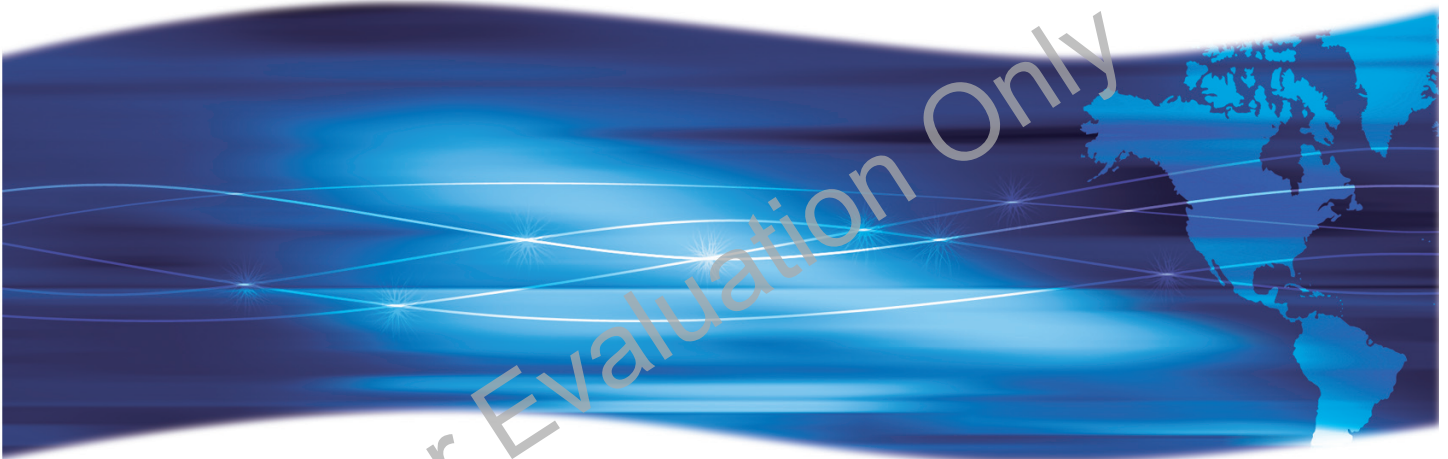


# Mapping Your *Financial Future*



For Evaluation Only

## **Profiles Professional**

### Comprehensive Fact Finder

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Client A Name (please print)

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Client B Name (please print)

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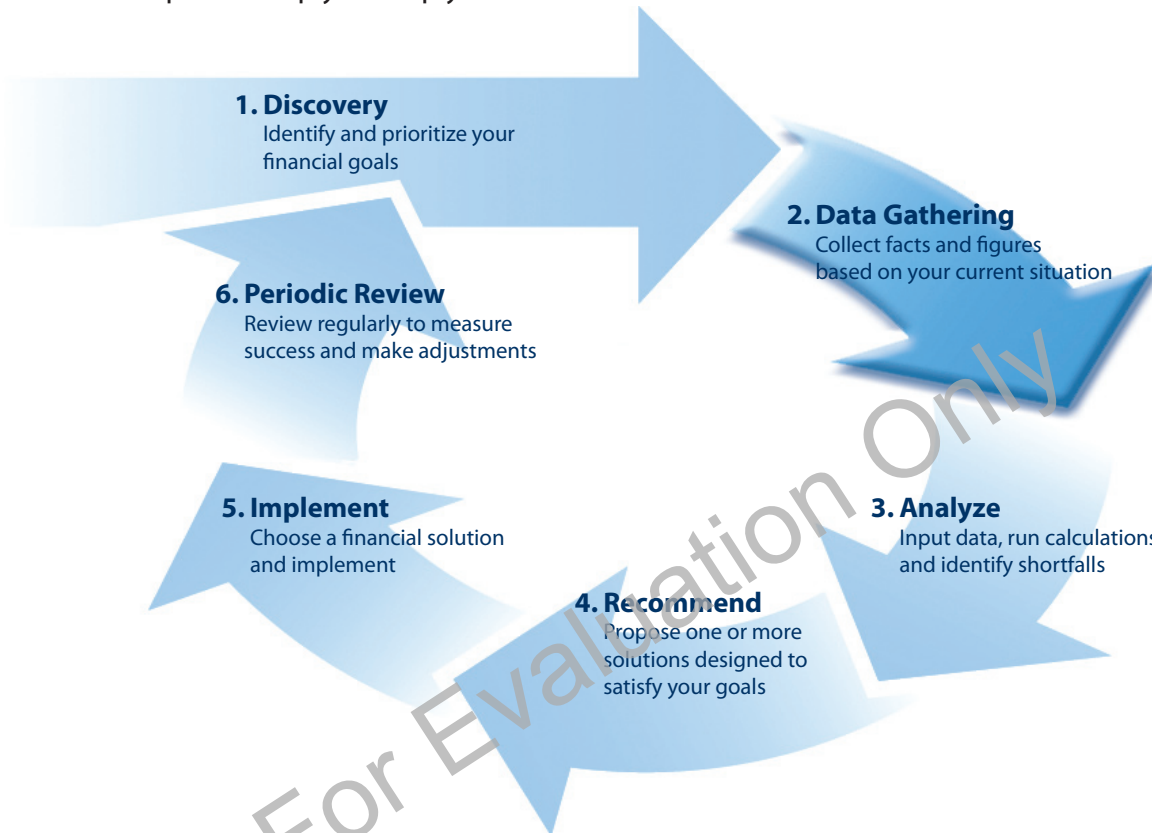
Appointment Date

For Evaluation Only

# Mapping Your Financial Future

The best way to achieve financial security and peace of mind is to follow a disciplined process that involves identifying your goals, and implementing appropriate financial strategies.

These six steps will help you map your financial future:



The purpose of this questionnaire is to help gather data as part of steps one and two. By taking the time to prepare now you will be able to lay out a path to help assure your future financial security. The data you provide for this analysis will help generate an assessment of your financial situation.

**Remember...**

***No one achieves their financial goals by chance***

***Commit to a goal and act on it***

# Mapping Your Financial Future

## What concerns you the most?

There are a number of different areas to consider when preparing for your future financial security. A great way to start is to identify the goal or goals that are most important to you right now.

