

Preparing for your financial future involves following a disciplined process that involves identifying your goals and exploring financial strategies.

These six steps will help you map your financial future:

- 1. Discovery** Identify and prioritize your financial goals
- 2. Data Gathering** Collect facts and figures based on your current situation
- 3. Analyze** Input data, run calculations and identify shortfalls
- 4. Recommend** Propose a financial strategy designed to satisfy your goals
- 5. Implement** Choose a financial strategy and implement
- 6. Periodic Review** Regular review to measure success and make adjustments

The purpose of this questionnaire is to help gather data as part of steps one and two. By taking the time to prepare now, you may be able to lay out a path for your financial future. The data you provide for this analysis will help generate an assessment of your financial situation.

Remember...

***No one achieves
their financial goals by chance***

***Commit to a goal and
act on it***

Client A Name (please print)

Client B Name (please print)

Appointment Date

What concerns you the most?

There are a number of different areas to consider when preparing for your financial future. A great way to start is to identify the goal or goals that are most important to you right now.

- | | |
|---|---|
| <input type="checkbox"/> Retirement (R) | Assess how your current retirement strategy will meet your objective. |
| <input type="checkbox"/> Education (Ed) | Find out the cost of education and alternative methods of funding. |
| <input type="checkbox"/> Accumulation (A) | Examine the money needed to meet emergencies, pay for vacations, purchase a second home, or care for an elderly relative. |
| <input type="checkbox"/> Survivor Needs (S) | Examine the financial impact of death, including immediate cash needs and continuing income needs. |
| <input type="checkbox"/> Disability Income (DI) | Assess the financial effect of a disability on your income. |
| <input type="checkbox"/> Long-Term Care (LTC) | Evaluate the impact that long-term care costs can have on your financial situation. |
| <input type="checkbox"/> Estate Plan (EP) | Evaluate your preparedness to pay federal and state estate taxes, probate costs and administrative fees at death. |
| <input type="checkbox"/> Risk Tolerance (RT) | Assess your current risk tolerance in relation to your asset allocation strategy. |
| <input type="checkbox"/> Asset Allocation (AA) | Determine if your current asset allocation strategy makes the most sense for your risk tolerance and goals. |
| <input type="checkbox"/> Financial Statements (FS) | Determine your net worth and how your monthly expenses stack up against your income. |
| <input type="checkbox"/> Income Tax (IT) | Examine the impact of your current income tax situation. |

Please note that the letters in parenthesis “()” following each area of concern acts as a legend for the “Applies to” section within each area of the fact finder. The “Applies to” sections are highlighted in blue in the upper right hand side of each section.

Assumptions

Applies to all

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

Applies to all

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? _____

Advisor Data

A1 Advisor Classification ☐ Accountant ☐ Attorney ☐ Financial Advisor ☐ Insurance Agent ☐ Stock Broker
☐ Banker ☐ Other ☐ Financial Services Representative

Advisor's Name _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____ Fax _____

A2 Advisor Classification ☐ Accountant ☐ Attorney ☐ Financial Advisor ☐ Insurance Agent ☐ Stock Broker
☐ Banker ☐ Other ☐ Financial Services Representative

Advisor's Name _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____ Fax _____

A3 Advisor Classification ☐ Accountant ☐ Attorney ☐ Financial Advisor ☐ Insurance Agent ☐ Stock Broker
☐ Banker ☐ Other ☐ Financial Services Representative

Advisor's Name _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____ Fax _____

Interview Questions

With whom do you consult before making important financial decisions? _____

Who prepares your tax forms? _____

Are you obligated to do business with anyone else? _____

Have you worked with a financial professional in the past? _____

How was the experience? What are your expectations? _____

Dependents

Applies to all

First Name	Date of Birth	Dependent of		Social Security Until Age
_____	_____	<input type="checkbox"/> Client A	<input type="checkbox"/> Client B	_____
_____	_____	<input type="checkbox"/> Client A	<input type="checkbox"/> Client B	_____
_____	_____	<input type="checkbox"/> Client A	<input type="checkbox"/> Client B	_____
_____	_____	<input type="checkbox"/> Client A	<input type="checkbox"/> Client B	_____
_____	_____	<input type="checkbox"/> Client A	<input type="checkbox"/> Client B	_____
_____	_____	<input type="checkbox"/> Client A	<input type="checkbox"/> Client B	_____

