

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

DETAILED QUESTIONNAIRE

Personal and Confidential

Financial Advisor:	Date:
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Personal Information

Personal Information

	Client	Co-Client
Full name		
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Date of birth		
Marital status	☐ Single ☐ Married ☐ Divorced☐ Separated ☐ Widowed	d ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Email address		
Employment status	☐ Retired ☐ Employed☐ Business Owner ☐ Homemake☐ Not Currently Employed	Retired
Employment income	\$	\$
Other pre-retirement income (non investment)	\$	\$
Citizenship		
State of residence		'
	o of an insurance policy. Note: Date	on whom you will give a Gift, designate as a of Birth is only required for Children, 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

Retirement Goal

Goal I	mportance	<i>(circle</i>	one)
uoui i	inportance	CHUCIC	OILC	,

		6 5 cs	4 3 Wishes	2 1	
ent Co-C					
Client	Co-Client				
_					
	_	_			
	·		-		
	•	_	-		
			-		
			-		
			urrent Dollars)	Inflat	е
		\$	Mth Yr	☐ Yes ☐	□No
		\$	Mth Yr	☐ Yes ☐	□No
		\$	Mth Yr	☐ Yes [
	penses: ses for the ford 1 Client od 2 - Co-Clie od 3 Client od 4 Client od 5 Co-Clie od 5 Co-Clie	ses for the following retirement of 1 Client retired/Co-Client of 2 - Co-Client retired/Client of 3 Client AND Co-Client retord 4 Client alone of 5 Co-Client alone of the co-Client of the co-Client alone of the co-Cli	ses for the following retirement periods: d 1 Client retired/Co-Client working \$	ses for the following retirement periods: d 1 Client retired/Co-Client working \$	ses for the following retirement periods: d 1 Client retired/Co-Client working \$

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

College Goal

Wants (Annual Cost) 339 □ Public Out-Of- 637 □ Public Out-Of-	State (4-year State (4-year ge All - \$26,8 	r) - \$22,91 332 der Gradu	2 ate □ G	
Wants (Annual Cost) 339	State (4-year State (4-year ge All - \$26,8 	r) - \$32,32 r) - \$22,91 332 der Gradua	9 2 ate 🔲 G	Graduate
339 Public Out-Of- 637 Public Out-Of- Avera ated:	State (4-year ge All - \$26,8 Uno	r) - \$22,91 332 der Gradu	2 ate □ G	
339 Public Out-Of- 637 Public Out-Of- Avera ated:	State (4-year ge All - \$26,8 Uno	r) - \$22,91 332 der Gradu	2 ate □ G	
339 Public Out-Of- 637 Public Out-Of- Avera ated:	State (4-year ge All - \$26,8 Uno	r) - \$22,91 332 der Gradu	2 ate □ G	
Public Out-Of-	State (4-year ge All - \$26,8 Uno	r) - \$22,91 332 der Gradu	2 ate □ G	
Public Out-Of-	State (4-year ge All - \$26,8 Uno	r) - \$22,91 332 der Gradu	2 ate □ G	
Avera ated: (Check which to include) es Room & Boa	ge All - \$26,8	332 der Gradu	ate 🗌 G	
ated:(Check which to include) es Room & Boa	Und	der Gradu		
nted: (Check which to include) es				
nted: (Check which to include) es				
(Check which to include) es Room & Boa		ks & Suppli	ies 🗌 0	ther Costs
es Room & Boa	ard 🗌 Book	ks & Suppli	ies 🗌 0	ther Costs
using a 529 Prepaid				
using a 3291 repaid	Tuition Pla	n2 \square No	□ voc	
and fees will be covere	u ioi tilis coi	nege:		
ege: (annual amounts)				
_	ployment: \$			
Your loans:	: \$			
he used to pay for this colle	ae. not includine	a UGMA's. UT	MA's. or 52	(9 Plans)
	on: \$		Growt	h rate:
	Annual additi	Descript Annual addition: \$ Descript	Description: Annual addition: \$ Description: Annual addition: \$	Annual addition: \$ Growt

College Goal Child's name: Year to start:_____ # of years of college: _____ **Goal Importance** (circle one) 3 10 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: Annual addition: \$_____ Current value: \$_____ Growth rate: ______% 4. Type of asset: Description:

Will this amount inflate? (Note: the default rate is 6%)

Current value: \$_____

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

Annual addition: \$______ Growth rate: ______%

Private School Goals

Child's name:	Year to	o start:_		=	# of years of school:						
Goal Importance (circle o	ne):									
	10	9 Needs	8	7	6 Wants	5	4	3	2 Wishes	1	
Annual cost: \$ Will this amount i	nflate?	□ No □	Yes, Ba	ase Inflati	on Rate [te +/		%
Child's name:					Year to	o start:_			# of year	s of sch	ool:
Goal Importance (circle o	ne):									
	10	9 Needs	8	7	6 Wants	5	4	3	2 Wishes	1	
Annual cost: \$ Will this amount i						☐ Yes,	Base Inf	lation R	ate +/		%
Child's name:					year to	o start:_			# of year	s of sch	ool:
Goal Importance (circle o	ne):									
	10	9 Needs	8	7	6 Wants	5	4	3	2 Wishes	1	
Annual cost: \$ Will this amount i						∐ Yes, I	Base Infl	ation Ra	te +/		%

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

Description:				<u>.</u>						
Goal Importance	(circle one):									
	10 9 Need		7	6 Wants	5	4	3	2 Wishes	1	
Year of goal: Cost: \$ Will this amount Is this goal recurr How often wi When will it o	Month inflate?	│	Base Inflat year(s) ement, [☐ Co-Clien	t's Retir	ement,	☐ End (of Client':	s Plan	
Description:) 8	7	6 Wants	5	4	3	2 Wishes	1	
Year of goal: Cost: \$ Will this amount Is this goal recurr How often will it of	Month inflate?	Year Yes, I	Base Infla	tion Rate			ıflation F	Rate +/		%

