

DETAILED QUESTIONNAIRE

Personal and Confidential

Financial Advisor:	Date:	

Personal Information

Personal Information

	Client	Co-Client
Full name		
Gender	Male Female	☐ Male ☐ Female
Date of birth	/	
Marital status	☐ Single ☐ Married ☐ Divorc☐ Separated ☐ Widowed	ed Single Married Divorced Separated Widowed
Email address		
Employment status	□ Retired □ Employed□ Business Owner □ Homemak□ Not Currently Employed	Retired
Employment income	\$	\$
Other pre-retirement income (non investment)	\$	\$
Citizenship		
State of residence		
	hip of an insurance policy. Note: I	rson whom you will give a Gift, designate as Date of Birth is only required for Children, Relationship
		Child Grandchild Other Dependent
		Beneficiary/Donee Charity Trust
		☐ Child ☐ Grandchild ☐ Other Dependent
		Beneficiary/Donee Charity Trust
		Child Grandchild Other Dependent
	/	Beneficiary/Donee Charity Trust
		☐ Child ☐ Grandchild ☐ Other Dependent
	/	Beneficiary/Donee Charity Trust

Retirement Goal

Goal	Impo	rtance	(circle	one)
Juai	THIPO	lance	(CII CIE	Ulle)

Goal Imp	ortance (ci	rcle	one)									
		10	9	8	7	6	5	4	3	2	1	
			Needs		War	nts		١	Vishes			
A 4	.40											
Age to re	etire:		Client	Co-Clie	ent ent							
Life expe	ctancy:											
			Client	Co-Cli	ent							
Retireme	nt Living E	хре	nses:									
Enter	living expe	nses	for the fo	ollowing	retireme	ent peri	ods:					
E	xpense Peri	od 1	Client	retired/	'Co-Clien	nt worki	ng \$		p	er 🗀	Month	Year
E	xpense Peri	od 2	– Co-Clie	ent retir	ed/Client	t workin	ng \$		p	er 🗌	Month	Year
E	xpense Peri	od 3	Client	AND Co	o-Client i	retired	\$		p	er 🗀	Month	Year
E	xpense Peri	od 4	Client	alone			\$		p	er 🗀	Month	Year
E	xpense Peri	od 5	Co-Cli	ient alor	ne		\$		p	er [Month	Year
Expe	nses that en	ıd dı	ıring retir	ement (<i>e.g.,</i> mor	tgage, l	oan):					
					Year			Amou	nt			
	Description	1			Expense Will End		(Cı	urrent D			In	flate

Description	Year Expense Will End	Amount (Current Dollars)	Inflate
		\$	☐ Yes ☐ No
		\$ Mth	Yes No
		\$ Mth	Yes No
		\$	☐ Yes ☐ No

Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/-	%
Will you change states in retirement? No Yes	
State where you will move:	
When Will You Move? Client's Retirement Co-Client's Retirement OR Year	<u>-</u>

College Goal

Child's	s name:	Year to start:		# of year	s of college: _	
Goal I	mportance (circle one)					
	10 9 8	7 6 5	4 3	2	1	
	Needs	Wants	Wishes			
Cost e	stimate: (fill in A, B, or C)					
A.	My cost estimate: \$	(Annual Cost)				
В.	Use an average cost:					
	Public In-State (4-year) - \$20,339	Public Out-C	Of-State (4-y	vear) - \$32,	329	
	Public In-State (2-year) - \$14,637	Public Out-C	Of-State (4-y	/ear) - \$22,	912	
	Private (4-year) - \$40,476	Average All	- \$26,832			
C.	·	1	Under G	raduate [Graduate	
C.	Specific college:		Under Gı	raduate [Graduate	
C.	Specific college: State in which the college is locate	ed:	Under Gı	raduate [Graduate	
C.	Specific college: State in which the college is locate Include costs for the following: (Ch	ed:ed:eck which to include)	_		_	
C.	Specific college: State in which the college is locate Include costs for the following: (Ch Tuition Out-of-State fee	ed:eck which to include) es Room & Board [Books &	Supplies [Other Costs	5
C.	Specific college: State in which the college is located in the following: (Charles of the following): (Charles of	ed:eck which to include) es Room & Board [ing a 529 Prepaid Tuit	Books &	Supplies [Other Costs	5
C.	Specific college: State in which the college is locate Include costs for the following: (Ch Tuition Out-of-State fee	ed:eck which to include) es Room & Board [ing a 529 Prepaid Tuit	Books &	Supplies [Other Costs	5
	Specific college: State in which the college is locate Include costs for the following: (Ch Tuition Out-of-State fee Have you prepaid for college us How many years of tuition and	ed:eck which to include) es Room & Board [ing a 529 Prepaid Tuit	Books &	Supplies [Other Costs	5
	Specific college: State in which the college is locate Include costs for the following: (Ch Tuition Out-of-State fee Have you prepaid for college us How many years of tuition and	ed:eck which to include) es Room & Board [ing a 529 Prepaid Tuit d fees will be covered fo	Books &	Supplies [Other Costs	5
	Specific college: State in which the college is located in the following: (Charles of the following:	ed:eck which to include) es Room & Board [ing a 529 Prepaid Tuit d fees will be covered for : (annual amounts)	Books & ion Plan? [or this colleg	Supplies [Other Costs Yes	
	Specific college: State in which the college is locate Include costs for the following: (Ch Tuition Out-of-State fee Have you prepaid for college us How many years of tuition and le funding for college (optional) Other funding sources during college Scholarships: \$	ed:eck which to include) es	Books & ion Plan? [or this colleg	Supplies [Other Costs Yes	
	Specific college: State in which the college is locate Include costs for the following: (Ch Tuition Out-of-State fee Have you prepaid for college us How many years of tuition and le funding for college (optional) Other funding sources during college Scholarships: \$ Student loans: \$	eck which to include) es Room & Board [ing a 529 Prepaid Tuit d fees will be covered fo : (annual amounts) Student employm Gifts and other: \$	Books & ion Plan? [or this colleg	Supplies [Other Costs Yes	-
	Specific college: State in which the college is locate Include costs for the following: (Ch Tuition Out-of-State fee Have you prepaid for college us How many years of tuition and le funding for college (optional) Other funding sources during college Scholarships: \$	eck which to include) es Room & Board [ing a 529 Prepaid Tuit d fees will be covered fo : (annual amounts) Student employm Gifts and other: \$	Books & ion Plan? [or this colleg	Supplies [Other Costs Yes	-
Outsid	Specific college: State in which the college is locate Include costs for the following: (Ch Tuition Out-of-State fee Have you prepaid for college us How many years of tuition and le funding for college (optional) Other funding sources during college Scholarships: \$ Student loans: \$	eck which to include) es Room & Board [ing a 529 Prepaid Tuit d fees will be covered fo : (annual amounts) Student employm Gifts and other: \$ Your loans: \$	Books & ion Plan? [or this colleg	Supplies [No e?	Other Costs Yes	-
Outsid	Specific college: State in which the college is locate Include costs for the following: (Ch Tuition Out-of-State fee Have you prepaid for college us How many years of tuition and le funding for college (optional) Other funding sources during college Scholarships: \$ Student loans: \$ Your own income: \$	eck which to include) es Room & Board [ing a 529 Prepaid Tuit d fees will be covered for : (annual amounts) Student employm Gifts and other: \$ Your loans: \$ used to pay for this college, no	Books & ion Plan? [or this collegent: \$	Supplies [No e? MA's, UTMA's	Other Costs Yes	- -
Outsid	Specific college: State in which the college is locate Include costs for the following: (Ch Tuition Out-of-State fee Have you prepaid for college us How many years of tuition and le funding for college (optional) Other funding sources during college Scholarships: \$ Student loans: \$ Your own income: \$ Ile assets (Assets not owned by you that will be	eck which to include) es Room & Board [ing a 529 Prepaid Tuit d fees will be covered for : (annual amounts) Student employm Gifts and other: \$ Your loans: \$ used to pay for this college, no	Books & ion Plan? [or this collegenent: \$	Supplies [No e? MA's, UTMA's	Other Costs Yes	-
Outsid Outsid 1.	Specific college: State in which the college is located include costs for the following: (Charles of Tuition Out-of-State feet include the state of Tuition Out-of-State feet include you prepaid for college us. How many years of tuition and the funding for college (optional) Other funding sources during college includes Scholarships: \$	eck which to include) es Room & Board [ing a 529 Prepaid Tuit d fees will be covered for : (annual amounts) Student employm Gifts and other: \$ Your loans: \$ used to pay for this college, no Des Annual addition: \$	Books & ion Plan? [or this collegenent: \$	Supplies [No ie? MA's, UTMA's	Other Costs Yes	-

College Goal

Cillia	s name:	Year to start:	# of years of college:
Goal I	Importance (circle one)		
	10 9 8 Needs	7 6 5 4 Wants W	3 2 1 Vishes
Cost e	estimate: (fill in A, B, or C)		
A.	. My cost estimate: \$	(Annual Cost)	
В.	Use an average cost: Public In-State (4-year) - \$20,3. Public In-State (2-year) - \$14,6. Private (4-year) - \$40,476		re (4-year) - \$32,329 re (2-year) - \$22,912 832
C.	State in which the college is loca Include costs for the following: (Tuition Out-of-State for the following) Have you prepaid for college to	ted: Check which to include) ees Room & Board Book using a 529 Prepaid Tuition Pla	an? No Yes
	State in which the college is local Include costs for the following: (continued in the college of the college o	ted: Check which to include) ees Room & Board Boo	ks & Supplies
	State in which the college is local Include costs for the following: (continuity of the state of	ted: Check which to include) ees Room & Board Book using a 529 Prepaid Tuition Pla nd fees will be covered for this o	ks & Supplies
	State in which the college is local Include costs for the following: (continuity of the college	ted: Check which to include) ees Room & Board Book using a 529 Prepaid Tuition Pla nd fees will be covered for this of	ks & Supplies
	State in which the college is local Include costs for the following: (continuity of the following) of the following of the funding for college (coptional) Other funding sources during college (Scholarships: \$	ted: Check which to include) ees Room & Board Book using a 529 Prepaid Tuition Pla nd fees will be covered for this of	ks & Supplies
	State in which the college is local Include costs for the following: (continuity of the college of the college of the college of the following of the following of the funding for college (optional) Other funding sources during college (Scholarships: \$	ted: Check which to include) ees Room & Board Book using a 529 Prepaid Tuition Pla nd fees will be covered for this of	ks & Supplies
Outsid	State in which the college is local Include costs for the following: (continuity of the college of the college of the college of the following of the following of the funding for college (optional) Other funding sources during college (Scholarships: \$	ted: Check which to include) ees	ks & Supplies
Outsid	State in which the college is local Include costs for the following: (continuity of the college of the college of the college of the following of the college of the colleg	ted: Check which to include) ees	ks & Supplies
Outsid	State in which the college is local Include costs for the following: (continuity of the college of the college of the college of the following of the college of the colleg	ted: Check which to include) ees	ks & Supplies Other Costs an? No Yes college?
Outsic Outsic 3.	State in which the college is local Include costs for the following: (a	ted: Check which to include) ees	ks & Supplies

