



MoneyGuidePro™

# DETAILED QUESTIONNAIRE

*Personal and Confidential*

Financial Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

## Personal Information

### Personal Information

	Client	Co-Client
Full name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	____/____/____	____/____/____
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Email address	_____	_____
Employment status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employment income	\$ _____	\$ _____
Other pre-retirement income <i>(non investment)</i>	\$ _____	\$ _____
Citizenship	_____	_____
State of residence	_____	_____

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

Name	Date of Birth	Relationship
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust

# My Financial Goals

## Retirement Goal

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**Goal Importance** (circle one)

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

**Age to retire:** \_\_\_\_\_  
Client      Co-Client

**Life expectancy:** \_\_\_\_\_  
Client      Co-Client

**Retirement Living Expenses:**

Enter living expenses for the following retirement periods:

- Expense Period 1 -- Client retired/Co-Client working \$\_\_\_\_\_ per  Month  Year
- Expense Period 2 -- Co-Client retired/Client working \$\_\_\_\_\_ per  Month  Year
- Expense Period 3 -- Client AND Co-Client retired \$\_\_\_\_\_ per  Month  Year
- Expense Period 4 -- Client alone \$\_\_\_\_\_ per  Month  Year
- Expense Period 5 -- Co-Client alone \$\_\_\_\_\_ per  Month  Year

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

Description	Year Expense Will End	Amount (Current Dollars)	Inflate
		\$_____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$_____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$_____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$_____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

State where you will move: \_\_\_\_\_

When Will You Move?  Client's Retirement  Co-Client's Retirement OR Year \_\_\_\_\_

# My Financial Goals

## College Goal

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Child's name: \_\_\_\_\_ Year to start: \_\_\_\_\_ # of years of college: \_\_\_\_\_

### Goal Importance (circle one)

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

### Cost estimate: (fill in A, B, or C)

A. My cost estimate: \$ \_\_\_\_\_ (Annual Cost)

B. Use an average cost:

Public In-State (4-year) - \$20,339

Public Out-Of-State (4-year) - \$32,329

Public In-State (2-year) - \$14,637

Public Out-Of-State (4-year) - \$22,912

Private (4-year) - \$40,476

Average All - \$26,832

C. Specific college: \_\_\_\_\_  Under Graduate  Graduate

State in which the college is located: \_\_\_\_\_

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

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

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

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

### Outside funding for college (optional)

Other funding sources during college: (annual amounts)

Scholarships: \$ \_\_\_\_\_ Student employment: \$ \_\_\_\_\_

Student loans: \$ \_\_\_\_\_ Gifts and other: \$ \_\_\_\_\_

Your own income: \$ \_\_\_\_\_ Your loans: \$ \_\_\_\_\_

### Outside assets (Assets not owned by you that will be used to pay for this college, not including UGMA's, UTMA's, or 529 Plans)

1. Type of asset: \_\_\_\_\_ Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_ Annual addition: \$ \_\_\_\_\_ Growth rate: \_\_\_\_\_%

2. Type of asset: \_\_\_\_\_ Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_ Annual addition: \$ \_\_\_\_\_ Growth rate: \_\_\_\_\_%

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

No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

# My Financial Goals

## College Goal

Child's name: \_\_\_\_\_ Year to start: \_\_\_\_\_ # of years of college: \_\_\_\_\_

Goal Importance (circle one)

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

Cost estimate: (fill in A, B, or C)

A. My cost estimate: \$ \_\_\_\_\_ (Annual Cost)

B. Use an average cost:

- |                                                              |                                                                  |
|--------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Public In-State (4-year) - \$20,339 | <input type="checkbox"/> Public Out-Of-State (4-year) - \$32,329 |
| <input type="checkbox"/> Public In-State (2-year) - \$14,637 | <input type="checkbox"/> Public Out-Of-State (2-year) - \$22,912 |
| <input type="checkbox"/> Private (4-year) - \$40,476         | <input type="checkbox"/> Average All - \$26,832                  |

C. Specific college: \_\_\_\_\_  Under Graduate  Graduate

State in which the college is located: \_\_\_\_\_

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

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

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

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

Outside funding for college (optional)

Other funding sources during college: (annual amounts)

Scholarships: \$ \_\_\_\_\_ Student employment: \$ \_\_\_\_\_

Student loans: \$ \_\_\_\_\_ Gifts and other: \$ \_\_\_\_\_

Your own income: \$ \_\_\_\_\_ Your loans: \$ \_\_\_\_\_

Outside assets (Assets not owned by you that will be used to pay for this college, not including UGMA's, UTMA's, or 529 Plans)

3. Type of asset: \_\_\_\_\_ Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_ Annual addition: \$ \_\_\_\_\_ Growth rate: \_\_\_\_\_ %

4. Type of asset: \_\_\_\_\_ Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_ Annual addition: \$ \_\_\_\_\_ Growth rate: \_\_\_\_\_ %

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

- No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_ %

# My Financial Goals

## Private School Goals

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Child's name: \_\_\_\_\_ Year to start: \_\_\_\_\_ # of years of school: \_\_\_\_\_

Goal Importance (*circle one*):

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

Annual cost: \$ \_\_\_\_\_ (*today's dollars*)

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

---

Child's name: \_\_\_\_\_ Year to start: \_\_\_\_\_ # of years of school: \_\_\_\_\_

Goal Importance (*circle one*):

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

Annual cost: \$ \_\_\_\_\_ (*today's dollars*)

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

---

Child's name: \_\_\_\_\_ year to start: \_\_\_\_\_ # of years of school: \_\_\_\_\_

Goal Importance (*circle one*):

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

Annual cost: \$ \_\_\_\_\_ (*today's dollars*)

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

## My Financial Goals

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

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Description: \_\_\_\_\_

Goal Importance *(circle one)*:

<b>10</b> 9 8	<b>7</b> 6 5 4	<b>3</b> 2 1
Needs	Wants	Wishes

Year of goal: \_\_\_\_\_

Cost: \$\_\_\_\_\_  Month  Year

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

Is this goal recurring?  No  Yes

How often will it occur: Every \_\_\_\_\_ year(s)

When will it end:  Client's Retirement,  Co-Client's Retirement,  End of Client's Plan

End of Co-Client's Plan,  End of Plan OR  Total Occurrences: \_\_\_\_\_

---

Description: \_\_\_\_\_

Goal Importance *(circle one)*:

<b>10</b> 9 8	<b>7</b> 6 5 4	<b>3</b> 2 1
Needs	Wants	Wishes

Year of goal: \_\_\_\_\_

Cost: \$\_\_\_\_\_  Month  Year

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

Is this goal recurring?  No  Yes

How often will it occur: Every \_\_\_\_\_ year(s)

When will it end:  Client's Retirement,  Co-Client's Retirement,  End of Client's Plan

End of Co-Client's Plan,  End of Plan OR  Total Occurrences: \_\_\_\_\_

## My Financial Goals

Description: \_\_\_\_\_

Goal Importance (*circle one*):

<b>10</b> 9 8	<b>7</b> 6 5 4	<b>3</b> 2 1
Needs	Wants	Wishes

Year of goal: \_\_\_\_\_

Cost: \$ \_\_\_\_\_  Month  Year

Will this amount Inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

Is this goal recurring?  No  Yes

How often will it occur: Every \_\_\_\_\_ year(s)

When will it end:  Client's Retirement,  Co-Client's Retirement,  End of Client's Plan

