

**Assumptions**

Plan Date \_\_\_\_\_ Schedule Plan Review ☐ 6 months ☐ 1 year ☐ Other \_\_\_\_\_

Client Marital Status ☐ Single ☐ Married ☐ Domestic Partner

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

**Personal Data***Client A Information*

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

Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender ☐ M ☐ F

Date of Birth \_\_\_\_\_ Citizenship ☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien

Estimate Social Security Benefits\* ☐ None ☐ Earnings Based ☐ Maximum Benefit

**Extended Client A Data**

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

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

*Client B Information*

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

Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender ☐ M ☐ F

Date of Birth \_\_\_\_\_ Citizenship ☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien

Estimate Social Security Benefits\* ☐ None ☐ Earnings Based ☐ Maximum Benefit

**Extended Client B Data**

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

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

*Additional Client Information*

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

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

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

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

**Interview Questions**

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

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

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

## Income

In the table below please list all current and anticipated future income sources. This may include social security, defined benefit, annuity, lump-sum, other income, and earned income.

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

## Interview Question

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

Are you expecting an inheritance you would like to take into consideration? \_\_\_\_\_

## Expenses

Enter the living expenses to be considered in the analysis. If contributions and liabilities have been entered on the Assets and Liabilities sections, respectively, then do not reflect those cash flow items here.

Expense Name and type (e.g., Housing)	Amount	How is the Amount Expressed?	Annual Increase	Begin When?	End When?	Survivor Needs Analysis	Required for Minimum Lifestyle?
Name _____ Type _____	\$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Monthly	<input type="checkbox"/> Today's \$ <input type="checkbox"/> Future \$	_____%	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> First Death <input type="checkbox"/> End of Plan <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____% CL-B dies _____%	<input type="checkbox"/> Yes
Name _____ Type _____	\$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Monthly	<input type="checkbox"/> Today's \$ <input type="checkbox"/> Future \$	_____%	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> First Death <input type="checkbox"/> End of Plan <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____% CL-B dies _____%	<input type="checkbox"/> Yes
Name _____ Type _____	\$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Monthly	<input type="checkbox"/> Today's \$ <input type="checkbox"/> Future \$	_____%	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> First Death <input type="checkbox"/> End of Plan <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____% CL-B dies _____%	<input type="checkbox"/> Yes
Name _____ Type _____	\$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Monthly	<input type="checkbox"/> Today's \$ <input type="checkbox"/> Future \$	_____%	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> First Death <input type="checkbox"/> End of Plan <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____% CL-B dies _____%	<input type="checkbox"/> Yes
Name _____ Type _____	\$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Monthly	<input type="checkbox"/> Today's \$ <input type="checkbox"/> Future \$	_____%	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> First Death <input type="checkbox"/> End of Plan <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____% CL-B dies _____%	<input type="checkbox"/> Yes
Name _____ Type _____	\$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Monthly	<input type="checkbox"/> Today's \$ <input type="checkbox"/> Future \$	_____%	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> First Death <input type="checkbox"/> End of Plan <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____% CL-B dies _____%	<input type="checkbox"/> Yes
Name _____ Type _____	\$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Monthly	<input type="checkbox"/> Today's \$ <input type="checkbox"/> Future \$	_____%	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> First Death <input type="checkbox"/> End of Plan <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____% CL-B dies _____%	<input type="checkbox"/> Yes
Name _____ Type _____	\$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Monthly	<input type="checkbox"/> Today's \$ <input type="checkbox"/> Future \$	_____%	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> First Death <input type="checkbox"/> End of Plan <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____% CL-B dies _____%	<input type="checkbox"/> Yes

## Interview Questions

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

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

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

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

## Assets

### Important information about assets and liabilities

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

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

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

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

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

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

Stock Asset Classes	Expected Return		Bond & Cash Asset Classes	Expected Return	
	Ibbotson Rate	Alternative Rate		Ibbotson Rate	Alternative Rate
Large Capitalization Growth Stocks	7.43%	%	Long Term Bonds	3.54%	%
Large Capitalization Value Stocks	8.51%	%	Intermediate Term Bonds	3.35%	%
Midsize Capitalization Stocks	8.74%	%	Short Term Bonds	2.92%	%
Small Capitalization Stocks	8.58%	%	High Yield Bonds	5.22%	%
REITs	8.10%	%	International Bonds	3.30%	%
International Stocks	9.12%	%	Cash	1.96%	%
Emerging Market Stocks	12.32%	%			

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

### Ibbotson Benchmark Descriptions

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

#### Large Capitalization Growth Stocks – Russell 1000® Growth Index

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

#### Large Capitalization Value Stocks – Russell 1000® Value Index

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

#### Midsize Capitalization Stocks – Russell Midcap® Index

The Russell Mid Cap Index consists of the smallest 800 companies in the Russell 1000 index, as ranked by total market capitalization. This midcap index represents approximately 31% of the Russell 1000 total market capitalization.

