

The best way to achieve financial security and peace of mind is to follow a disciplined process that involves identifying your goals, and implementing appropriate 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 one or more solutions designed to satisfy your goals
- 5. Implement** Choose a financial solution and implement
- 6. Periodic Review** Review regularly 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 will be able to lay out a path to help assure your future financial security. 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 future financial security. A great way to start is to identify the goal or goals that are most important to you right now.

- Retirement (R)** Assess how your current retirement strategy will meet your objective.
- Education (Ed)** Find out the cost of education and alternative methods of funding.
- Accumulation (A)** Examine the money needed to meet emergencies, pay for vacations, purchase a second home, or care for an elderly relative.
- Survivor Needs (S)** Examine the financial impact of death, including immediate cash needs and continuing income needs.
- Disability Income (DI)** Assess the financial effect of a disability on your income.
- Long-Term Care (LTC)** Evaluate the impact that long-term care costs can have on your financial situation.
- Risk Tolerance (RT)** Assess your current risk tolerance in relation to your asset allocation strategy.
- Asset Allocation (AA)** Determine if your current asset allocation strategy makes the most sense for your risk tolerance and goals.
- 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.

AssumptionsApplies to **all**

Plan Date _____

Client Marital Status Single Married Domestic Partner

Long-term inflation rate _____ % Social Security increase rate _____ %

Personal DataApplies to **all***Client A Information*

First Name _____ Last Name _____ Suffix _____

Middle Name _____ Nickname _____ Gender M FDate of Birth _____ Citizenship U.S. Citizen Resident Alien Non-Resident AlienEstimate 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 FDate of Birth _____ Citizenship U.S. Citizen Resident Alien Non-Resident AlienEstimate 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? _____

DependentsApplies to **all**

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

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 ToleranceApplies to **RT**

1. Inflation—the rise in prices over time—can erode your investment return. Long-term investors should be aware that if portfolio returns are less than the inflation rate, their ability to purchase goods and services in the future might actually decline. However, portfolios with long-term returns that significantly exceed inflation are associated with a higher degree of risk. Which of the following portfolios is most consistent with your investment philosophy?
 - a. Portfolio 1 will most likely exceed long-term inflation by a significant margin and has a high degree of risk.
 - b. Portfolio 2 will most likely exceed long-term inflation by a moderate margin and has a high to moderate degree of risk.
 - c. Portfolio 3 will most likely exceed long-term inflation by a small margin and has a moderate degree of risk.
 - d. Portfolio 4 will most likely match long-term inflation and has a low degree of risk.

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

Please select the portfolio with which you are most comfortable.

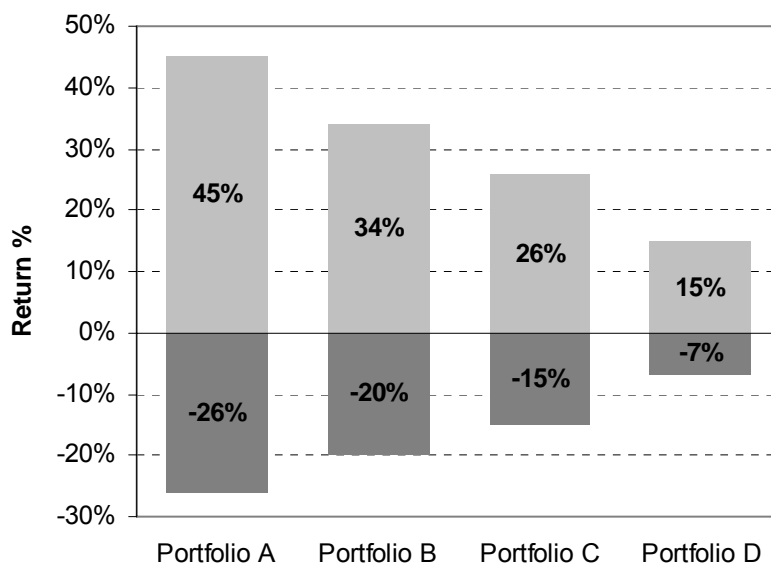
	Possible Average Value at the End of One Year	Chance of Losing Money at the End of One Year
a. Portfolio A	\$106,000	16%
b. Portfolio B	\$107,000	21%
c. Portfolio C	\$108,000	25%
d. Portfolio D	\$109,000	28%

3. Investing involves a trade-off between risk and return. Historically, investors who have received high long-term average returns have experienced greater fluctuations in the value of their portfolio and more frequent short term losses than investors in more conservative investments have. 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 questionnaire continued on next page

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?
- I would not change my portfolio.
 - I would wait at least one year before changing to options that are more conservative.
 - I would wait at least three months before changing to options that are more conservative.
 - 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?

