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## Comprehensive Financial Planning Questionnaire

*A Printable .pdf version is available on our website at [www.newportwealthmanagement.com](http://www.newportwealthmanagement.com). Click on the "Forms and Documents" link.*

*If you wish to send this questionnaire or other documents to us electronically: we suggest that you fax them to us at 732-709-1678. We do not recommend that you e-mail this completed questionnaire back unless you have the ability to encrypt (password-protect) .pdf documents.*

Newport Wealth Management, LLC  
125 Half Mile Road  
Suite 200  
Red Bank, NJ 07701  
Phone 732-741-1200  
Fax 732-709-1678

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

New  Update

### Basic Information

<p>Client</p> <hr/> <p>First Name                      Last Name</p> <hr/> <p>SSN/TN</p> <hr/> <p>Date of Birth</p> <hr/> <p>Street Address</p> <hr/> <p>City                                      State                      Zip</p> <p>Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident</p> <p>If Non-US, specify: _____</p> <p>Daytime Phone: _____ Evening Phone: _____</p> <p>Email: _____</p> <p><input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>No. of Years: _____</p> <p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner</p>	<p>Co-Client</p> <hr/> <p>First Name                      Last Name</p> <hr/> <p>SSN/TN</p> <hr/> <p>Date of Birth</p> <hr/> <p>Street Address</p> <hr/> <p>City                                      State                      Zip</p> <p>Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident</p> <p>If Non-US, specify: _____</p> <p>Daytime Phone: _____ Evening Phone: _____</p> <p>Email: _____</p> <p><input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>No. of Years: _____</p> <p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner</p>
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Client's Parents (if Living)

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

Co-Client's Parents (if Living)

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

Do you anticipate that at some point in the future you may be financially responsible for part or all of the health or living expenses of any of the above individuals?  Yes  No

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**Enter trusts, 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. For trusts, please enter the date the trust was established.**

	Emotional Maturity (Rate 1-5, 5 being the highest)	Financial Maturity (Rate 1-5, 5 being the highest)
_____ DOB _____	_____	_____
_____ DOB _____	_____	_____
_____ DOB _____	_____	_____
_____ DOB _____	_____	_____
_____ DOB _____	_____	_____

## FINANCIAL SITUATION AND OPINIONS

Please rate each statement using a scale of 1–5 (1 = very accurate, 5 = not at all accurate).

	Client	Co-Client
I have clearly defined goals.		
I know how much money I need to reach my goals.		
I am confident that I am saving enough to reach my goals.		
I am sure I won't outlive my money.		
I am certain I am not under-or-over-insured.		
I am confident that I have minimized my income taxes.		
I feel comfortable with my level of debt.		
I know exactly where my money goes each month.		
I have a well-defined investment strategy.		
I am confident that my investment expenses are reasonable.		
I clearly understand my company retirement plan and other benefits.		
The various financial aspects of my life are well coordinated.		

## Financial Goals

----Please complete detailed "Financial Goal" sheets in Exhibit A.

### Willingness to Adjust Preferences

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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

## Record of Assets

----Please attach recent statements or complete with detailed info using Exhibit B

	Market Value	Cost Basis	Owner (Client, Co-Client, or Joint)
Checking & Savings	_____	_____	_____
Other Short-Term Instruments	_____	_____	_____
Stocks/ETFs	_____	_____	_____
Mutual Funds	_____	_____	_____
Options	_____	_____	_____
Margin	_____	_____	_____
Bonds	_____	_____	_____
REITs	_____	_____	_____
Private Placements	_____	_____	_____
Limited Partnerships	_____	_____	_____
Futures Contracts	_____	_____	_____
Currency	_____	_____	_____
Other Alternatives	_____	_____	_____
Variable Annuities	_____	_____	_____
Annuities	_____	_____	_____
Real Estate	_____	_____	_____
Business Interests	_____	_____	_____
Residence	_____	_____	_____
2 <sup>nd</sup> Residence	_____	_____	_____
Automobiles (if Owned)	_____	_____	_____
Personal Property	_____	_____	_____
Others:	_____	_____	_____
<b>Total</b>	_____	_____	