Private School Goals

Child's name:					Year to	start:		_	# of years	of sch	nool:
Goal Importar	nce (circle	one):									
	10	9 Needs	8	7	6 Wants	5	4	3	2 Wishes	1	
Annual cost: Will this amou						☐ Ye	s, Base In	flatio	on Rate +/-		%
Child's name:					Year to	start:		_	# of years	of sch	nool:
Goal Importar	nce <i>(circle</i>	one):									
	10	9 Needs	8	7	6 Wants	5	4	3	2 Wishes	1	
Annual cost: Will this amou		_				. \ \	es, Base l	nflat	tion Rate +,	/	%
Child's name:					year to	start:		_	# of years	of sch	nool:
Goal Importar	nce (circle	one):									
	10	9 Needs	8	7	6 Wants	5	4	3	2 Wishes	1	
Annual cost:	\$		(to	day's dollars))						
Will this amou	unt inflate	? \[\text{No } \[Yes, I	Base Inflat	ion Rate	∏Ye	s, Base In	flatio	on Rate +/-		%

Financial Goal (Major Purchases, Weddings, Travel, New Home, etc.) Description: Goal Importance (circle one): 10 9 8 7 6 5 4 3 2 1 Needs Wants Wishes Year of goal: Month Year Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____% Is this goal recurring? \(\subseteq \text{No} \subseteq \text{Yes} \) How often will it occur: Every _____ year(s) When will it end: Client's Retirement, Co-Client's Retirement, End of Client's Plan End of Co-Client's Plan, End of Plan OR, Total Occurrences: Description: Goal Importance (circle one): 3 2 8 6 5 4 7 Needs Wants Wishes Year of goal: _____ Cost: \$ Month Year Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____% Is this goal recurring? \(\subseteq \text{No} \subseteq \text{Yes} \) How often will it occur: Every _____ year(s) ☐ Client's Retirement, ☐ Co-Client's Retirement, ☐ End of Client's Plan When will it end: ☐ End of Co-Client's Plan, ☐ End of Plan OR ☐ Total Occurrences: _____

Description:
Goal Importance (circle one):
10 9 8 7 6 5 4 3 2 1 Needs Wants Wishes
Year of goal:
Cost: \$ Month Year
Will this amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/%
Is this goal recurring? No Yes
How often will it occur: Every year(s)
When will it end: Client's Retirement, Co-Client's Retirement, End of Client's Plan
End of Co-Client's Plan, End of Plan OR Total Occurrences:
Gift or Donation
Description:
Importance (circle one)
10 9 8 7 6 5 4 3 2 1
10 9 8 7 6 5 4 3 2 1 Needs Wants Wishes
Who is the donor?
Who will receive this gift?
Year you plan to give this gift or donation:
Amount of gift or donation: \$ per
Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/%
Is this gift recurring? No Yes
How often will it occur: Every year(s)
When will it end: Client's Retirement, Co-Client's Retirement End of Client's Plan
End of Co-Client's Plan, End of Plan OR Total Occurrences:
Description:
Importance (circle one)
10 9 8 7 6 5 4 3 2 1 Needs Wants Wishes
TACCAS VVAITO VVISITCS
Who is the donor?
Who will receive this gift?
Year you plan to give this gift or donation:
Amount of gift or donation: \$ per Month Year

My Financial Goals Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____% Is this gift recurring? \(\subseteq \text{No} \subseteq \text{Yes} \) How often will it occur: Every ____ Client's Retirement, Co-Client's Retirement, End of Client's Plan When will it end: ☐ End of Co-Client's Plan, ☐ End of Plan OR ☐ Total Occurrences: _____ **Leave Bequest** Description/Recipient: Importance (circle one) 10 8 7 6 5 3 2 9 Needs Wants Wishes Who will receive this gift? Amount of bequest: \$____ _____ (today's dollars) Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____% Description/Recipient: Importance (circle one) 8 10 9 7 6 5 4 3 2 1 Needs Wants Wishes Who will receive this gift? Amount of bequest: \$______ (today's dollars)

Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- ______%

Risk Tolerance Questionnaire

Risk Assessment

sco thir	re in the space	100 with 1 being ce provided. Constructions estors score be e feel right as y	ompare yourse tween 40 and	elf to other in 60, and only	vestors. Th 1 in 1000 s	e average r	isk score fo	r all in	vestors	s is 50. Two
		Househol	d Score		Client		Co-Client			
Inv	vestment .	Attitude Ris	sk Question	naire						
Che	eck the box n	next to the num	ber to answer	each of the si	x risk tolera	ınce questio	ons below.			
1.	How impor	tant is capital p	oreservation?							
	Not at all			Modera	tely importo	ant			Very	important
	_ 1	_ 2	3	4	<u> </u>	☐ 6	<u> </u>		8	9
2.	How impor	tant is growth?								
	Not at all			Modera	tely importo	ant			Very	important
		_ 2	3	<u> </u>	5	☐ 6	7		8	9
3.	How impor	tant is low vola	atility?							
	Not at all		_	Modera	tely importo	ant		_	Very	important
	<u> </u>	2	3		5	<u> </u>			8	<u> </u>
4.	•	tant is inflatior	protection?							
	Not at all				tely importo				_	important
	<u> </u>	2	3	<u></u> 4	5	∐ 6	□ 7		8	<u> </u>
5.	-	tant is current	cash flow?							
	Not at all				tely importo				-	important
	<u> </u>	_ 2	<u></u> 3	<u> </u>	5	∐ 6	□ 7		8	9
6.		risk are you wi	lling to take to		•					
	Not at all				rate amoun	_			0	A lot
		<u> </u>	3	<u> </u>	5	∐ 6	<u> </u>		8	<u> </u>
Wh	nat Average A	Annual Rate of	Return* do yo	u want to ea	rn on your	portfolio to	reach you	· finan	cial goa	als?
Δνα	erage Annua	l Rate of Retur	n* You Want	0/_						
, , , , (siage Aillia	i nate of netur	IOU VVUIIL.	/0						

^{*} This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

Social Security – Client

Full Retirement Age (FRA) As early as possible Retirement Age I am ineligible for Social Security benefits Do you plan to use a strategy to maximize Social Security? If yes check the applicable option. File and Suspend Restricted Application Select one option for the benefit amount: Month Year (pre-tax, current dollars) Use this amount: \$ Month Year (pre-tax, current dollars) Use the planner estimate (based on current employment income) Estimate the benefit using my Primary Insurance Amount: \$ Assign - How to Use: (choose one) Fund All Goals Earmark to One Goal: Social Security - Co-Client Full Retirement Age (FRA) As early as possible Retirement Age I am ineligible for Social Security benefits
Retirement Age
Age I am ineligible for Social Security benefits Do you plan to use a strategy to maximize Social Security? If yes check the applicable option. File and Suspend Restricted Application Select one option for the benefit amount: Use this amount: \$ Month Year (pre-tax, current dollars) Use the planner estimate (based on current employment income) Estimate the benefit using my Primary Insurance Amount: \$ Assign – How to Use: (choose one) Fund All Goals Earmark to One Goal: Social Security – Co-Client When will you begin taking Social Security? Full Retirement Age (FRA) As early as possible Retirement Age
I am ineligible for Social Security benefits Do you plan to use a strategy to maximize Social Security? If yes check the applicable option. File and Suspend Restricted Application Select one option for the benefit amount: Use this amount: \$ Month Year (pre-tax, current dollars) Use the planner estimate (based on current employment income) Estimate the benefit using my Primary Insurance Amount: \$ Assign − How to Use: (choose one) Fund All Goals Earmark to One Goal: Social Security − Co-Client When will you begin taking Social Security? Full Retirement Age (FRA) As early as possible Retirement Age
Do you plan to use a strategy to maximize Social Security? If yes check the applicable option. File and Suspend Restricted Application
File and Suspend Restricted Application Select one option for the benefit amount: Use this amount: \$ Month Year (pre-tax, current dollars) Use the planner estimate (based on current employment income) Estimate the benefit using my Primary Insurance Amount: \$ Assign – How to Use: (choose one) Fund All Goals Earmark to One Goal: Social Security – Co-Client When will you begin taking Social Security? Full Retirement Age (FRA) As early as possible Retirement Age
Restricted Application Select one option for the benefit amount: Use this amount: \$ Month Year (pre-tax, current dollars) Use the planner estimate (based on current employment income) Estimate the benefit using my Primary Insurance Amount: \$ Assign - How to Use: (choose one) Fund All Goals Earmark to One Goal: Social Security - Co-Client When will you begin taking Social Security? Full Retirement Age (FRA) As early as possible Retirement Age
Select one option for the benefit amount: Use this amount: \$ Month Year (pre-tax, current dollars) Use the planner estimate (based on current employment income) Estimate the benefit using my Primary Insurance Amount: \$ Assign – How to Use: (choose one) Fund All Goals Earmark to One Goal: Social Security – Co-Client When will you begin taking Social Security? Full Retirement Age (FRA) As early as possible Retirement Age
Use this amount: \$ Month Year (pre-tax, current dollars) Use the planner estimate (based on current employment income) Estimate the benefit using my Primary Insurance Amount: \$ Assign – How to Use: (choose one) Fund All Goals Earmark to One Goal: Social Security – Co-Client When will you begin taking Social Security? Full Retirement Age (FRA) As early as possible Retirement Age
Use the planner estimate (based on current employment income) Estimate the benefit using my Primary Insurance Amount: \$
Estimate the benefit using my Primary Insurance Amount: \$ Assign – How to Use: (choose one) Fund All Goals Earmark to One Goal: Social Security – Co-Client When will you begin taking Social Security? Full Retirement Age (FRA) As early as possible Retirement Age
Assign – How to Use: (choose one) Fund All Goals Earmark to One Goal: Social Security – Co-Client When will you begin taking Social Security? Full Retirement Age (FRA) As early as possible Retirement Age
Fund All Goals
Fund All Goals
Social Security – Co-Client When will you begin taking Social Security? Full Retirement Age (FRA) As early as possible Retirement Age
When will you begin taking Social Security? Full Retirement Age (FRA) As early as possible Retirement Age
When will you begin taking Social Security? Full Retirement Age (FRA) As early as possible Retirement Age
Full Retirement Age (FRA) As early as possible Retirement Age
As early as possible Retirement Age
Retirement Age
Age
I am ineligible for Social Security benefits
Do you plan to use a strategy to maximize Social Security? If yes check the applicable option.
File and Suspend
Restricted Application
Select one option for the benefit amount:
Use this amount: \$ Month Year (pre-tax, current dollars)
Use the planner estimate (based on current employment income)
Estimate the benefit using my Primary Insurance Amount: \$
Assign – How to Use: (choose one)
Fund All Goals Earmark to One Goal:

Pension Whose pension: Client Co-Client Description: __ Client's Retirement Co-Client's Retirement Receiving Now Year Income begins: Amount of benefit (estimate of pre-tax future value): \$______ per ___ Month ___ Year Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____% (Note: Inflation will begin in the year payments begin.) Survivor benefit: _____% Assign – How to Use: (choose one) Earmark to One Goal: Fund All Goals Whose pension: Client Co-Client Description: Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year Amount of benefit (estimate of pre-tax future value): \$______ per ___ Month ___ Year Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____% (Note: Inflation will begin in the year payments begin.) Survivor benefit: _____% Assign – How to Use: (choose one) Earmark to One Goal: _____ Fund All Goals

Part-Time Employment Whose income: Client Co-Client Description: Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year Number of years: Income amount (pre-tax, today's dollars): \$______ per Month Year Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- ______% Assign – How to Use: (choose one) Earmark to One Goal: Fund All Goals Whose income: Client Co-Client Description: _ Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year Number of years: Income amount (pre-tax, today's dollars): \$______ per Month Year Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- ______% Assign – How to Use: (choose one) Fund All Goals Earmark to One Goal: **Annuity Income** Whose annuity: Client Co-Client Description: Year annuity payments start: _____ Value at annuitization: \$_____ Cost basis: \$ Income growth rate: _______% Exclusion ratio: _______% **Annuity Type** (choose one option) Joint Life Income Guaranty: Period Certain Lifetime Only Installment Refund Cash Refund If Period Certain, enter years: _____ Income to Co-Client_____ % | Single Life Income Guaranty: Period Certain Lifetime Only Installment Refund Cash Refund If Period Certain, enter years: _____ Specific Period Enter years: _____ Assign – How to Use: (choose one) Fund All Goals Earmark to One Goal:

Rental Property Income Client Co-Client Whose income: Description: ___ Client's Retirement Co-Client's Retirement Receiving Now Year Income begins: End of Client's Plan End of Co-Client's Plan End of Plan Year Income ends: Amount of net rental income (pre-tax rental income less expenses): \$ Month Year Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- % Assign – How to Use: (choose one) Earmark to One Goal: _____ Fund All Goals **Other Retirement Income** Client Co-Client Whose income: Description: Client's Retirement Co-Client's Retirement Receiving Now Year Income begins: End of Client's Plan End of Co-Client's Plan End of Plan Year Income ends: Amount of income (pre-tax, today's dollars): \$ per \int Month \int Year Is this income tax-free? No Yes Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- ______% Assign – How to Use: (choose one) Fund All Goals Earmark to One Goal: Client Co-Client Whose income: Description: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year Income begins: End of Client's Plan End of Co-Client's Plan End of Plan Year Income ends: Amount of income (pre-tax, today's dollars): \$_____ per \[\begin{aligned} \text{Month} \\ \ \ \ \ \end{aligned} \] Is this income tax-free? No Yes Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- ______% Assign – How to Use: (choose one) | Fund All Goals Earmark to One Goal: Whose income: Client Co-Client Description: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year ☐ Income begins: End of Client's Plan End of Co-Client's Plan End of Plan Year Income ends: Amount of income (pre-tax, today's dollars): \$______ per \infty Month \infty Year Is this income tax-free? No Yes Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- % Assign – How to Use: (choose one) Earmark to One Goal: Fund All Goals

Whose income: Client Co-Client Description:
Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year
Income ends: End of Client's Plan End of Co-Client's Plan End of Plan Year
Amount of income (pre-tax, today's dollars): \$ per
Is this income tax-free? No Yes
Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/%
Assign – How to Use: (choose one)
Fund All Goals Earmark to One Goal:
Other Irrevocable Trust Income
Whose income: Client Co-Client
Description:
Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year
Income ends:
Amount of income (pre-tax, today's dollars): \$ per
Is this income tax-free? No Yes
Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/%
Assign – How to Use: (choose one)
Fund All Goals Earmark to One Goal:
Whose income: Client Co-Client
Description:
Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year
Income ends:
Amount of income (pre-tax, today's dollars): \$ per Month Year
Is this income tax-free? No Yes
Will this amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/%
Assign – How to Use: (choose one)
Fund All Goals Earmark to One Goal:

401(k) Plans						
Description:		Who	se plan:	Client	Co-Client	
Current total value: \$		After	-tax value (non-Roth)	: \$	
Current Roth value: \$						
Asset Class Distribution:						
CE% STB%						
LCGS% MCS%	SCS	%	IDS	%	IES	%
UC%						
Assign – How to Use: (check one)	oro Cools					
Fund All Goals Earmark to One or Mo	ne doais					
Income						
Total income from this employer: \$						
Will this amount inflate? No Yes		_	□ Voc. Base	o Inflation	Pato +/-	0/_
Your contributions:	, base iiiilati	Officate [163, Dase	e iiiiatioii	Nate 1/	
Pre-tax contributions: Enter % of annual	income %	or \square A	ssume max	contribution	on each year	
After-tax contributions (non-Roth):	%				•	
Roth contributions:%						
Roth contributions: \$						
Year contributions begin:	_					
Contributions end: Client's Retiremer	nt 🗌 Co-Cl	ient's Reti	rement 🗌	Year		
Employer contributions						
If your employer matches your contributions, cor	mplete this s	ection.				
Employer will match this % of your contr	ibution:	%				
Up until your contribution reaches this %	j:%					
Then your employer will match this % of	your contrik	oution:	%			
Up until your total contribution reaches	this %:	%				
Employer contributions limit						
Maximum annual dollar limit : \$	_					
(Some plans also have a maximum limit on the total dilimit above. If your plan has such a limit, enter the amount of the such a limit, enter the amount of the such as the such a limit, enter the amount of the such as the s		oloyer will o	contribute in	a year, rega	ardless of the p	percentage
Additional employer contributions - Profit sha	aring					
If your employer makes contributions in addition to the Only enter those contributions you are confident you			nere.			
Contribution as a % of income:	%					
Contributions as dollar amount: \$		Grov	w annually b	оу	%	
Contributions End: Client's Retireme	nt 🗌 Co-C	lient's Ret	irement _	Year		

Employer Sponsored Plans					
Type of plan:	Whos	se plan: 🗌 Clier	nt 🗌	Co-Client	
Description:					
Current total value: \$	After-	-tax value(non-R	loth):	\$	
Current Roth value: \$					
Asset class distribution:					
CE% STB% ITB					
LCGS% MCS% SCS	·%	IDS	_%	IES	%
UC%					
Assign – How to Use: (check one)					
Fund All Goals	NS:				
Not Used in Plan Leave to Estate					
Income					
Total income from this employer: \$	_	7		-	0.4
Will this amount inflate? No Yes, Base Your contributions:	Inflation Rate [Yes, Base Infla	ation	Rate +/	%
Pre-tax contributions: Enter % of annual incom	ο % or □Λο	sumo may conti	ributic	on oach yoa	r
After-tax contributions (non-Roth):%	e // OIA3	same max com	ibutic	on each year	
Roth contributions:%					
Roth contributions: \$					
Year contributions begin:					
Contributions end: Client's Retirement	Co Client's Beti	romant Vaa	<u>.</u>		
	Co-Client's Reti	тетнеті 🗀 теа	'		
Employer contributions	this costion				
If your Employer matches your contributions, complete					
Employer will match this % of your contribution					
Up until your contribution reaches this %:					
Then your employer will match this % of your o		%			
Up until your total contribution reaches this %:	%				
Employer contributions limit					
Maximum annual dollar limit: \$					
(Some plans also have a maximum limit on the total dollars the emp your plan has such a limit, enter the amount.)	loyer will contribute	in a year, regardless	of the	percentage lin	nit above. If
Additional employer contributions - Profit sharing					
If your employer makes contributions in addition to those above, en Only enter those contributions you are confident you will actually red					
Contribution as a % of income:	%				
Contributions as dollar amount: \$	Grow	annually by _		%	
Contributions End: Client's Retirement	Co-Client's Reti	rement 🗌 Yea	r		