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Retirement (R)</b>            | Assess how your current retirement strategy will meet your objective.   |
| <input type="checkbox"/> <b>Education (Ed)</b>            | Find out the cost of education and alternative methods of funding.  |
| <input type="checkbox"/> <b>Accumulation (A)</b>          | Examine the money needed to meet emergencies, pay for vacations, purchase a second home, or care for an elderly relative. |
| <input type="checkbox"/> <b>Survivor Needs (S)</b>        | Examine the financial impact of death, including immediate cash needs and continuing income needs.                        |
| <input type="checkbox"/> <b>Disability Income (DI)</b>    | Assess the financial effect of a disability on your income.   |
| <input type="checkbox"/> <b>Long-Term Care (LTC)</b>      | Evaluate the impact that long-term care costs can have on your financial situation.                                       |
| <input type="checkbox"/> <b>Estate Plan (EP)</b>          | Evaluate your preparedness to pay federal and state estate taxes, probate costs and administrative fees at death.         |
| <input type="checkbox"/> <b>Risk Tolerance (RT)</b>       | Assess your current risk tolerance in relation to your asset allocation strategy.   |
| <input type="checkbox"/> <b>Asset Allocation (AA)</b>     | Determine if your current asset allocation strategy makes the most sense for your risk tolerance and goals.               |
| <input type="checkbox"/> <b>Financial Statements (FS)</b> | Determine your net worth and how your monthly expenses stack up against your income.                                      |
| <input type="checkbox"/> <b>Income Tax (IT)</b>           | Examine the impact of your current income tax situation.  |

Please note that the letters in parenthesis “( )” following each area of concern acts as a legend for the “Applies to” section within each area of the fact finder. The “Applies to” sections are in the upper right hand side of each section.

**Assumptions**

Applies to all

Plan Date \_\_\_\_\_

Client Marital Status  Single  Married  Domestic Partner

Long-term inflation rate \_\_\_\_\_% Social Security increase rate \_\_\_\_\_%

**Personal Data**

Applies to all

**Client A Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender  M  FDate of Birth \_\_\_\_\_ Citizenship  U.S. Citizen  Resident Alien  Non-Resident AlienEstimate Social Security Benefits\*  None  Earnings Based  Maximum Benefit**Extended Client A Data**

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Client B Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender  M  FDate of Birth \_\_\_\_\_ Citizenship  U.S. Citizen  Resident Alien  Non-Resident AlienEstimate Social Security Benefits\*  None  Earnings Based  Maximum Benefit**Extended Client B Data**

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Additional Client Information**

Name to Appear on Reports \_\_\_\_\_

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

\*Social Security Benefits: This is used to estimate future Social Security benefits. If not eligible for Social Security, or if Social Security benefits are not to be considered, or if you are already receiving Social Security retirement benefits, check None. If Social Security is to be considered in the analysis, and benefits should be calculated based on current earnings, check Earnings Based. If you are eligible for maximum Social Security benefits (e.g., current or past earnings consistently above the Social Security wage base), check Maximum Benefit.

**Interview Questions**

How long have you lived at this address? \_\_\_\_\_

What is your academic background? Client A \_\_\_\_\_ Client B \_\_\_\_\_

What is your career history and what are your career plans? \_\_\_\_\_

**Advisor Data**

**A1** Advisor Classification  Accountant  Attorney  Financial Advisor  Insurance Agent  Stock Broker  
 Banker  Other  Financial Services Representative

Advisor Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**A2** Advisor Classification  Accountant  Attorney  Financial Advisor  Insurance Agent  Stock Broker  
 Banker  Other  Financial Services Representative

Advisor Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**A3** Advisor Classification  Accountant  Attorney  Financial Advisor  Insurance Agent  Stock Broker  
 Banker  Other  Financial Services Representative

Advisor Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Interview Questions**

With whom do you consult before making important financial decisions? \_\_\_\_\_

Who prepares your tax forms? \_\_\_\_\_

Are you obligated to do business with anyone else? \_\_\_\_\_

Have you worked with a financial professional in the past? \_\_\_\_\_

How was the experience? What are your expectations? \_\_\_\_\_

**Dependents**

Applies to all

First Name	Date of Birth	Dependent of Client A	Client B	Social Security Until Age
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Interview Questions**

Do you plan on having additional children? \_\_\_\_\_

Are there any immediate or long-term financial obligations for supporting parents or dependents? \_\_\_\_\_

Do any of these dependents have special needs? If so, which child? \_\_\_\_\_

**Income**

Applies to R, S, LTC, EP, FS, IT

**Income**

Client A

	Monthly*	+	Annual	Nontaxable Portion (Annual)
Salary	\$ _____	\$ _____	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____	\$ _____	\$ _____
Interest & Nonqualified Dividends	\$ _____	\$ _____	\$ _____	\$ _____
Qualified Dividends	\$ _____	\$ _____	\$ _____	\$ _____
Defined Benefit	\$ _____	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____	
Alimony	\$ _____	\$ _____	\$ _____	
Rental Property (Net)	\$ _____	\$ _____	\$ _____	
Other	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL INCOME**</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
Future Earnings Increase	_____ %			

Client B

	Monthly*	+	Annual	Nontaxable Portion (Annual)
Salary	\$ _____	\$ _____	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____	\$ _____	\$ _____
Interest & Nonqualified Dividends	\$ _____	\$ _____	\$ _____	\$ _____
Qualified Dividends	\$ _____	\$ _____	\$ _____	\$ _____
Defined Benefit	\$ _____	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____	
Alimony	\$ _____	\$ _____	\$ _____	
Rental Property (Net)	\$ _____	\$ _____	\$ _____	
Other	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL INCOME**</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
Future Earnings Increase	_____ %			

\* If you enter a monthly amount it will be multiplied by 12 and added to the annual amount.

\*\* If you enter details (e.g., Salary) then there is no need to enter the total. It will be calculated for you.

**Interview Questions**

Do you foresee a substantial change in your income during the next two years? \_\_\_\_\_

**Notes**


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**Direct Income Sources**

Applies to R, S, LTC, EP

In the table below please list all current and anticipated future income. This may include social security, defined benefit, annuity, lump-sum, other income, and earned income. Do not include Salary and Self Employment income entered on the previous page.

Income Source Name and Type	Recipient	Monthly Amount *	How is the Amount Expressed?	Annual Increase/ % Taxable	Begin When?	End When?	Survivor Needs Analysis
	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____	<input type="checkbox"/> Today's \$ <input type="checkbox"/> Future \$	_____% _____%	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> End of Plan <input type="checkbox"/> Recipient's Death <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____% CL-B dies _____%
	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____	<input type="checkbox"/> Today's \$ <input type="checkbox"/> Future \$	_____% _____%	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> End of Plan <input type="checkbox"/> Recipient's Death <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____% CL-B dies _____%
	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____	<input type="checkbox"/> Today's \$ <input type="checkbox"/> Future \$	_____% _____%	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> End of Plan <input type="checkbox"/> Recipient's Death <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____% CL-B dies _____%
	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____	<input type="checkbox"/> Today's \$ <input type="checkbox"/> Future \$	_____% _____%	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> End of Plan <input type="checkbox"/> Recipient's Death <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____% CL-B dies _____%

\* All amounts are monthly amounts except a Lump Sum, which is a single payment.