## Record of Liabilities (Summary Input)

----Please Complete Exhibit C with Detailed Liabilities Info

All Mortgages \_\_\_\_\_

Long Term Loans \_\_\_\_\_

Short Term Loans \_\_\_\_\_

Loans against Insurance \_\_\_\_\_

Loans against Qualified Plans \_\_\_\_\_

Revolving Charges \_\_\_\_\_

Student Loans \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_

## Income

Annual/Monthly Income (Circle)	Client	Co-Client	Total	2015 Est. Total	2016 Est. Total
Salary/Wages					
Bonus					
Self-Employment, Net					
Interest Income					
Dividends					
Capital Gains					
Rental Income, Net					
Trusts					
Qualified Plans					
Pensions/Military					
Other					
Other					
<b>Total Income</b>					

How steady is your job/income? (Client)

Unstable

Stable

Very Stable

NA

How steady is your job/income? (Co-Client)

Unstable

Stable

Very Stable

NA

## Personal and Family Expenses (Joint)

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		

**Home Expenses (Complete multiple pages for multiple homes or vehicles)**

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**

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**

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

**Business Assets (Joint)**

Do you own, or have a partnership in, a business?  Yes  No

If yes, what type of business?  C-Corp.  LLC  Partnership  S-Corp.

What percentage do you own? \_\_\_\_\_%

If less than 100% ownership, please list the names and percent ownership of the other owners.

Name	% Ownership
_____	_____
_____	_____
_____	_____

Have you personally guaranteed a payment of any business debt?  Yes  No

What are the objectives or plans for the business?

Upon your Retirement: \_\_\_\_\_

\_\_\_\_\_

Upon your Death: \_\_\_\_\_



## Trusts & Wills

Have you created any trusts that are now in existence or become effective at death?  Yes  No

If yes, please list below.

Name of Trust	Date Est.	Purpose	Beneficiaries	Revocable/Irrevocable
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you or any member of your immediate family beneficiaries of trusts established by others?  Yes  No

If yes, please describe. \_\_\_\_\_

Do you have a will? Client  Yes  No Co-Client  Yes  No

When was it last updated? \_\_\_\_\_

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## Gifts, Charitable Gifts and Inheritance

Have you ever made significant gifts?  Yes  No

If yes, please provide the following information:

Who was the donor? (Client, Co-Client, Joint Gift) \_\_\_\_\_

Amount of the gift? \_\_\_\_\_

When was the gift made? \_\_\_\_\_

Was a gift tax return filed? \_\_\_\_\_

Do you plan to make significant gifts?  Yes  No

If yes, please describe. \_\_\_\_\_

Do you or a member of your immediate family expect to receive any significant gifts?  Yes  No

If yes, please describe. \_\_\_\_\_

Have you ever made charitable gifts?  Yes  No

If yes, please provide the following information:

Who was the donor? (Client, Co-Client, Joint Gift) \_\_\_\_\_

Amount of the Gift? \_\_\_\_\_

Who received the gift? \_\_\_\_\_

Was the gift made to a charitable remainder trust?  Yes  No

If yes, please provide the following information:

Year established \_\_\_\_\_ Payout Rate \_\_\_\_\_

Was life insurance purchased to replace the asset gifted to the trust?  Yes  No

If yes, how much life insurance was purchased? \_\_\_\_\_

Do you or any other members of your immediate family expect to receive an inheritance?  Yes  No

If yes, please describe. \_\_\_\_\_

## Insurance Needs Analysis (Summary Input)

----Please complete Exhibit D with detailed insurance information

### Life Insurance Needs Analysis

If Client Dies		If Co-Client Dies
\$ _____	<b>Existing Life Insurance to Include</b>	\$ _____
\$ _____		\$ _____
	<b>Amounts to be Paid at Death</b>	
\$ _____	Liabilities	\$ _____
\$ _____	Final Expenses	\$ _____
\$ _____	Probate Costs	\$ _____
\$ _____	Bequests	\$ _____
\$ _____	Taxes	\$ _____
\$ _____	Uninsured Medical Costs	\$ _____
\$ _____	Other Payments or Expenses	\$ _____
	<b>Living Expenses for Survivors</b>	
\$ _____	Current Annual Living Expenses (after tax)	\$ _____
\$ _____	Child Care Expenses	\$ _____
\$ _____	Retraining and Education for Survivor	\$ _____
\$ _____	Other Expenses	\$ _____
_____	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.