End of Co-Client's Plan,  End of Plan OR  Total Occurrences: \_\_\_\_\_

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### Gift or Donation

Description: \_\_\_\_\_

Importance (*circle one*)

<b>10</b> 9 8	<b>7</b> 6 5 4	<b>3</b> 2 1
Needs	Wants	Wishes

Who is the donor? \_\_\_\_\_

Who will receive this gift? \_\_\_\_\_

Year you plan to give this gift or donation: \_\_\_\_\_

Amount of gift or donation: \$ \_\_\_\_\_ per  Month  Year

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

Is this gift recurring?  No  Yes

How often will it occur: Every \_\_\_\_\_ year(s)

When will it end:  Client's Retirement,  Co-Client's Retirement  End of Client's Plan

End of Co-Client's Plan,  End of Plan OR  Total Occurrences: \_\_\_\_\_

---

Description: \_\_\_\_\_

Importance (*circle one*)

<b>10</b> 9 8	<b>7</b> 6 5 4	<b>3</b> 2 1
Needs	Wants	Wishes

Who is the donor? \_\_\_\_\_

Who will receive this gift? \_\_\_\_\_

Year you plan to give this gift or donation: \_\_\_\_\_

Amount of gift or donation: \$ \_\_\_\_\_ per  Month  Year



## My Financial Goals

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

Is this gift recurring?  No  Yes

How often will it occur: Every \_\_\_\_\_ year(s)

When will it end:  Client's Retirement,  Co-Client's Retirement,  End of Client's Plan

End of Co-Client's Plan,  End of Plan OR  Total Occurrences: \_\_\_\_\_

### Leave Bequest

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Description/Recipient: \_\_\_\_\_

Importance (*circle one*)

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

Who will receive this gift? \_\_\_\_\_

When will the bequest be made:  End of Client's Plan  End of Co-Client's Plan

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

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

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Description/Recipient: \_\_\_\_\_

Importance (*circle one*)

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

Who will receive this gift? \_\_\_\_\_

When will the bequest be made:  End of Client's Plan  End of Co-Client's Plan

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

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

# Risk Tolerance Questionnaire

## Risk Assessment

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

Household Score \_\_\_\_\_

Client \_\_\_\_\_ Co-Client \_\_\_\_\_

## Investment Attitude Risk Questionnaire

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

1. How important is capital preservation?

*Not at all*

 1 2 3 4 5 6 7 8 9

*Moderately important*

*Very important*

2. How important is growth?

*Not at all*

 1 2 3 4 5 6 7 8 9

*Moderately important*

*Very important*

3. How important is low volatility?

*Not at all*

 1 2 3 4 5 6 7 8 9

*Moderately important*

*Very important*

4. How important is inflation protection?

*Not at all*

 1 2 3 4 5 6 7 8 9

*Moderately important*

*Very important*

5. How important is current cash flow?

*Not at all*

 1 2 3 4 5 6 7 8 9

*Moderately important*

*Very important*

6. How much risk are you willing to take to achieve a higher return?

*Not at all*

 1 2 3 4 5 6 7 8 9

*A Moderate amount*

*A lot*

What Average Annual Rate of Return\* do you want to earn on your portfolio to reach your financial goals?

Average Annual Rate of Return\* You Want: \_\_\_\_\_ %

\* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

## Retirement Income

### Social Security – Client

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#### 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.

- File and Suspend
- 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

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#### 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.

- File and Suspend
- Restricted Application

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

- Use this amount: \$\_\_\_\_\_  Month  Year (*pre-tax, current dollars*)
- Use the planner estimate (*based on current employment income*)
- Estimate the benefit using my Primary Insurance Amount: \$\_\_\_\_\_

#### Assign – How to Use: (choose one)

- Fund All Goals
- Earmark to One Goal: \_\_\_\_\_

## Retirement Income

### Pension

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Whose pension:  Client  Co-Client

Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Amount of benefit (estimate of pre-tax future value): \$\_\_\_\_\_ per  Month  Year

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

*(Note: Inflation will begin in the year payments begin.)*

Survivor benefit: \_\_\_\_\_%

Assign – How to Use: (choose one)

Fund All Goals  Earmark to One Goal: \_\_\_\_\_

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Whose pension:  Client  Co-Client

Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Amount of benefit (estimate of pre-tax future value): \$\_\_\_\_\_ per  Month  Year

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

*(Note: Inflation will begin in the year payments begin.)*

Survivor benefit: \_\_\_\_\_%

Assign – How to Use: (choose one)

Fund All Goals  Earmark to One Goal: \_\_\_\_\_

# Retirement Income

## Part-Time Employment

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Whose income:  Client  Co-Client

Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Number of years: \_\_\_\_\_

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

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

Assign – How to Use: (choose one)

Fund All Goals  Earmark to One Goal: \_\_\_\_\_

---

Whose income:  Client  Co-Client

Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Number of years: \_\_\_\_\_

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

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

Assign – How to Use: (choose one)

Fund All Goals  Earmark to One Goal: \_\_\_\_\_

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## Annuity Income

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Whose annuity:  Client  Co-Client

Description: \_\_\_\_\_

Year annuity payments start: \_\_\_\_\_

Value at annuitization: \$\_\_\_\_\_ Cost basis: \$\_\_\_\_\_

Amount of annuity payments (*pre-tax, future value*): \$\_\_\_\_\_  Month  Year

Income growth rate: \_\_\_\_\_% Exclusion ratio: \_\_\_\_\_%

**Annuity Type** (*choose one option*)

Joint Life

Income Guaranty:  Period Certain  Lifetime Only  Installment Refund  Cash Refund

If Period Certain, enter years: \_\_\_\_\_

Income to Co-Client \_\_\_\_\_%

Single Life

Income Guaranty:  Period Certain  Lifetime Only  Installment Refund  Cash Refund

If Period Certain, enter years: \_\_\_\_\_

Specific Period Enter years: \_\_\_\_\_

Assign – How to Use: (choose one)

Fund All Goals  Earmark to One Goal: \_\_\_\_\_

## Retirement Income

### Rental Property Income

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Whose income:  Client  Co-Client

Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Income ends:  End of Client's Plan  End of Co-Client's Plan  End of Plan  Year \_\_\_\_\_

Amount of net rental income (*pre-tax rental income less expenses*): \$ \_\_\_\_\_  Month  Year

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

Assign – How to Use: (choose one)

Fund All Goals  Earmark to One Goal: \_\_\_\_\_

### Other Retirement Income

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Whose income:  Client  Co-Client Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Income ends:  End of Client's Plan  End of Co-Client's Plan  End of Plan  Year \_\_\_\_\_

Amount of income (*pre-tax, today's dollars*): \$ \_\_\_\_\_ per  Month  Year

Is this income tax-free?  No  Yes

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

Assign – How to Use: (choose one)

Fund All Goals  Earmark to One Goal: \_\_\_\_\_

---

Whose income:  Client  Co-Client Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Income ends:  End of Client's Plan  End of Co-Client's Plan  End of Plan  Year \_\_\_\_\_

Amount of income (*pre-tax, today's dollars*): \$ \_\_\_\_\_ per  Month  Year

Is this income tax-free?  No  Yes

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

Assign – How to Use: (choose one)

Fund All Goals  Earmark to One Goal: \_\_\_\_\_

---

Whose income:  Client  Co-Client Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Income ends:  End of Client's Plan  End of Co-Client's Plan  End of Plan  Year \_\_\_\_\_