Description:											
Goal Importa	ance (circle	e one):									
	1	0 9	8	7	6	5	4	3	2	1	
		Needs			Wants				Wishes		
Year of goal:											
Cost: \$] Month [Year								
Will this amo	ount Inflat	e? 🗌 No 🛭	Yes, Ba	ase Infla	tion Rate	Yes	, Base In	flation	Rate +/		%
Is this goal r	ecurring?	□ No □ Y	l'es								
How ofte	en will it o	ccur: Every			year(s)					
When w	ill it end:	Client	's Retirei	ment,	Co-Clien	ıt's Reti	rement,	☐ End	l of Client'	s Plan	
		End o	f Co-Clie	nt's Plar	n, 🗌 End o	of Plan (OR 🗌 To	otal Occ	currences		
Gift or Do	nation										
Description:											
Importance ((circle one)									
	1	0 9	8	7	6	5	4	3	2	1	7
	_	Needs			Wants		_		Wishes		
ı											
Who is the d	onor?										
Who will rec	eive this g	ift?									
Year you pla											
Amount of g	ift or dona	tion: \$			per	r \square Mo	onth 🗌	Year			
Will this amo	ount inflate	e? 🗌 No 📮	☐ Yes, Ba	ise Infla	tion Rate	☐ Yes	, Base In	flation	Rate +/		%
Is this gift re	_										
		ccur: Every									
When w	ill it end:				Co-Clien						
		End o	f Co-Clie	nt's Plar	n, 🗌 End c	of Plan (OR 🗌 T	otal Oc	currences	:	
Diki											
Description:											
Importance (¬
	1	0 9	8	7	6	5	4	3	2	1	
		Needs			Wants				Wishes		
Who is the d	onor?										
Who is the a Who will rec											
Year you pla	_										
Amount of g	_	_				r \square Mo	onth 🔲	Year			
Will this amo									Rate +/-		%
Is this gift re									•		
			-								
How ofte	en will it o	ccur: Every			year(s)					

		Liid Oi	GO-GIIC	iit 8 Fiaii	, \square End	oi Piaii (JK 🔲 I	otal Occi	irrences:		
Leave Beque	est										
Description/Red	cipient:										
Importance (cir	cle one)										
	10	9	8	7	6	5	4	3	2	1	
	Ne	eds			Wants			7	Wishes		
Who will receiv	a this gift?										
When will the b	_					End of C	Co-Client	's Plan			
Amount of bequ											
Will this amoun								ation Rat	ce +/		%
Description/Red	cipient:										
Importance (cir	cle one)										
	10 Ne	9 eds	8	7	6 Wants	5	4	3	2 Wishes	1	
Who will receiv	_										
		ъда. Г	Fnd of	Client's	Plan 🔲	End of C	o-Client	's Plan			
When will the b	_							3 I Idii			
	_							5 i iaii			

Risk Tolerance Questionnaire

Risk Assessment

<i>in t</i> all	he space pr investors s	<i>ovided.</i> Cos core betwe	mpare yours	elf to other , and only 1	00 the highest, how much risk are you willing to accept? Enter your score investors. The average risk score for all investors is 50. Two thirds of 1 in 1000 selects a score lower than 20 or greater than 80. Does your rs?
			Household .	Score	Client Co-Client
In	vestmen	t Attitud	e Risk Que	estionnai	ire
Che	eck the box	next to the	number to ar	iswer each d	of the six risk tolerance questions below.
1.	How impo	ortant is cap	pital preserv	ation?	Moderately important Very important
		_ 2	☐ 3	□ 4	□ 5 □ 6 □ 7 □ 8 □ 9
2.	How impo	ortant is gro	owth?	□ 4	Moderately important
3.	<u> </u>		w volatility?	□ 4	
Э.	Not at all	2	☐ 3	☐ 4	Moderately important Very important 5 6 7 8 9
4.	How impo	ortant is inf	lation protec	tion?	Moderately important Very important
		_ 2	☐ 3	□ 4	5
5.	How impo	ortant is cu	rrent cash flo	w?	Moderately important Very important
		_ 2	☐ 3	□ 4	
6.		h risk are y	ou willing to	take to ach	nieve a higher return?
	Not at all 1	□ 2	□ 3	□ 4	A Moderate amount A lot 5 6 7 8 9
Wh	at Average	Annual Ra	te of Return*	ʻ do you wa	ant to earn on your portfolio to reach your financial goals?
Ave	erage Annu	al Rate of R	Return* You V	Want:	%
	is rate of retu actually recei		tical and used fo	r comparison	n purposes only. It is not related to any specific investment and there is no guarantee you

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.
Do you plan to use a strategy to maximize Social Security? If yes check the applicable option. Restricted Application
Restricted Application Select one option for the benefit amount:
Restricted Application
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)
Restricted Application Select one option for the benefit amount: Use this amount: \$ Month Year (pre-tax, current dollars)
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)

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
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
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:

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) Earmark to One Goal: _____ ☐ Fund All Goals **Annuity Income** Description: Year annuity payments start: Value at annuitization: \$____ Cost basis: \$ Income growth rate:_______% Exclusion ratio: _______% **Annuity Type** (choose one option) ☐ Joint Life Income Guaranty: Period Certain Lifetime Only Installment Refund Cash Refund If Period Certain, enter years: ____ Income to 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** Client Co-Client Whose income: Description:

Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year	
Income ends:	
Amount of net rental income (pre-tax rental income less expenses): \$ _ D 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:	
Income ends:	
Amount of income (pre-tax, today's dollars): \$ per	
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:	
Income ends:	
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)	_,,0
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:	
Amount of income (pre-tax, today's dollars): \$ per \[\] Month \[\] Year Is this income tax-free? \[\] No \[\] Yes	
	0/
Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- Assign – How to Use: (choose one)	_%
Fund All Goals	
Whose income: Client Co-Client Description:	
Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year Year	
Income ends:	
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:
Description:
Income begins:
Income ends:
Amount of income (pre-tax, today's dollars): \$ per
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:
Income ends:
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:

401(k) Plans

Description:	Whos	se plan: 🗌 C	lient 🗌 C	o-Client	
Current total value: \$	After	-tax value (n	on-Roth):	\$	
Current Roth value: \$					
Asset Class Distribution:					
CE% STB% ITB LCGS% MCS% SCS	%	LTB	%	LCVS	%
	%	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? \square No \square Yes, Base Inflation Ra Your contributions:	ite 🗌 Y	es, Base Infl	ation Rate	e +/%	
Pre-tax contributions: Enter % of annual income _% or	☐ Ass	sume max co	ntribution	ı each year	
After-tax contributions (non-Roth):%					
Roth contributions:%					
Roth contributions: \$					
Year contributions begin:					
Contributions end: Client's Retirement Co-Client's	Retiren	nent 🗌 Yea	r		
Employer contributions					
If your employer matches your contributions, complete this section	n.				
Employer will match this % of your contribution:	%				
Up until your contribution reaches this %:%					
Then your employer will match this % of your contribution	on:	%			
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 limit above. If your plan has such a limit, enter the amount.)	will con	itribute in a y	ear, regardl	ess of the percenta	age
Additional employer contributions - Profit sharing					
If your employer makes contributions in addition to those above, enter the Only enter those contributions you are confident you will actually received		e.			
Contribution as a % of income:%					
Contributions as dollar amount: \$	Grow	v annually by	y	%	
Contributions End: Client's Retirement Co-Client's	s Retire:	ment Ye	ar		

Employer Sponsored Pla	ans						
Type of plan: Whose plan: Clien				Client 🔲 (Co-Client		
Description:							
Current total value: \$			After	r-tax value(n	on-Roth):	\$	
Current Roth value: \$							
Asset class distribution:							
CE% S	TB%	ITB	%	LTB	%	LCVS_	%
LCGS% M	ICS%	SCS	%	IDS	%	IES	%
UC%							
Assign - How to Use: (check one	e)						
☐ Fund All Goals ☐ Earm		e Goals:				_	
☐ Not Used in Plan ☐ Leav	e to Estate						
Income							
Total income from this							
Will this amount inflate	e? 🗌 No 🗌 Yes, B	ase Inflation Ra	ite 🔲	Yes, Base Inf	lation Rate	e +/	<u>%</u>
Your contributions:			П.				
Pre-tax contributions:			∐ As	sume max co	ontribution	n each yea	ır
After-tax contributions	•	_%					
Roth contributions:							
Roth contributions: \$							
Year contributions beg	-						
Contributions end:	Client's Retiremen	t 🔲 Co-Client's	Retire	ement \coprod Ye	ar		
Employer contributions							
If your Employer matches your	contributions, com	plete this section	on.				
Employer will match th	his % of your contri	bution:	%				
Up until your contribut	tion reaches this %	:%					
Then your employer w	vill match this % of y	your contributi	on:	%			
Up until your total cont	tribution reaches th	nis %:	%				
Employer contributions limit	t						
Maximum annual dollar limit: \$	\$	_					
(Some plans also have a maximum limit plan has such a limit, enter the amount.		employer will con	ribute in	ı a year, regardl	ess of the per	rcentage lim	it above. If your
Additional employer contribu	utions - Profit sha	ring					
If your employer makes contributions i Only enter those contributions you are							
\square Contribution as a $\%$	% of income:	%					
☐ Contributions as do	ollar amount: \$		Grov	w annually b	у	%	
Contributions End:	_				-		

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%			
LCGS% MCS%	SCS% IDS%	% IES	%
UC%			
Who is the owner: Client Co-Client 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: \$			
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	%
UC%			

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 C	Co-Client's Retirement 🗌 Year
Asset class distribution:	-
CE % STB %	ITB% LTB% LCVS%
	SCS% IDS% IES%
UC%	
Who is the owner: Client Co-Client Current value: Assign - How to Use: (check one) Fund All Goals Earmark to One or More or Not Used in Plan Leave to Estate Annual additions: (check one) Pre-tax: Additions: Maximum contribution each year After-tax: Additions: \$	Goals:
	Co-Client's Retirement
UC %	303% ID3% IE3%

SEPP IRA - 72(t)

Who is the owner: Client Co-Client		Description:					
Ticker symbol:		Units:					
Current value: \$	_	After-tax valu	ıe: \$				
Assign - How to Use: (check one)							
Fund All Goals Earmark to One or	· Mor	e Goals:					
☐ Not Used in Plan ☐ Leave to Estate							
72(t) distributions							
Annual distribution amount: \$		_ Yea	ar 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 valu				
Assign – How to Use: (check one)							
☐ Fund All Goals ☐ Earmark to One or	Mor	e Goals:					
☐ Not Used in Plan ☐ Leave to Estate							
72(t) distributions							
Annual distribution amount: \$		_ Yea	ar distribution	began:			
Asset class distribution:							
CE% STB	%	ITB	%	LTB	%	LCVS	%
LCGS% MCS							
IIC %					·•		

