co-Client ☐ 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 - _____ | ___% |
|---|---|---|---|---|---|
| Surviving Client | ___% | 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: $_____ (b*efore tax – future dollars*) Tax-free withdrawal: $_____

**Assign – How to Use:** *(check one)*

☐ Fund All Goals ☐ Earmark to One or More Goals: _____

☐ Not Used in Plan ☐ Leave to Estate

# Insurance Needs Analysis

## 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 ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Description/Company: _____    Current cash value: $_____ *(before tax - today's dollars)*

**Beneficiaries & Death Benefit**:

| | | | | | |
|---|---|---|---|---|---|
| Estate | ___% | Other - _____ ___% | Other - _____ ___% |
| Surviving Client | ___% | 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 ☐ Co-Client

## Non-Cash Value Life Policies – All Owners

**Non-Cash Value Life** *(Term Life)*

Owner: ☐ Client ☐ Co-Client ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Description/Company: _____

**Beneficiaries & Death Benefit**:

| | | | | | |
|---|---|---|---|---|---|
| Estate | ___% | Other - _____ ___% | Other - _____ ___% |
| Surviving Client | ___% | 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 ☐ Co-Client

# Insurance Needs Analysis

**Non-Cash Value Life** *(Group Term/Other)*

Owner: ☐ Client ☐ Co-Client ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Co-Client

Description/Company: _____

**Beneficiaries & Death Benefit**:

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

    Surviving Client _____%    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 ☐ Co-Client

## Non-Cash Value Life Policies – All Owners

**Non-Cash Value Life** *(Group Term/Other)*

Owner: ☐ Client ☐ Co-Client ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Co-Client

Description/Company: _____

**Beneficiaries & Death Benefit**:

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

    Surviving Client _____%    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 ☐ Co-Client

## Other Insurance Policies

**Disability** *(Group/Personal/Other)*

Insured: ☐ Client ☐ Co-Client      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 Needs Analysis

Insured: ☐ Client ☐ Co-Client          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: _____%

## 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

# Insurance Needs Analysis

**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

## Liabilities -- Summary Input

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

Description: _____

Whose debt? ☐ Client ☐ Co-Client ☐ Joint     If Joint, what kind? _____

Outstanding balance: $_____     Monthly payment: $_____

Description: _____

Whose debt? ☐ Client ☐ Co-Client ☐ Joint     If Joint, what kind? _____

Outstanding balance: $_____     Monthly payment: $_____

Description: _____

Whose debt? ☐ Client ☐ Co-Client ☐ Joint     If Joint, what kind? _____

Outstanding balance: $_____     Monthly payment: $_____

Description: _____

Whose debt? ☐ Client ☐ Co-Client ☐ Joint     If Joint, what kind? _____

Outstanding balance: $_____     Monthly payment: $_____

# Insurance Needs Analysis

Description:_____

Whose debt? ☐ Client ☐ Co-Client ☐ Joint        If Joint, what kind? _____

Outstanding balance: $_____        Monthly payment: $_____

---

Description:_____

Whose debt? ☐ Client ☐ Co-Client ☐ Joint        If Joint, what kind? _____

Outstanding balance: $_____        Monthly payment: $_____

---

Description:_____

Whose debt? ☐ Client ☐ Co-Client ☐ Joint        If Joint, what kind? _____

Outstanding balance: $_____        Monthly payment: $_____

---

Description:_____

Whose debt? ☐ Client ☐ Co-Client ☐ Joint        If Joint, what kind? _____

Outstanding balance: $_____        Monthly payment: $_____

---

Description:_____

Whose debt? ☐ Client ☐ Co-Client ☐ Joint        If Joint, what kind? _____

Outstanding balance: $_____        Monthly payment: $_____

## Liabilities - Detailed Input
*(Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)*

Description:_____

Whose debt? ☐ Client    ☐ Co-Client    ☐ Joint

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

Lender:_____        Outstanding balance: $_____

Initial loan amount: $_____        Date loan began:_____        Term:_____

Interest rate:_____        Monthly payment: $_____        OR   Date to pay full balance:_____