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### 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**

\$ \_\_\_\_\_

No  Yes

**From Now Until Retirement**

Annual Other Income Amount  
*(current dollars, pre tax)*

Will this amount inflate?

\$ \_\_\_\_\_

No  Yes

**After Retirement**

Check the types of your Retirement Income that would continue at your death.

Pension       Annuity Income       Rental Income       Royalties       Other

**Surviving Client Employment**

If the Surviving Client is not currently employed and would seek employment if the Client or Co-Client died, enter the following:

Start Year: \_\_\_\_\_ Stop Year: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_ Inflation?  No  Yes

**Dependents**

List any dependents that would NOT be eligible for Social Security Survivor benefits:

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## Disability Needs Analysis for Client

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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	\$ _____

## Disability Needs Analysis for Co-Client

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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	\$ _____

## Long-Term Care Needs Analysis

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	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:	\$ _____	\$ _____

## 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: \_\_\_\_\_

**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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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: \_\_\_\_\_

## 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: \_\_\_\_\_

## 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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

### **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: \_\_\_\_\_

## Investor Profile

Client - How knowledgeable are you about:

	Not at all	Somewhat	Fairly well	Excellent
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ETFs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hedge funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REITs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Futures Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margin Trading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Co-Client - How knowledgeable are you about:

	Not at all	Somewhat	Fairly well	Excellent
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ETFs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hedge funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REITs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Futures Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margin Trading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell me about the worst investment you've ever made.

*Notes:*

Tell me about the best investment you've ever made.

*Notes:*

In 10 years' time, what do you feel the total value of your portfolio should be?

*Notes:*

What is the greatest loss you could tolerate in a single investment over the course of one year?

*Notes:*

What is the greatest loss you could tolerate in your whole portfolio over the course of one year?

*Notes:*

Are you concerned about the amount of tax you are paying on your non-qualified investments?

*Notes:*

Have you ever borrowed to invest?

*Notes:*

Borrowing money allows you to make a larger investment. The more you invest, the greater the potential returns. However, leveraging can also result in magnified losses — is that something you're comfortable with?

*Notes:*

Are there specific types of industries or companies in which you would prefer not to invest for ethical reasons?

*Notes:*

When it comes to making decisions, do you:

- rely completely on your investment adviser?
- consider your adviser's suggestions but use your own judgment?
- make your own decisions?

*Notes:*

**What is your expectation for long-term return on your investments?**

**Client 1**  3 to 6%  7 to 9%  10 to 12%  13 to 15%  Greater than 15%  No Idea

**Client 2**  3 to 6%  7 to 9%  10 to 12%  13 to 15%  Greater than 15%  No Idea

---

## Risk Assessment

---

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

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

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

## Risk Aversion Questionnaire (Client)

---

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

1. How important is capital preservation?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

2. How important is growth?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

3. How important is low volatility?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

4. How important is inflation protection?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

5. How important is current cash flow?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

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

*Not at all*

*A Moderate amount*

*A lot*

1     2     3     4     5     6     7     8     9

## Risk Aversion Questionnaire (Co-Client)

---

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

1. How important is capital preservation?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

2. How important is growth?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

3. How important is low volatility?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

4. How important is inflation protection?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

5. How important is current cash flow?

*Not at all*

*Moderately important*

*Very important*

1     2     3     4     5     6     7     8     9

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

*Not at all*

*A Moderate amount*

*A lot*

1     2     3     4     5     6     7     8     9

## Confidentiality

Are you aware of the rules that govern client confidentiality? Would you like to know more about what I/we do to protect your confidentiality?

*Notes:*

## Tenure

I need to know about the tenure and time frames you have in mind. How long do you expect this financial planning engagement to last? Do you only require my services for a specific period of time, or will this be an ongoing relationship? How often should we review your plan? Should these reviews be in person, or over the telephone?