#### Small Capitalization Stocks – Russell 2000® Index

The Russell 2000 Index is a small-cap index consisting of the smallest 2,000 companies in the Russell 3000 Index, representing approximately 10% of the Russell 3000 total market capitalization.

#### Domestic REITs – FTSE NAREIT All Equity REITs Index

The FTSE NAREIT All Equity REITs Index is an index of publicly traded REITs with 75% or greater of their gross invested book assets invested directly or indirectly in the equity ownership of real estate.

#### International Stocks – MSCI EAFE® Index

The MSCI EAFE Index (Europe, Australasia, Far East) is a free float-adjusted market capitalization index that is designed to measure the equity market performance of developed markets, excluding the US & Canada. Twenty-one countries are included.

*Benchmark descriptions continued on next page.*

**Assets (continued)****Emerging Markets Stocks – MSCI Emerging Markets Index**

The MSCI Emerging Markets Index consists of the following 21 emerging market country indices: Brazil, Chile, China, Colombia, Czech Republic, Egypt, Greece, Hungary, India, and others.

**Long-Term Bonds – Barclays US Government/Credit Long**

The objective of this benchmark is to measure the returns of long-term bonds. The index is comprised of both government and credit fixed income securities.

**Intermediate Term Bonds – Barclays US Government/Credit Intermediate**

The objective of this benchmark is to measure the returns of intermediate-term bonds. The index is comprised of both government and credit fixed income securities.

**Short Term Bonds – Barclays US Government/Credit 1-3 Yr**

The objective of this benchmark is to measure the returns of short-term bonds. The index is comprised of both government and credit fixed income securities.

**High Yield Bonds – Barclays US Corporate High Yield Index**

The U.S. Corporate High-Yield Index covers the USD-denominated, non-investment grade, fixed-rate, taxable corporate bond market. Securities are classified as high-yield if the middle rating of Moody's, Fitch, and S&P is Ba1/BB+/BB+ or below.

**International Bonds – Citigroup WGBI Non-US**

The objective of this benchmark is to reflect the returns provided by investment in international (non U.S.) fixed income securities. The minimum credit quality required is BBB-/Baa3 (by either S&P or Moody's).

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

The objective of this benchmark is to reflect the returns provided by the short term fixed income instruments. The index is based on the U.S. 3 month Treasury Bills.

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

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

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

**Bank Accounts**

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

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

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

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

**Assets** (continued)

**Qualified Retirement Accounts: SELF-DIRECTED**

Qualified accounts can be either "fixed" or "self-directed." Self-directed accounts are where there are several choices in funding options. Examples may include IRAs and 401(k) plans. Holding details will be entered later.

Account Name/# and Type (e.g., IRA)	Acct. Owner/ Living Trust	Beneficiary	Contributions <sup>1</sup> /Increase %	Begin When?	End When?
Q51	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	Pre-tax \$ _____ After-tax \$ _____ Employer \$ _____ Per <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Q52	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	Pre-tax \$ _____ After-tax \$ _____ Employer \$ _____ Per <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Q53	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	Pre-tax \$ _____ After-tax \$ _____ Employer \$ _____ Per <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Q54	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	Pre-tax \$ _____ After-tax \$ _____ Employer \$ _____ Per <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Q55	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	Pre-tax \$ _____ After-tax \$ _____ Employer \$ _____ Per <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Q56	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	Pre-tax \$ _____ After-tax \$ _____ Employer \$ _____ Per <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____

**Qualified Retirement Accounts: FIXED**

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

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

<sup>1</sup> If this is a non-deductible IRA, Roth 401(k), or Roth 403(b) enter the total non-deductible contributions (cost basis) as well.

