

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"/> 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. |

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? _____

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

- 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.
- 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.

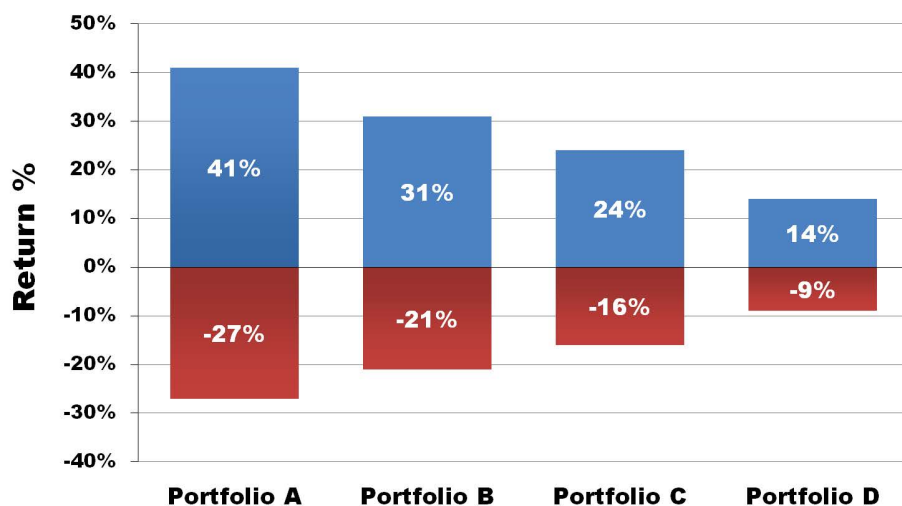
Probabilities After 1 Year

| | 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% |

- 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.

Risk Tolerance *(continued)*

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.
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 and Taxes

Applies to R, S, LTC, FS

| | | | |
|-----------------|----------|---|----------|
| Client A | Monthly* | + | Annual |
| Salary | \$ _____ | | \$ _____ |
| Self-Employment | \$ _____ | | \$ _____ |
| Other | \$ _____ | | \$ _____ |

| | | | |
|-----------------|----------|---|----------|
| Client B | Monthly* | + | Annual |
| Salary | \$ _____ | | \$ _____ |
| Self-Employment | \$ _____ | | \$ _____ |
| Other | \$ _____ | | \$ _____ |

| | | | |
|---------------------------------------------|----------|---|--------|
| Income Taxes – Client A and Client B | Monthly* | + | Annual |
| Total of all payroll taxes | _____ | | _____ |

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

Interview Question

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

Direct Income Sources

Applies to R, S, LTC

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 above.

| 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 \$ | _____ % | | | |

* 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.

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 | \$ _____ | | \$ _____ |
| Other Expenses: | | | |
| _____ | \$ _____ | | \$ _____ |
| _____ | \$ _____ | | \$ _____ |
| _____ | \$ _____ | | \$ _____ |
| _____ | \$ _____ | | \$ _____ |
| _____ | \$ _____ | | \$ _____ |
| _____ | \$ _____ | | \$ _____ |
| _____ | \$ _____ | | \$ _____ |
| _____ | \$ _____ | | \$ _____ |
| _____ | \$ _____ | | \$ _____ |
| 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, FS

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% | % |
| Midsized 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.

Midsized 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 | Account Type | Market Value | Monthly Savings | Increase Percent | 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"/> 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"/> 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"/> 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"/> 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"/> 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 _____ % |

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) | Account Owner | Beneficiary | Contributions ¹ /Increase % | Begin When? | End When? |
|-------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Q51 | <input type="checkbox"/> Client A <input type="checkbox"/> Client B | <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"/> Client A <input type="checkbox"/> Client B | <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"/> Client A <input type="checkbox"/> Client B | <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"/> Client A <input type="checkbox"/> Client B | <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"/> Client A <input type="checkbox"/> Client B | <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"/> Client A <input type="checkbox"/> Client B | <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 | Beneficiary | Market Value | Expected Rate of Return | Contributions ¹ /Increase % | Begin When? | End When? |
|-------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| QF1 | <input type="checkbox"/> Client A <input type="checkbox"/> Client B | <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"/> Client A <input type="checkbox"/> Client B | <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 | Market Value | 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"/> 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"/> 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"/> 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"/> 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/# | Account. Owner | 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"/> 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"/> 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"/> 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"/> 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"/> Today <input type="checkbox"/> Specified Year _____ | <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____ |