Traditional IRAs

Who is the owner: Client Co-Client	Description:	
Current value: \$	After tax-value: \$	
Assign – How to Use: (check one)		
Fund All Goals Earmark to One or More	e Goals:	
☐ Not Used in Plan ☐ Leave to Estate		
Annual additions: (check one)		
Pre-tax: Additions: \$	Inflate? No Yes	
Maximum contribution each year	r	
After-tax: Additions: \$		
☐ Maximum contribution each year	r	
Year additions begin:		
Year additions end: Client's Retirement	Co-Client's Retirement	
Asset class distribution:		
	ITB% LTB% LCVS%	
LCGS% MCS% S	SCS% IDS% IES%	
UC%		
Who is the owner: Client Co-Client	- 55 51 15 5 5 7 5	
Current value: \$	After-tax value: \$	
Assign – How to Use: (check one)		
Fund All Goals Earmark to One or More	Goals:	
Not Used in Plan Leave to Estate		
Annual additions: (check one)		
Pre-tax: Additions: \$	Inflate? No Yes	
Maximum contribution each year	r	
After-tax: Additions: \$		
☐ Maximum contribution each year	r	
Year additions begin:		
Year additions end: Client's Retirement	Co-Client's Retirement Year	
Asset class distribution:		
CE% STB% I	ITB% LTB% LCVS%	
LCGS% MCS% S	SCS% IDS% IES%	
UC%		

Traditional IRAs

Who is the owner: Client Co-Client	Description:				
Current value: \$ After-tax value: \$					
Assign – How to Use: (check one)	ro Coals:				
☐ Fund All Goals ☐ Earmark to One or Mo☐ Not Used in Plan ☐ Leave to Estate	re Goals.				
Annual additions: (check one)					
	T ((1 2 🗆 N				
Pre-tax: Additions: \$	_	es			
Maximum contribution each y					
After-tax: Additions: \$	=				
Maximum contribution each y					
Year additions begin:	<u></u>				
Year additions end: Client's Retirement	Co-Client's Retirement	Year	_		
Asset class distribution:					
CE% STB%					
LCGS% MCS% UC%	SUS% IDS	%	IES	%	
Who is the owner: Client Co-Client	Description:				
Current value: \$	_ After-tax value: \$_				
Assign – How to Use: (check one)					
☐ Fund All Goals ☐ Earmark to One or Mo	ore Goals:				
☐ Not Used in Plan ☐ Leave to Estate					
Annual additions: (check one)					
Pre-tax: Additions: \$		es			
Maximum contribution each y					
After-tax: Additions: \$	=				
Maximum contribution each y	ear				
Year additions begin:	_				
Year additions end: Client's Retirement [Co-Client's Retirement	Year			
Asset class distribution:					
CE% STB%					
LCGS% MCS%					
UC%					

SEPP IRA - 72(t)

Who is the owner:	Clie	nt 🗌 Co-Cl	ient	Description:					
Ticker symbol:			Units:						
Current value: \$				After-tax value: \$					
Assign – How to Use: (check one)									
Fund All Goal	s 🗌	Earmark to	One or Mo	ore Goals: _					
☐ Not Used in P	lan 🗌	Leave to Est	ate						
72(t) distribution	s								
Annual distribu	ution an	nount: \$		_ Year d	istribution	began:			
Asset class distrib	ution:								
CE	%	STB	%	ITB	%	LTB	%	LCVS	%
LCGS	%	MCS	%	SCS	%	IDS	%	IES	%
UC	%								
Who is the owner:	Clie	nt 🗌 Co-Cl	ient	De	escription:				
Ticker symbol:									
Current value: \$									
Assign – How to U									
Fund All Goal			One or Mo	ore Goals:					
☐ Not Used in P									
72(t) distribution									
Annual distribu		nount: \$		Year d	istribution	began:			
Asset class distrib	ution:								
CE	%	STB	%	ITB	%	LTB	%	LCVS	%
LCGS	%	MCS	%	SCS	%	IDS	%	IES	%
UC	%								

Roth IRAs Who is the owner: Client Co-Client Description: Current value: \$_____ Assign – How to Use: (check one) Fund All Goals Earmark to One or More Goals: Not Used in Plan Leave to Estate **Annual additions:** (check one) Pre-tax: Additions: \$ Inflate? No Yes Maximum contribution each year After-tax: Additions: \$_____ Year additions begin: Year additions end: Client's Retirement Co-Client's Retirement Year Asset class distribution: CE ______% STB _____% ITB _____% LTB _____% LCVS _____% LCGS ______% MCS ______% SCS _____% IDS _____% IES _____% UC _____% Who is the owner: Client Co-Client Description: Current value: \$_____ Assign – How to Use: (check one) Fund All Goals Earmark to One or More Goals: Not Used in Plan Leave to Estate **Annual additions:** (Check one) Pre-tax: Additions: \$_____ Inflate? No Yes Maximum contribution each year After-tax: Additions: \$_____ Year additions begin: Year additions end: Client's Retirement Co-Client's Retirement Year _____ **Asset Class Distribution:** CE ______% STB _____% ITB _____% LTB _____% LCVS _____% LCGS ____% MCS ____% SCS ____% IDS ____% IES _____%

UC %

Coverdell Accounts (ESA)	
Who is the owner: Custodial	Description:
Current value: \$	_
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or Mo	ore Goals:
☐ Not Used in Plan ☐ Leave to Estate	
Annual additions: (check one)	
Additions: \$	_ Inflate? No Yes
Maximum contribution each year	
Year additions begin	_
Year additions end: Client's Retirement	Co-Client's Retirement
Asset class distribution:	
	ITB% LTB% LCVS%
	SCS% IDS% IES%
UC%	
Who is the owner: Custodial	Description:
Current value: \$	
Assign – How to Use: (check one)	_
	ore Goals:
☐ Not Used in Plan ☐ Leave to Estate	
Annual additions: (check one)	
Additions: \$	Inflate? ☐ No ☐ Yes
Maximum contribution each year	
Year additions begin:	
<u> </u>	Co-Client's Retirement Year
Asset class distribution:	
	ITB% LTB% LCVS%
LCGS% MCS%	SCS% IDS% IES%
UC%	

529 Savings Plan

Who is the owner: Client Co-Client	Description:
Beneficiaries/Percentage	
Estate%	Other%
Surviving Client%	Other%
Current value: \$	_ Is this asset subject to state taxes? No Yes
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or Mo	ore Goals:
☐ Not Used in Plan ☐ Leave to Estate	
Annual additions: (check one)	
Additions: \$	_ Inflate? No Yes
Year additions begin:	_
Year additions end: Client's Retirement	Co-Client's Retirement Year
Asset class distribution:	
	ITB% LTB% LCVS%
	SCS% IDS% IES%
UC%	
Who is the owner: Client Co-Client Beneficiaries/Percentage	Description:
Estate%	Other%
Surviving Client%	Other%
Current value: \$	_ Is this asset subject to state taxes? No Yes
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or Mo	ore Goals:
☐ Not Used in Plan ☐ Leave to Estate	
Annual additions: (check one)	
Additions: \$	_ Inflate? No Yes
Year additions begin:	_
Year additions end: Client's Retirement	Co-Client's Retirement Year
Asset class distribution:	
CE% STB%	ITB% LTB% LCVS%
	SCS% IDS% IES%
UC%	

Annuities						
Who is the owner: Client Co-Client	Description:					
Current value: \$						
Assign – How to Use: (check one)						
☐ Fund All Goals ☐ Earmark to One or More	e Goals:					
☐ Not Used in Plan ☐ Leave to Estate						
Annual additions: (check one)						
Additions: \$ Inflate? \(\bigcap \) No \(\bigcap \) Yes						
Year additions begin:						
Year additions end: Client's Retirement	Co-Client's Retirement Year					
Asset class distribution:						
CE% STB%	ITB% LTB% LCVS%					
LCGS% MCS%	SCS% IDS% IES%					
UC%						
Who is the owner: Client Co-Client	Description:					
Current Value: \$						
Assign – How to Use: (check one)						
	e Goals:					
Not Used in Plan Leave to Estate						
Annual additions: (check one)						
Additions: \$	Inflate? No Yes					
Year Additions Begin:						
	Co-Client's Retirement Year					
real realizations and a chemical realization of	ges ellenit s treat ellenien elle real					
Asset class distribution:						
	ITB% LTB% LCVS%					
	SCS% IDS% IES%					
LIC. %						

Annuities (continued)					
Who is the owner: Client Co-Client	Description:				
Current value: \$	Cost basis: \$				
Assign – How to Use: (check one)					
Fund All Goals Earmark to One or Mor	e Goals:				
☐ Not Used in Plan ☐ Leave to Estate					
Annual additions: (check one)					
Additions: \$	Inflate? No	Yes			
Year additions begin:					
Year additions end: Client's Retirement	Co-Client's Retirer	ment 🗌 Year			
Asset class distribution:					
CE% STB%	ITB%	LTB	_%	LCVS	%
LCGS% MCS%	SCS%	IDS	_%	IES	%
UC%					
Cash Value Life: Variable Life					
	Insured: 🗌 Client [Co-Client	1 st to	Die 2 nd to	Die
Name or Description:					
Beneficiaries:					
Estate% Other	%	Other			%
Co-Client% Other	%	Other			%
Current value: \$					
Asset class distribution:					
CE% STB%					
LCGS% MCS%	SCS%	IDS	_%	IES	%
UC%					
Cost basis: \$	Insur	rance amount: \$_			
Assign – How to Use: (check one)					
Fund All Goals Earmark to One or Mor	e Goals:				
☐ Not Used in Plan ☐ Leave to Estate					
Annual additions: (check one)					
Pre-tax: Additions: \$	Inflate? No	Yes			
Maximum contribution each year	ar				
After-tax: Additions: \$					
Year additions begin:					
Year additions end: Client's Retirement	Co-Client's Retirem	nent Year			
	_	<u> </u>			