Amount of income (*pre-tax, today's dollars*): \$ \_\_\_\_\_ per  Month  Year

Is this income tax-free?  No  Yes

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

Assign – How to Use: (choose one)

Fund All Goals  Earmark to One Goal: \_\_\_\_\_

## Retirement Income

Whose income:  Client  Co-Client      Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Income ends:  End of Client's Plan  End of Co-Client's Plan  End of Plan  Year \_\_\_\_\_

Amount of income (*pre-tax, today's dollars*): \$\_\_\_\_\_ per  Month  Year

Is this income tax-free?  No  Yes

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

Assign – How to Use: (choose one)

Fund All Goals       Earmark to One Goal: \_\_\_\_\_

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### Other Irrevocable Trust Income

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Whose income:  Client  Co-Client

Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Income ends:  End of Client's Plan  End of Co-Client's Plan  End of Plan  Year \_\_\_\_\_

Amount of income (*pre-tax, today's dollars*): \$\_\_\_\_\_ per  Month  Year

Is this income tax-free?  No  Yes

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

Assign – How to Use: (choose one)

Fund All Goals       Earmark to One Goal: \_\_\_\_\_

---

Whose income:  Client  Co-Client

Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Income ends:  End of Client's Plan  End of Co-Client's Plan  End of Plan  Year \_\_\_\_\_

Amount of income (*pre-tax, today's dollars*): \$\_\_\_\_\_ per  Month  Year

Is this income tax-free?  No  Yes

Will this amount Inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

Assign – How to Use: (choose one)

Fund All Goals       Earmark to One Goal: \_\_\_\_\_

# Investment Assets

## 401(k) Plans

Description: \_\_\_\_\_

Whose plan:  Client  Co-Client

Current total value: \$ \_\_\_\_\_

After-tax value (non-Roth): \$ \_\_\_\_\_

Current Roth value: \$ \_\_\_\_\_

### Asset Class Distribution:

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

### Assign – How to Use: (check one)

- Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_  
 Not Used in Plan  Leave to Estate

### Income

Total income from this employer: \$ \_\_\_\_\_

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

### Your contributions:

Pre-tax contributions: Enter % of annual income % or  Assume max contribution each year

After-tax contributions (non-Roth): \_\_\_\_\_%

Roth contributions: \_\_\_\_\_%

Roth contributions: \$ \_\_\_\_\_

Year contributions begin: \_\_\_\_\_

Contributions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

### Employer contributions

If your employer matches your contributions, complete this section.

Employer will match this % of your contribution: \_\_\_\_\_%

Up until your contribution reaches this %: \_\_\_\_\_%

Then your employer will match this % of your contribution: \_\_\_\_\_%

Up until your total contribution reaches this %: \_\_\_\_\_%

### Employer contributions limit

Maximum annual dollar limit : \$ \_\_\_\_\_

(Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.)

### Additional employer contributions - Profit sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: \_\_\_\_\_%

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

Contributions End:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

### Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

LTB = Long Term Bonds

MCS = Mid Cap Stocks

IES = International Emerging Stocks

STB = Short Term Bonds

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# Investment Assets

## Employer Sponsored Plans

Type of plan: \_\_\_\_\_

Whose plan:  Client  Co-Client

Description: \_\_\_\_\_

Current total value: \$ \_\_\_\_\_

After-tax value(non-Roth): \$ \_\_\_\_\_

Current Roth value: \$ \_\_\_\_\_

### Asset class distribution:

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

### Assign – How to Use: (check one)

- Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_  
 Not Used in Plan  Leave to Estate

### Income

Total income from this employer: \$ \_\_\_\_\_

Will this amount inflate?  No  Yes, Base Inflation Rate  Yes, Base Inflation Rate +/- \_\_\_\_\_%

### Your contributions:

Pre-tax contributions: Enter % of annual income % or  Assume max contribution each year

After-tax contributions (non-Roth): \_\_\_\_\_%

Roth contributions: \_\_\_\_\_%

Roth contributions: \$ \_\_\_\_\_

Year contributions begin: \_\_\_\_\_

Contributions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

### Employer contributions

If your Employer matches your contributions, complete this section.

Employer will match this % of your contribution: \_\_\_\_\_%

Up until your contribution reaches this %: \_\_\_\_\_%

Then your employer will match this % of your contribution: \_\_\_\_\_%

Up until your total contribution reaches this %: \_\_\_\_\_%

### Employer contributions limit

Maximum annual dollar limit: \$ \_\_\_\_\_

(Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.)

### Additional employer contributions - Profit sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: \_\_\_\_\_%

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

Contributions End:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

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IDS = International Developed Stocks

# Investment Assets

## Traditional IRAs

Who is the owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

After tax-value: \$ \_\_\_\_\_

**Assign – How to Use:** (check one)

- Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_  
 Not Used in Plan  Leave to Estate

**Annual additions:** (check one)

Pre-tax:  Additions: \$ \_\_\_\_\_ Inflate?  No  Yes

Maximum contribution each year

After-tax:  Additions: \$ \_\_\_\_\_

Maximum contribution each year

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

**Asset class distribution:**

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

Who is the owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

After-tax value: \$ \_\_\_\_\_

**Assign – How to Use:** (check one)

- Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_  
 Not Used in Plan  Leave to Estate

**Annual additions:** (check one)

Pre-tax:  Additions: \$ \_\_\_\_\_ Inflate?  No  Yes

Maximum contribution each year

After-tax:  Additions: \$ \_\_\_\_\_

Maximum contribution each year

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

**Asset class distribution:**

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

**Legend For Asset Class Distribution**

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ITB = Intermediate Term Bonds

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IDS = International Developed Stocks

## Investment Assets

### Traditional IRAs

---

Who is the owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

After-tax value: \$ \_\_\_\_\_

**Assign – How to Use:** (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

**Annual additions:** (check one)

Pre-tax:  Additions: \$ \_\_\_\_\_ Inflation?  No  Yes

Maximum contribution each year

After-tax:  Additions: \$ \_\_\_\_\_

Maximum contribution each year

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

**Asset class distribution:**

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

---

Who is the owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

After-tax value: \$ \_\_\_\_\_

**Assign – How to Use:** (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

**Annual additions:** (check one)

Pre-tax:  Additions: \$ \_\_\_\_\_ Inflation?  No  Yes

Maximum contribution each year

After-tax:  Additions: \$ \_\_\_\_\_

Maximum contribution each year

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

**Asset class distribution:**

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

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## Investment Assets

### SEPP IRA – 72(t)

Who is the owner:  Client  Co-Client

Description: \_\_\_\_\_

Ticker symbol: \_\_\_\_\_

Units: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

After-tax value: \$ \_\_\_\_\_

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

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

**72(t) distributions**

Annual distribution amount: \$ \_\_\_\_\_ Year distribution began: \_\_\_\_\_

**Asset class distribution:**

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

Who is the owner:  Client  Co-Client

Description: \_\_\_\_\_

Ticker symbol: \_\_\_\_\_

Units: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

After-tax value: \$ \_\_\_\_\_

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

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

**72(t) distributions**

Annual distribution amount: \$ \_\_\_\_\_ Year distribution began: \_\_\_\_\_

**Asset class distribution:**

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

**Legend For Asset Class Distribution**

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## Investment Assets

### Roth IRAs

Who is the owner:  Client  Co-Client Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