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

Income

Applies to **R, S, LTC, FS**

Income Client A

		Monthly*	+	Annual
Salary	\$	_____	\$	_____
Self-Employment	\$	_____	\$	_____
Other Income	\$	_____	\$	_____

Income Client B

Salary	\$	_____	\$	_____
Self-Employment	\$	_____	\$	_____
Other Income	\$	_____	\$	_____

Income Taxes – Client A and Client B

Taxes Withheld _____

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

Direct Income Sources

Applies to **R, S, LTC**

Please list all anticipated future income sources. This may include social security, defined benefit, annuity, lump-sum, other income, and earned income. It is not necessary to list salary or self employment that was included in the Income section.

Name of Source and type (e.g., Salary)	Recipient Client		Amount* (monthly)	Present or Future Value		Annual Increase	Begin at Age	End at Age	% Available		
	A	B		PV	FV				At Death of Client A	B	For Retirement
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	_____	_____ %	_____ %	_____ %

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

Interview Question

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

Expenses

Applies to **FS**

Enter the living expenses to be considered in the Cash Flow analysis. If asset savings or loan payments have been entered on the Assets and Liabilities sections, then do not reflect those expenses items here.

<i>Itemized expenses</i>	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	\$ _____		\$ _____
Other	\$ _____		\$ _____
Other	\$ _____		\$ _____
Other	\$ _____		\$ _____
Other	\$ _____		\$ _____
OR			
<i>Total Expenses</i>	\$ _____		\$ _____

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

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? _____
- What percentage of your income should be saved? _____
- Did you receive a tax refund for last year's filing? _____

Notes:

IMPORTANT Information about ASSETS and LIABILITIESApplies to **R, Ed, A, S, LTC, FS**

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

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

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

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

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

STOCK Asset Classes	Ibbotson Expected Return	Other Specified Return	BONDS and CASH Asset Classes	Ibbotson Expected Return	Other Specified Return
Large Capitalization Growth Stocks	10.46%	%	Long Term Bonds	4.50%	%
Large Capitalization Value Stocks	12.25%	%	Intermediate Term Bonds	4.01%	%
Midsize Capitalization Stocks	12.55%	%	Short Term Bonds	3.31%	%
Small Capitalization Stocks	15.06%	%	High Yield Bonds	6.65%	%
International Stocks	10.91%	%	International Bonds	4.21%	%
Emerging Market Stocks	14.26%	%	Cash	2.82%	%

Check this box if you DO NOT wish to use the Ibbotson Expected Returns for the assets classes and the asset class weighted averages.

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. The following is a description of each index that is used. Use this information to assist you in determining whether to use Ibbotson's expected return for each asset class, or an alternative rate.

Large Capitalization Growth Stocks – Russell 1000® Growth Index

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

Large Capitalization Value Stocks – Russell 1000® Value Index

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

Midsize Capitalization Stocks – Russell Midcap TM Index

The Russell Midcap Index consists of the smallest 800 companies in the Russell 1000 index, as ranked by total market capitalization. This mid-cap index represents approximately 26% 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 8% of the Russell 3000® total market capitalization.

International Stocks – MSCI EAFE® Index

The MSCI EAFE (Morgan Stanley Capital International, Europe, Australasia, Far East) Index is a free float-adjusted market capitalization index that is designed to measure developed market equity performance. The index excludes the US and Canada, but includes markets such as Australia, France, Germany, Hong Kong, Ireland, Italy, Japan, Singapore and Spain.

Emerging Markets Stocks – MSCI Emerging Markets IndexSM

The MSCI Emerging Markets Index is a free float-adjusted market capitalization index that is designed to measure equity market performance in the global emerging markets, such as Argentina, China, Czech Republic, Egypt, India, Indonesia, Korea, Russia, South Africa and others.

Benchmark descriptions continued on next page.

Ibbotson Benchmark Descriptions (continued)Long-Term Bonds – US Long-Term Government Bonds

To the greatest extent possible, the total returns are calculated on a single, 20-year bond issued by the US Government.

Intermediate Term Bonds – US Intermediate Term Government Bonds

The bond chosen for the index each year is the shortest non-callable bond with a maturity of not less than five years.