Cash Value Life: Variable Life Insured: Client Co-Client 1st to Die 2nd to Die Owner: Client Co-Client Name or Description:____ **Beneficiaries:** ____% Other - _____ ____ _____ % Other - ______ ______ _____ % Estate Current value: \$ Asset class distribution: CE ______% STB ______% ITB ______% LTB _____% LCVS ______% LCGS _____% MCS _____% SCS _____% IDS _____% IES _____% UC _____% Cost basis: \$ Insurance amount: \$ Assign – How to Use: (check one) Fund All Goals Earmark to One or More Goals: Not Used in Plan Leave to Estate **Annual additions:** (check one) Pre-tax: Additions: \$_____ Inflate? No Yes Maximum contribution each year After-tax: Additions: \$_____ Year additions begin: _____ Year additions end: Client's Retirement Co-Client's Retirement Year

Other Tax-Deferred	
Who is the owner: Client Co-Client	Description:
Current value: \$	Cost basis: \$
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or Mor	re Goals:
☐ Not Used in Plan ☐ Leave to Estate	
Annual additions: (check one)	
Additions: \$	_ Inflate? No Yes
Year additions begin:	<u>-</u>
Year additions end: 🗌 Client's Retirement 🛭	Co-Client's Retirement Year
Asset class distribution:	
CE% STB%	ITB% LTB% LCVS%
LCGS% MCS%	SCS% IDS% IES%
UC%	
U.S. Savings Bond	
Who is the owner: Client Co-Client	Description:
Current value: \$	Cost basis: \$
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or Mo	re Goals:
☐ Not Used in Plan ☐ Leave to Estate	
Annual additions: (check one)	
Additions: \$	_ Inflate? No Yes
Year additions begin:	_
Year additions end: Client's Retirement	Co-Client's Retirement Year
Asset class distribution:	
CE% STB%	ITB% LTB% LCVS%
	SCS% IDS% IES%
UC %	

Taxable	
Who is the owner: Client Co-Client Joint Custodial	
If Joint, what kind? Survivorship Common Entirety Community Property	
Other w/ Client Other w/ Co-Client	
Description:	
Ticker symbol: Units:	
Current value: \$	
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or More Goals:	
☐ Not Used in Plan ☐ Leave to Estate	
Annual additions: (check one)	
Additions: \$ Inflate? \(\bigcap \) No \(\bigcap \) Yes	
Year additions begin:	
Year additions end: Client's Retirement Co-Client's Retirement Year	
Asset class distribution:	
CE% STB% ITB% LTB% L	
LCGS% MCS% SCS% IDS% IE	S%
UC%	
Who is the owner:	
If Joint, what kind?	
☐ Other w/ Client ☐ Other w/ Co-Client	
Description:	
Ticker symbol: Units:	
Current value: \$ Cost basis: \$	
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or More Goals:	
Not Used in Plan Leave to Estate	
Annual additions: (check one)	
Additions: \$ Inflate? \(\bigcap \text{No} \) Yes	
Year additions begin:	
Year additions end: Client's Retirement Co-Client's Retirement Year	
Asset class distribution:	
CE% STB% ITB% LTB% L	
LCGS% MCS% SCS% IDS% IE	ES%
UC%	

Who is the owner:		
	☐ Client ☐ Co-Client ☐ Joint ☐ Custodial	
If Joint, what kind?	☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property	
	Other w/ Client Other w/ Co-Client	
Description:		
Ticker symbol:	Units:	
Current value: \$	Cost basis: \$	
Is this asset subject to	state taxes? No Yes	
Assign – How to Use:	(check one)	
	Earmark to One or More Goals:	
☐ Not Used in Plan	Leave to Estate	
Annual additions: (che		
Additions: \$	Inflate?	
Year additions beg	gin:	
Year additions end	d: Client's Retirement Co-Client's Retirement Year	
Asset class distribution		
	_% STB% ITB% LTB% LCVS _	
	_% MCS% SCS% IDS% IES	%
UC	_%	
Who is the owner:	☐ Client ☐ Co-Client ☐ Joint ☐ Custodial ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property	
	I I Survivorship I I Common I I Entirety I I Community Property	
if Joint, what kind?	<u> </u>	
	Other w/ Client Other w/ Co-Client	
Description:	Other w/ Client Other w/ Co-Client	
Ticker symbol:	Other w/ Client Other w/ Co-Client Units:	
Description: Ticker symbol: Current value: \$	Other w/ Client Other w/ Co-Client Units: Cost basis: \$	
Description: Ticker symbol: Current value: \$ Is this asset subject to	Other w/ Client Other w/ Co-Client Units: Cost basis: \$ state taxes? No Yes	
Description: Ticker symbol: Current value: \$ Is this asset subject to Assign – How to Use:	Other w/ Client Other w/ Co-Client Units: Cost basis: \$ state taxes? No Yes (check one)	
Description: Ticker symbol: Current value: \$ Is this asset subject to Assign – How to Use: Fund All Goals	Other w/ Client Other w/ Co-Client Units: Cost basis: \$ state taxes? No Yes (check one) Earmark to One or More Goals:	
Description: Ticker symbol: Current value: \$ Is this asset subject to Assign – How to Use:	Other w/ Client Other w/ Co-Client Units: Cost basis: \$ state taxes? No Yes (check one) Earmark to One or More Goals: Leave to Estate	
Description: Ticker symbol: Current value: \$ Is this asset subject to Assign – How to Use:	Other w/ Client Other w/ Co-Client Units: Cost basis: \$ state taxes? No Yes (check one) Earmark to One or More Goals: Leave to Estate eck one)	
Description: Ticker symbol: Current value: \$ Is this asset subject to Assign – How to Use:	Other w/ Client Other w/ Co-Client Units: Cost basis: \$ state taxes? No Yes (check one) Earmark to One or More Goals: Leave to Estate ck one) Inflate? No Yes	
Description: Ticker symbol: Current value: \$ Is this asset subject to Assign – How to Use:	Other w/ Client Other w/ Co-Client Units: Cost basis: \$ state taxes? No Yes (check one) Earmark to One or More Goals: Leave to Estate eck one) Inflate? No Yes	
Description: Ticker symbol: Current value: \$ Is this asset subject to Assign – How to Use:	Other w/ Client Other w/ Co-Client Units: Cost basis: \$ state taxes? No Yes (check one) Earmark to One or More Goals: Leave to Estate eck one) Inflate? No Yes Gin: Client's Retirement Year	
Description: Ticker symbol: Current value: \$ Is this asset subject to Assign – How to Use:	Other w/ Client Other w/ Co-Client Units: Cost basis: \$ state taxes? No Yes (check one) Earmark to One or More Goals: Leave to Estate eck one) Inflate? No Yes d: Client's Retirement Co-Client's Retirement Year Don:	
Description:	Other w/ Client Other w/ Co-Client Units: Cost basis: \$ state taxes? No Yes (check one) Earmark to One or More Goals: Leave to Estate eck one) Inflate? No Yes Gin: Client's Retirement Year	%

Adjust Preferences

Willingness to Adjust Preferences

1.	How willing are you to retire later than your Target retirement age?
	☐ Not at All
	Slightly Willing
	Somewhat Willing
	☐ Very Willing
2.	In what order do you prefer to retire?
	Both retire in the same year
	☐ Either can retire first
	☐ Client can retire first
	Co-Client can retire first
3.	If you had to save more, what is the maximum extra amount you could save annually to meet your goals? This amount is the above and beyond the total additions you are already making to investment assets. \$
4.	How willing are you to save more money?
	☐ Slightly Willing
	Somewhat Willing
	☐ Very Willing
5.	When considering all of the goals you have classified as NEEDS , how willing are you to reduce your Goal Amounts from the Target?
	Slightly Willing
	Somewhat Willing
	☐ Very Willing
6	When considering all of the goals you have classified as WANTS , how willing are you to reduce your Goal
6.	Amounts from the Target?
	Slightly Willing
	Somewhat Willing
	Very Willing
	very vviimig

	Options I													
Who is t	he owner:	Client	Co-Cli	ent										
Stock na	ıme:													
	ass: (check on													
Пι	_arge Cap V	∕alue □ L	arge Cap (Growth [Small Car	o Mid	Cap							
	internationa		· — ·											
	Price: \$	•			5 5	Update:								
				_	Last	opuate								
Do all o	ptions vest	t at death?	□ NO □	res										
Vostina	Schedule													
	Schedule				% Veste	sted by Year								
Name	1	2	3	4	5	6	7	8	9	10				
i														
Stock O	ptions Gra	nt												
	ite:				Gran	t name:								
] ISO				0.0									
	granted:	-			Options already exercised:									
•	on date:													
Select ve	esting sched	dule:												
Stock O	ptions Gra	nt												
Grant da	ite:				Grant name:									
Туре:	ISO 🗌 I	VQO												
•	granted:				•									
•	n date:				_ Grant price:									
Select ve	esting sched	dule:												
		_												
	ptions Gra				_									
	nte:				Grant name:									
,	ISO [] N	-			O 11		. ,							
	granted:													
	on date:					t price.								
JOICEL VE	James Jeriel													
Stock O	ptions Gra	nt												
	ptions dia ite:				Gran	t namo:								
					Giali	t name:								
	ISO [] N granted:				Ontid	nns already	evercised	•						
	on date:													
		dule:												

Stock C	options F	Plan											
Who is th	ne owner:	Client	Co-Clie	ent									
Stock nar	me:												
	SS: (check one												
□ L	arge Cap \	/alue 🔲	Large Cap	Growth [Small Ca	p 🗌 Mic	d Cap						
_			ped Inte			. —	•						
· 		•			5 5	Jpdate:							
•			? No [
Vestina S	Schedule												
					% Vested	d by Year							
Name	1	2	3	4	5	6	7	8	9	10			
Stock Or	ations Gra	nt											
-	otions Gra				Crant	nama							
	ISO N				Grani	. name							
		-			Options already exercised:								
Select ve	sting sched	dule:			'								
Stock Op	otions Gra	nt											
Grant dat	te:				Grant name:								
Туре: 🗌	ISO []	1QO											
					•	-		:					
•					Grant	price:							
Select ve	sting sched	iule											
Stock Or	otions Gra	nt											
-					Grant	namo:							
	ISO N				Grant name:								
,. —	-	-			Options already exercised:								
Stock Op	otions Gra	nt											
Grant dat	te:				Grant	name:							
	ISO 🗌 N												
						-							
Select ve	sung scried	iuie											

Stock Options Grant Grant name: _____ Grant date: Type: ISO NQO Options granted: _____ Options already exercised: _____ Expiration date: Grant price: Select vesting schedule: **Stock Options Grant** Grant date: _____ Grant name: _____ Type: ISO NOO Options already exercised: Options granted: Expiration date: Grant price: Select vesting schedule: **Stock Options Grant** Grant date: _______ Grant name: Type: ISO NOO Options granted: Options already exercised: Expiration date: _____ Grant price: Select vesting schedule: **Stock Options Grant** Grant date: ___ Grant name: Type: ISO NOO Options already exercised: Options granted: Expiration date: ____ Grant price: Select vesting schedule: **Stock Options Grant** Grant date: Grant name: Type: ISO NOO Options granted: Options already exercised: Expiration date: Grant price: Select vesting schedule: **Stock Options Grant** Grant date: Grant name: _____ Type: SO NOO Options already exercised: Options granted: Expiration date: _____ Grant price: Select vesting schedule:

Stock Options - Cash Receipt Schedule: As an alternative to letting the program calculate the future value of Stock Options, enter the after-tax, future cash amount(s) below.