**Assign – How to Use:** (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

**Annual additions:** (check one)

Pre-tax:  Additions: \$ \_\_\_\_\_ Inflate?  No  Yes

Maximum contribution each year

After-tax:  Additions: \$ \_\_\_\_\_

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

**Asset class distribution:**

CE \_\_\_\_\_% STB \_\_\_\_\_% ITB \_\_\_\_\_% LTB \_\_\_\_\_% LCVS \_\_\_\_\_%

LCGS \_\_\_\_\_% MCS \_\_\_\_\_% SCS \_\_\_\_\_% IDS \_\_\_\_\_% IES \_\_\_\_\_%

UC \_\_\_\_\_%

Who is the owner:  Client  Co-Client Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

**Assign – How to Use:** (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

**Annual additions:** (Check one)

Pre-tax:  Additions: \$ \_\_\_\_\_ Inflate?  No  Yes

Maximum contribution each year

After-tax:  Additions: \$ \_\_\_\_\_

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

**Asset Class Distribution:**

CE \_\_\_\_\_% STB \_\_\_\_\_% ITB \_\_\_\_\_% LTB \_\_\_\_\_% LCVS \_\_\_\_\_%

LCGS \_\_\_\_\_% MCS \_\_\_\_\_% SCS \_\_\_\_\_% IDS \_\_\_\_\_% IES \_\_\_\_\_%

UC \_\_\_\_\_%

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## Investment Assets

### Coverdell Accounts (ESA)

---

Who is the owner:  Custodial Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

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

- Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_  
 Not Used in Plan  Leave to Estate

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

- Additions: \$ \_\_\_\_\_ Inflate?  No  Yes  
 Maximum contribution each year

Year additions begin \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

**Asset class distribution:**

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

---

Who is the owner:  Custodial Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

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

- Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_  
 Not Used in Plan  Leave to Estate

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

- Additions: \$ \_\_\_\_\_ Inflate?  No  Yes  
 Maximum contribution each year

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

**Asset class distribution:**

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

**Legend For Asset Class Distribution**

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## Investment Assets

### 529 Savings Plan

Who is the owner:  Client  Co-Client

Description: \_\_\_\_\_

Beneficiaries/Percentage

Estate \_\_\_\_\_%

Other - \_\_\_\_\_%

Surviving Client \_\_\_\_\_%

Other - \_\_\_\_\_%

Current value: \$ \_\_\_\_\_

Is this asset subject to state taxes?  No  Yes

**Assign – How to Use:** (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

**Annual additions:** (check one)

Additions: \$ \_\_\_\_\_ Inflation?  No  Yes

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

**Asset class distribution:**

CE \_\_\_\_\_% STB \_\_\_\_\_% ITB \_\_\_\_\_% LTB \_\_\_\_\_% LCVS \_\_\_\_\_%

LCGS \_\_\_\_\_% MCS \_\_\_\_\_% SCS \_\_\_\_\_% IDS \_\_\_\_\_% IES \_\_\_\_\_%

UC \_\_\_\_\_%

Who is the owner:  Client  Co-Client

Description: \_\_\_\_\_

Beneficiaries/Percentage

Estate \_\_\_\_\_%

Other - \_\_\_\_\_%

Surviving Client \_\_\_\_\_%

Other - \_\_\_\_\_%

Current value: \$ \_\_\_\_\_

Is this asset subject to state taxes?  No  Yes

**Assign – How to Use:** (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

**Annual additions:** (check one)

Additions: \$ \_\_\_\_\_ Inflation?  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 \_\_\_\_\_%

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Unclassified = All Other Asset Classes

# Investment Assets

## Annuities

---

Who is the owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

Cost basis: \$ \_\_\_\_\_

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

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

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

Additions: \$ \_\_\_\_\_ Inflation?  No  Yes

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

**Asset class distribution:**

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

---

Who is the owner:  Client  Co-Client

Description: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

Cost basis: \$ \_\_\_\_\_

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

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

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

Additions: \$ \_\_\_\_\_ Inflation?  No  Yes

Year Additions Begin: \_\_\_\_\_

Year Additions End:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

**Asset class distribution:**

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

**Legend For Asset Class Distribution**

CE = Cash & Cash Equivalents

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## Investment Assets

### Annuities (continued)

Who is the owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

Cost basis: \$ \_\_\_\_\_

### Assign – How to Use: (check one)

- Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_  
 Not Used in Plan  Leave to Estate

### Annual additions: (check one)

Additions: \$ \_\_\_\_\_ Inflation?  No  Yes

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

### Asset class distribution:

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

### Cash Value Life: Variable Life

Owner:  Client  Co-Client

Insured:  Client  Co-Client  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Name or Description: \_\_\_\_\_

### Beneficiaries:

Estate \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%  
Co-Client \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Current value: \$ \_\_\_\_\_

### Asset class distribution:

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

Cost basis: \$ \_\_\_\_\_

Insurance amount: \$ \_\_\_\_\_

### Assign – How to Use: (check one)

- Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_  
 Not Used in Plan  Leave to Estate

### Annual additions: (check one)

Pre-tax:  Additions: \$ \_\_\_\_\_ Inflation?  No  Yes

Maximum contribution each year

After-tax:  Additions: \$ \_\_\_\_\_

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

### Legend For Asset Class Distribution

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## Investment Assets

### Cash Value Life: Variable Life

Owner:  Client  Co-Client

Insured:  Client  Co-Client  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Name or Description: \_\_\_\_\_

#### Beneficiaries:

Estate \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Surviving Client \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Current value: \$ \_\_\_\_\_

#### Asset class distribution:

CE \_\_\_\_\_% STB \_\_\_\_\_% ITB \_\_\_\_\_% LTB \_\_\_\_\_% LCVS \_\_\_\_\_%

LCGS \_\_\_\_\_% MCS \_\_\_\_\_% SCS \_\_\_\_\_% IDS \_\_\_\_\_% IES \_\_\_\_\_%

UC \_\_\_\_\_%

Cost basis: \$ \_\_\_\_\_

Insurance amount: \$ \_\_\_\_\_

#### Assign – How to Use: (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

#### Annual additions: (check one)

Pre-tax:  Additions: \$ \_\_\_\_\_ Inflation?  No  Yes

Maximum contribution each year

After-tax:  Additions: \$ \_\_\_\_\_

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

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## Investment Assets

### Other Tax-Deferred

Who is the owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

Cost basis: \$ \_\_\_\_\_

#### Assign – How to Use: (check one)

- Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_  
 Not Used in Plan  Leave to Estate

#### Annual additions: (check one)

Additions: \$ \_\_\_\_\_ Inflate?  No  Yes

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

#### Asset class distribution:

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

### U.S. Savings Bond

Who is the owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

Cost basis: \$ \_\_\_\_\_

#### Assign – How to Use: (check one)

- Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_  
 Not Used in Plan  Leave to Estate

#### Annual additions: (check one)

Additions: \$ \_\_\_\_\_ Inflate?  No  Yes

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

#### Asset class distribution:

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

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IDS = International Developed Stocks