*Notes:*

## Assumptions

When I create a financial plan, I will use assumptions about economic factors such as inflation, interest rates, rates of return for different asset classes, and life expectancy. It is essential that the assumptions I use are reasonable given the circumstances. What are your feelings on the subject? Do you have guidelines you would like me to use when generating your financial plan? For example, should I assume that you will live to 100 because you come from a long-lived family? Are you pessimistic about the long-term performance of markets, and would you prefer I use a lower rate of return for investments rather than rely on historical data?

*Notes:*

## Specific services

Which financial planning services do you want me to provide? Are there aspects of your finances that you would prefer to deal with yourself? For example, a client could ask an advisor to only manage their equity investments, and would take personal responsibility for their bond portfolio.

*Notes:*

## Client's role and responsibility

Apart from any areas mentioned above, you are also responsible for providing me with full and timely disclosure of changes in your life that could affect your financial position (e.g., change in employment or salary, new child, new benefits package at work, a divorce, inheritance etc.). Is this acceptable to you? Are there circumstances that might prevent you from doing so? What can I do to help you find this information?

*Notes:*

## Disclosure

I make a point of disclosing both my method of compensation and any conflicts of interest at the outset of the relationship. I also explain how I will handle conflicts of interest should they occur subsequently. Do you have any questions about the information I have provided?

*Notes:*

## Provision for termination

If we should have to end our relationship for some reason, what are the steps we should take? How much notice would you require from me? How much notice would you be able to give me? Would you want me to send you a copy of your file?

*Notes:*

## Use of other professionals

Depending on the situation, I may need to rely on the advice of other professionals, such as a lawyer, accountant, insurance broker, etc. Do you have any guidelines to offer me in this matter? Are there specific people or firms you would like me to use should the need arise?

*Notes:*

## Future Tax Liability

*This section will help determine if there are any income tax liabilities lying in wait, and which strategies might be available to reduce them.*

Do you own any investment properties that have a low tax basis? If so are you familiar with the concept of a 1031 Exchange?

*Notes:*

Do you own shares of a private corporation? Can you provide me with the details?

*Notes:*



It is essential that I have the adjusted cost base (ACB) of your investments. If you haven't been able to provide that information in this questionnaire, do you think you will be able to obtain that information for me?

*Notes:*

Do you have any capital losses that you are carrying forward?

*Notes:*

**Exhibit A**

**Please complete the supplemental pages in this section, as applicable, with your specific financial goals. Please use multiple copies if necessary.**



# Retirement Goal

---

**Goal Importance** (circle one)

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

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

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

**Retirement Living Expenses:**

Enter living expenses for the following retirement periods:

Expense Period 1 -- Client retired/Co-Client working \$\_\_\_ per  Month  Year

Expense Period 2 -- Co-Client retired/Client working \$\_\_\_ per  Month  Year

Expense Period 3 -- Client AND Co-Client retired \$\_\_\_\_\_ per  Month  Year

Expense Period 4 -- Client alone \$\_\_\_\_\_ per  Month  Year

Expense Period 5 -- Co-Client alone \$\_\_\_\_\_ per  Month  Year

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

Description	Year Expense Will End	Amount (Current Dollars)	Inflate
		\$_____ <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 \_\_\_\_\_

---

## 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 (4-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)

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 +/- \_\_\_\_\_ %

## Private School Goals

---

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

Goal Importance (*circle one*):

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

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

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

---

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

Goal Importance (*circle one*):

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

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

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

---

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

Goal Importance (*circle one*):

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

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

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

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

---

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

Goal Importance (circle one):

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

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

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

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

Is this goal recurring?  No  Yes

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

When will it end:  Client's Retirement,  Co-Client's Retirement,  End of Client's Plan  
 End of Co-Client's Plan,  End of Plan OR,  Total Occurrences: \_\_\_\_\_

---

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

Goal Importance (circle one):

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

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

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

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

Is this goal recurring?  No  Yes

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

When will it end:  Client's Retirement,  Co-Client's Retirement,  End of Client's Plan  
 End of Co-Client's Plan,  End of Plan OR  Total Occurrences: \_\_\_\_\_