Interview Questions

Do you plan on having additional children? _____

Are there any immediate or long-term financial obligations for supporting parents or dependents? _____

Do any of these dependents have special needs? If so which child? _____

Risk Tolerance

Applies to RT

1. Inflation, the rise in prices over time, can erode your investment return. Long-term investors should be aware that, if portfolio returns are less than the inflation rate, their ability to purchase goods and services in the future might actually **decline**. However, portfolios with long-term returns that significantly exceed inflation are associated with a higher degree of risk. Which of the following portfolios is most consistent with your investment philosophy?

- ☐ a. **Portfolio 1** will most likely exceed long-term inflation by a significant margin and has a high degree of risk.
- ☐ b. **Portfolio 2** will most likely exceed long-term inflation by a moderate margin and has a high to moderate degree of risk.
- ☐ c. **Portfolio 3** will most likely exceed long-term inflation by a small margin and has a moderate degree of risk.
- ☐ d. **Portfolio 4** will most likely match long-term inflation and has a low degree of risk.

2. Portfolios with the highest average returns also tend to have the highest chance of short-term losses. The table below provides the average dollar return of four hypothetical investments of \$100,000 and the possibility of losing money (ending value of less than \$100,000) over a **one-year holding period**. Please select the portfolio with which you are most comfortable.

Probabilities After 1 Year		
	Possible Average Value at the End of One Year	Chance of Losing Money at the End of One Year
<input type="checkbox"/> a. Portfolio A	\$104,000	23%
<input type="checkbox"/> b. Portfolio B	\$105,000	27%
<input type="checkbox"/> c. Portfolio C	\$107,000	30%
<input type="checkbox"/> d. Portfolio D	\$108,000	33%

3. Investing involves a trade-off between risk and return. Historically, investors who have received high long-term average returns have experienced greater fluctuations in the value of their portfolio and more frequent short term losses than investors in more conservative investments. Considering the above, which statement best describes your investment goals?

- ☐ a. **Protect the value of my account.** In order to minimize the chance for loss, I am willing to accept the lower long-term returns provided by conservative investments.
- ☐ b. **Keep risk to a minimum** while trying to achieve slightly higher returns than the returns provided by investments that are more conservative.
- ☐ c. **Balance** moderate levels of risk with moderate levels of returns.
- ☐ d. **Maximize long-term investment returns.** I am willing to accept large and sometimes dramatic fluctuations in the value of my investments.

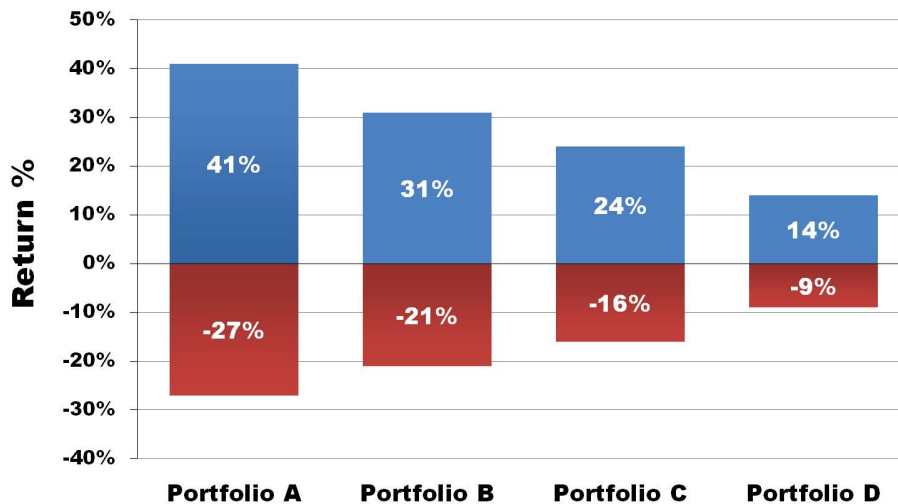
4. Historically, markets have experienced downturns, both short-term and prolonged, followed by market recoveries. Suppose you owned a well-diversified portfolio that fell by 20% (i.e., \$1,000 initial investment would now be worth \$800) over a short period, consistent with the overall market. Assuming you still have 10 years until you begin withdrawals, how would you react?