# Investment Assets

## Taxable

---

Who is the owner:  Client  Co-Client  Joint  Custodial

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

Description: \_\_\_\_\_

Ticker symbol: \_\_\_\_\_

Units: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

Cost basis: \$ \_\_\_\_\_

### Assign – How to Use: (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_  
 Not Used in Plan  Leave to Estate

### Annual additions: (check one)

Additions: \$ \_\_\_\_\_ Inflation?  No  Yes

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

### Asset class distribution:

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

---

Who is the owner:  Client  Co-Client  Joint  Custodial

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

Description: \_\_\_\_\_

Ticker symbol: \_\_\_\_\_

Units: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

Cost basis: \$ \_\_\_\_\_

### Assign – How to Use: (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_  
 Not Used in Plan  Leave to Estate

### Annual additions: (check one)

Additions: \$ \_\_\_\_\_ Inflation?  No  Yes

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

### Asset class distribution:

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

### Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

LTB = Long Term Bonds

MCS = Mid Cap Stocks

IES = International Emerging Stocks

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

## Investment Assets

### Tax-Free

Who is the owner:  Client  Co-Client  Joint  Custodial  
If Joint, what kind?  Survivorship  Common  Entirety  Community Property  
 Other w/ Client  Other w/ Co-Client

Description: \_\_\_\_\_

Ticker symbol: \_\_\_\_\_ Units: \_\_\_\_\_

Current value: \$ \_\_\_\_\_ Cost basis: \$ \_\_\_\_\_

Is this asset subject to state taxes?  No  Yes

#### Assign – How to Use: (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_  
 Not Used in Plan  Leave to Estate

#### Annual additions: (check one)

Additions: \$ \_\_\_\_\_ Inflate?  No  Yes

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

#### Asset class distribution:

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

Who is the owner:  Client  Co-Client  Joint  Custodial  
If Joint, what kind?  Survivorship  Common  Entirety  Community Property  
 Other w/ Client  Other w/ Co-Client

Description: \_\_\_\_\_

Ticker symbol: \_\_\_\_\_ Units: \_\_\_\_\_

Current value: \$ \_\_\_\_\_ Cost basis: \$ \_\_\_\_\_

Is this asset subject to state taxes?  No  Yes

#### Assign – How to Use: (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_  
 Not Used in Plan  Leave to Estate

#### Annual additions: (check one)

Additions: \$ \_\_\_\_\_ Inflate?  No  Yes

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

#### Asset class distribution:

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

#### Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

LTB = Long Term Bonds

MCS = Mid Cap Stocks

IES = International Emerging Stocks

STB = Short Term Bonds

LCVS = Large Cap Value Stocks

SCS = Small Cap Stocks

Unclassified = All Other Asset Classes

ITB = Intermediate Term Bonds

LCGS = Large Cap Growth Stocks

IDS = International Developed Stocks

## Adjust Preferences

### Willingness to Adjust Preferences

---

1. How willing are you to retire later than your Target retirement age?
  - Not at All
  - Slightly Willing
  - Somewhat Willing
  - Very Willing
2. In what order do you prefer to retire?
  - Both retire in the same year
  - Either can retire first
  - Client can retire first
  - Co-Client can retire first
3. If you had to save more, what is the maximum extra amount you could save annually to meet your goals? This amount is the above and beyond the total additions you are already making to investment assets.  
\$ \_\_\_\_\_
4. How willing are you to save more money?
  - Slightly Willing
  - Somewhat Willing
  - Very Willing
5. When considering all of the goals you have classified as **NEEDS**, how willing are you to reduce your Goal Amounts from the Target?
  - Slightly Willing
  - Somewhat Willing
  - Very Willing
6. When considering all of the goals you have classified as **WANTS**, how willing are you to reduce your Goal Amounts from the Target?
  - Slightly Willing
  - Somewhat Willing
  - Very Willing

# Stock Options

## Stock Options Plan

Who is the owner:  Client  Co-Client

Stock name: \_\_\_\_\_

Asset class: (check one)

Large Cap Value  Large Cap Growth  Small Cap  Mid Cap

International Developed  International Emerging

Market Price: \$ \_\_\_\_\_

Last Update: \_\_\_\_\_

Do all options vest at death?  No  Yes

## Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

### Stock Options Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Type:  ISO  NQO

Options granted: \_\_\_\_\_

Options already exercised: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Grant price: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

### Stock Options Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Type:  ISO  NQO

Options granted: \_\_\_\_\_

Options already exercised: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Grant price: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

### Stock Options Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Type:  ISO  NQO

Options granted: \_\_\_\_\_

Options already exercised: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Grant price: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

### Stock Options Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Type:  ISO  NQO

Options granted: \_\_\_\_\_

Options already exercised: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Grant price: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

# Stock Options

## Stock Options Plan

Who is the owner:  Client  Co-Client

Stock name: \_\_\_\_\_

Asset class: (check one)

Large Cap Value  Large Cap Growth  Small Cap  Mid Cap

International Developed  International Emerging

Market price: \$ \_\_\_\_\_

Last Update: \_\_\_\_\_

Do all options vest at death?  No  Yes

## Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

### Stock Options Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Type:  ISO  NQO

Options granted: \_\_\_\_\_

Options already exercised: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Grant price: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

### Stock Options Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Type:  ISO  NQO

Options granted: \_\_\_\_\_

Options already exercised: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Grant price: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

### Stock Options Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Type:  ISO  NQO

Options granted: \_\_\_\_\_

Options already exercised: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Grant price: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

### Stock Options Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Type:  ISO  NQO

Options granted: \_\_\_\_\_

Options already exercised: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Grant price: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_



# Stock Options

## Stock Options Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Type:  ISO  NQO

Options granted: \_\_\_\_\_

Options already exercised: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Grant price: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

## Stock Options Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Type:  ISO  NQO

Options granted: \_\_\_\_\_

Options already exercised: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Grant price: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

## Stock Options Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Type:  ISO  NQO

Options granted: \_\_\_\_\_

Options already exercised: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Grant price: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

## Stock Options Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Type:  ISO  NQO

Options granted: \_\_\_\_\_

Options already exercised: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Grant price: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

## Stock Options Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Type:  ISO  NQO

Options granted: \_\_\_\_\_

Options already exercised: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Grant price: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

## Stock Options Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Type:  ISO  NQO

Options granted: \_\_\_\_\_

Options already exercised: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Grant price: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

## Stock Options

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

### Stock Options

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

## Other Assets

### Restricted Stock Plan

---

Who is the owner:  Client  Co-Client

Ticker: \_\_\_\_\_

Stock name: \_\_\_\_\_

Asset class: *(check one)*

Large Cap Value  Large Cap Growth  Small Cap  Mid Cap

International Developed  International Emerging

Market price: \$ \_\_\_\_\_

Last update: \_\_\_\_\_

**Do all shares vest at death?**  No  Yes

### Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

#### Restricted Stock Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Shares granted: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

#### Restricted Stock Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Shares granted: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

#### Restricted Stock Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Shares granted: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

#### Restricted Stock Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Shares granted: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

#### Restricted Stock Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Shares granted: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

## Other Assets

### Restricted Stock Plan

---

Who is the owner:  Client  Co-Client

Ticker: \_\_\_\_\_

Stock name: \_\_\_\_\_

Asset class: *(check one)*

Large Cap Value  Large Cap Growth  Small Cap  Mid Cap

International Developed  International Emerging

Market price: \$ \_\_\_\_\_

Last update: \_\_\_\_\_

**Do all shares vest at death?**  No  Yes

### Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

#### Restricted Stock Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Shares granted: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

#### Restricted Stock Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Shares granted: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

#### Restricted Stock Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Shares granted: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

#### Restricted Stock Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Shares granted: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

