PRAXIS
CAPITAL AND INVESTMENT MANAGEMENT

Securities and Investment Advisory services offered through Ausdal Financial Partners, Inc, 5187 Utica Ridge Road, Davenport, IA 52807 (563)326-2064. Member: FINRA/SIPC. Praxis Capital and Investment Management, Ltd. and Ausdal Financial Partners are independently owned and operated.

DETAILED QUESTIONNAIRE

Personal and Confidential

Financial Advisor: _____ Date:_____

Personal Information

	Client	**Co-Client**
Full name		
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Date of birth	___/___/___	___/___/___
Marital status	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Email address		
Employment status	☐ Retired ☐ Employed ☐ Business Owner ☐ Homemaker ☐ Not Currently Employed	☐ Retired ☐ Employed ☐ Business Owner ☐ Homemaker ☐ 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 ☐ Beneficiary/Donee ☐ Charity ☐ Trust
	___/___/___	☐ Child ☐ Grandchild ☐ Other Dependent ☐ Beneficiary/Donee ☐ Charity ☐ Trust
	___/___/___	☐ Child ☐ Grandchild ☐ Other Dependent ☐ Beneficiary/Donee ☐ Charity ☐ Trust
	___/___/___	☐ Child ☐ Grandchild ☐ Other Dependent ☐ 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

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

My Financial Goals

Leave Bequest

Description/Recipient: _____

Importance *(circle one)*

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

Who will receive this gift? _____

When will the bequest be made: ☐ End of Client's Plan ☐ End of 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: _____

Rental Property Income

Whose income: ☐ Client ☐ Co-Client

Description: _____

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Retirement Income

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: _____

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)

Retirement Income

☐ 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: _____

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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 _____%				

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 _____%				

Coverdell Accounts (ESA)

Who is the owner: ☐ Custodial   Description: _____

Current value: $_____

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

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 _____%

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 Grant

Grant date: _____ Grant name: _____

Type: ☐ ISO ☐ NQO

Options granted: _____ Options already exercised: _____

Expiration date: _____ Grant price: _____

Stock Options

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 - 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: $_____

CONFIDENTIAL Long Data Gathering

Stock Options

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: $_____

    CONFIDENTIAL   Long Data Gathering

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: _____

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.

Restricted Stock Grants

Other Assets

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: $_____

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: $_____

Other Assets

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 - _____ ___%	
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 ☐ 1st to Die ☐ 2nd 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:_____

Description:_____

Whose debt? ☐ Client   ☐ Co-Client ☐ Joint

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

Insurance Needs Analysis

☐ 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

$_____	Liabilities	$_____
$_____	Final Expenses	$_____
$_____	Bequests	$_____
$_____	Other Payments	$_____

Living Expenses for Survivors

$_____	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

$_____	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

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: _____

Insurance Needs Analysis

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: _____%

Insurance Needs Analysis

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 ☐ Assisted Living ☐ Home Care – 4hr/day ☐ Home Care – 8hr/day ☐ Home Care – 12hr/day	☐ Nursing Home ☐ Assisted Living ☐ Home Care – 4hr/day ☐ Home Care – 8hr/day ☐ Home Care – 12hr/day
Inflation Rate for LTC Expenses	_____%	_____%
Long-Term Care Period		
Age at which care is needed	_____	_____
Number of years of LTC	_____	_____
Expense Adjustments		
Reduce expenses during Care Period by this amount each year:	$_____	$_____

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		

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		

Personal Insurance Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Disability for Client		

Budget

Home Expenses

Description:_____

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

Vehicle Expenses

Description:_____

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

Vehicle Expenses

Description:_____

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

Budget

Home Expenses

Description: _____

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

Vehicle Expenses

Description: _____

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

Vehicle Expenses

Description: _____

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