**Taxes Withheld**

Applies to FS, IT

**Client A**

	Monthly*	+	Annual
Federal	\$ _____	\$ _____	
State and Local	\$ _____	\$ _____	
Self-Employment	\$ _____	\$ _____	
Social Security	\$ _____	\$ _____	
Medicare	\$ _____	\$ _____	

**Client B**

Federal	\$ _____	\$ _____
State and Local	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Medicare	\$ _____	\$ _____

TOTAL TAXES\*\* \$ \_\_\_\_\_ \$ \_\_\_\_\_

\* If you enter a monthly amount it will be multiplied by 12 and added to the annual amount.  
 \*\* If you enter details (e.g., Federal) then there is no need to enter the total. It will be calculated for you.

**Income Tax**

Applies to IT

**Client A**Filing Status  Single  Married/Joint  Married/Separate  Head of Household

Number of Exemptions \_\_\_\_\_

## Federal Taxes (Annual)

Depreciation	\$ _____
Other Adjustments to Income (+/-)	\$ _____
Total Itemized Deductions (+)	\$ _____
Short-Term Capital Gains(+)/Loss(-)	\$ _____
Net Long-Term Gain/Loss	\$ _____
28% Rate Capital Gain/Loss	\$ _____
Gain Included in Investment Income	\$ _____
Amount Included in Investment Income	\$ _____
Unrecaptured Capital Gain	\$ _____
Taxable Social Security	\$ _____
Total Federal Tax Credits	\$ _____
Other Taxes	\$ _____

## Alternative Minimum Tax

Plus/Minus Adjustments	\$ _____
Plus AMT Preferences	\$ _____
Foreign Tax Credits	\$ _____

## State &amp; Local Taxes

Estimated Amount \$ \_\_\_\_\_

and / or % of Federal Taxable Income \_\_\_\_\_ %

Legally Blind Current Participant in a Qualified Retirement Plan **Client B**Filing Status  Single  Married/Joint  Married/Separate  Head of Household

Number of Exemptions \_\_\_\_\_

## Federal Taxes (Annual)

Depreciation	\$ _____
Other Adjustments to Income	\$ _____
Total Itemized Deductions (+)	\$ _____
Short-Term Capital Gains(+)/Loss(-)	\$ _____
Net Long-Term Gain/Loss	\$ _____
28% Rate Capital Gain/Loss	\$ _____
Gain Included in Investment Income	\$ _____
Amount Included in Investment Income	\$ _____
Unrecaptured Capital Gain	\$ _____
Taxable Social Security	\$ _____
Total Federal Tax Credits	\$ _____
Other Taxes	\$ _____

## Alternative Minimum Tax

Plus/Minus Adjustments	\$ _____
Plus AMT Preferences	\$ _____
Foreign Tax Credits	\$ _____

## State &amp; Local Taxes

Estimated Amount \$ \_\_\_\_\_

and / or % of Federal Taxable Income \_\_\_\_\_ %

Legally Blind Current Participant in a Qualified Retirement Plan

**Expenses**

Applies to FS

Enter the living expenses to be considered on the Cash Flow reports. If liabilities, contributions, and taxes are entered in the Liabilities, Assets, and Taxes Withheld sections, respectively, then do not reflect those cash flow items here.

<b>Expense Categories:</b>	<b>Monthly*</b>	<b>+</b>	<b>Annual</b>
Housing	\$ _____	\$ _____	
Child Care	\$ _____	\$ _____	
Transportation	\$ _____	\$ _____	
Food and Beverages	\$ _____	\$ _____	
Clothing	\$ _____	\$ _____	
Furnishings	\$ _____	\$ _____	
Personal Care and Cash	\$ _____	\$ _____	
Medical/Dental/Rx	\$ _____	\$ _____	
Education/Self-Improvement	\$ _____	\$ _____	
Entertainment	\$ _____	\$ _____	
Vacations and Holidays	\$ _____	\$ _____	
Charitable Contributions	\$ _____	\$ _____	
<b>Other Expenses:</b>			
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
<b>TOTAL EXPENSES**</b>	\$ _____	\$ _____	

\* If you enter a monthly amount it will be multiplied by 12 and added to the annual amount.  
 \*\* If you enter details (e.g., Housing) then there is no need to enter the total. It will be calculated for you.

**Interview Questions**

What is your short-term/long-term spending strategy? \_\_\_\_\_

Do you save and invest systematically? \_\_\_\_\_

What changes could be made to your current budget? \_\_\_\_\_

Did you receive a tax refund for last year's filing? \_\_\_\_\_

**Notes**

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## Assets

Applies to R, Ed, A, S, LTC, EP, FS, IT

### Important information about assets and liabilities

In the following sections, information about assets and liabilities will be entered. There are three items to note as you proceed:

- 1. Reference Codes:** Reference codes are indicated for each item (e.g., BA1). Use these codes to link items together, such as a loan entry secured by a specific real estate entry.
- 2. Holding Information:** For certain account types, underlying holdings must be entered – such as the funds within a 401(k). For these accounts, enter the information in two places: account information is entered in the appropriate account section; holdings are entered in the Holdings section. The holdings are linked to their account using the account's reference code.
- 3. Growth Rates and the Asset Class Weighted Average (ACWA):** A key area in the outcome of any analysis is the understanding and suitable use of growth rates for the assets. For investment assets, there are two options: 1) Specify your own rate; or 2) Base the rate on the types of investments that make up the asset – on how it is classified.

In this analysis, each of your investment assets will be classified according to the broad asset classes listed in the tables below. Some investments will fall into a single class (e.g., individual stock holding, a savings account). Others will likely be classified as a combination of several classes (e.g., a mutual fund).

For each of the asset classes below, you will indicate the most suitable return. Ibbotson Associates (a leader in capital market assumptions) has provided their expected return for each asset class – you may use them, if you wish. Then, if you check 'ACWA' as an asset's growth rate, the weighted average of those asset class returns will be used.

If you disagree with Ibbotson's expectations, you may enter an alternative rate and check the box below. The alternative rate will take the place of the Ibbotson rate in determining the 'ACWA.'

- Check this box if you DO NOT wish to use the expected return provided by Ibbotson. Provide an alternative rate of return to be used.

Stock Asset Classes	Expected Return		Bond & Cash Asset Classes	Expected Return	
	Ibbotson Rate	Alternative Rate		Ibbotson Rate	Alternative Rate
Large Capitalization Growth Stocks	10.46%	_____ %	Long Term Bonds	4.50%	_____ %
Large Capitalization Value Stocks	12.25%	_____ %	Intermediate Term Bonds	4.01%	_____ %
Midsize Capitalization Stocks	12.55%	_____ %	Short Term Bonds	3.31%	_____ %
Small Capitalization Stocks	15.06%	_____ %	High Yield Bonds	6.65%	_____ %
International Stocks	10.91%	_____ %	International Bonds	4.21%	_____ %
Emerging Market Stocks	14.26%	_____ %	Cash	2.82%	_____ %

**Important Note:** Regardless of whether you use Ibbotson returns for the asset classes or your own, or whether you enter your own growth rate for a specific asset or utilize the 'ACWA,' it is important to understand that the resulting analysis is directly dependent on the quality and accuracy of the assumptions and that it is hypothetical and not a guarantee of future results.