- ☐ a. I would **not** change my portfolio.
- ☐ b. I would **wait at least one year** before changing to options that are more conservative.
- ☐ c. I would **wait at least three months** before changing to options that are more conservative.
- ☐ d. I would **immediately** change to options that are more conservative.

Risk tolerance questionnaire continued on next page

Risk Tolerance *(continued)*

5. The following graph shows the hypothetical results of four sample portfolios over a one-year holding period. The best potential and worst potential gains and losses are presented. Note that the portfolio with the best potential gain also has the largest potential loss.



Which of these portfolios would you prefer to hold?

- ☐ a. Portfolio A
 - ☐ b. Portfolio B
 - ☐ c. Portfolio C
 - ☐ d. Portfolio D
6. I am comfortable with investments that may frequently experience large declines in value if there is a potential for higher returns.
- ☐ a. Agree
 - ☐ b. Disagree
 - ☐ c. Strongly disagree

Interview Question

What is your experience and overall knowledge of investments? _____

Notes:

Income

Applies to R, S, LTC, EP, FS, IT

Client A

	Monthly*	+	Annual	Nontaxable Portion (Annual)
Salary	\$ _____		\$ _____	\$ _____
Self-Employment	\$ _____		\$ _____	\$ _____
Interest & Nonqualified Dividends	\$ _____		\$ _____	\$ _____
Qualified Dividends	\$ _____		\$ _____	\$ _____
Defined Benefit	\$ _____		\$ _____	\$ _____
Social Security	\$ _____		\$ _____	
Alimony	\$ _____		\$ _____	
Rental Property (Net)	\$ _____		\$ _____	
Other	\$ _____		\$ _____	\$ _____
TOTAL INCOME**	\$ _____		\$ _____	\$ _____
Future Earnings Increase	_____ %			

Client B

	Monthly*	+	Annual	Nontaxable Portion (Annual)
Salary	\$ _____		\$ _____	\$ _____
Self-Employment	\$ _____		\$ _____	\$ _____
Interest & Nonqualified Dividends	\$ _____		\$ _____	\$ _____
Qualified Dividends	\$ _____		\$ _____	\$ _____
Defined Benefit	\$ _____		\$ _____	\$ _____
Social Security	\$ _____		\$ _____	
Alimony	\$ _____		\$ _____	
Rental Property (Net)	\$ _____		\$ _____	
Other	\$ _____		\$ _____	\$ _____
TOTAL INCOME**	\$ _____		\$ _____	\$ _____
Future Earnings Increase	_____ %			

* If you enter a monthly amount it will be multiplied by 12 and added to the annual amount.

** If you enter details (e.g., Salary) then there is no need to enter the total. It will be calculated for you.

Interview Question

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

Notes:

Direct Income Sources

Applies to R, S, LTC, EP

In the table below please list all current and anticipated future income. This may include social security, defined benefit, annuity, lump-sum, other income, and earned income. Do not include Salary and Self Employment income entered on the previous page.

Income Source	Recipient	Monthly Amount **	How is the Amount Expressed?	Annual Increase/ % Taxable	Beginning	Ending	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"/> 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"/> 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"/> 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"/> 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"/> 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"/> Future \$	_____ %			

* Social Security, Defined Benefit, Annuity, Lump Sum, Earned Income and Other Income

** All amounts are monthly amounts except a Lump Sum, which is a single payment.

Interview Questions

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

Taxes Withheld

Applies to FS, IT

Client A	Monthly	+	Annual
Federal	\$ _____		\$ _____
State and Local	\$ _____		\$ _____
Self-Employment	\$ _____		\$ _____
Social Security	\$ _____		\$ _____
Medicare	\$ _____		\$ _____
Client B			
Federal	\$ _____		\$ _____
State and Local	\$ _____		\$ _____
Self-Employment	\$ _____		\$ _____
Social Security	\$ _____		\$ _____
Medicare	\$ _____		\$ _____
TOTAL TAXES**	\$ _____		\$ _____

* If you enter a monthly amount it will be multiplied by 12 and added to the annual amount.