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 |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IA1 | <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint ¹ <input type="checkbox"/> Other <input type="checkbox"/> Community |
| IA2 | <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint ¹ <input type="checkbox"/> Other <input type="checkbox"/> Community |
| IA3 | <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint ¹ <input type="checkbox"/> Other <input type="checkbox"/> Community |
| IA4 | <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint ¹ <input type="checkbox"/> Other <input type="checkbox"/> Community |
| IA5 | <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint ¹ <input type="checkbox"/> Other <input type="checkbox"/> Community |

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 |
|-------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |

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 | Expected Rate of Return | Monthly Savings or Allocate Contributions ³ | Begin When? ³ | End When? ³ |
|-------------------------------|-------------------|----------------------------|--------------|------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| H1 _____ | _____ | _____ | \$ _____ | <input type="checkbox"/> ACWA <input type="checkbox"/> Other _____% | \$ _____ _____% | <input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____ | <input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____ |
| Acct. Ref. Code: _____ | | | | | | | |
| H2 _____ | _____ | _____ | \$ _____ | <input type="checkbox"/> ACWA <input type="checkbox"/> Other _____% | \$ _____ _____% | <input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____ | <input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____ |
| Acct. Ref. Code: _____ | | | | | | | |
| H3 _____ | _____ | _____ | \$ _____ | <input type="checkbox"/> ACWA <input type="checkbox"/> Other _____% | \$ _____ _____% | <input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____ | <input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____ |
| Acct. Ref. Code: _____ | | | | | | | |
| H4 _____ | _____ | _____ | \$ _____ | <input type="checkbox"/> ACWA <input type="checkbox"/> Other _____% | \$ _____ _____% | <input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____ | <input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____ |
| Acct. Ref. Code: _____ | | | | | | | |
| H5 _____ | _____ | _____ | \$ _____ | <input type="checkbox"/> ACWA <input type="checkbox"/> Other _____% | \$ _____ _____% | <input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____ | <input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____ |
| Acct. Ref. Code: _____ | | | | | | | |
| H6 _____ | _____ | _____ | \$ _____ | <input type="checkbox"/> ACWA <input type="checkbox"/> Other _____% | \$ _____ _____% | <input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____ | <input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____ |
| Acct. Ref. Code: _____ | | | | | | | |
| H7 _____ | _____ | _____ | \$ _____ | <input type="checkbox"/> ACWA <input type="checkbox"/> Other _____% | \$ _____ _____% | <input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____ | <input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____ |
| Acct. Ref. Code: _____ | | | | | | | |
| H8 _____ | _____ | _____ | \$ _____ | <input type="checkbox"/> ACWA <input type="checkbox"/> Other _____% | \$ _____ _____% | <input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____ | <input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____ |
| Acct. Ref. Code: _____ | | | | | | | |
| H9 _____ | _____ | _____ | \$ _____ | <input type="checkbox"/> ACWA <input type="checkbox"/> Other _____% | \$ _____ _____% | <input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____ | <input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____ |
| Acct. Ref. Code: _____ | | | | | | | |
| H10 _____ | _____ | _____ | \$ _____ | <input type="checkbox"/> ACWA <input type="checkbox"/> Other _____% | \$ _____ _____% | <input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____ | <input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____ |
| Acct. Ref. Code: _____ | | | | | | | |
| H11 _____ | _____ | _____ | \$ _____ | <input type="checkbox"/> ACWA <input type="checkbox"/> Other _____% | \$ _____ _____% | <input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____ | <input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____ |
| Acct. Ref. Code: _____ | | | | | | | |