### Ibbotson Benchmark Descriptions

Along with other factors, Ibbotson utilized a market index as a benchmark in generating the expected return for each asset class. The following is a description of each index that is used. Use this information to assist you in determining whether to use Ibbotson's expected return for each asset class, or an alternative rate.

#### Large Capitalization Growth Stocks – Russell 1000<sup>®</sup> Growth Index

The Russell 1000 Index contains the 1,000 largest US companies based on market capitalization. The Russell 1000 Growth Index contains companies within the Russell 1000 with higher price-to-book ratios and above average growth orientation.

#### Large Capitalization Value Stocks – Russell 1000<sup>®</sup> Value Index

The Russell 1000 Value Index contains Russell 1000 companies with lower price-to-book ratios and a below average growth orientation.

#### Midsize Capitalization Stocks – Russell Midcap<sup>™</sup> Index

The Russell Midcap Index consists of the smallest 800 companies in the Russell 1000 index, as ranked by total market capitalization. This mid-cap index represents approximately 26% of the Russell 1000 total market capitalization.

#### Small Capitalization Stocks – Russell 2000<sup>®</sup> Index

The Russell 2000 Index is a small-cap index consisting of the smallest 2,000 companies in the Russell 3000 Index, representing approximately 8% of the Russell 3000<sup>®</sup> total market capitalization.

#### International Stocks – MSCI EAFE<sup>®</sup> Index

The MSCI EAFE (Morgan Stanley Capital International, Europe, Australasia, Far East) Index is a free float-adjusted market capitalization index that is designed to measure developed market equity performance. The index excludes the US and Canada, but includes markets such as Australia, France, Germany, Hong Kong, Ireland, Italy, Japan, Singapore and Spain.

Benchmark descriptions continued on next page.

## Assets (continued)

### Emerging Markets Stocks – MSCI Emerging Markets Index <sup>SM</sup>

The MSCI Emerging Markets Index is a free float-adjusted market capitalization index that is designed to measure equity market performance in the global emerging markets, such as Argentina, China, Czech Republic, Egypt, India, Indonesia, Korea, Russia, South Africa and others.

### Long-Term Bonds – US Long-Term Government Bonds

To the greatest extent possible, the total returns are calculated on a single, 20-year bond issued by the US Government.

### Intermediate Term Bonds – US Intermediate Term Government Bonds

The bond chosen for the index each year is the shortest non-callable bond with a maturity of not less than five years.

### Short Term Bonds – US 1-Year Government Bonds

The objective of this benchmark is to reflect the returns provided by the short-term fixed income securities, using the daily yield curve of actively traded Treasury securities as its basis.

### High Yield Bonds – Lehman Brothers High Yield Index

Lehman Brothers High Yield Index covers the universe of taxable, USD-denominated, fixed-rate, non-investment grade debt. Generally, all securities are classified as high-yield if the middle rating of Moody's, Fitch and S&P is Ba1/BB+ or lower.

### International Bonds – Citigroup Non-U.S. 1+ Year Government Bonds Index

Also known as the Citigroup World Government Bond Index, this is a market-capitalization weighted benchmark that tracks the performance of fixed-rate sovereign debt issued in the domestic market in the local currency with at least one year maturity. The minimum credit quality required is BBB-/Baa3 (by either S&P or Moody's).

### Cash – Citigroup US Domestic 3-Month T-Bill Index

The index is an unmanaged, market value-weighted index of investment-grade, fixed-rate, public obligations of the U.S. Treasury with maturities of 3 months.

**Important Information:** All investments contain some form and degree of risk that investors should carefully consider prior to investing. Upon redemption, the principal value of investments in stocks and bonds may be worth more or less than when purchased. Small company stocks may be subject to a higher degree of market and liquidity risk than the stocks of larger companies. Investments in foreign stocks are subject to additional risks (e.g., foreign taxation, economic and political risks) and these risks can be accentuated in emerging markets. Bond prices will drop as interest rates rise. High yield bonds are more susceptible to certain risks (e.g., credit risk, default risk) and are more volatile than investment grade bonds.

All of the indices reflected above are unmanaged and you cannot invest directly in these indices.

If you wish to see more detail for the benchmark descriptions above, ask your advisor.

## Bank Accounts

List typical bank accounts, such as checking or savings accounts. Do not list other accounts or assets held at a bank (e.g., CDs, IRAs). These should be listed in the Investment, Deferred Annuity, Qualified Retirement, and Education Investment Accounts sections, as appropriate. Accounts listed here cannot be reallocated.

Account Name/#	Account Owner	Account Type/ Living Trust	Disposition at Death <sup>2</sup>	Market Value	Monthly Savings/ Increase %	Begin When?	End When?	Interest Rate
BA1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	\$ _____ _____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____ %
BA2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	\$ _____ _____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____ %
BA3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	\$ _____ _____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____ %
BA4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	\$ _____ _____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____ %
BA5	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	\$ _____ _____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____ %

1 For jointly-held accounts between domestic partners where the percentage owned is not 50/50, indicate the percent owned by each client.

2 If this account is owned solely by Client A or Client B, indicate who is to receive the asset at the death of the owner.

**Assets (continued)**

**Qualified Retirement Accounts: FIXED**

Qualified accounts can be either "fixed" or "self-directed". Fixed accounts offer no investment choices. They simply offer an interest rate for the year. An IRA, for example, may be set up as either an Individual Retirement Annuity (fixed) or an Individual Retirement Account (self-directed).

Account Name/# and type (e.g., IRA)	Account Owner/ Living Trust	Beneficiary	Market Value	Expected Rate of Return	Contributions <sup>1</sup> / Increase %	Begin When?	End When?
QF1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$	<input type="checkbox"/> ACWA <input type="checkbox"/> ____%	EE/Indiv.: \$ _____ Emp.: \$ _____ Per: <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
QF2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$	<input type="checkbox"/> ACWA <input type="checkbox"/> ____%	EE/Indiv.: \$ _____ Emp.: \$ _____ Per: <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
QF3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$	<input type="checkbox"/> ACWA <input type="checkbox"/> ____%	EE/Indiv.: \$ _____ Emp.: \$ _____ Per: <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
QF4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$	<input type="checkbox"/> ACWA <input type="checkbox"/> ____%	EE/Indiv.: \$ _____ Emp.: \$ _____ Per: <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____

<sup>1</sup> If this is a non-deductible IRA, enter the total non-deductible contributions (cost basis) as well.

**Qualified Retirement Accounts: SELF-DIRECTED**

Accounts where there are several choices in funding options. Examples may include IRAs and 401(k) plans. Holding details will be entered later.