## Gift or Donation

---

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

Importance (*circle one*)

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

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

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

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

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

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

Is this gift recurring?  No  Yes

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

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

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

---

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

Importance (*circle one*)

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

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

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

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

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

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

Is this gift recurring?  No  Yes

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

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

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

---

## Leave Bequest

---

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

Importance (*circle one*)

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

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

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

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

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

---

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

Importance (*circle one*)

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

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

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

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

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



## Exhibit B

**----For any account in which you are not attaching copies of recent statements, please complete the supplemental pages in this section. Please use multiple copies if necessary.**

---

## 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: \_\_\_\_\_

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

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

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

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

Not Used in Plan  Leave to Estate

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

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

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

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

### Asset class distribution:

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

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

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

---

#### Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

STB = Short Term Bonds

ITB = Intermediate Term Bonds

LTB = Long Term Bonds

LCVS = Large Cap Value Stocks

LCGS = Large Cap Growth Stocks

MCS = Mid Cap Stocks

SCS = Small Cap Stocks

IDS = International Developed Stocks

IES = International Emerging Stocks

Unclassified = All Other Asset Classes

## 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 \_\_\_\_\_%

#### Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

STB = Short Term Bonds

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LCVS = Large Cap Value Stocks

LCGS = Large Cap Growth Stocks

MCS = Mid Cap Stocks

SCS = Small Cap Stocks

IDS = International Developed Stocks

IES = International Emerging Stocks

Unclassified = All Other Asset Classes

### 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 \_\_\_\_\_

## Other 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 \_\_\_\_\_%

#### Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

STB = Short Term Bonds

ITB = Intermediate Term Bonds

LTB = Long Term Bonds

LCVS = Large Cap Value Stocks

LCGS = Large Cap Growth Stocks

MCS = Mid Cap Stocks

SCS = Small Cap Stocks

IDS = International Developed Stocks

IES = International Emerging Stocks

Unclassified = All Other Asset Classes

### 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 \_\_\_\_\_

## 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 \_\_\_\_\_%

---

#### Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

STB = Short Term Bonds

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LCVS = Large Cap Value Stocks

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Unclassified = All Other Asset Classes

---

**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 \_\_\_\_\_%

---

**Legend For Asset Class Distribution**

CE = Cash & Cash Equivalents

STB = Short Term Bonds

ITB = Intermediate Term Bonds

LTB = Long Term Bonds

LCVS = Large Cap Value Stocks

LCGS = Large Cap Growth Stocks

MCS = Mid Cap Stocks

SCS = Small Cap Stocks

IDS = International Developed Stocks

IES = International Emerging Stocks

Unclassified = All Other Asset Classes



## 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: \$ \_\_\_\_\_ 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 \_\_\_\_\_%

---

#### Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

STB = Short Term Bonds

ITB = Intermediate Term Bonds

LTB = Long Term Bonds

LCVS = Large Cap Value Stocks

LCGS = Large Cap Growth Stocks

MCS = Mid Cap Stocks

SCS = Small Cap Stocks

IDS = International Developed Stocks

IES = International Emerging Stocks

Unclassified = All Other Asset Classes

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

Maximum contribution each year

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

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

### Asset class distribution:

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

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

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

---

#### Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

STB = Short Term Bonds

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LCVS = Large Cap Value Stocks

