

In order to examine the financial impact of death, including immediate cash needs and continuing income needs, you will need to complete this data collection form and the **Personal Client Data** form.

Survivor Cash Needs

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

Liabilities to Pay

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

Client A's Death _____

Client B's Death _____

Survivor Income Needs

Client A's Death

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

Increase Need Annually By _____ % _____ %

Age to Receive Social Security Retirement Benefit _____

Minimum Asset Balance to Retain \$ _____

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

Client B's Death

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

Increase Need Annually By _____ % _____ %

Age to Receive Social Security Retirement Benefit _____

Minimum Asset Balance to Retain \$ _____

Your Preferences

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

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

Asset Assignment

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

Survivor: Client A Dies _____
 Survivor: Client B Dies _____

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.

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 survivor assets.

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

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

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

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

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?

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