Account Name/# and type (e.g., IRA)	Account Owner/ Living Trust	Beneficiary	Contributions <sup>1</sup> / Increase %	Begin When?	End When?
QS1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	EE/Indiv.: \$ _____ Emp.: \$ _____ Per: <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
QS2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	EE/Indiv.: \$ _____ Emp.: \$ _____ Per: <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
QS3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	EE/Indiv.: \$ _____ Emp.: \$ _____ Per: <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
QS4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	EE/Indiv.: \$ _____ Emp.: \$ _____ Per: <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
QS5	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	EE/Indiv.: \$ _____ Emp.: \$ _____ Per: <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____

<sup>1</sup> If this is a non-deductible IRA, enter the total non-deductible contributions (cost basis) as well.

**Assets (continued)**

**Deferred Annuities: FIXED**

Deferred Annuities can be either "fixed" or "variable." Fixed accounts offer no investment choices. They simply offer an interest rate for the year.

Annuity Name/#	Account Owner/ Living Trust	Beneficiary <sup>1</sup>	Market Value/ Cost Basis (total premiums paid)	Monthly Premium (if any)	Begin When?	End When?	Expected Rate of Return
DF1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community _____ <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____ \$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%
DF2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community _____ <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____ \$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%
DF3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community _____ <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____ \$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%
DF4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community _____ <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____ \$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%

<sup>1</sup> If this account is solely owned by Client A or Client B, indicate who is to receive the asset at the death of the owner.

**Deferred Annuities: VARIABLE**

Deferred Annuities where there are several choices in funding options. Holding details will be entered later.

Annuity Name/#	Account Owner/ Living Trust	Beneficiary <sup>1</sup>	Cost Basis (total premiums paid)	Monthly Premium	Begin When?	End When?
DV1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community _____ <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
DV2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community _____ <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
DV3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community _____ <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
DV4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community _____ <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____

<sup>1</sup> If this account is solely owned by Client A or Client B, indicate who is to receive the asset at the death of the owner.

**Assets (continued)****Investment Accounts**

Enter investment accounts here (e.g., "ABC Brokerage Acct."). The holdings for these accounts will be entered later.

Account Name/#	Account Owner	Disposition at Death <sup>2</sup>	Held In Living Trust?
IA1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes
IA2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes
IA3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes
IA4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes
IA5	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes

1 For jointly-held accounts between domestic partners where the percentage owned is not 50/50, indicate the percent owned by each client.

2 If this account is solely owned by Client A or Client B, indicate who is to receive the asset at the death of the owner.

**Education Investment Accounts**

Enter 529 plans, Coverdell, and UTMA/UGMA accounts here. The holdings for these accounts will be entered later.

Account Name/# and Type	Account Owner	For the Benefit Of	Held In Living Trust?
EI1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Yes
EI2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Yes
EI3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Yes
EI4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Yes
EI5	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Yes

**Assets (continued)**

**Holding Information**

For accounts that allow more than one holding (e.g., 401(k), investment account, variable annuity), enter the holdings below and indicate the account reference code (e.g., IA2) for the account to which the holding belongs. Note that not all fields apply to each type of holding.

Holding Name/ Acct. Ref. Code	Type <sup>1</sup>	Ticker Symbol <sup>2</sup>	Market Value/Cost Basis <sup>3</sup>	Expected Rate of Return	Monthly Savings or Allocate Contributions <sup>4</sup>	Begin When?	End When?
H1			\$ _____ \$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Acct. Ref. Code: _____							
H2			\$ _____ \$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Acct. Ref. Code: _____							
H3			\$ _____ \$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Acct. Ref. Code: _____							
H4			\$ _____ \$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Acct. Ref. Code: _____							
H5			\$ _____ \$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Acct. Ref. Code: _____							
H6			\$ _____ \$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Acct. Ref. Code: _____							
H7			\$ _____ \$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Acct. Ref. Code: _____							
H8			\$ _____ \$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Acct. Ref. Code: _____							
H9			\$ _____ \$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Acct. Ref. Code: _____							
H10			\$ _____ \$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Acct. Ref. Code: _____							
H11			\$ _____ \$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Acct. Ref. Code: _____							

1 If this holding belongs to an Investment Account (e.g., a brokerage account), indicate the type of holding. The choices are **stock, bond, mutual fund, CD, government security, tax-free bond, limited partnership, or speculative**. For holdings from other types of accounts, the "type" is not needed.  
 2 For stock and mutual fund holdings within Qualified Retirement Accounts, Investment Accounts, and Education Accounts, enter a ticker symbol.  
 3 The cost basis is only necessary for holdings within an Investment Account.  
 4 There are two ways to enter savings to a holding: 1) For Investment Accounts and Education Accounts, enter the monthly savings (if any) and the start, stop, and increase percentage; 2) For Qualified Retirement Accounts and Variable Annuities, enter the percentage of the total account contribution that is made to this holding. The sum of the contribution allocations for all holdings within an account should total 100%.

## Assets (continued)

### Hard Assets

Use this table to enter information about the hard assets you own. If something you own is not an account, you can enter it here. Real Estate assets can include investment/rental real estate. Personal property can include personal use items (such as cars or furnishings) as well as investment items (such as coin collections). For investment items that you intend to sell in the future, you will be able to indicate that sale in the Asset Distribution section.

Asset Name	Type of Asset	Owner	Dispositon at Death <sup>2</sup>	Held In Living Trust?	Market Value/ Cost Basis	Expected Growth Rate
HA1	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes	\$ _____ \$ _____	_____%
HA2	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes	\$ _____ \$ _____	_____%
HA3	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes	\$ _____ \$ _____	_____%
HA4	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes	\$ _____ \$ _____	_____%
HA5	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes	\$ _____ \$ _____	_____%
HA6	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes	\$ _____ \$ _____	_____%
HA7	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes	\$ _____ \$ _____	_____%
HA8	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes	\$ _____ \$ _____	_____%
HA9	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes	\$ _____ \$ _____	_____%
HA10	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes	\$ _____ \$ _____	_____%
HA11	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes	\$ _____ \$ _____	_____%
HA12	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	<input type="checkbox"/> Yes	\$ _____ \$ _____	_____%

1 For jointly-held assets between domestic partners where the percentage owned is not 50/50, indicate the percent owned by each client.