**Assets (continued)**

**Deferred Annuities: FIXED**

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

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

**Deferred Annuities: VARIABLE**

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

Annuity Name/#	Acct. Owner/ Living Trust	Beneficiary <sup>1</sup>	Cost Basis (total premiums paid)	Monthly Premium	Begin When?	End When?
DV1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
DV2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
DV3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
DV4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
DV5	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community <input type="checkbox"/> Living Trust	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____

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



## Assets (continued)

### Investment Accounts

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

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

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

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

### Education Investment Accounts

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

Account Name/# and Type	Account Owner	For the Benefit Of	Held In Living Trust?
EI1	<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Yes
EI2	<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Yes
EI3	<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Yes
EI4	<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Yes
EI5	<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Yes
EI6	<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Yes



**Assets** (continued)

**Holding Information**

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

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

1 If this holding belongs to an Investment Account (e.g., a brokerage account), indicate the type of holding. The choices are **stock, bond, mutual fund, CD, government security, tax-free bond, limited partnership** or **alternative**. For holdings from other types of accounts, the "type" is not needed.

2 For stock and mutual fund holdings within Qualified Retirement Accounts, Investment Accounts and Education Accounts, enter a ticker symbol.

3 The cost basis is only necessary for holdings within an Investment Account.

4 There are two ways to enter savings to a holding: 1) For Investment Accounts and Education Accounts, enter the monthly savings (if any) and the start, stop and increase percentage; 2) For Qualified Retirement Accounts and Variable Annuities, enter the percentage of the total account contribution that is made to this holding. The sum of the contribution allocations for all holdings within an account should total 100%.

## Assets (continued)

### Hard Assets

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

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

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

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

## Stock Options

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

**Grant 1** Underlying Stock # \_\_\_\_\_

Grant Name \_\_\_\_\_

Owner ☐ Client A ☐ Client B

Exercise Price \$ \_\_\_\_\_

Grant Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

Total Shares Granted \_\_\_\_\_

Percentage of Grant Available at \_\_\_\_\_

Death of Client A \_\_\_\_\_ %

Death of Client B \_\_\_\_\_ %

Retirement \_\_\_\_\_ %

Vesting/Exercise Schedule		
	Date	Shares
G1-1	_____	_____
G1-2	_____	_____
G1-3	_____	_____
G1-4	_____	_____
G1-5	_____	_____
G1-6	_____	_____
G1-7	_____	_____

Strategy
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold

**Grant 2** Underlying Stock # \_\_\_\_\_

Grant Name \_\_\_\_\_

Owner ☐ Client A ☐ Client B

Exercise Price \$ \_\_\_\_\_

Grant Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

Total Shares Granted \_\_\_\_\_

Percentage of Grant Available at \_\_\_\_\_

Death of Client A \_\_\_\_\_ %

Death of Client B \_\_\_\_\_ %

Retirement \_\_\_\_\_ %

Vesting/Exercise Schedule		
	Date	Shares
G2-1	_____	_____
G2-2	_____	_____
G2-3	_____	_____
G2-4	_____	_____
G2-5	_____	_____
G2-6	_____	_____
G2-7	_____	_____

Strategy
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold

**Grant 3** Underlying Stock # \_\_\_\_\_

Grant Name \_\_\_\_\_

Owner ☐ Client A ☐ Client B

Exercise Price \$ \_\_\_\_\_

Grant Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

Total Shares Granted \_\_\_\_\_

Percentage of Grant Available at \_\_\_\_\_

Death of Client A \_\_\_\_\_ %

Death of Client B \_\_\_\_\_ %

Retirement \_\_\_\_\_ %

Vesting/Exercise Schedule		
	Date	Shares
G3-1	_____	_____
G3-2	_____	_____
G3-3	_____	_____
G3-4	_____	_____
G3-5	_____	_____
G3-6	_____	_____
G3-7	_____	_____

Strategy
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold
<input type="checkbox"/> Sell <input type="checkbox"/> Hold

## Interview Questions

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

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

## Liabilities

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

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

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

## Life Insurance

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

Policy Name/#	Insured	Owner	Beneficiary	Net Death Benefit	Annual Premium/ # Premiums Remaining	Cash Value/ Net Death Benefit at Mortality*
LI1	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other		\$	\$	\$
LI2	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other		\$	\$	\$
LI3	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other		\$	\$	\$
LI4	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other		\$	\$	\$
LI5	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other		\$	\$	\$
LI6	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other		\$	\$	\$
LI7	<input type="checkbox"/> CL-A <input type="checkbox"/> 1 <sup>st</sup> to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 <sup>nd</sup> to die <input type="checkbox"/> Other	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Group <input type="checkbox"/> Other		\$	\$	\$

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

## Interview Questions

What do you want your life insurance to do for you (for example, pay off your mortgage)? \_\_\_\_\_

How did you arrive at the amount of life insurance you have? \_\_\_\_\_

When did you buy your last policy and from whom? \_\_\_\_\_

Does your family have any special interests or health conditions that could affect your insurance planning? \_\_\_\_\_

## 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