Income Tax

Applies to IT

*Client A*Filing Status ☐ Single ☐ Married/Joint ☐ Married/Separate ☐ Head of Household

Number of Exemptions _____

Federal Taxes (Annual)

Depreciation \$ _____

Other Adjustments to Income (+/-) \$ _____

Total Itemized Deductions (+) \$ _____

Short-Term Capital Gains(+)/Loss(-) \$ _____

Net Long-Term Gain/Loss \$ _____

28% Rate Capital Gain/Loss \$ _____

Gain Included in Investment Income \$ _____

Amount Included in Investment Income \$ _____

Unrecaptured Capital Gain \$ _____

Taxable Social Security \$ _____

Total Federal Tax Credits \$ _____

Other Taxes \$ _____

Alternative Minimum Tax

Plus/Minus Adjustments \$ _____

Plus AMT Preferences \$ _____

Foreign Tax Credits \$ _____

State & Local Taxes

Estimated Amount \$ _____

and / or % of Federal Taxable Income _____ %

☐ Legally Blind☐ Current Participant in a Qualified Retirement Plan*Client B*Filing Status ☐ Single ☐ Married/Joint ☐ Married/Separate ☐ Head of Household

Number of Exemptions _____

Federal Taxes (Annual)

Depreciation \$ _____

Other Adjustments to Income (+/-) \$ _____

Total Itemized Deductions (+) \$ _____

Short-Term Capital Gains(+)/Loss(-) \$ _____

Net Long-Term Gain/Loss \$ _____

28% Rate Capital Gain/Loss \$ _____

Gain Included in Investment Income \$ _____

Amount Included in Investment Income \$ _____

Unrecaptured Capital Gain \$ _____

Taxable Social Security \$ _____

Total Federal Tax Credits \$ _____

Other Taxes \$ _____

Alternative Minimum Tax

Plus/Minus Adjustments \$ _____

Plus AMT Preferences \$ _____

Foreign Tax Credits \$ _____

State & Local Taxes

Estimated Amount \$ _____

and / or % of Federal Taxable Income _____ %

☐ Legally Blind☐ Current Participant in a Qualified Retirement Plan**Notes:**

Expenses

Applies to FS

Enter the living expenses to be considered on the Cash Flow reports. If liabilities, contributions and taxes have been entered on the Liabilities, Assets and Taxes Withheld sections, respectively, then do not reflect those cash flow items here.

Expense Categories:

	Monthly*	+	Annual
Housing	\$ _____		\$ _____
Child Care	\$ _____		\$ _____
Transportation	\$ _____		\$ _____
Food and Beverages	\$ _____		\$ _____
Clothing	\$ _____		\$ _____
Furnishings	\$ _____		\$ _____
Personal Care and Cash	\$ _____		\$ _____
Medical/Dental/Rx	\$ _____		\$ _____
Education/Self-Improvement	\$ _____		\$ _____
Entertainment	\$ _____		\$ _____
Vacations and Holidays	\$ _____		\$ _____
Charitable Contributions	\$ _____		\$ _____
<i>Other Expenses:</i>			
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
TOTAL EXPENSES**	\$ _____		\$ _____

* If you enter a monthly amount it will be multiplied by 12 and added to the annual amount.

** If you enter details (e.g., Housing) then there is no need to enter the total. It will be calculated for you.

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? _____

Notes:

Assets

Applies to R, Ed, A, S, LTC, EP, FS, IT

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:

- 1. 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.
- 2. 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.
- 3. 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	12.52%	%			

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 ²	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 ¹ <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 ¹ <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 ¹ <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 ¹ <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 ¹ <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 _____%

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.