2 If this asset is solely owned by Client A or Client B, indicate who is to receive the asset at the death of the owner.

**Stock Options**

Applies to R, Ed, A, S, LTC, EP, FS, IT

**Underlying Stock Information**

Underlying Stock # 1	Underlying Stock # 2	Underlying Stock # 3
Ticker _____	Ticker _____	Ticker _____
Stock Name _____	Stock Name _____	Stock Name _____
Market Price \$ _____	Market Price \$ _____	Market Price \$ _____
Rate of Return	Rate of Return	Rate of Return
Growth Portion _____%	Growth Portion _____%	Growth Portion _____%
Dividend Portion _____%	Dividend Portion _____%	Dividend Portion _____%

<b>Grant 1</b> Underlying Stock # _____ Grant Name _____ Owner <input type="checkbox"/> Client A <input type="checkbox"/> Client B Exercise Price \$ _____ Grant Date _____ Expiration Date _____ Total Shares Granted _____ Percentage of Grant Available at Death of Client A      _____% Death of Client B      _____% Retirement              _____%	<b>Vesting/Exercise Schedule</b>		
	<b>Date</b>	<b>Shares</b>	<b>Strategy</b>
	G1-1	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
	G1-2	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
	G1-3	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
	G1-4	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
	G1-5	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold

<b>Grant 2</b> Underlying Stock # _____ Grant Name _____ Owner <input type="checkbox"/> Client A <input type="checkbox"/> Client B Exercise Price \$ _____ Grant Date _____ Expiration Date _____ Total Shares Granted _____ Percentage of Grant Available at Death of Client A      _____% Death of Client B      _____% Retirement              _____%	<b>Vesting/Exercise Schedule</b>		
	<b>Date</b>	<b>Shares</b>	<b>Strategy</b>
	G2-1	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
	G2-2	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
	G2-3	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
	G2-4	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
	G2-5	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold

<b>Grant 3</b> Underlying Stock # _____ Grant Name _____ Owner <input type="checkbox"/> Client A <input type="checkbox"/> Client B Exercise Price \$ _____ Grant Date _____ Expiration Date _____ Total Shares Granted _____ Percentage of Grant Available at Death of Client A      _____% Death of Client B      _____% Retirement              _____%	<b>Vesting/Exercise Schedule</b>		
	<b>Date</b>	<b>Shares</b>	<b>Strategy</b>
	G3-1	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
	G3-2	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
	G3-3	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
	G3-4	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
	G3-5	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold

**Interview Questions**

What is the best investment you've made? \_\_\_\_\_  
 What is the worst investment you've made? \_\_\_\_\_

**Liabilities**

Applies to R, Ed, A, S, LTC, EP, FS, IT

Use this section to enter information about your loans and liabilities. For loans secured by real estate or personal property, enter the Hard Asset reference code (e.g., HA3).

Loan Name/ Asset Ref. Code (for unsecured loans indicate owner)	Type of Loan <sup>1</sup>	Scheduled Payment Method <sup>2</sup>	Timing of Loan Information <sup>3</sup>	Current (Initial) Balance <sup>4</sup>	Orig. Year & Term <sup>5</sup>	Int. Rate/ Adj. Rate/ Yrs. Until Adj. <sup>6</sup>	Sched. Monthly Pmt./ Balloon <sup>7</sup>	Additional Payments or Withdrawals <sup>8</sup>
L1 HA Ref. Code: _____			<input type="checkbox"/> Current <input type="checkbox"/> Originating	\$ _____	____ yrs	____ % ____ % ____ yrs	\$ _____ \$ _____	\$ _____
L2 HA Ref. Code: _____			<input type="checkbox"/> Current <input type="checkbox"/> Originating	\$ _____	____ yrs	____ % ____ % ____ yrs	\$ _____ \$ _____	\$ _____
L3 HA Ref. Code: _____			<input type="checkbox"/> Current <input type="checkbox"/> Originating	\$ _____	____ yrs	____ % ____ % ____ yrs	\$ _____ \$ _____	\$ _____
L4 HA Ref. Code: _____			<input type="checkbox"/> Current <input type="checkbox"/> Originating	\$ _____	____ yrs	____ % ____ % ____ yrs	\$ _____ \$ _____	\$ _____
L5 HA Ref. Code: _____			<input type="checkbox"/> Current <input type="checkbox"/> Originating	\$ _____	____ yrs	____ % ____ % ____ yrs	\$ _____ \$ _____	\$ _____
L6 HA Ref. Code: _____			<input type="checkbox"/> Current <input type="checkbox"/> Originating	\$ _____	____ yrs	____ % ____ % ____ yrs	\$ _____ \$ _____	\$ _____
L7 HA Ref. Code: _____			<input checked="" type="checkbox"/> Current <input type="checkbox"/> Originating	\$ _____	____ yrs	____ % ____ % ____ yrs	\$ _____ \$ _____	\$ _____
L8 HA Ref. Code: _____			<input type="checkbox"/> Current <input type="checkbox"/> Originating	\$ _____	____ yrs	____ % ____ % ____ yrs	\$ _____ \$ _____	\$ _____
L9 HA Ref. Code: _____			<input type="checkbox"/> Current <input type="checkbox"/> Originating	\$ _____	____ yrs	____ % ____ % ____ yrs	\$ _____ \$ _____	\$ _____
L10 HA Ref. Code: _____			<input type="checkbox"/> Current <input type="checkbox"/> Originating	\$ _____	____ yrs	____ % ____ % ____ yrs	\$ _____ \$ _____	\$ _____
L11 HA Ref. Code: _____			<input type="checkbox"/> Current <input type="checkbox"/> Originating	\$ _____	____ yrs	____ % ____ % ____ yrs	\$ _____ \$ _____	\$ _____

- Types of loans may include fixed and adjustable rate mortgages, home equity lines, credit cards, installment loan for a car, school loans, and business loans.
- How are the payments scheduled? Is the loan amortized (level monthly payments)? Is there a balloon payment? Interest only? Does the payment schedule change (e.g., interest only, then amortized, percent of balance, then amortized, no payments, then amortized)? If so, also enter the years until the change.
- When entering a loan, if you are retrieving information from the latest loan statement, check "Current". You may enter the original loan amount, term, etc. by selecting "Originating".
- For "Current", enter the current balance. For "Originating", enter the initial balance.
- For "Originating", enter year loan originated and initial term. Leave blank if "Current".
- Enter the current interest rate. For adjustable rate loans, you may adjust the rate at a specified point in the future.
- For "Current", enter the monthly payment (principal and interest, only). If loan includes a scheduled balloon payment, enter it here.
- If you anticipate making payments to principal over and above the scheduled payments, indicate how much and when. For lines of credit, enter the amount and timing for any additional cash withdrawals you expect to make (if any).

**Life Insurance**

Applies to R, S, LTC, EP, FS

List all life insurance policies. Along with personal policies, include group policies from work, associations, and other sources.

Policy Name/#	Insured	Owner	Beneficiary	Net Death Benefit	Annual Premium/ # Premiums Remaining	Cash Value/ Net Death Ben. at Mortality*
L11	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other	_____	\$ _____	\$ _____ _____	\$ _____ \$ _____
L12	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other	_____	\$ _____	\$ _____ _____	\$ _____ \$ _____
L13	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other	_____	\$ _____	\$ _____ _____	\$ _____ \$ _____
L14	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other	_____	\$ _____	\$ _____ _____	\$ _____ \$ _____
L15	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other	_____	\$ _____	\$ _____ _____	\$ _____ \$ _____
L16	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other	_____	\$ _____	\$ _____ _____	\$ _____ \$ _____
L17	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other	_____	\$ _____	\$ _____ _____	\$ _____ \$ _____
L18	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other	_____	\$ _____	\$ _____ _____	\$ _____ \$ _____

\* A survivor needs analysis will use the Net Death Benefit. For other analyses, where mortality is projected for some time into the future, the Net Death Benefit at Mortality will be used.