Roth IRAs				
Who is the owner: Client Co-Client	Description:			
Current value: \$	<u> </u>			
Assign - How to Use: (check one)				
☐ Fund All Goals ☐ Earmark to One or Mo	ore Goals:			
☐ Not Used in Plan ☐ Leave to Estate				
Annual additions: (check one)				
Pre-tax: Additions: \$	Inflate?			
Maximum contribution each y	rear			
After-tax: Additions: \$	<u></u>			
Year additions begin:				
Year additions end: Client's Retirement	☐ Co-Client's Retirement ☐ Year _			
Asset class distribution:				
CE% STB%	o ITB% LTB	%	LCVS	%
LCGS% MCS%	SCS% IDS	%	IES	%
UC%				
Who is the owner: Client Co-Client	Dogovintion			
Current value: \$	Description:			
Assign – How to Use: (check one)				
Fund All Goals Earmark to One or Mo	ore Goals			
Not Used in Plan Leave to Estate	ore duais.		_	
Annual additions: (Check one)				
Pre-tax: Additions: \$	Inflate? ☐ No ☐ Yes			
☐ Maximum contribution each y				
After-tax: Additions: \$				
Year additions begin:				
Year additions end: Client's Retirement				
Asset Class Distribution:				
	ITD 0/ LTD	0/	1.00/0	0/
CE% STB% LCGS% MCS%				
UC%	5 SCS	70	IES	70
0C//8				
Coverdell Accounts (ESA)				
Who is the owner: Custodial	Description:			
Current value: \$	•			

CE = Cash & Cash Equivalents LTB = Long Term Bonds MCS = Mid Cap Stocks IES = International Emerging Stocks

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

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

Assign - How to Use:	: (check	(one)							
☐ Fund All Goals	□ E	armark to O	ne or More	e Goals:					
Not Used in Plan		eave to Esta	te						
Annual additions: (ch		-							
Additions: \$				_ Inflate?	□ No □	Yes			
Maximum con	tributi	on each yea	r						
Year additions be	gin			_					
Year additions en	.d: 🔲 (Client's Retir	rement [Co-Client's	Retiremen	t 🗌 Year			
Asset class distribut	ion:								
CE	%	STB	%	ITB	%	LTB	%	LCVS	%
LCGS									
UC	%								
Who is the owner: Current value: \$ Assign - How to Use: Fund All Goals Not Used in Plan	: (check	cone) armark to O eave to Esta	ne or More	_				_	
Annual additions: (ch						٦			
Additions: \$				_ Inflate?	∐ No L	」Yes			
☐ Maximum con		•							
Year additions be	_					_			
Year additions en		Client's Retir	rement _	Co-Client's	Retiremen	t 🗌 Year			
Asset class distribut									
CE									
LCGS	%	MCS	%	SCS	%	IDS	%	IES	%
UC	%								

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 Mor	re 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%		%
UC%		
Who is the owner: Client Co-Client	Description:	
Beneficiaries/Percentage		
Estate%		%
Surviving Client%		%
Current value: \$	Is this asset subject to state taxes? \square No \square Yes	
Assign - How to Use: (check one)		
☐ Fund All Goals ☐ Earmark to One or Mor	re 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. %		

Annuities						
Who is the owner: Client Co-Client	De	scription:				
Current value: \$	Co:	st basis: \$_				
Assign - How to Use: (check one)						
☐ Fund All Goals ☐ Earmark to One or Mo	ore 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	Retireme	nt 🗌 Year _			
Asset class distribution:						
CE% STB%						
LCGS% MCS%	SCS	%	IDS	%	IES	%
UC%						
Who is the owner: Client Co-Client	De	scription:				
Current Value: \$	Co:	st basis: \$_				
Assign - How to Use: (check one)						
☐ Fund All Goals ☐ Earmark to One or Mo	ore 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	Retireme	nt 🗌 Year _			
Asset class distribution:						
CE% STB%	TTB	%	LTB	%	LCVS	%
LCGS% MCS%	SCS	%	IDS	%	IES	%
UC%						

Annuities (continue									
Who is the owner:	Clien	t 🗌 Co-Client		D	escription: _				
Current value: \$				_ C	Cost basis: \$_				
Assign - How to Use:	(check	one)							
☐ Fund All Goals	E	armark to One	or Mor	e Goals:				_	
☐ Not Used in Plan	\Box L	eave to Estate							
Annual additions: (ch	eck one)							
Additions: \$				_ Inflat	e? 🗌 No 📮	Yes			
Year additions beg	gin: _			_					
Year additions end	d: 🔲	Client's Retiren	nent [Co-Client	t's Retireme	nt 🗌 Year _			
Asset class distributi	on:								
CE	%	STB	%	ITB	%	LTB	%	LCVS	%
LCGS	%	MCS	%	SCS	%	IDS	%	IES	%
UC	%								
Cash Value Life: V									
Owner: Client	Co-(Client		Insured:	Client	Co-Client	1st to D	ie \square 2 nd to Γ)ie
Name or Description:									
Beneficiaries:									
Estate _	%	Other							
Co-Client _	%	Other			%	Other			%
Current value: \$									
Asset class distributi									
CE	%	STB	%	ITB	%	LTB	%	LCVS	%
		MCS	%	SCS	%	IDS	%	IES	%
UC	%								
Cost basis: \$					Insur	rance amoun	t: \$		
Assign - How to Use:									
Fund All Goals			or Mor	e Goals:					
Not Used in Plan		eave to Estate							
Annual additions: (ch									
		: \$			e? 🗌 No 📗	Yes			
☐ Max	imum	contribution ea	ach yea	ar					
After-tax: 🗌 Add	itions	: \$		_					
Year additions beg	gin: _			_					
Year additions end	d: 🔲 (Client's Retirem	ent [] Co-Client	's Retiremen	ıt 🗌 Year			

Cash Value Life: Variable Life Owner: Client Co-Client Insured: Client Co-Client 1st to Die 2nd to Die Name or Description: **Beneficiaries:** ____% Other - _____ ___ % Other - _____ ___ % Estate 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