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 ¹ /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 ¹ /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 _____

¹ 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 ¹	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 ¹	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 _____

¹ 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 ²	Held In Living Trust?
IA1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint ¹ <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 ¹ <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 ¹ <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 ¹ <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 ¹ <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 ¹	Ticker Symbol ²	Market Value/ Cost Basis ³	Expected Rate of Return	Monthly Savings or Allocate Contributions ⁴	Begin When? ⁴	End When? ⁴
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 ²	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 ¹ <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 ¹ <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 ¹ <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 ¹ <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 ¹ <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 ¹ <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 ¹ <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 ¹ <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 ¹ <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 ¹ <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 ¹ <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 ¹ <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

Applies to R, Ed, A, S, LTC, EP, FS, IT

Underlying Stock # 1			Underlying Stock Information			Underlying Stock # 2			Underlying Stock # 3		
Ticker			Ticker			Ticker			Ticker		
Stock Name			Stock Name			Stock Name			Stock Name		
Market Price	\$		Market Price	\$		Market Price	\$		Market Price	\$	
Rate of Return			Rate of Return			Rate of Return			Rate of Return		
Growth Portion		%	Growth Portion		%	Growth Portion		%	Growth Portion		%
Dividend 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	Strategy
G1-1	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G1-2	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G1-3	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G1-4	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G1-5	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G1-6	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G1-7	_____	_____	<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	Strategy
G2-1	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G2-2	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G2-3	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G2-4	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G2-5	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G2-6	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G2-7	_____	_____	<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	Strategy
G3-1	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G3-2	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G3-3	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G3-4	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G3-5	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G3-6	_____	_____	<input type="checkbox"/> Sell <input type="checkbox"/> Hold
G3-7	_____	_____	<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

Applies to R, Ed, A, S, LTC, EP, FS, IT

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 ¹	Scheduled Payment Method ²	Timing of Loan Information ³	Current (Initial) Balance ⁴	Orig. Year & Term ⁵	Int. Rate/ Adj. Rate/ Yrs. Until Adj. ⁶	Scheduled Monthly Payment/ Balloon ⁷	Additional Payments or Withdrawals ⁸
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

Applies to R, S, LTC, EP, FS

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 st to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 nd 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 st to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 nd 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 st to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 nd 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 st to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 nd 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 st to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 nd 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 st to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 nd 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 st to die <input type="checkbox"/> CL-B <input type="checkbox"/> 2 nd 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? _____

Disability Insurance

Applies to DI, FS

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

Policy Name/# and Type (i.e., personal, group)	Insured	Monthly Benefit	Annual Premium	Elimination Period	Benefit Period	COLA
DI1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____ <input type="checkbox"/> Taxable	\$ _____	_____ days	<input type="checkbox"/> days _____ <input type="checkbox"/> years _____	<input type="checkbox"/> Age _____ <input type="checkbox"/> Lifetime _____ %
DI2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____ <input type="checkbox"/> Taxable	\$ _____	_____ days	<input type="checkbox"/> days _____ <input type="checkbox"/> years _____	<input type="checkbox"/> Age _____ <input type="checkbox"/> Lifetime _____ %
DI3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____ <input type="checkbox"/> Taxable	\$ _____	_____ days	<input type="checkbox"/> days _____ <input type="checkbox"/> years _____	<input type="checkbox"/> Age _____ <input type="checkbox"/> Lifetime _____ %
DI4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____ <input type="checkbox"/> Taxable	\$ _____	_____ days	<input type="checkbox"/> days _____ <input type="checkbox"/> years _____	<input type="checkbox"/> Age _____ <input type="checkbox"/> Lifetime _____ %

Interview Questions

How long could you and your family survive financially if you were to become disabled tomorrow? _____

Would your group insurance provide enough income? _____

Long-Term Care Insurance

Applies to LTC, FS

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

Will you be caring for elderly parents? _____

General Insurance

Applies to FS

Policy Type	Policy Name	Policy Benefit	Annual Premium
Liability	_____	\$ _____	\$ _____
Homeowner's	_____	\$ _____	\$ _____
Medical	_____	\$ _____	\$ _____
Auto (Total Value) \$ _____	_____	\$ _____	\$ _____

Interview Questions

Are all family members covered by health Insurance? _____

Notes:

Retirement Objective

Applies to R, LTC, EP

	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%) _____ %

Interview Questions

What kinds of activities do you envision in your retirement? _____

Do you foresee health issues during retirement? _____

How much do you want to rely on Social Security for income? _____

If you have a partner, what changes would be made at first death? _____

Notes:

Education Goals

Applies to Ed

	Goal #1	Goal #2	Goal #3	Goal #4
First Name of Student				
School				
Amount Needed (per year)	\$	\$	\$	\$
OR				
Search for college costs: (check all that apply)	<input type="checkbox"/> Tuition (in-state) <input type="checkbox"/> Tuition (Out-of-state) <input type="checkbox"/> Room only <input type="checkbox"/> Room & Board <input type="checkbox"/> Books & Supplies	<input type="checkbox"/> Tuition (in-state) <input type="checkbox"/> Tuition (Out-of-state) <input type="checkbox"/> Room only <input type="checkbox"/> Room & Board <input type="checkbox"/> Books & Supplies	<input type="checkbox"/> Tuition (in-state) <input type="checkbox"/> Tuition (Out-of-state) <input type="checkbox"/> Room only <input type="checkbox"/> Room & Board <input type="checkbox"/> Books & Supplies	<input type="checkbox"/> Tuition (in-state) <input type="checkbox"/> Tuition (Out-of-state) <input type="checkbox"/> Room only <input type="checkbox"/> Room & Board <input type="checkbox"/> Books & Supplies
Inflate Need	%	%	%	%
Years Until Needed	yrs	yrs	yrs	yrs
Number of Years Needed	yrs	yrs	yrs	yrs
Fund at Client A's Death	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Fund at Client B's Death	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Fund Deficit from Cash Flow*	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

* If the assets you have earmarked for this goal are insufficient, do you want to tap into other incomes and assets to cover shortfalls?

Interview Questions

How do you feel about helping your children with their college funding? _____

How do you feel about your current savings strategy for your children(s) college funding? _____

If possible, what changes would you make to your children's college funding savings strategy? _____

Accumulation Goals

Applies to A

	Goal #1	Goal #2	Goal #3	Goal #4
Name of Goal				
Amount Needed per Year	\$	\$	\$	\$
Inflate Need	%	%	%	%
Years Until Needed	yrs	yrs	yrs	yrs
Number of Years Needed	yrs	yrs	yrs	yrs
Fund at Client A's Death	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Fund at Client B's Death	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Fund Deficit from Cash Flow*	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

* If the assets you have earmarked for this goal are insufficient, do you want to tap into other incomes and assets to cover shortfalls?

Notes:

Survivor Cash Needs

Applies to S, EP

	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

Applies to S, EP

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 <u>with</u> dependents at home? (e.g., 70%.)	_____ %
What percent of your total monthly income would be needed for survivor needs <u>without</u> dependents at home? (e.g., 50%)	_____ %

Disability Income NeedsApplies to **DI**

			<u>Client A</u> <u>Disability</u>	<u>Client B</u> <u>Disability</u>		
Include Social Security Benefits			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
Age Non-Disabled Client Receives Social Security						
		<u>Client A Disabled</u>		<u>Client B Disabled</u>		
	<u>Monthly</u>	<u>Client B</u>	<u>Other</u>	<u>Monthly</u>	<u>Client A</u>	<u>Other</u>
Beginning	<u>Need</u>	<u>Earnings</u>	<u>Income</u>	<u>Need</u>	<u>Earnings</u>	<u>Income</u>
After 30 Days	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
After 90 Days	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
After 1 Year	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
After 2 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
After 5 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
After Age 65	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
			Increase Need By _____ %			

Your Preferences

What percent of your total monthly income would be needed should you become disabled? (e.g., 70%, 85%) _____ %

Long-Term Care NeedsApplies to **LTC**

<u>Client A's LTC Assumptions</u>	<u>Client B's LTC Assumptions</u>
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.