**Interview Questions**

- What do you want your life insurance to do for you? \_\_\_\_\_
- How did you arrive at the amount of life insurance you have? \_\_\_\_\_
- When did you buy your last policy and from whom? \_\_\_\_\_
- Does your family have any special interests or health conditions that could affect your insurance planning? \_\_\_\_\_

**Notes**

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### Disability Insurance

Applies to DI, FS

List all disability insurance policies. Along with personal policies, include group policies from work, associations, and other sources.

Policy Name/# and Type (i.e., personal, group)	Insured	Monthly Benefit	Annual Premium	Elimination Period	Benefit Period	COLA
DI1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____ <input type="checkbox"/> Taxable	\$ _____	_____ days	<input type="checkbox"/> ___ days <input type="checkbox"/> Age ___ <input type="checkbox"/> ___ years <input type="checkbox"/> Lifetime	_____ %
DI2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____ <input type="checkbox"/> Taxable	\$ _____	_____ days	<input type="checkbox"/> ___ days <input type="checkbox"/> Age ___ <input type="checkbox"/> ___ years <input type="checkbox"/> Lifetime	_____ %
DI3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____ <input type="checkbox"/> Taxable	\$ _____	_____ days	<input type="checkbox"/> ___ days <input type="checkbox"/> Age ___ <input type="checkbox"/> ___ years <input type="checkbox"/> Lifetime	_____ %
DI4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____ <input type="checkbox"/> Taxable	\$ _____	_____ days	<input type="checkbox"/> ___ days <input type="checkbox"/> Age ___ <input type="checkbox"/> ___ years <input type="checkbox"/> Lifetime	_____ %

#### Interview Questions

How long could you and your family financially survive if you were to become disabled tomorrow? \_\_\_\_\_  
 \_\_\_\_\_  
 Would your group insurance provide enough income? \_\_\_\_\_

### Long-Term Care Insurance

Applies to LTC, FS

List all LTC policies. Along with personal policies, include group policies.

Policy Name/#	Insured	Owner	Daily Benefit	Annual Premium	Elimination Period	Benefit Period	COLA
LT1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Group	\$ _____	\$ _____	_____ days	_____ years	_____ %
LT2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Group	\$ _____	\$ _____	_____ days	_____ years	_____ %
LT3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Group	\$ _____	\$ _____	_____ days	_____ years	_____ %
LT4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Group	\$ _____	\$ _____	_____ days	_____ years	_____ %

#### Interview Questions

Have you or anyone in your family ever experienced a long-term care need? \_\_\_\_\_  
 How would it affect you and your family if you had a long-term care need tomorrow (due to stroke, car accident, etc.)? \_\_\_\_\_  
 \_\_\_\_\_  
 Will you be caring for elderly parents? \_\_\_\_\_

### General Insurance

Applies to FS

Policy Type	Policy Name	Policy Benefit	Applies to Annual
Liability	_____	\$ _____	\$ _____
Homeowner's	_____	\$ _____	\$ _____
Medical	_____	\$ _____	\$ _____
Auto (Total Value)	\$ _____	\$ _____	\$ _____

#### Interview Questions

Are all family members covered by health insurance? \_\_\_\_\_

**Retirement Objective**

Applies to R, LTC, EP

	Client A	Client B
Retirement Begins at Age	_____	_____
Life Expectancy for Plan	_____	_____
Include Social Security Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Age to Begin Social Security Benefits*	<input type="checkbox"/> Normal Retirement Age <input type="checkbox"/> Age _____ (not less than 62)	<input type="checkbox"/> Normal Retirement Age <input type="checkbox"/> Age _____ (not less than 62)

\* Normal Retirement Age is 65 if birth year is before 1943, age 66 if birth year is between 1943 and 1959, and age 67 if birth year is after 1959.

**Retirement Income Needs**

	Age	Monthly Need	Additional Monthly Need
Phase 1	Retirement	\$ _____	\$ _____
Phase 2	_____	\$ _____	\$ _____
Phase 3	_____	\$ _____	\$ _____
Phase 4	_____	\$ _____	\$ _____
Phase 5	_____	\$ _____	\$ _____
	Increase Need By	_____ %	_____ %

**Important for Planning Preferences**

What percent of your total monthly income is needed for retirement, excluding loan payments (e.g., 70%, 85%)? \_\_\_\_\_ %

**Interview Questions**

- What kinds of activities do you envision in your retirement? \_\_\_\_\_
- Do you foresee health issues during retirement? \_\_\_\_\_
- How much do you want to rely on Social Security for income? \_\_\_\_\_
- If you have a partner, what changes would be made at first death? \_\_\_\_\_

**Education Goals** Applies to Ed

	Goal #1	Goal #2	Goal #3	Goal #4
First Name of Student	_____	_____	_____	_____
School	_____	_____	_____	_____
Amount Needed per Year	\$ _____	\$ _____	\$ _____	\$ _____
OR				
Search for college costs <i>(check all that apply):</i>	<input type="checkbox"/> Tuition (in-state) <input type="checkbox"/> Tuition (out-of-state) <input type="checkbox"/> Room Only <input type="checkbox"/> Room & Board <input type="checkbox"/> Books & Supplies	<input type="checkbox"/> Tuition (in-state) <input type="checkbox"/> Tuition (out-of-state) <input type="checkbox"/> Room Only <input type="checkbox"/> Room & Board <input type="checkbox"/> Books & Supplies	<input type="checkbox"/> Tuition (in-state) <input type="checkbox"/> Tuition (out-of-state) <input type="checkbox"/> Room Only <input type="checkbox"/> Room & Board <input type="checkbox"/> Books & Supplies	<input type="checkbox"/> Tuition (in-state) <input type="checkbox"/> Tuition (out-of-state) <input type="checkbox"/> Room Only <input type="checkbox"/> Room & Board <input type="checkbox"/> Books & Supplies
Inflate Need	_____ %	_____ %	_____ %	_____ %
Years Until Needed	_____ yrs	_____ yrs	_____ yrs	_____ yrs
Number of Years Needed	_____ yrs	_____ yrs	_____ yrs	_____ yrs
Fund at Client A's Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund at Client B's Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Deficit from Cash Flow*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* If the assets you have earmarked for this goal are insufficient, do you want to tap into other incomes and assets to cover shortfalls?

**Interview Questions**

How do you feel about helping your children with their college funding? \_\_\_\_\_

How do you feel about your current savings strategy for your children(s) college funding? \_\_\_\_\_

If possible, what changes would you make to your children's college funding savings strategy? \_\_\_\_\_

**Accumulation Goals** Applies to A

	Goal #1	Goal #2	Goal #3	Goal #4
Name of Goal	_____	_____	_____	_____
Amount Needed per Year	\$ _____	\$ _____	\$ _____	\$ _____
Inflate Need	_____ %	_____ %	_____ %	_____ %
Years Until Needed	_____ yrs	_____ yrs	_____ yrs	_____ yrs
Number of Years Needed	_____ yrs	_____ yrs	_____ yrs	_____ yrs
Fund at Client A's Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund at Client B's Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Deficit from Cash Flow*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* If the assets you have earmarked for this goal are insufficient, do you want to tap into other incomes and assets to cover shortfalls?