Stock Options		
Name of grant	Future value (after tax) Low: \$	
Year cash received	Future value (after tax) Expected: \$	
	Future value (after tax) High: \$	
Name of grant	Future value (after tax) Low: \$	
Year cash received	Future value (after tax) Expected: \$	
	Future value (after tax) High: \$	
Name of grant	Future value (after tax) Low: \$	
Year cash received		
	Future value (after tax) High: \$	
Name of grant	Future value (after tax) Low: \$	
Year cash received		
	Future value (after tax) High: \$	
Name of grant	Future value (after tax) Low: \$	
Year cash received	Future value (after tax) Expected: \$	
	Future value (after tax) High: \$	
Name of grant	Future value (after tax) Low: \$	
Year cash received	Future value (after tax) Expected: \$	
	Future value (after tax) High: \$	
Name of grant	Future value (after tax) Low: \$	
Year cash received	Future value (after tax) Expected: \$	
	Future value (after tax) High: \$	
Name of grant	Future value (after tax) Low: \$	
Year cash received	Future value (after tax) Expected: \$	
	Future value (after tax) High: \$	
Name of grant	Future value (after tax) Low: \$	
Year cash received		
	Future value (after tay) High: \$	

Other Assets

Restric	ted Stocl	k Plan											
Who is tl	ne owner:	Client	Co-Cli	ent									
Ticker:					Stock	name:							
	SS: (check one												
	arge Cap V	alue 🔲 I	Large Cap	Growth [Small Cap	o 🗌 Mic	d Cap						
_	nternationa					_	·						
	orice: \$	•				update:							
	nares vest a												
Vestina	Schedule												
					% Vested	d by Year							
Name	1	2	3	4	5	6	7	8	9	10			
Restricte	ed Stock G	rant											
Grant da	te:				<u> </u>								
_	ranted:												
Select ve	sting sched	dule:											
Postrict	ed Stock G	rant											
	te:				Grant name:								
	ranted:												
					_								
	J												
Restricte	ed Stock G	rant											
Grant da	te:				Grant name:								
Shares g	ranted:												
Select ve	sting sched	lule:											
	ed Stock G												
Grant da	te:				Grant	t name:							
	ranted:												
select ve	sung sched	iule											
Restrict	ed Stock G	rant											
	te:				Grant	t name:							
	ranted:				Grain								

Other Assets

Restric	ted Stoc	k Plan										
Who is th	ne owner:	☐ Client	Co-Cli	ent								
Ticker:	Ticker: Stock name:											
	SS: (check on											
	•	·	Large Cap (Growth [Small Cap	Пміс	d Cap					
	_		ed Inte				и сир					
						n data.						
			☐ No 「		Last u	риаге						
Do all sn	ares vest	at deatn?	□ INO [Yes								
Vesting :	Schedule 				% Vested	hy Vear						
Name	1	2	3	4	5	6	7	8	9	10		
Restricte	ed Stock G	irant										
_												
	J											
Restricte	ed Stock G	rant										
Grant dat	te:											
Select ve	sting sche	dule:										
Restricte	d Stock G	irant										
Grant da	te:				Grant name:							
Select ve	sting sche	dule:										
	d Stock G											
Grant dat	te:				Grant	name:						
Shares gi	ranted:											
Select ve	sting sche	dule:										
.	16. 1 5											
	ed Stock G				_							
					Grant	name:						
JUICUL VE	sung scrie	auic										

Restricted Stock - Cash Receipt Schedule: As an alternative to letting the program calculate the future value of Restricted Stock, enter the after-tax, future cash amount(s) below.

Restricted Stock Grants	
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	
	Future value (after tax) High: \$

Personal and Business Assets

(Homes, Vehicles, Personal Property, Business Assets, Real Estate,	etc.)
Owner: Client Co-Client Joint Custodial	
If Joint, what kind? Survivorship Common	Entirety Community Property
Other w/ Client Other w/	Co-Client
Description:	Current value: \$
Will the value of this asset increase each year? No	Yes%
Do you intend to sell this asset to help fund your goals?	No Yes (If Yes, complete the remaining items)
Year to sell	Future value (after tax) Low: \$
	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or More Goals	·
☐ Not Used in Plan ☐ Leave to Estate	
Owner: Client Co-Client Joint Custodial	
If Joint, what kind? Survivorship Common	☐ Entirety ☐ Community Property
Other w/ Client Other w/	Co-Client
Description:	Current value: \$
Will the value of this asset increase each year? No	Yes%
Do you intend to sell this asset to help fund your goals?	No Yes (If Yes, complete the remaining items)
Year to sell	Future value (after tax) Low: \$
	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or More Goals	·
☐ Not Used in Plan ☐ Leave to Estate	
Owner: Client Co-Client Joint Custodial	
If Joint, what kind?	Entirety Community Property
Other w/ Client Other w/	Co-Client
Description:	Current value: \$
Will the value of this asset increase each year? No	Yes%
Do you intend to sell this asset to help fund your goals?	No Yes (If Yes, complete the remaining items)
Year to sell	Future value (after tax) Low: \$
	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or More Goals.	:
☐ Not Used in Plan ☐ Leave to Estate	

Pension - Lump Sum Distribution	
Owner: Client Co-Client	Description:
Current value: \$	Year of distribution:
Value of distribution \$	Value is: (check one) Pre-tax After-tax
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or More Goals	:
☐ Not Used in Plan ☐ Leave to Estate	
Deferred Compensation (Receiving Now)	
Owner: Client Co-Client	Description:
Current value (today's dollars): \$	
Distribution period	
Number of years:	Annual payment (pre-tax) \$
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or More Goals	:
☐ Not Used in Plan ☐ Leave to Estate	
Owner: Client Co-Client	Description:
Current value (today's dollars): \$	
Distribution period	
Number of years:	Annual payment (pre-tax) \$
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or More Goals	;
☐ Not Used in Plan ☐ Leave to Estate	

Deferred Compensation (Future) Owner: Client Co-Client Description: Current value (today's dollars): \$_____ **Contributions** Amount – Select method None Percentage of income Annual Income: \$______ Grow Annually by: ______% % Contribution: _____ \$______ Grow Annually by: ______% Dollar amount Period Start year: _____ Year additions end: Client's Retirement Co-Client's Retirement Year Value at start of distribution Rate of return during accumulation: ______% Year distributions begin: Client's Retirement Co-Client's Retirement Year **Distribution period** Number of years: Annual payment (pre-tax) \$_____ **Annual distribution** Rate of Return during distribution: _____% Assign – How to Use: (check one) Fund All Goals Earmark to One or More Goals: Not Used in Plan Leave to Estate

Deferred Compensation (Future) Owner: Client Co-Client Description: Current value (today's dollars): \$_____ **Contributions** Amount – Select method ☐ None Annual income: \$_____ Percentage of income Grow annually by: ______% % Contribution: _____ \$______ Grow annually by: ______% Dollar amount Period Year additions end: Client's Retirement Co-Client's Retirement Year _____ Value at start of distribution Rate of Return during accumulation: ______% Year distributions begin: Client's Retirement Co-Client's Retirement Year **Distribution period** Number of years: Annual payment (pre-tax) \$_____ **Annual distribution** Rate of return during distribution: _____% Assign – How to Use: (check one) Fund All Goals Earmark to One or More Goals: Not Used in Plan Leave to Estate

Insurance Assets – Cash Value (Universal/Variable/Whole/Other) Insured: \square Client \square Co-Client \square 1st to Die \square 2nd to Die Client Co-Client Owner: Description: _____ Current cash value: \$ (before tax – today's dollars) Average annual growth rate: (excluding cost of insurance) **Beneficiaries & Death Benefit** Estate Death benefit amount: Premium amount: \$ every How long will premiums be paid? Until insured dies Until policy terminates For this number of years _____ When will this policy terminate? When insured dies Year Do you intend to sell this asset to help fund your Goals? No Yes (If Yes, complete the remaining items) Year of withdrawal: Future cash value of policy: \$_____ (before tax – future dollars) Tax-free withdrawal: \$_____ Assign – How to Use: (check one) Fund All Goals Earmark to One or More Goals: Not Used in Plan Leave to Estate Owner: Client Co-Client Insured: Client Co-Client 1st to Die 2nd to Die Description: Current cash value: \$ (before tax – today's dollars) Average annual growth rate:______ (excluding cost of insurance) **Beneficiaries & Death Benefit** Estate Death benefit amount: Premium amount: \$ every How long will premiums be paid? Until insured dies Until policy terminates For this number of years _____ When will this policy terminate? ☐ When insured dies ☐ Year Do you intend to sell this asset to help fund your Goals? No Yes (If Yes, complete the remaining items) Year of withdrawal: Future cash value of policy: \$______ (before tax – future dollars) Tax-free withdrawal: \$______ Assign – How to Use: (check one) Fund All Goals Earmark to One or More Goals: Not Used in Plan Leave to Estate