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 Retiremer	nt 🗌 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 Retiremer	nt 🗌 Year			
Asset class distribution:					
CE% STB%	ITB%	LTB	_%	LCVS	%
LCGS% MCS%					
LIC 0/					

Taxable			
Who is the owner:			
If Joint, what kind?	Property		
☐ Other w/ Client ☐ Other w/ Co-Client			
Description:			
Ticker symbol: Units:			
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			
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? \square Survivorship \square Common \square Entirety \square 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: \square Client's Retirement \square Co-Client's Retirement \square Year $_$			
Asset class distribution:			
CE% STB% ITB% LTB			
LCGS% MCS% SCS% IDS	%	IES	%
UC%			

Tax-Free						
Who is the owner:	Client Co-	Client 🗌 Joint 📗	Custodial			
If Joint, what kind?	☐ Survivorship	☐ Common ☐ Er	tirety 🗌 Community	Property		
	Other w/Clie	nt 🗌 Other w/ Co-	Client			
Description:						
Ticker symbol:	_	Ur	nits:			
Current value: \$	_	Cc	st 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: (c						
Additions: \$_		Inflate	? 🗌 No 🔲 Yes			
	egin:					
Year additions en	d: Client's Retire	ment 🗌 Co-Client'	s Retirement 🗌 Year			
Asset class distribut	ion:					
CE	% STB	% ITB	% LTB	%	LCVS	%
LCGS	% MCS	% SCS	% IDS	%	IES	%
UC	%					
	Survivorship Other w/ Clie	☐ Common ☐ Ennt ☐ Other w/ Co-	tirety 🗌 Community	Property		
Description:						
Ticker symbol:			nits:			
Current value: \$			st basis: \$			
Is this asset subject to]No ∐Yes				
Assign - How to Use	<u> </u>					
		or More Goals:				
☐ Not Used in Plan						
Annual additions: (c		_				
			? ∐ No ∐ Yes			
	egin:					
		ment Co-Client'	s Retirement 🗌 Year			
Asset class distribut						
			% LTB			
		% 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 0	ptions P	lan										
Who is th	e owner: [Client	Co-Clien	t								
Stock nan	ne:											
Asset clas	SS: (check one)										
La	arge Cap Va	ılue 🔲 La	irge Cap Gro	owth S	mall Cap [Mid Cap						
☐ In	iternational	l Develope	d 🔲 Interi	national Er	nerging							
Market Pi	rice: \$				Last	Update:						
Do all op	tions vest	at death?	□ No □	Yes								
Vesting S	Schedule											
Name	Name											
	1	Z	3	4	5	6	7	8	9	10		
	· L	I.	I.	1	_ L	L	· L		· L	· I		
_	tions Gran				_							
					Gran	t name:						
	ISO NO				Options already exercised:							
-												
_	tions Gran											
					Grant name:							
	ISO NO											
Options g	granted:				_ Options already exercised:							
Select ves	sting sched	ule:			Grant price:							
	O											
Stock Op	tions Gran	ıt										
Grant dat	:e:				Grant name:							
Type: 🗌	ISO NO	00										
						ons already						
						t price:						
Select ves	sting striet	uie										
Stock On	tions Gran	ıt										
_					Gran	t name:						
	ISO NO				Gran							
Options g	granted:					ons already						
Expiratio	n date:				Gran	t price:						
Select ves	sting sched	ule:										

Stock 0	ptions P	lan										
Who is th	ne owner:	Client	Co-Client	-								
Stock nar	ne:	_	_									
	SS: (check one											
			rge Cap Gro	owth \square S	mall Cap [Mid Cap						
	nternationa				_							
	rice: \$	-				IIndate:						
-	tions vest				пазс	opuate						
Do an op	tions vest	at ucatii.		103								
Vesting S	Schedule											
					% Veste	d by Year						
Name	1	2	3	4	5	6	7	8	9	10		
ı												
]	1	1								
Stock Op	tions Gran	ıt										
Grant dat	te:				Grant	t name:						
Туре: 🗌	ISO NQ	00										
	granted:											
	n date:											
Select ves	sting sched	ule:										
Stock On	tions Gran	ıt										
_	te:				Crant	t namo:						
	ISO NO				Grant name:							
	granted:				Options already exercised:							
Expiratio	n date:				Grant price:							
Select ve	sting sched	ule:										
Stock Op	tions Gran	it										
Grant dat	te:				Grant	t name:						
	ISO NQ											
Options g	granted:				Grant price:							
	on date: sting sched											
Select ves	sting sched	uie										
Stock On	tions Gran	ıt										
_	te:				Crant	t namo:						
	ISO NO				Grain	t manne.						
	granted:				Ontio	ns already	evercised:					
Expiratio	n date:											
Select ve	sting sched	ule:										
Stock Op	tions Gran	ıt										
Grant dat	te:				Grant	t name:						
Type: 🗌	ISO NQ	00										
Options g	granted:				Optio	ns already	exercised:					
Expiratio	n date:				Grant price:							

Select vesting schedule:	
Stools Ontions Cront	
Stock Options Grant	Construction
Grant date:	Grant name:
Type: So NQO	Outions along to accorded
Options granted:Expiration date:	Options already exercised:
Select vesting schedule:	Grant price.
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 Ontions Crant	
Stock Options Grant	Country
Grant date:	Grant name:
Type: ISO NQO Options granted:	Ontions almosty avaraged
Expiration date:	Options already exercised:
Select vesting schedule:	druit price.
· ·	
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 a	lternative to letting the program calculate the future value of
Stock Options, enter the after-tax, future cash amount(s) l	
Stock Options	
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
Future val	ue (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
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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) High: \$					
Name of grant	Future value (after tax) Low: \$					
Year cash received						
	Future value (after tax) High: \$					
Name of grant	Future value (after tax) Low: \$					
Year cash received						
	Future value (after tax) High: \$					
Name of grant	Future value (after tax) Low: \$					
Year cash received						
	Future value (after tax) High: \$					
Name of grant	Future value (after tax) Low: \$					
Year cash received						
	Future value (after tax) High: \$					