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 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 | Market Value | 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 <input type="checkbox"/> Other <input type="checkbox"/> Community | \$ _____ | _____ % |
| 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 <input type="checkbox"/> Other <input type="checkbox"/> Community | \$ _____ | _____ % |
| 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 <input type="checkbox"/> Other <input type="checkbox"/> Community | \$ _____ | _____ % |
| 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 <input type="checkbox"/> Other <input type="checkbox"/> Community | \$ _____ | _____ % |
| 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 <input type="checkbox"/> Other <input type="checkbox"/> Community | \$ _____ | _____ % |
| 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 <input type="checkbox"/> Other <input type="checkbox"/> Community | \$ _____ | _____ % |
| 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 <input type="checkbox"/> Other <input type="checkbox"/> Community | \$ _____ | _____ % |
| 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 <input type="checkbox"/> Other <input type="checkbox"/> Community | \$ _____ | _____ % |
| 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 <input type="checkbox"/> Other <input type="checkbox"/> Community | \$ _____ | _____ % |
| 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 <input type="checkbox"/> Other <input type="checkbox"/> Community | \$ _____ | _____ % |
| 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 <input type="checkbox"/> Other <input type="checkbox"/> Community | \$ _____ | _____ % |
| 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 <input type="checkbox"/> Other <input type="checkbox"/> Community | \$ _____ | _____ % |

Liabilities

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

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, 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 | \$ _____ | \$ _____ | _____ 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 | \$ _____ | \$ _____ | _____ 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 | \$ _____ | \$ _____ | _____ 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 | \$ _____ | \$ _____ | _____ 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

| | Client A | Client B |
|----------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| Retirement Begins at Age | _____ | _____ |
| 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"/> Normal Retirement Age |
| | <input type="checkbox"/> Age _____ (not less than 62) | <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 |
|-------------------------|------------|--------------|
| Phase 1 begins at | retirement | \$ _____ |
| Phase 2 begins at | _____ | \$ _____ |
| Phase 3 begins at | _____ | \$ _____ |

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? _____

Education Goals

Applies to Ed

| | Goal #1 | Goal #2 | Goal #3 | Goal #4 |
|---------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| First Name of Student | _____ | _____ | _____ | _____ |
| School | _____ | _____ | _____ | _____ |
| Amount Needed (per year) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| OR | <input type="checkbox"/> Tuition (in-state) | <input type="checkbox"/> Tuition (in-state) | <input type="checkbox"/> Tuition (in-state) | <input type="checkbox"/> Tuition (in-state) |
| Search for college costs: | <input type="checkbox"/> Tuition (Out-of-state) | <input type="checkbox"/> Tuition (Out-of-state) | <input type="checkbox"/> Tuition (Out-of-state) | <input type="checkbox"/> Tuition (Out-of-state) |
| (check all that apply) | <input type="checkbox"/> Room only | <input type="checkbox"/> Room only | <input type="checkbox"/> Room only | <input type="checkbox"/> Room only |
| | <input type="checkbox"/> Room & Board | <input type="checkbox"/> Room & Board | <input type="checkbox"/> Room & Board | <input type="checkbox"/> Room & Board |
| | <input type="checkbox"/> Books & Supplies | <input type="checkbox"/> Books & Supplies | <input type="checkbox"/> Books & Supplies | <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 |

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 GoalsApplies 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 |

Survivor Cash NeedsApplies to **S**

| | 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 NeedsApplies to **S****Client A's Death**

| Client B's Age* | Monthly Need | Survivor's Earnings | Age to Receive Social Security Retirement Benefit |
|-----------------|--------------|---------------------|---------------------------------------------------|
| Today | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |

* 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 | Survivor's Earnings | Age to Receive Social Security Retirement Benefit |
|----------------|--------------|---------------------|---------------------------------------------------|
| Today | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |

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**

| | | | |
|-----------------------------------------|------------------------|-----------------------------------------|------------------------|
| If Client A is disabled Monthly Need | Client B's Earnings | If Client B is disabled Monthly Need | Client A's Earnings |
| \$ _____ | \$ _____ | \$ _____ | \$ _____ |

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**

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

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

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? _____

Asset AssignmentApplies to **R, Ed, A, S, LTC**

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 DesignationApplies to **R, Ed, A, S, LTC**

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.

Asset Allocation & Portfolio ReturnsApplies to **R, Ed, A, S, LTC**

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 |