#### Restricted Stock Grant

Grant date: \_\_\_\_\_

Grant name: \_\_\_\_\_

Shares granted: \_\_\_\_\_

Select vesting schedule: \_\_\_\_\_

## Other Assets

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

**Restricted Stock Grants**

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

Name of grant \_\_\_\_\_

Year cash received \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

## Other Assets

### Personal and Business Assets

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

---

Owner:  Client  Co-Client  Joint  Custodial

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

Description: \_\_\_\_\_ Current value: \$ \_\_\_\_\_

Will the value of this asset increase each year?  No  Yes \_\_\_\_\_%

Do you intend to sell this asset to help fund your goals?  No  Yes *(If Yes, complete the remaining items)*

Year to sell \_\_\_\_\_ Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

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

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

---

Owner:  Client  Co-Client  Joint  Custodial

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

Description: \_\_\_\_\_ Current value: \$ \_\_\_\_\_

Will the value of this asset increase each year?  No  Yes \_\_\_\_\_%

Do you intend to sell this asset to help fund your goals?  No  Yes *(If Yes, complete the remaining items)*

Year to sell \_\_\_\_\_ Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

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

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

---

Owner:  Client  Co-Client  Joint  Custodial

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

Description: \_\_\_\_\_ Current value: \$ \_\_\_\_\_

Will the value of this asset increase each year?  No  Yes \_\_\_\_\_%

Do you intend to sell this asset to help fund your goals?  No  Yes *(If Yes, complete the remaining items)*

Year to sell \_\_\_\_\_ Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

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

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

## Other Assets

### Pension - Lump Sum Distribution

---

Owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

Year of distribution: \_\_\_\_\_

Value of distribution \$ \_\_\_\_\_

Value is: (check one)  Pre-tax  After-tax

**Assign – How to Use:** (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

### Deferred Compensation (Receiving Now)

---

Owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value (today's dollars): \$ \_\_\_\_\_

**Distribution period**

Number of years: \_\_\_\_\_

Annual payment (pre-tax) \$ \_\_\_\_\_

**Assign – How to Use:** (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

---

Owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value (today's dollars): \$ \_\_\_\_\_

**Distribution period**

Number of years: \_\_\_\_\_

Annual payment (pre-tax) \$ \_\_\_\_\_

**Assign – How to Use:** (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

## Other Assets

### Deferred Compensation *(Future)*

---

Owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value *(today's dollars)*: \$ \_\_\_\_\_

#### Contributions

*Amount – Select method*

None

Percentage of income    Annual Income: \$ \_\_\_\_\_    Grow Annually by: \_\_\_\_\_ %  
% Contribution: \_\_\_\_\_

Dollar amount    \$ \_\_\_\_\_    Grow Annually by: \_\_\_\_\_ %

*Period*

Start year: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

#### Value at start of distribution

Rate of return during accumulation: \_\_\_\_\_ %

Year distributions begin:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

#### Distribution period

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

#### Annual distribution

Rate of Return during distribution: \_\_\_\_\_ %

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

Fund All Goals     Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan     Leave to Estate



## Other Assets

### Deferred Compensation *(Future)*

---

Owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value *(today's dollars)*: \$ \_\_\_\_\_

#### Contributions

*Amount – Select method*

None

Percentage of income    Annual income: \$ \_\_\_\_\_    Grow annually by: \_\_\_\_\_ %  
% Contribution: \_\_\_\_\_

Dollar amount    \$ \_\_\_\_\_    Grow annually by: \_\_\_\_\_ %

*Period*

Start year: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

#### Value at start of distribution

Rate of Return during accumulation: \_\_\_\_\_ %

Year distributions begin:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

#### Distribution period

Number of years: \_\_\_\_\_

Annual payment *(pre-tax)* \$ \_\_\_\_\_

#### Annual distribution

Rate of return during distribution: \_\_\_\_\_ %

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

Fund All Goals     Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan     Leave to Estate

## Other Assets

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

---

Owner:  Client  Co-Client      Insured:  Client  Co-Client  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Description: \_\_\_\_\_

Current cash value: \$ \_\_\_\_\_ *(before tax – today's dollars)*

Average annual growth rate: \_\_\_\_\_ *(excluding cost of insurance)*

#### Beneficiaries & Death Benefit

Estate \_\_\_\_\_%    Other - \_\_\_\_\_%    Other - \_\_\_\_\_%

Surviving Client \_\_\_\_\_%    Other - \_\_\_\_\_%    Other - \_\_\_\_\_%

Death benefit amount: \_\_\_\_\_      Premium amount: \$ \_\_\_\_\_ every \_\_\_\_\_

How long will premiums be paid?

Until insured dies     Until policy terminates     For this number of years \_\_\_\_\_

When will this policy terminate?

When insured dies     Year \_\_\_\_\_

Do you intend to sell this asset to help fund your Goals?  No     Yes *(If Yes, complete the remaining items)*

Year of withdrawal: \_\_\_\_\_

Future cash value of policy: \$ \_\_\_\_\_ *(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:  Client  Co-Client  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Description: \_\_\_\_\_

Current cash value: \$ \_\_\_\_\_ *(before tax – today's dollars)*

Average annual growth rate: \_\_\_\_\_ *(excluding cost of insurance)*

#### Beneficiaries & Death Benefit

Estate \_\_\_\_\_%    Other - \_\_\_\_\_%    Other - \_\_\_\_\_%

Surviving Client \_\_\_\_\_%    Other - \_\_\_\_\_%    Other - \_\_\_\_\_%

Death benefit amount: \_\_\_\_\_      Premium amount: \$ \_\_\_\_\_ every \_\_\_\_\_

How long will premiums be paid?

Until insured dies     Until policy terminates     For this number of years \_\_\_\_\_

When will this policy terminate?

When insured dies     Year \_\_\_\_\_

Do you intend to sell this asset to help fund your Goals?  No     Yes *(If Yes, complete the remaining items)*

Year of withdrawal: \_\_\_\_\_

Future cash value of policy: \$ \_\_\_\_\_ *(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

## Other Assets

### 529 Savings Plan

---

Owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

Annual growth rate: \_\_\_\_\_

Do you intend to sell this asset to help fund your goals?  No  Yes *(If Yes, complete the remaining items)*

Year to sell \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

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

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

---

Owner:  Client  Co-Client

Description: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

Annual growth rate: \_\_\_\_\_

Do you intend to sell this asset to help fund your goals?  No  Yes *(If Yes, complete the remaining items)*

Year to sell \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

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

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

## Other Assets

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

---

Owner:  Client  Co-Client  Joint

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

Description: \_\_\_\_\_

Year to receive: \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

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

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

---

Owner:  Client  Co-Client  Joint

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

Description: \_\_\_\_\_

Year to receive: \_\_\_\_\_

Future value *(after tax)* Low: \$ \_\_\_\_\_

Future value *(after tax)* Expected: \$ \_\_\_\_\_

Future value *(after tax)* High: \$ \_\_\_\_\_

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

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

# Insurance Needs Analysis

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

---

### Investment Asset (Variable Life)

Owner:  Client  Co-Client

Insured:  Client  Co-Client  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Name or Description: \_\_\_\_\_

### Beneficiaries & Death Benefit:

Estate \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Surviving Client \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Current value: \$ \_\_\_\_\_

Cost Basis: \$ \_\_\_\_\_

Insurance amount: \$ \_\_\_\_\_

### Assign – How to Use: (check one)

Fund All Goals  Earmark to One or More Goals: \_\_\_\_\_

Not Used in Plan  Leave to Estate

### Annual additions: (check one)

Pre-tax:  Additions: \$ \_\_\_\_\_ Inflation?  No  Yes

Maximum contribution each year

After-tax:  Additions: \$ \_\_\_\_\_

Year additions begin: \_\_\_\_\_

Year additions end:  Client's Retirement  Co-Client's Retirement  Year \_\_\_\_\_

### Asset class distribution:

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

## Insurance Needs Analysis

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

Owner:  Client  Co-Client

Insured:  Client  Co-Client  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Description: \_\_\_\_\_ Current cash value: \$\_\_\_\_\_ *(before tax - today's dollars)*

Average annual growth rate: \_\_\_\_\_ *(excluding cost of insurance)*

**Beneficiaries & Death Benefit:**

Estate \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Surviving Client \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Death benefit amount: \_\_\_\_\_ Premium amount: \$\_\_\_\_\_ every \_\_\_\_\_

How long will premiums be paid?