Other Assets

Restric	ted Stock	k Plan										
Who is th	e owner: [Client [Co-Clien	t								
Ticker:					Stock name:							
Asset clas	SS: (check one))										
☐ La	arge Cap Va	lue 🔲 La	rge Cap Gro	owth 🗌 Si	mall Cap 🗌	Mid Cap						
☐ In	ternational	Develope	d 🔲 Inter	national En	nerging							
Market p	rice: \$				Last u	pdate:						
Do all sh	ares vest a	t death?	□ No □	Yes								
Vesting S	chedule											
Name % Vested by Year										1 40		
	1	2	3	4	5	6	7	8	9	10		
									1			
Restricte	ed Stock Gr	ant										
Grant dat	e:				Grant	name:						
_	anted:											
Select ves	sting schedu	ле:										
Restricte	ed Stock Gr	ant										
	e:				Grant	name:						
Shares gr	anted:				Grant name:							
	sting schedı											
	ed Stock Gr											
	e:				Grant	name:						
	anted: sting sched:											
Select ves	sting scheut	лге										
Restricte	ed Stock Gr	ant										
					Grant	name:						
Grant date: Grant name: Shares granted:												
Select ves	sting schedi	ıle:										
	ed Stock Gr				_							
Grant dat	e: anted:				Grant	name:						

Other Assets

Restric	cted Stock	k Plan										
Who is t	he owner: [Client	Co-Clien	t								
Ticker:					Stock	name:						
	ASS: (check one											
ПΙ	arge Cap Va	lue □La	rge Cap Gro	owth \square S	mall Cap	Mid Cap						
	nternational				_	_ · · · · · · · · · · · · · · · · · · ·						
	orice: \$	-				ndate						
	hares vest a				Last	puate						
DU all Si	nai es vest a	it ucatii:		163								
Vocting	Schodulo											
Vesting Schedule Warra Wested by Year												
Name	1	2	3	4	5	6	7	8	9	10		
	ed Stock Gr				0 .							
	ite: ranted:				Grant	name:						
	-											
Restrict	ed Stock Gr	ant										
Grant da	ıte:											
Shares g	ranted:				_							
Select ve	esting sched	ule:										
Restrict	ed Stock Gr	ant										
Grant da	ite:				Grant	name:						
Shares g	ranted:											
Select ve	esting sched	ule:										
Restrict	ed Stock Gr	ant										
	ite:				Grant	name:						
Shares g	ranted:				3.7.							
Select ve	esting sched	ule:										
Restrict	ed Stock Gr	ant										
Grant da	ıte:				Grant	name:						
Shares g	ranted:											
Select ve	esting sched	ule:										

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

Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
Fut	ure value (after tax) High: \$
Name of grant	
Year cash received	Future value (after tax) Expected: \$
Fut	ure value (after tax) High: \$
Name of grant	
Year cash received	Future value (after tax) Expected: \$
Fut	ure value (after tax) High: \$
Name of grant	
Year cash received	Future value (after tax) Expected: \$
Fut	ure value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	The state of the s
Fut	ure value (after tax) High: \$
Name of grant	
Year cash received	· · · · · · · · · · · · · · · · · · ·
Fut	ure value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	
	ure value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	
	ure value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	
Fut	ure value (after tax) High: \$
Personal and Business Assets	
(Homes, Vehicles, Personal Property, Business Assets, Real	
Owner: Client Co-Client Joint Custoo	
If Joint, what kind? Survivorship Com	
Other w/ Client Ot	·
Description:	
Will the value of this asset increase each year? \Box	
Do you intend to sell this asset to help fund your go	
Year to sell	
	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 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 Custodial
If Joint, what kind?
☐ 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

Pension - Lump Sum Distribution Owner: Client Co-Client Description: Year of distribution: ____ Current value: \$___ Value of distribution \$_____ Value is: (check one) Pre-tax After-tax Assign - How to Use: (check one) Earmark to One or More Goals: Fund All 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) Earmark to One or More Goals: _____ Fund All Goals ☐ Not Used in Plan ☐ Leave to Estate

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 Re	etirement 🔲 Co-Client's Retirement	t 🗌 Year	
Value at start of distribution			
Rate of return during accumulation:%			
Year distributions begin: 🗌 Clier	nt's Retirement 🔲 Co-Client's Retire	ement 🗌 Year	
Distribution period			
Number of years:	Annual payme	nt (pre-tax) \$	
Annual distribution			
Rate of Return during distribution	n:%		
Assign - How to Use: (check one)			
☐ Fund All Goals ☐ Earmark to	One or More Goals:		
☐ Not Used in Plan ☐ Leave to Es	tate		

Deferred Compensation (Future	re)	
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	s Retirement 🔲 Co-Client's Retirement	☐ Year
Value at start of distribution		
Rate of Return during accumulati	ion:%	
Year distributions begin: 🗌 Clier	nt's Retirement 🔲 Co-Client's Retireme	nt 🗌 Year <u>.</u>
Distribution period		
Number of years:	Annual payment ((pre-tax) \$
Annual distribution		
Rate of return during distribution	n:%	
Assign - How to Use: (check one)		
☐ Fund All Goals ☐ Earmark to	o One or More Goals:	
☐ Not Used in Plan ☐ Leave to E	state	

