

In order to evaluate the impact that long-term care costs can have on your financial situation, you will need to complete this data collection form and the **Personal Client Data** form.

Long-Term Care Needs

Client A's LTC Assumptions	Client B's LTC Assumptions
Begin at Age _____	Begin at Age _____
Mortality _____	Mortality _____
Monthly Costs \$ _____	Monthly Costs \$ _____
Increase Costs by _____ %	Increase Costs by _____ %
Adjust Retirement Need to* _____ %	Adjust Retirement Need to* _____ %

* This percent will be applied to the Retirement Income Need. For example, an 80% adjustment will reduce a \$7,000 monthly need to \$5,600.

Long-Term Care Insurance

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

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

Interview Questions

Have you or anyone in your family ever experienced a long-term care need? _____

How do you plan to protect against a long-term care need? _____

Do you plan to self-insure or purchase a long-term care insurance policy? _____

What type of care do you think you might need? _____

Do you anticipate having to care for an aging parent? _____

How would it affect you and your family if you had a long-term care need tomorrow? _____

Notes:

Retirement Objective

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

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

Retirement Income Needs

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

Your Preferences

What percent of your total monthly income would be needed for retirement, excluding loan payments? (e.g., 70%, 85%) _____ %

Asset Assignment

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

Retirement _____

Key Asset Designation

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

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

Notes:

Distribution Order

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

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

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

Asset Sales

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

Hard Asset Ref #	When Will You Sell?	Estimated Closing Costs	Commissions	Primary Residence? ¹	Downsize Residence ²
_____	_____	\$ _____	_____ %	<input type="checkbox"/> Yes	_____ %
_____	_____	\$ _____	_____ %	<input type="checkbox"/> Yes	_____ %
_____	_____	\$ _____	_____ %	<input type="checkbox"/> Yes	_____ %

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

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

Asset Allocation & Portfolio Returns

Describe your plans for the allocation of your portfolio over the life of this analysis. Do you have differing allocation objectives for each goal?

Notes:

Declaration

I declare that I have reviewed the information collected in this data sheet and that the investment data is correct to the best of my knowledge.

Client A Printed Name	Signature	Date
Client B Printed Name	Signature	Date