Until insured dies  Until policy terminates  For this number of years \_\_\_\_\_

When will this policy terminate?

When insured dies  Year \_\_\_\_\_

Do you intend to sell this asset to help fund your goals?  No  Yes *(If Yes, complete the remaining items)*

Year of withdrawal: \_\_\_\_\_

Amount of withdrawal: \$\_\_\_\_\_ *(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

## Insurance Needs Analysis

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

---

#### Cash Value Life *(Universal/Variable/Whole Life/Other)*

Owner:  Irrevocable Trust  Other Person or Entity

Insured:  Client  Co-Client  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

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

#### Beneficiaries & Death Benefit:

Estate \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Surviving Client \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Death benefit *(deduct policy loans)*: \_\_\_\_\_ Premium Amount: \$ \_\_\_\_\_ every \_\_\_\_\_

How long will premiums be paid?

Until insured dies  Until policy terminates  For this number of years \_\_\_\_\_

When will this policy terminate?

When insured dies  Year \_\_\_\_\_

If ownership is of this policy was transferred, enter the year of transfer: \_\_\_\_\_

Select the original owner of the policy:  Client  Co-Client

### Non-Cash Value Life Policies – All Owners

---

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

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

Insured:  Client  Co-Client  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Description/Company: \_\_\_\_\_

#### Beneficiaries & Death Benefit:

Estate \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Surviving Client \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Death benefit amount: \_\_\_\_\_ Premium amount: \$ \_\_\_\_\_ every \_\_\_\_\_

How long will premiums be paid?

Until insured dies  Until policy terminates  For this number of years \_\_\_\_\_

When will this policy terminate?

When insured dies  Year \_\_\_\_\_

If ownership is of this policy was transferred, enter the year of transfer: \_\_\_\_\_

Select the original owner of the policy:  Client  Co-Client

## Insurance Needs Analysis

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

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

Insured:  Client  Co-Client

Description/Company: \_\_\_\_\_

#### Beneficiaries & Death Benefit:

Estate \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Surviving Client \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Death benefit amount: \_\_\_\_\_

When will this policy terminate?

When insured dies  Year \_\_\_\_\_

If ownership is of this policy was transferred, enter the year of transfer: \_\_\_\_\_

Select the original owner of the policy:  Client  Co-Client

---

### Non-Cash Value Life Policies – All Owners

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

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

Insured:  Client  Co-Client

Description/Company: \_\_\_\_\_

#### Beneficiaries & Death Benefit:

Estate \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Surviving Client \_\_\_\_\_% Other - \_\_\_\_\_% Other - \_\_\_\_\_%

Death benefit amount: \_\_\_\_\_

When will this policy terminate?

When insured dies  Year \_\_\_\_\_

If ownership is of this policy was transferred, enter the year of transfer: \_\_\_\_\_

Select the original owner of the policy:  Client  Co-Client

---

### Other Insurance Policies

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

Insured:  Client  Co-Client

Description/Co: \_\_\_\_\_

Premium amount: \$\_\_\_\_\_ every \_\_\_\_\_

Tax Status:  Pre-Tax  After-Tax

Monthly benefit amount: \$\_\_\_\_\_

Elimination period: \_\_\_\_\_  Months  Years

Benefit period (select one)

Period of Time \_\_\_\_\_ per \_\_\_\_\_

Until this Age \_\_\_\_\_

Inflation option: (check One)  None  Simple  Compounded

If you selected Simple or Compounded, enter rate: \_\_\_\_\_%



## Insurance Needs Analysis

Insured:  Client  Co-Client Description/Co: \_\_\_\_\_  
Premium amount: \$ \_\_\_\_\_ every \_\_\_\_\_ Tax status:  Pre-Tax  After-Tax  
Monthly Benefit Amount: \$ \_\_\_\_\_ Elimination period: \_\_\_\_\_  Months  Years  
Benefit period (select one)  
 Period of time \_\_\_\_\_ per \_\_\_\_\_  
 Until this age \_\_\_\_\_  
Inflation option: (check One)  None  Simple  Compounded  
If you selected Simple or Compounded, enter rate: \_\_\_\_\_%

### Other Insurance Policies

---

#### Long Term Care (Home Care Only/Nursing Home Care/Other)

Insured: \_\_\_\_\_ Description/Co: \_\_\_\_\_  
Premium amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year  
Benefit period: (check # of years or Lifetime)  1  2  3  4  5  6  7  8  9  10  Lifetime  
Daily benefit amount: \$ \_\_\_\_\_ Elimination period: \_\_\_\_\_ days  
Inflation Option: (check One)  None  Simple  Compounded  
If you selected Simple or Compounded, enter rate: \_\_\_\_\_%

---

Insured: \_\_\_\_\_ Description/Co: \_\_\_\_\_  
Premium amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year  
Benefit period: (check # of years or Lifetime)  1  2  3  4  5  6  7  8  9  10  Lifetime  
Daily benefit amount: \$ \_\_\_\_\_ Elimination Period: \_\_\_\_\_ days  
Inflation option: (check One)  None  Simple  Compounded  
If you selected Simple or Compounded, enter rate: \_\_\_\_\_%

#### Medicare Supplement Insurance Policies

Insured: \_\_\_\_\_ Description/Co: \_\_\_\_\_  
Type: (check one)  A  B  C  D  E  F  G  H  I  J  Other  
Premium amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

---

Insured: \_\_\_\_\_ Description/Co: \_\_\_\_\_  
Type: (check one)  A  B  C  D  E  F  G  H  I  J  Other  
Premium amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

## Insurance Needs Analysis

### Property & Casualty Insurance Policies *(Auto, Homeowners, Umbrella/Other)*

Description/Co: \_\_\_\_\_ Policy expiration date: \_\_\_\_\_  
Premium amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

---

Description/Co: \_\_\_\_\_ Policy expiration date: \_\_\_\_\_  
Premium amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

---

Description/Co: \_\_\_\_\_ Policy expiration date: \_\_\_\_\_  
Premium amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

---

Description/Co: \_\_\_\_\_ Policy expiration date: \_\_\_\_\_  
Premium amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

---

Description/Co: \_\_\_\_\_ Policy expiration date: \_\_\_\_\_  
Premium amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

---

### Liabilities -- Summary Input

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

---

Description: \_\_\_\_\_  
Whose debt?  Client  Co-Client  Joint      If Joint, what kind? \_\_\_\_\_  
Outstanding balance: \$ \_\_\_\_\_      Monthly payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_  
Whose debt?  Client  Co-Client  Joint      If Joint, what kind? \_\_\_\_\_  
Outstanding balance: \$ \_\_\_\_\_      Monthly payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_  
Whose debt?  Client  Co-Client  Joint      If Joint, what kind? \_\_\_\_\_  
Outstanding balance: \$ \_\_\_\_\_      Monthly payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_  
Whose debt?  Client  Co-Client  Joint      If Joint, what kind? \_\_\_\_\_  
Outstanding balance: \$ \_\_\_\_\_      Monthly payment: \$ \_\_\_\_\_