Interview Questions

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? _____

Notes:

Estate Plan

Applies to EP

General Estate Information

Hypothetical Age of Death _____

Family Business Deduction

Client A _____

Client B _____

\$ _____

\$ _____

Expenses

Final

\$ _____

\$ _____

Probate

_____ %

_____ %

Administration (fixed dollar amount)

\$ _____

\$ _____

Administration (percent of estate)

_____ %

_____ %

Estate Tax Assumptions

Federal Estate Tax Law to Apply

☐ Current Law☐ None

State Death Tax Law to Apply

☐ Federal Pick-up☐ State Freeze (Specify year: _____)☐ Specific Amount (at first death \$ _____ and at second death \$ _____)**Interview Questions**

How do you feel about creating a legacy for your children and heirs? _____

Do you have a will? If so, when was it last updated? _____

Have any major life events occurred since the last update to your will? _____

Do you have a Revocable Living Trust (RLT) or a Credit Shelter Trust (CST)? _____

Do you have an Irrevocable Life Insurance Trust? If so, how many ILITs do you have? _____

Do you make gifts to your family? If so, how many gifts do you make each year? _____

Do you own property in another state? If so, what state? _____

Do you have any Charitable Bequests, Gifting and Credit details you would like to provide? _____

Asset Assignment

Applies to R, Ed, A, S, LTC, EP

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 retirement and survivor income needs. If there are accounts that you do not wish to be used for these objectives, indicate the reference codes below.

Retirement

Survivor: Client A Dies

Survivor: Client B Dies

Assets to Reserve for Education and Accumulation Goals

In the section below, indicate which accounts or holdings should be used for each goal. You may assign as many assets to a goal as you like. The analysis will not support, however, more than one goal utilizing the same asset.

Educ. Goal 1

Accum. Goal 1

Educ. Goal 2

Accum. Goal 2

Educ. Goal 3

Accum. Goal 3

Educ. Goal 4

Accum. Goal 4

Key Asset Designation

Applies to R, Ed, A, S, LTC, EP

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

Applies to R, Ed, A, S, LTC, EP

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	_____

Distribution Strategies

Applies to R

If you intend to spend down your assets in a specific way, use the space below to provide this information.

Asset Ref #	Strategy Type	Annual Increase	Beginning	Ending	Use for unmet needs*
_____	<input type="checkbox"/> Interest & Dividends _____ % of return	_____ %	<input type="checkbox"/> Today	<input type="checkbox"/> Retirement	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> Specified Amount \$ _____ per month	_____ %	<input type="checkbox"/> Retirement	<input type="checkbox"/> End of Plan	<input type="checkbox"/> No
_____	<input type="checkbox"/> Initial Withdrawal Rate _____ %	_____ %	<input type="checkbox"/> Specified Yr _____	<input type="checkbox"/> Specified Yr _____	
_____	<input type="checkbox"/> Interest & Dividends _____ % of return	_____ %	<input type="checkbox"/> Today	<input type="checkbox"/> Retirement	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> Specified Amount \$ _____ per month	_____ %	<input type="checkbox"/> Retirement	<input type="checkbox"/> End of Plan	<input type="checkbox"/> No
_____	<input type="checkbox"/> Initial Withdrawal Rate _____ %	_____ %	<input type="checkbox"/> Specified Yr _____	<input type="checkbox"/> Specified Yr _____	
_____	<input type="checkbox"/> Interest & Dividends _____ % of return	_____ %	<input type="checkbox"/> Today	<input type="checkbox"/> Retirement	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> Specified Amount \$ _____ per month	_____ %	<input type="checkbox"/> Retirement	<input type="checkbox"/> End of Plan	<input type="checkbox"/> No
_____	<input type="checkbox"/> Initial Withdrawal Rate _____ %	_____ %	<input type="checkbox"/> Specified Yr _____	<input type="checkbox"/> Specified Yr _____	

Asset Sales

Applies to R, Ed, A, S, LTC, EP

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	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
_____	_____	\$ _____	_____ %	<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

Applies to R, Ed, A, S, LTC, EP

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

Action Items

	Description of Action Item	Who	When
1			
2			
3			
4			
5			

Who Could Benefit from an Analysis?

Name _____ Employer _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Home # _____ Work # _____

Comments _____

Name _____ Employer _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Home # _____ Work # _____

Comments _____

Name _____ Employer _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Home # _____ Work # _____

Comments _____

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