---

Description:_____

Whose debt? ☐ Client    ☐ Co-Client    ☐ Joint

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

Lender:_____        Outstanding balance: $_____

Initial loan amount: $_____        Date loan began:_____        Term:_____

Interest rate:_____        Monthly payment: $_____        OR   Date to pay full balance:_____

# Insurance Needs Analysis

Description:_____

Whose debt?  ☐ Client   ☐ Co-Client   ☐ Joint

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

Lender:_____          Outstanding balance: $_____

Initial loan amount: $_____          Date loan began:_____    Term:_____

Interest rate:_____     Monthly payment: $_____    OR   Date to pay full balance:_____

---

Description:_____

Whose debt?  ☐ Client   ☐ Co-Client   ☐ Joint

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

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 | | If Co-Client Dies |
|---|---|---|
| $_____ | **Existing Life Insurance to Include** | $_____ |
| $_____ | **Additional Death Benefit** | $_____ |

**Amounts to be Paid at Death**

| If Client Dies | | If Co-Client Dies |
|---|---|---|
| $_____ | Liabilities | $_____ |
| $_____ | Final Expenses | $_____ |
| $_____ | Bequests | $_____ |
| $_____ | Other Payments | $_____ |

**Living Expenses for Survivors**

| If Client Dies | | If Co-Client Dies |
|---|---|---|
| $_____ | Current Annual Amount (after tax) | $_____ |
| _____ | Cover Expense until Surviving Client is this Age | _____ |
| $_____ | Future Annual Amount (after tax) | $_____ |
| _____ | Cover Expense until Surviving Client 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 either the Client or Co-Client died.

_____

_____

## Sell Other Assets

| If Client Dies | | If Co-Client Dies |
|---|---|---|
| $_____ | Enter the total after-tax amount of Personal and Business Assets that would be sold at death. | $_____ |

## Other Income

**From Now Until Retirement**

| If Client Dies | | If Co-Client Dies |
|---|---|---|
| $_____ | 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

# Insurance Needs Analysis

**Surviving Client Employment**

If the Surviving Client is not currently employed and would seek employment if the Client or Co-Client 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

**Co-Client Employment**

*If the Co-Client isn't currently employed and would seek employment if the Client were disabled, enter the following:*

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

**Income**

Enter any income the Client would continue to receive if the Client were disabled.
*(Do not include Co-Client'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 Co-Client

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

**Client Employment**

*If the Client isn't currently employed and would seek employment if the Co-Client were disabled, enter the following:*

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

**Income**

Enter any income the Co-Client would continue to receive if the Co-Client were disabled.
*(Do not include Client'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

| | Client | Co-Client |
|---|---|---|
| **Cost of Long-Term Care** | | |
| Type of Long-Term Care | ☐ Nursing Home<br>☐ Assisted Living<br>☐ Home Care – 4hr/day<br>☐ Home Care – 8hr/day<br>☐ Home Care – 12hr/day | ☐ Nursing Home<br>☐ Assisted Living<br>☐ Home Care – 4hr/day<br>☐ Home Care – 8hr/day<br>☐ 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 | | Co-Client | |
|---|---|---|---|---|
| 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

| 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 - Co-Client | | |
| 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 Co-Client | | |
| Life for Client | | |
| Life for Co-Client | | |
| LTC for Client | | |
| LTC for Co-Client | | |
| Medical for Client | | |
| Medical for Co-Client | | |
| Umbrella Liability | | |
| Other | | |

## Taxes

| Category | Monthly Budget Amount | |
| | Current | Alt 1 / Retirement |
|---|---|---|
| Client FICA | | |
| Client Medicare | | |
| Co-Client FICA | | |
| Co-Client 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

**<u>Home Expenses</u>**

**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 | | |

**<u>Vehicle Expenses</u>**

**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 | | |

**<u>Vehicle Expenses</u>**

**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 | | |