## Insurance Needs Analysis

Description: \_\_\_\_\_

Whose debt?  Client  Co-Client  Joint

If Joint, what kind? \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_

Whose debt?  Client  Co-Client  Joint

If Joint, what kind? \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_

Whose debt?  Client  Co-Client  Joint

If Joint, what kind? \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_

Whose debt?  Client  Co-Client  Joint

If Joint, what kind? \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_

Whose debt?  Client  Co-Client  Joint

If Joint, what kind? \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_

---

### Liabilities - Detailed Input

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

---

Description: \_\_\_\_\_

Whose debt?  Client  Co-Client  Joint

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

Other w/ Client  Other w/ Co-Client

Lender: \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Initial loan amount: \$ \_\_\_\_\_

Date loan began: \_\_\_\_\_ Term: \_\_\_\_\_

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

---

Description: \_\_\_\_\_

Whose debt?  Client  Co-Client  Joint

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

Other w/ Client  Other w/ Co-Client

Lender: \_\_\_\_\_

Outstanding balance: \$ \_\_\_\_\_

Initial loan amount: \$ \_\_\_\_\_

Date loan began: \_\_\_\_\_ Term: \_\_\_\_\_

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

## Insurance Needs Analysis

Description: \_\_\_\_\_

Whose debt?  Client  Co-Client  Joint

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

Other w/ Client  Other w/ Co-Client

Lender: \_\_\_\_\_ Outstanding balance: \$ \_\_\_\_\_

Initial loan amount: \$ \_\_\_\_\_ Date loan began: \_\_\_\_\_ Term: \_\_\_\_\_

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

---

Description: \_\_\_\_\_

Whose debt?  Client  Co-Client  Joint

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

Other w/ Client  Other w/ Co-Client

Lender: \_\_\_\_\_ Outstanding balance: \$ \_\_\_\_\_

Initial loan amount: \$ \_\_\_\_\_ Date loan began: \_\_\_\_\_ Term: \_\_\_\_\_

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

# Insurance Needs Analysis

## Life Insurance Needs Analysis

---

If Client Dies		If Co-Client Dies
\$ _____	<b>Existing Life Insurance to Include</b>	\$ _____
\$ _____	<b>Additional Death Benefit</b>	\$ _____
	<b>Amounts to be Paid at Death</b>	
\$ _____	Liabilities	\$ _____
\$ _____	Final Expenses	\$ _____
\$ _____	Bequests	\$ _____
\$ _____	Other Payments	\$ _____
	<b>Living Expenses for Survivors</b>	
\$ _____	Current Annual Amount (after tax)	\$ _____
_____	Cover Expense until Surviving Client is this Age	_____
\$ _____	Future Annual Amount (after tax)	\$ _____
_____	Cover Expense until Surviving Client is this Age ( <i>Life Expectancy</i> )	_____

**Financial Goals**      If you die, there might be Goals in your Plan that you won't want to fund. Deleting these would reduce the amount of Life Insurance you need. List any goals that you wouldn't want to fund if either the Client or Co-Client died.

\_\_\_\_\_

\_\_\_\_\_

### Sell Other Assets

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

### Other Income

	From Now Until Retirement	
\$ _____	Annual Other Income Amount <i>(current dollars, pre tax)</i>	\$ _____
<input type="checkbox"/> No <input type="checkbox"/> Yes	Will this amount inflate?	<input type="checkbox"/> No <input type="checkbox"/> Yes

### After Retirement

Check the types of your Retirement Income that would continue at your death.

Pension     
  Annuity Income     
  Rental Income     
  Royalties     
  Other

## Insurance Needs Analysis

### Surviving Client Employment

If the Surviving Client is not currently employed and would seek employment if the Client or Co-Client died, enter the following:

Start Year: \_\_\_\_\_ Stop Year: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_ Inflate?  No  Yes

### Dependents

List any dependents that would NOT be eligible for Social Security Survivor benefits:

---

# Insurance Needs Analysis

## Disability Needs Analysis for Client

---

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

### Co-Client Employment

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

Start Year: \_\_\_\_\_ Stop Year: \_\_\_\_\_ Annual Income: \$\_\_\_\_\_ Inflate?  No  Yes

### Income

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

Start Year: \_\_\_\_\_ Stop Year: \_\_\_\_\_ Annual Income: \$\_\_\_\_\_ Inflate?  No  Yes

### Income Needed – (Select One Option)

A: Enter the pre-tax amount you would need if you were disabled.

Time Period	Monthly Amount
Year 1, Month1	\$ _____
Year 1, Months 2-3	\$ _____
Year 1, Months 4-5	\$ _____
Year 1, Months 6-12	\$ _____
Year 2	\$ _____
Year 3-5	\$ _____
Year 6 to Age 65	\$ _____

B: Use a Percentage of Income Needed: \_\_\_\_\_%

# Insurance Needs Analysis

## Disability Needs Analysis for Co-Client

---

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

### Client Employment

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

Start Year: \_\_\_\_\_ Stop Year: \_\_\_\_\_ Annual Income: \$\_\_\_\_\_ Inflate?  No  Yes

### Income

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

Start Year: \_\_\_\_\_ Stop Year: \_\_\_\_\_ Annual Income: \$\_\_\_\_\_ Inflate?  No  Yes

### Income Needed – (Select One Option)

A: Enter the pre-tax amount you would need if you were disabled.

Time Period	Monthly Amount
Year 1, Month1	\$ _____
Year 1, Months 2-3	\$ _____
Year 1, Months 4-5	\$ _____
Year 1, Months 6-12	\$ _____
Year 2	\$ _____
Year 3-5	\$ _____
Year 6 to Age 65	\$ _____

B: Use a Percentage of Income Needed: \_\_\_\_\_%



# Insurance Needs Analysis

## Long-Term Care Needs Analysis

---

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

## Estate Analysis

### Estate Documents

---

	<b>Client</b>	<b>Co-Client</b>
Will	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Includes Bypass Trust	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Date Last Reviewed	_____	
Medical Directive	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Power of Attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

# Budget

## Personal and Family Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Alimony		
Bank Charges		
Books/Magazine		
Business Expense		
Care for Parent/Other		
Cash - Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care		
Child Support		
Child Tutor		
Clothing - Client		
Clothing - Co-Client		
Clothing - Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare - Dental		
Healthcare - Medical		
Healthcare - Prescription		
Healthcare - Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Public Transportation		
Recreation		
Self Improvement		
Student Loan Payment		
Vacation/Travel		
Other		

## Personal Insurance Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Disability for Client		
Disability for Co-Client		
Life for Client		
Life for Co-Client		
LTC for Client		
LTC for Co-Client		
Medical for Client		
Medical for Co-Client		
Umbrella Liability		
Other		

## Taxes

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

## Income

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Employment		
Other		

# Budget

## Home Expenses

Description: \_\_\_\_\_

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

## Vehicle Expenses

Description: \_\_\_\_\_

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

## Vehicle Expenses

Description: \_\_\_\_\_

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

# Budget

## Home Expenses

Description: \_\_\_\_\_

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

## Vehicle Expenses

Description: \_\_\_\_\_

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

## Vehicle Expenses

Description: \_\_\_\_\_

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