529 Savings Plan

Owner: Client Co-Client	Description:		
Current value: \$	Annual growth rate:		
Do you intend to sell this asset to help fund your goals?			
Year to sell	Future value (after tax) Low: \$		
	Future value (after tax) Expected: \$		
	Future value (after tax) High: \$		
Assign – How to Use: (check one)			
Fund All Goals Earmark to One or More Goals	5:		
☐ Not Used in Plan ☐ Leave to Estate			
Owner: Client Co-Client	Description:		
Current value: \$	Annual growth rate:		
Do you intend to sell this asset to help fund your goals?			
Year to sell	Future value (after tax) Low: \$		
	Future value (after tax) Expected: \$		
	Future value (after tax) High: \$		
Assign – How to Use: (check one)			
Fund All Goals Earmark to One or More Goals	5:		
Not Used in Plan Leave to Estate			

Future Assets Cash (Inheritance, Gift, Settlement	; etc.)			
Owner: Client Co-Client Joint				
If Joint, what kind? Survivorship Common Entirety Community Property Other w/ Client Other w/ Co-Client				
Year to receive:	Future value (after tax) Low: \$			
	Future value (after tax) Expected: \$			
	Future value (after tax) High: \$			
Assign – How to Use: (check one)				
☐ Fund All Goals ☐ Earmark to One or Mo	re Goals:			
☐ Not Used in Plan ☐ Leave to Estate				
Owner: Client Co-Client Joint				
If Joint, what kind? Survivorship Commo				
U Other w/ Client U Othe				
Description:	-			
Year to receive:	Future value (after tax) Low: \$			
	Future value (after tax) Expected: \$			
	Future value (after tax) High: \$			
Assign – How to Use: (check one)				
☐ Fund All Goals ☐ Earmark to One or Mo	re Goals:			
☐ Not Used in Plan ☐ Leave to Estate				

Cash Value Life Policies owned by the Client or Co-Client

Investment Asset (Variable Life)		
Owner: Client Co-Client Insured	: \square Client \square Co-Client \square 1 st to Die	2 nd to Die
Name or Description:	-	
Beneficiaries & Death Benefit:		
Estate% Other	% Other	%
Surviving Client% Other	% Other	%
Current value: \$	Cost Basis: \$	
Insurance amount: \$	_	
Assign – How to Use: (check one)		
Fund All Goals Earmark to One or More Goals	:	
☐ Not Used in Plan ☐ Leave to Estate		
Annual additions: (check one)		
Pre-tax: Additions: \$ Infla	ate? No Yes	
Maximum contribution each year		
After-tax: Additions: \$		
Year additions begin:		
Year additions end: Client's Retirement Co-C	Client's Retirement 🔲 Year	<u>-</u>
Asset class distribution:		
CE% STB% ITB	% LTB% LCV	S%
LCGS% MCS% SCS _	% IDS% IES _	%
UC %		

Other Asset (Universal/Variable/Whole Life/Oth	ner Life)	
Owner: Client Co-Client	Insured: \square Client \square Co-Client \square 1 st to Die \square 2 nd to Die	
Description:	Current cash value: \$ (before tax - today's dollar	
Average annual growth rate:	(excluding cost of insurance)	
Beneficiaries & Death Benefit:		
Estate% Other		
Surviving Client% Other		
Death benefit amount:	Premium amount: \$ every	
How long will premiums be paid?		
Until insured dies Until policy termi	nates For this number of years	
When will this policy terminate?		
☐ When insured dies ☐ Year	<u> </u>	
Do you intend to sell this asset to help fund you	ur goals? No Yes (If Yes, complete the remaining items)	
Year of withdrawal:	<u> </u>	
Amount of withdrawal: \$	(before tax – future dollars) Tax-free withdrawal: \$	
Assign – How to Use: (check one)		
☐ Fund All Goals ☐ Earmark to One or M	ore Goals:	
☐ Not Used in Plan ☐ Leave to Estate		

Cash Value Life Policies owned by Trust or Other Person or Entity

Cash Value Life (Universal/Variable/Whole Life/Ot	ther)		
Owner:	n or Entity		
Insured: \square Client \square Co-Client \square 1st to Die \square	2 nd to Die		
Description/Company: Current cash value: \$		(before tax - too	lay's dollars)
Beneficiaries & Death Benefit:			
Estate% Other	% Other		%
Surviving Client% Other	% Other		%
Death benefit (deduct policy loans):	Premium Amount: \$	every	
How long will premiums be paid?			
☐ Until insured dies ☐ Until policy terminat	tes $\ \square$ For this number of years $\ _$		
When will this policy terminate?			
☐ When insured dies ☐ Year			
If ownership is of this policy was transferred, enter	the year of transfer:		
Select the original owner of the policy: $\ $ Cli	ent Co-Client		
Non-Cash Value Life Policies – All Owne	ers		
Non-Cash Value Life (Term Life)			
Owner: Client Co-Client Irrevocable	Trust Other Person or Entity		
Insured: \square Client \square Co-Client \square 1 st to Die	2 nd to Die		
Description/Company:			
Beneficiaries & Death Benefit:			
Estate% Other	% Other		%
Surviving Client% Other	% Other		%
Death benefit amount:	Premium amount: \$	every	
How long will premiums be paid?			
☐ Until insured dies ☐ Until policy terminat	tes $\ \square$ For this number of years $\ _$		
When will this policy terminate?			
☐ When insured dies ☐ Year			
If ownership is of this policy was transferred, enter	the year of transfer:		
Select the original owner of the policy:	ent Co-Client		

Non-Cash Value Life (Group Term/Other)		
Owner: Client Co-Client Irrevocable Trust	Other Person or Entity	
Insured: Client Co-Client		
Description/Company:		
Beneficiaries & Death Benefit:		
Estate% Other	% Other	%
Surviving Client% Other		%
Death benefit amount:		
When will this policy terminate?		
When insured dies Year		
If ownership is of this policy was transferred, enter the y	ear of transfer:	
Select the original owner of the policy: \Box Client \Box	Co-Client	
Non-Cash Value Life Policies – All Owners		
Non-Cash Value Life (Group Term/Other)		
Owner: Client Co-Client Irrevocable Trust	Other Person or Entity	
Insured: Client Co-Client		
Description/Company:		
Beneficiaries & Death Benefit:		
Estate% Other	% Other	%
Surviving Client% Other	% Other	%
Death benefit amount:		
When will this policy terminate?		
When insured dies Year		
If ownership is of this policy was transferred, enter the y	ear of transfer:	
Select the original owner of the policy: \Box Client $oxedsymbol{oxed}$	Co-Client	
Other Insurance Policies		_
Disability (Group/Personal/Other)		
Insured: Client Co-Client	Description/Co:	
Premium amount: \$ every	Tax Status: Pre-Tax After-Tax	
Monthly benefit amount: \$	Elimination period: M	lonths Years
Benefit period (select one)		
Period of Time per		
Until this Age		
Inflation option: (check One) None Simple C	•	
If you selected Simple or Compounded, enter ra	.te:%	

Insured: Client Co-Client	Description/Co:	
Premium amount: \$ every	•	
Monthly Benefit Amount: \$		
Benefit period (select one)		
Period of time per		
Until this age		
Inflation option: (check One) None Simple C	Compounded	
If you selected Simple or Compounded, enter r	ate:%	
Other Insurance Policies		
Long Term Care (Home Care Only/Nursing Home Care)	/Other)	
Insured:		
Premium amount: \$ per		
Benefit period: (check # of years or Lifetime)	3 4 5 6 7 8 9 10 Lifetime	
Daily benefit amount: \$	limination period:days	
Inflation Option: (check One) None Simple C	ompounded	
If you selected Simple or Compounded, enter r	ate:%	
Insured:	Description/Co:	
Premium amount: \$per	Month Quarter Six Months Year	
Benefit period: (check # of years or Lifetime)	3 \square 4 \square 5 \square 6 \square 7 \square 8 \square 9 \square 10 \square Lifetime	
Daily benefit amount: \$	limination Period:days	
Inflation option: (check One) None Simple C	ompounded	
If you selected Simple or Compounded, enter r	ate:%	
Medicare Supplement Insurance Policies		
Insured: Description/Co:		
Type: (check one) A B C D E F	G H I J Other	
Premium amount: \$per [Month Quarter Six Months Year	
Insured: Description/Co:		
Type: (check one)	☐ G ☐ H ☐ I ☐ J ☐ Other	
Premium amount: \$per	☐ Month ☐ Quarter ☐ Six Months ☐ Year	

Property & Casualty Insurance Policies (Auto, Homeowners, Umbrella/Other) Description/Co:_____ Policy expiration date: Policy expiration date: ____ Description/Co:_____ Description/Co: Policy expiration date: Description/Co:_____ Policy expiration date: Description/Co:_____ Policy expiration date: **Liabilities -- Summary Input** (Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt) Description: Whose debt? Client Co-Client Joint If Joint, what kind? Outstanding balance: \$_____ Monthly payment: \$_____ Description:____ Whose debt? Client Co-Client Joint If Joint, what kind? Outstanding balance: \$_____ Monthly payment: \$_____ Description: Whose debt? Client Co-Client Joint If Joint, what kind? _____ Outstanding balance: \$_____ Monthly payment: \$_____ Description: Whose debt? Client Co-Client Joint If Joint, what kind? _____ Outstanding balance: \$_____ Monthly payment: \$_____