Insurance Assets – Cash Value (Universal/Variable/Whole/Other) Insured: \square Client \square Co-Client \square 1st to Die \square 2nd to Die Owner: Client Co-Client Description: Average annual growth rate: _______ (excluding cost of insurance) **Beneficiaries & Death Benefit** ____% Other - _____ ____ % Other - _____ ____ % Estate Premium amount: \$____ Death benefit amount: _____ every____ How long will premiums be paid? ☐ Until insured dies ☐ Until policy terminates ☐ For this number of years _____ When will this policy terminate? ☐ When insured dies ☐ Year Do you intend to sell this asset to help fund your Goals? No Yes (If Yes, complete the remaining items) Year of withdrawal: Future cash value of policy: \$ (before tax - future dollars) Tax-free withdrawal: \$ **Assign – How to Use:** (check one) ☐ Fund All Goals ☐ Earmark to One or More Goals: _____ ☐ Not Used in Plan ☐ Leave to Estate Owner: Client Co-Client Insured: \square Client \square Co-Client \square 1st to Die \square 2nd to Die Description: Current cash value: \$_______(before tax - today's dollars) **Beneficiaries & Death Benefit** ____% Other - _____ ____ % Other - _____ ____ % Estate 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? \(\subseteq \text{No} \subseteq \text{Yes}, \text{complete the remaining items} \) Year of withdrawal: Future cash value of policy: \$______ (before tax - future dollars) Tax-free withdrawal: \$_____ **Assign - How to Use:** (check one)

☐ Not Used in Plan ☐ Leave to Estate

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?	
Year to sell	Future value (after tax) Low: \$
	Future value (after tax) Expected: \$
Future valu	e (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 valu	e (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	

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	p-Client	
Description:		
Year to receive:	Future value (after tax) Low: \$	
	Future value (after tax) Expected: \$	
Future v	alue (after tax) High: \$	
Assign - How to Use: (check one)		
☐ Fund All Goals ☐ Earmark to One or More Goa	ls:	
☐ Not Used in Plan ☐ Leave to Estate		
Owner: Client Co-Client Joint		
If Joint, what kind? Survivorship Common E	ntirety Community Property	
☐ Other w/ Client ☐ Other w/ Co	p-Client	
Description:		
Year to receive:	Future value (after tax) Low: \$	
	Future value (after tax) Expected: \$	
Future v	alue (after tax) High: \$	
Assign - How to Use: (check one)		
☐ Fund All Goals ☐ Earmark to One or More Goa	ls:	
☐ Not Used in Plan ☐ Leave to Estate		

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

Investment Asset (Variable Life)		
Owner: Client Co-Client	Insured: \square Client \square Co-Client \square 1st to Die \square 2nd to Die	
Name or Description:		
Beneficiaries & Death Benefit:		
Estate% Other		6
Surviving Client% Other		6
Current value: \$	Cost Basis: \$	
Insurance amount: \$		
Assign - How to Use: (check one)		
☐ Fund All Goals ☐ Earmark to One or More	e Goals:	
☐ Not Used in Plan ☐ Leave to Estate		
Annual additions: (check one)		
Pre-tax: Additions: \$	_ Inflate? ☐ No ☐ Yes	
☐ Maximum contribution each yea	ır	
After-tax: Additions: \$	_	
Year additions begin:	_	
Year additions end: 🗌 Client's Retirement 🗌	Co-Client's Retirement Tyear	
Asset class distribution:		
CE% STB%	ITB% LTB% LCVS%	
LCGS% MCS%	SCS% IDS% IES%	
UC%		

Other Asset (Universal/Variable/Whole Life/Othe	r 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	
Surviving Client% Other	% Other
Death benefit amount:	Premium amount: \$ every
How long will premiums be paid?	
☐ Until insured dies ☐ Until policy termina	tes 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 g	goals? No Yes (If Yes, complete the remaining items)
Year of withdrawal:	_
Amount of withdrawal: \$	(before tax - future dollars) Tax-free withdrawal: \$
Assign - How to Use: (check one)	
☐ Fund All Goals ☐ Earmark to One or Mor	re Goals:
☐ Not Used in Plan ☐ Leave to Estate	

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

Cash Value Life (Universal/Variable/Whole Life/Oth	her)	
Owner: \square Irrevocable Trust \square Other Person	or Entity	
Insured: Client Co-Client 1st to Die 2	2 nd 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 terminate	es 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: \Box Clien	nt 🗌 Co-Client	
Non-Cash Value Life Policies - All Owner	rs	
Non-Cash Value Life (Term Life)		
Owner:	rust 🔲 Other Person or Entity	
Insured: \square Client \square Co-Client \square 1st to Die \square	2 nd 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 terminate	s For this number of years	
onth matrea area onth poney terminates	S	
When will this policy terminate?	s	
	ror this number of years	
When will this policy terminate?		

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		
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 ye	ear of transfer:	
Select the original owner of the policy: \square Client \square	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		%
Death benefit amount:		
When will this policy terminate?		
☐ When insured dies ☐ Year		
If ownership is of this policy was transferred, enter the ye	ear of transfer:	
Select the original owner of the policy: \Box Client \Box	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	S Years
Benefit period (select one)		
Period of Time per		
Until this Age		
Inflation option: (check One) None Simple Com	pounded	
If you selected Simple or Compounded, enter rate	e:%	