**Notes**

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**Survivor Cash Needs**

Applies to S, EP

	Client A's Death	Client B's Death
Dependent Care	\$ _____	\$ _____
Cash Bequests	\$ _____	\$ _____
Emergency Reserve Fund	\$ _____	

**Liabilities to Pay**

List the reference codes of the liabilities you wish to be paid off in a survivor analysis.

Client A's Death \_\_\_\_\_

Client B's Death \_\_\_\_\_

**Survivor Income Needs**

Applies to S, EP

**Client A's Death**

Client B's Age	Monthly Need (1)	Monthly Need (2)	Survivor's Earnings
Today	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Increase Need Annually By \_\_\_\_\_% \_\_\_\_\_%

Age to Receive Social Security Retirement Benefit \_\_\_\_\_

Minimum Asset Balance to Retain \$ \_\_\_\_\_

\* If single, enter the number of years from today, rather than Client B's age, to indicate when income needs will change.

**Client B's Death**

Client A's Age	Monthly Need (1)	Monthly Need (2)	Survivor's Earnings
Today	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Increase Need Annually By \_\_\_\_\_% \_\_\_\_\_%

Age to Receive Social Security Retirement Benefit \_\_\_\_\_

Minimum Asset Balance to Retain \$ \_\_\_\_\_

**Important for Planning Preferences**

What percent of your total monthly income would be required for survivor needs with dependents at home (e.g., 70%)? \_\_\_\_\_%

What percent of your total monthly income would be required for survivor needs without dependents at home (e.g., 50%)? \_\_\_\_\_%

**Disability Income Needs**

Applies to DI

	<u>Client A Disability</u>		<u>Client B Disability</u>			
Include Social Security Benefits	<input type="checkbox"/>		<input type="checkbox"/>			
Age Non-Disabled Client Receives Social Security	_____		_____			
	<u>Client A Disabled</u>			<u>Client B Disabled</u>		
<b>Beginning</b>	<b>Monthly Need</b>	<b>Client B Earnings</b>	<b>Other Income</b>	<b>Monthly Need</b>	<b>Client A Earnings</b>	<b>Other Income</b>
After 30 Days	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
After 90 Days	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
After 1 Year	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
After 2 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
After 5 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
After Age 65	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Increase Need By _____%						

**Important for Planning Preferences**

What percent of your total monthly income would be needed should you become disabled (e.g., 70%, 85%)? \_\_\_\_\_%

**Estate Plan**

Applies to EP

**General Estate Information**

	<b>Client A</b>	<b>Client B</b>
Hypothetical Age of Death	_____	_____
Family Business Deduction	\$ _____	\$ _____

**Expenses**

	<b>Client A</b>	<b>Client B</b>
Final	\$ _____	\$ _____
Probate	_____%	_____%
Administration (fixed dollar amount)	\$ _____	\$ _____
Administration (percent of estate)	_____%	_____%

**Interview Questions**

How do you feel about creating a legacy for your children and heirs? \_\_\_\_\_

Do you have a will? If so, when was it last updated? Have any major life events occurred since the last update to your will? \_\_\_\_\_

Do you have a Revocable Living Trust (RLT) or a Credit Shelter Trust (CST)? \_\_\_\_\_

Do you have an Irrevocable Life Insurance Trust? If so, how many ILITs do you have? \_\_\_\_\_

Do you make gifts to your family? If so, how many gifts do you make each year? \_\_\_\_\_

Do you own property in another state? If so, what state? \_\_\_\_\_

**Asset Distribution**

Applies to R, Ed, A, S, LTC, EP

**Designate Key Assets**

**Surplus Income Asset:** Specify which asset should receive excess income, including RMD, after total needs have been met.

**Lump Sum Asset:** Specify which asset should receive amounts from insurance, lump-sum income sources, proceeds from the sale of hard assets, etc.

**Assets to Exclude from the Retirement or Survivor Analyses**

All qualified and non-qualified investment assets entered into this plan (with the exception of 529, Coverdell and UTMA/UGMA accounts) are considered to be available to meet retirement and survivor income needs. If there are accounts that you do not wish to be used for these objectives, indicate the reference codes below.

**Retirement**

Survivor: CL-A Dies

Survivor: CL-B Dies

**Assets to Reserve for Education and Accumulation Goals**

In the section below, indicate which accounts or holdings should be used for each goal. You may assign as many assets to a goal as you like. The analysis will not support, however, more than one goal utilizing the same asset.

Educ. Goal 1

Educ. Goal 2

Educ. Goal 3

Educ. Goal 4

Accum. Goal 1

Accum. Goal 2

Accum. Goal 3

Accum. Goal 4

**Assets to be Sold**

If you intend to sell assets as part of this plan, then list the details here. If you intend to downsize (or upsize) your residence, you can indicate that here as well. Any proceeds from a sale will be added to your retirement assets.

Hard Asset Ref #	When Will You Sell?	Estimated Closing Costs	Commissions	Primary Residence? <sup>1</sup>	Downsize Residence <sup>2</sup>	Survivor Needs <sup>3</sup>
_____	_____	\$ _____	_____ %	<input type="checkbox"/> Yes	_____	<input type="checkbox"/> CL-A Dies <input type="checkbox"/> CL-B Dies
_____	_____	\$ _____	_____ %	<input type="checkbox"/> Yes	_____	<input type="checkbox"/> CL-A Dies <input type="checkbox"/> CL-B Dies
_____	_____	\$ _____	_____ %	<input type="checkbox"/> Yes	_____	<input type="checkbox"/> CL-A Dies <input type="checkbox"/> CL-B Dies

1 Indicate if this is the primary residence for tax purposes.

2 If you plan to downsize your residence, indicate the size of the replacement home. The percent will be applied to the value of the home at the time of sale.

3 Indicate if the sale should take place immediately in the event of a premature death of either Client A or Client B.

**Distribution Order**

Applies to R, Ed, A, S, LTC, EP

What order do you intend to make distributions from your accounts?

- I intend to distribute from my accounts and holdings with the goal of deferring income taxes.
- I intend to ensure that there are no undue estate consequences from passing qualified plans to heirs.
- I intend to distribute in the following custom order. In the section below, enter the account reference codes next to the desired number. If more than one account is listed next to the same number, this indicates that distributions will be made from these accounts simultaneously.

Order #	Account/Holding Reference #	Order #	Account/Holding Reference #
1	_____	6	_____
2	_____	7	_____
3	_____	8	_____
4	_____	9	_____
5	_____	10	_____



For Evaluation Only