Description:		
Whose debt?	If Joint, what kind?	
Outstanding balance: \$	Monthly payment: \$	
Description:		
Whose debt? Client Co-Client Joint	If Joint, what kind?	
Outstanding balance: \$	Monthly payment: \$	
Description:		
Whose debt?	If Joint, what kind?	
Outstanding balance: \$	Monthly payment: \$	
Description:		
Whose debt?	If Joint, what kind?	
Outstanding balance: \$	Monthly payment: \$	
Description:		
Whose debt?	If Joint, what kind?	
Outstanding balance: \$	Monthly payment: \$	
Liabilities - Detailed Input (Home & Land Loans, Vehicle Loans, Business Loans, Othe	r Personal Debt)	
Description:		
Whose debt?		
If Joint, what kind? Survivorship Con Other w/ Client Con	nmon	
	Outstanding balance: \$	
	Date loan began: Term:	
	OR Date to pay full balance:	
Description:		
Whose debt?		
If Joint, what kind? Survivorship Con Other w/ Client C		
Lender:	Outstanding balance: \$	
Initial loan amount: \$	Date loan began: Term:	
Interest rate: Monthly payment: \$	OR Date to pay full balance:	

Description:				
Whose debt? Client				
If Joint, what kind?	Survivorship Com	mon 🗌 Entirety 🔲	Community Property	
	Other w/ Client Ot	her w/ Co-Client		
Lender:		Outstanding balance	e: \$	_
Initial loan amount: \$		Date loan began:	Term:	_
Interest rate:	Monthly payment: \$	OR	Date to pay full balance:	
Description:				
Whose debt? Client	Co-Client Joint			
If Joint, what kind?	Survivorship Com	mon 🔲 Entirety 🔲	Community Property	
	Other w/ Client Ot	her w/ Co-Client		
Lender:	_	Outstanding balance	e: \$	
Initial loan amount: \$		Date loan began:	Term:	
Interest rate:	Monthly payment: \$	OR	Date to pay full balance:	

	Existing Life Insurance to Include	\$
	Additional Death Benefit	\$
	Amounts to be Paid at Death	
	Liabilities	\$
	Final Expenses	\$
	Bequests	\$
	Other Payments	\$
	Living Expenses for Survivors	
	Current Annual Amount (after tax)	\$
	Cover Expense until Surviving Client is this Age	
	Future Annual Amount (after tax)	\$
	Cover Expense until Surviving Client is this Age (Life Expectancy)	
inancial Goals	If you die, there might be Goals in your Plan that you won't these would reduce the amount of Life Insurance you need. wouldn't want to fund if either the Client or Co-Client died.	
ell Other Assets		
Client Dies		If Co-Client Dies
	Enter the total after-tax amount of Personal and Business Assets that would be sold at death.	\$
ther Income		\$
ther Income	Assets that would be sold at death. From Now Until Retirement	\$
ther Income	Assets that would be sold at death. From Now Until Retirement Annual Other Income Amount	\$\$
	Assets that would be sold at death. From Now Until Retirement Annual Other Income Amount (current dollars, pre tax)	\$
ther Income	Assets that would be sold at death. From Now Until Retirement Annual Other Income Amount	\$ \$ \[\text{No } \text{Yes}
	Assets that would be sold at death. From Now Until Retirement Annual Other Income Amount (current dollars, pre tax)	\$

Surviving Client Employment

If the Surviving Client enter the following:	is not currently employed and would seek employment if the Client or Co-Client died,
Start Year:	Stop Year:
Annual Income: \$	Inflate? No Yes
Dependents	List any dependents that would NOT be eligible for Social Security Survivor benefits:

Disability Needs Analysis for Client

Do you want to inclu	de Social Security	Disability Be	nefits in the analysis	? No [Yes	
Co-Client Employme	ent					
If the Co-Client is following:	n't currently emplo	oyed and wo	uld seek employmen	t if the Client	were disa	bled, enter the
Start Year:	Stop Year:		Annual Income: \$		Inflate?	☐ No ☐ Yes
Income						
	e the Client would lient's employment inco		receive if the Client	were disabled	l.	
•						
Start Year:			Annual Income: \$_		Inflate?	☐ No ☐ Yes
Start Year:	elect One Option)		Annual Income: \$_		Inflate?	∐ No ∐ Yes
Start Year:	elect One Option) tax amount you wo		you were disabled.		Inflate?	∐ No ∐ Yes
Start Year: Income Needed – (So A: Enter the pre-t	elect One Option) tax amount you wo	ould need if	you were disabled.		Inflate?	∐ No ∐ Yes
Start Year: Income Needed – (So A: Enter the pre-to Time Perio	elect One Option) tax amount you wo d hth1	ould need if	you were disabled. Amount		Inflate?	∐ No ☐ Yes
Start Year: Income Needed – (So A: Enter the pre-to Time Perio Year 1, Mor	elect One Option) tax amount you wo d nth1 nths 2-3	Monthly \$	you were disabled. Amount		Inflate?	∐ No ☐ Yes
Start Year: Income Needed – (So A: Enter the pre-to Year 1, Mor Year 1, Mor	elect One Option) tax amount you wo the description of the description	Monthly \$\$	you were disabled. Amount		Inflate?	∐ No ☐ Yes
Start Year:	elect One Option) tax amount you wo the description of the description	Monthly \$ \$ \$ \$	you were disabled. Amount		Inflate?	∐ No ☐ Yes
Start Year: Income Needed – (So A: Enter the pre-to Year 1, Mor	elect One Option) tax amount you wo the description of the description	Monthly \$ \$ \$ \$ \$ \$ \$	you were disabled. Amount		Inflate?	∐ No ☐ Yes

Disability Needs Analysis for Co-Client

Do you want to include Social Security	Disability Benefits in the analysis? No Yes					
Client Employment						
If the Client isn't currently employe following:	If the Client isn't currently employed and would seek employment if the Co-Client were disabled, enter the					
Start Year: Stop Year: _	Annual Income: \$ Inflate?					
Income						
Enter any income the Co-Client wo (Do not include Client's employment income	ould continue to receive if the Co-Client were disabled.					
Start Year: Stop Year: _	Annual Income: \$ Inflate?					
Income Needed – (Select One Option) A: Enter the pre-tax amount you w	·					
Time Period	Monthly Amount					
Year 1, Month1	\$					
Year 1, Months 2-3	\$					
Year 1, Months 4-5	\$					
Year 1, Months 6-12	\$					
Year 2	\$					
Year 3-5	\$					
Year 6 to Age 65	\$					
B: Use a Percentage of Income Ne	eded:%					

Long-Term Care Needs Analysis

	Client	Co-Client
Cost of Long-Term Care		
	☐ Nursing Home	☐ Nursing Home
	Assisted Living	Assisted Living
Type of Long-Term Care	☐ Home Care – 4hr/day	☐ Home Care – 4hr/day
	Home Care – 8hr/day	☐ Home Care – 8hr/day
	☐ Home Care – 12hr/day	☐ Home Care – 12hr/day
Inflation Rate for LTC Expenses	%	%
Long-Term Care Period		
Age at which care is needed		
Number of years of LTC		<u> </u>
Expense Adjustments		
Reduce expenses during Care Period by this amount each year:	\$	\$

Estate Analysis

Estate Documents

	Client	Co-Client
Will	☐ No ☐ Yes	☐ No ☐ Yes
Includes Bypass Trust	☐ No ☐ Yes	
Date Last Reviewed		
Medical Directive	☐ No ☐ Yes	☐ No ☐ Yes
Power of Attorney	☐ No ☐ Yes	☐ No ☐ Yes

Budget

Personal and Family Expenses

	Monthly Bu	onthly Budget Amount		
Category	Current Alt 1 /			
	Current	Retirement		
Alimony				
Bank Charges				
Books/Magazine				
Business Expense				
Care for Parent/Other				
Cash - Miscellaneous				
Cell Phone				
Charitable Donations				
Child Activities				
Child Allowance/Expense				
Child Care				
Child Support				
Child Tutor				
Clothing - Client				
Clothing - Co-Client				
Clothing - Children				
Club Dues				
Credit Card Debt Payment				
Dining				
Education				
Entertainment				
Gifts				
Groceries				
Healthcare - Dental				
Healthcare - Medical				
Healthcare - Prescription				
Healthcare - Vision				
Hobbies				
Household Items				
Laundry/Dry Cleaning				
Personal Care				
Personal Loan Payment				
Pet Care				
Public Transportation				
Recreation				
Self Improvement				
Student Loan Payment				
Vacation/Travel				
Other				

Personal Insurance Expenses

	Monthly Budget Amount		
Category	Current	Alt 1 / Retirement	
Disability for Client			
Disability for Co-Client			
Life for Client			
Life for Co-Client			
LTC for Client			
LTC for Co-Client			
Medical for Client			
Medical for Co-Client			
Umbrella Liability			
Other			

Taxes

	Monthly Budget Amount		
Category	Current	Alt 1 / Retirement	
Client FICA			
Client Medicare			
Co-Client FICA			
Co-Client Medicare			
Federal Income			
State Income			
Local Income			
Other			

<u>Income</u>

	Monthly Budget Amount		
Category	Current	Alt 1 /	
	Current	Retirement	
Employment			
Other			

Budget

Home Expenses

Description:		

	Monthly Budget Amount		
Category	Current	Alt 1 / Retirement	
First Mortgage			
Second Mortgage			
Equity Line			
Real Estate Tax			
Rent			
Homeowner's Insurance			
Association Fees			
Electricity			
Gas/Oil			
Trash Pickup			
Water/Sewer			
Cable/Satellite TV			
Internet			
Telephone (land line)			
Lawn Care			
Maintenance - Major Repair			
Maintenance - Regular			
Furniture			
Household Help			
Other			

Vehicle Expenses

	Monthly Bud	dget Amount
Category	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

	Monthly Budget Amount		
Category	Current	Alt 1 / Retirement	
Loan Payment			
Lease Payment			
Insurance			
Personal Property Tax			
Fuel			
Repairs/Maintenance			
Parking/Tolls			
Docking/Storage			
Other			

Budget

Home Expenses

Description:		
Describtion:		

	Monthly Budget Amount	
Category	Current	Alt 1 / Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Vehicle Expenses

	Monthly Budget Amount	
Category	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

	Monthly Budget Amount	
Category	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		