LCGS = Large Cap Growth Stocks

MCS = Mid Cap Stocks

SCS = Small Cap Stocks

IDS = International Developed Stocks

IES = International Emerging Stocks

Unclassified = All Other Asset Classes

## 529 Savings Plan

---

Who is the owner:  Client  Co-Client

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

Beneficiaries/Percentage

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

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

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

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

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

Is this asset subject to state taxes?  No  Yes

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

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

Not Used in Plan  Leave to Estate

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

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

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

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

**Asset class distribution:**

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

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

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

---

**Legend For Asset Class Distribution**

CE = Cash & Cash Equivalents

STB = Short Term Bonds

ITB = Intermediate Term Bonds

LTB = Long Term Bonds

LCVS = Large Cap Value Stocks

LCGS = Large Cap Growth Stocks

MCS = Mid Cap Stocks

SCS = Small Cap Stocks

IDS = International Developed Stocks

IES = International Emerging Stocks

Unclassified = All Other Asset Classes

**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 \_\_\_\_\_%

---

**Legend For Asset Class Distribution**

CE = Cash & Cash Equivalents

STB = Short Term Bonds

ITB = Intermediate Term Bonds

LTB = Long Term Bonds

LCVS = Large Cap Value Stocks

LCGS = Large Cap Growth Stocks

MCS = Mid Cap Stocks

SCS = Small Cap Stocks

IDS = International Developed Stocks

IES = International Emerging Stocks

Unclassified = All Other Asset Classes

**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 \_\_\_\_\_%

**Legend For Asset Class Distribution**

CE = Cash & Cash Equivalents

STB = Short Term Bonds

ITB = Intermediate Term Bonds

LTB = Long Term Bonds

LCVS = Large Cap Value Stocks

LCGS = Large Cap Growth Stocks

MCS = Mid Cap Stocks

SCS = Small Cap Stocks

IDS = International Developed Stocks

IES = International Emerging Stocks

Unclassified = All Other Asset Classes

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 \_\_\_\_\_

**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: \$ \_\_\_\_\_ 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

STB = Short Term Bonds

ITB = Intermediate Term Bonds

LTB = Long Term Bonds

LCVS = Large Cap Value Stocks

LCGS = Large Cap Growth Stocks

MCS = Mid Cap Stocks

SCS = Small Cap Stocks

IDS = International Developed Stocks

IES = International Emerging Stocks

Unclassified = All Other Asset Classes



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

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

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

**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: \_\_\_\_\_

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: \$ \_\_\_\_\_ 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

STB = Short Term Bonds

ITB = Intermediate Term Bonds

LTB = Long Term Bonds

LCVS = Large Cap Value Stocks

LCGS = Large Cap Growth Stocks

MCS = Mid Cap Stocks

SCS = Small Cap Stocks

IDS = International Developed Stocks

IES = International Emerging Stocks

Unclassified = All Other Asset Classes



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

**Stock Options**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Restricted Stock Grants**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Personal and Business Assets

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

---

Owner:  Client  Co-Client  Joint  Custodial

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

Other w/ Client  Other w/ Co-Client

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

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

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

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

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

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

### Assign – How to Use: (check one)

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

Not Used in Plan  Leave to Estate

---

### Pension - Lump Sum Distribution

---

Owner:  Client  Co-Client

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

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

---

**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



**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

---

**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

## Exhibit C

**Please complete the supplemental pages in this section, as applicable, with detailed information regarding any liabilities you may have. Please use multiple copies if necessary.**

---

## 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: \$ \_\_\_\_\_

## Liabilities - Detailed Input

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

---

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

Whose debt?  Client  Co-Client  Joint

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

Other w/ Client  Other w/ Co-Client

Lender: \_\_\_\_\_ Outstanding balance: \$ \_\_\_\_\_

Initial loan amount: \$ \_\_\_\_\_ Date loan began: \_\_\_\_\_ Term: \_\_\_\_\_

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

---

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

Whose debt?  Client  Co-Client  Joint

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

Other w/ Client  Other w/ Co-Client

Lender: \_\_\_\_\_ Outstanding balance: \$ \_\_\_\_\_

Initial loan amount: \$ \_\_\_\_\_ Date loan began: \_\_\_\_\_ Term: \_\_\_\_\_

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

---

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

Whose debt?  Client  Co-Client  Joint

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

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: \_\_\_\_\_

**Exhibit 4**

**Please complete the supplemental pages in this section, as applicable, with detailed information on insurance contracts in place.**

**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: \$ \_\_\_\_\_    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 \_\_\_\_\_%

**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



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

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**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

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**Non-Cash Value Life Policies – All Owners**

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**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

**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

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### 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: \_\_\_\_\_%

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: \_\_\_\_\_%

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**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: \_\_\_\_\_%

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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

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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

**Property & Casualty Insurance Policies** *(Auto, Homeowners, Umbrella/Other)*

Description/Co: \_\_\_\_\_ Policy expiration date: \_\_\_\_\_

Premium amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

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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