Insured: Client Co-Client	Description/Co:
Premium amount: \$every	Tax status: ☐ Pre-Tax ☐ After-Tax
Monthly Benefit Amount: \$	Elimination period:
Benefit period (select one)	
Period of time per	
Until this age	
Inflation option: (check One) None Simple Com	oounded
If you selected Simple or Compounded, enter rate	e:%
Other Insurance Policies	
Law Tares Care (Harris Care Oak North Harris Harris Care (O	d)
Long Term Care (Home Care Only/Nursing Home Care/Only/Nursing Home C	-
Insured: per [
•	•
Benefit period: (check # of years or Lifetime) 1 2 3	
Daily benefit amount: \$ E	
Inflation Option: (check One) None Simple Comp	
If you selected Simple or Compounded, enter rate	e:%
Insured:	Description/Co:
Premium amount: \$per _	
Benefit period: (check # of years or Lifetime) 1 2 3	\square 4 \square 5 \square 6 \square 7 \square 8 \square 9 \square 10 \square Lifetime
Daily benefit amount: \$ E	limination Period:days
Inflation option: (check One) None Simple Comp	
If you selected Simple or Compounded, enter rate	e:%
Medicare Supplement Insurance Policies	
Insured: Description/Co:	
Type: $(check\ one)$ \square A \square B \square C \square D \square E \square F \square G	
Premium amount: \$per	Month □ Quarter □ Six Months □ Year
Insured: Description/Co:	
Type: (check one) A B C D E F G	
Premium amount: \$per	

Property & Casualty Insurance Policies (Auto,	Ноте	eowners, Umbrella/Other)
Description/Co:	_	Policy expiration date:
Premium amount: \$	per	☐ Month ☐ Quarter ☐ Six Months ☐ Year
Description/Co:		Policy expiration date:
Premium amount: \$		
Description/Co:		Policy expiration date:
Premium amount: \$	per	☐ Month ☐ Quarter ☐ Six Months ☐ Year
Description/Co:		Policy expiration date:
Premium amount: \$	-	· ·
Description/Co:		Policy expiration date:
Premium amount: \$	per	☐ Month ☐ Quarter ☐ Six Months ☐ Year
Liabilities Summary Input (Home & Land Loans, Vehicle Loans, Business Loans, Other	her Pei	rsonal 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: \$

Description:		
Whose debt? Client Co-Client Joint	If Joint, what kind?	
Outstanding balance: \$	* * *	
Description:		
Whose debt? Client Co-Client Joint	If Joint, what kind?	
Outstanding balance: \$	Monthly payment: \$	
Description:		
Whose debt? Client Co-Client I Joint	If Joint, what kind?	
Outstanding balance: \$		
	Trong payment 4	
Description:		
Whose debt? Client Co-Client Joint	If Joint, what kind?	
Outstanding balance: \$	Monthly payment: \$	
Description:	767	
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 F	Personal Debt)	
Description:		
Whose debt? Client Co-Client Joint		
If Joint, what kind?	mon 🗌 Entirety 🔲 Community Property	
Other w/ Client O	ther w/ Co-Client	
Lender:	Outstanding balance: \$	
Initial loan amount: \$	Date loan began: Term:	
	OR Date to pay full balance:	
Description: Co-Client Doint Co-Client Doint		
If Joint, what kind? Survivorship Com	mon	
Other w/ Client O		
Lender:		
	Date loan began: Term:	
	OR Date to pay full balance:	
Description:		
Whose debt? Client Co-Client Joint		
If Joint, what kind? Survivorship Com	mon 🗌 Entirety 🔲 Community Property	

Insurance Needs Analysis ☐ Other w/ Client ☐ Other w/ Co-Client

Lender: Outstanding balance: \$		e: \$	
Initial loan amount: \$		Date loan began:	Term:
Interest rate:	Monthly payment: \$	OR	Date to pay full balance:
Description:	☐ Co-Client ☐ Joint ☐ Survivorship ☐ Com ☐ Other w/ Client ☐ Ot		ommunity Property
Lender:		Outstanding balance	e: \$
Initial loan amount: \$		Date loan began:	Term:
Interest rate:	Monthly payment: \$	OR	Date to pay full balance:

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	<u></u>
\$	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 wa would reduce the amount of Life Insurance you need. List any want to fund if either the Client or Co-Client died.	
Sell Other Assets		If Co-Client Dies
If Client Dies	Enter the total after-tax amount of Personal and Business	II Co-Chent Dies
\$	Assets that would be sold at death.	\$
Other Income		
	From Now Until Retirement	
φ	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 I If the Surviving Cli enter the following Start Year:	ent is not currently employed and would seek employment if the Cl 3:	ient or Co-Client died,

Annual Income: \$	Inflate? No Yes
Dependents	List any dependents that would NOT be eligible for Social Security Survivor benefits:

Disability Needs Analysis for Client

Do you want to include Social Security Di	sability Benefits in the analysis? 🔲 No 🔲 Yes
Co-Client Employment	
If the Co-Client isn't currently employe	ed and would seek employment if the Client were disabled, enter the following:
Start Year: Stop Year:	Annual Income: \$ Inflate? \[\subseteq No \subseteq Yes
Income	
Enter any income the Client would co (Do not include Co-Client's employment income	ontinue to receive if the Client were disabled.
Start Year: Stop Year:	Annual Income: \$ Inflate? \[\subseteq No \subseteq Yes
Income Needed – (Select One Option) A: Enter the pre-tax amount you wou	·
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 Neede	d: %

Disability Needs Analysis for Co-Client

Do you want to include Social Security I	sability 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? \[\subseteq No \subseteq Yes
Income	
Enter any income the Co-Client wou (Do not include Client's employment income.)	d continue to receive if the Co-Client were disabled.
Start Year: Stop Year: _	Annual Income: \$ Inflate? \[\subseteq No \subseteq Yes
A: Enter the pre-tax amount you wo	,
Time Period	Monthly Amount
Year 1, Month 1	\$
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 Need	d: %

Long-Term Care Needs Analysis

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

Estate Analysis

Estate Documents

	Client	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

	Monthly Budget Amount		
Category	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

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

Income

	Monthly Budget Amount	
Category	Current	Alt 1 / Retirement
Employment		
Other		

Personal Insurance Expenses

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

Budget

Home Expenses

Description:____

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

Vehicle Expenses

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:____

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

Budget

Home Expenses

Description:____

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

Vehicle Expenses

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:

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