Short Term Bonds – US 1-Year Government Bonds

The objective of this benchmark is to reflect the returns provided by the short-term fixed income securities, using the daily yield curve of actively traded Treasury securities as its basis.

High Yield Bonds – Lehman Brothers High Yield Index

Lehman Brothers High Yield Index covers the universe of taxable, USD-denominated, fixed-rate, non-investment grade debt. Generally, all securities are classified as high-yield if the middle rating of Moody's, Fitch and S&P is Ba1/BB+ or lower.

International Bonds – Citigroup Non-U.S. 1+ Year Government Bonds Index

Also known as the Citigroup World Government Bond Index, this is a market-capitalization weighted benchmark that tracks the performance of fixed-rate sovereign debt issued in the domestic market in the local currency with at least one year maturity. 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 index is an unmanaged, market value-weighted index of investment-grade, fixed-rate, public obligations of the U.S. Treasury with maturities of 3 months.

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	Beg. Age/ End Age/ Incr. %	Interest Rate
BA1	<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"/> Checking <input type="checkbox"/> Savings	\$	\$	_____ _____ _____%	<input type="checkbox"/> ACWA <input type="checkbox"/> ____%
BA2	<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"/> Checking <input type="checkbox"/> Savings	\$	\$	_____ _____ _____%	<input type="checkbox"/> ACWA <input type="checkbox"/> ____%
BA3	<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"/> Checking <input type="checkbox"/> Savings	\$	\$	_____ _____ _____%	<input type="checkbox"/> ACWA <input type="checkbox"/> ____%
BA4	<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"/> Checking <input type="checkbox"/> Savings	\$	\$	_____ _____ _____%	<input type="checkbox"/> ACWA <input type="checkbox"/> ____%
BA5	<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"/> Checking <input type="checkbox"/> Savings	\$	\$	_____ _____ _____%	<input type="checkbox"/> ACWA <input type="checkbox"/> ____%

Qualified Retirement Accounts: FIXED

Qualified accounts can be either "fixed" or "self-directed." 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 (if any)	Beg. Age/ End Age/ Incr. %
QF1	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent	\$	<input type="checkbox"/> ACWA	EE/Indiv.: \$ _____ ER: \$ _____ per: <input type="checkbox"/> yr <input type="checkbox"/> mo	_____ _____ _____%
	<input type="checkbox"/> CL-B	<input type="checkbox"/> Charity <input type="checkbox"/> Other		<input type="checkbox"/> _____%		
QF2	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent	\$	<input type="checkbox"/> ACWA	EE/Indiv.: \$ _____ ER: \$ _____ per: <input type="checkbox"/> yr <input type="checkbox"/> mo	_____ _____ _____%
	<input type="checkbox"/> CL-B	<input type="checkbox"/> Charity <input type="checkbox"/> Other		<input type="checkbox"/> _____%		
QF3	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent	\$	<input type="checkbox"/> ACWA	EE/Indiv.: \$ _____ ER: \$ _____ per: <input type="checkbox"/> yr <input type="checkbox"/> mo	_____ _____ _____%
	<input type="checkbox"/> CL-B	<input type="checkbox"/> Charity <input type="checkbox"/> Other		<input type="checkbox"/> _____%		
QF4	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent	\$	<input type="checkbox"/> ACWA	EE/Indiv.: \$ _____ ER: \$ _____ per: <input type="checkbox"/> yr <input type="checkbox"/> mo	_____ _____ _____%
	<input type="checkbox"/> CL-B	<input type="checkbox"/> Charity <input type="checkbox"/> Other		<input type="checkbox"/> _____%		
QF5	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent	\$	<input type="checkbox"/> ACWA	EE/Indiv.: \$ _____ ER: \$ _____ per: <input type="checkbox"/> yr <input type="checkbox"/> mo	_____ _____ _____%
	<input type="checkbox"/> CL-B	<input type="checkbox"/> Charity <input type="checkbox"/> Other		<input type="checkbox"/> _____%		

Qualified Retirement Accounts: SELF-DIRECTED

Accounts where there are several choices in funding options. Examples may include IRAs, and 401(k) plans. Holding details will be entered later.

Account Name/# and type (e.g., IRA)	Acct. Owner	Beneficiary	Contributions (if any)	Beg. Age/ End Age/ Incr. %
QS1	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent	EE/Indiv.: \$ _____ ER: \$ _____ per: <input type="checkbox"/> yr <input type="checkbox"/> mo	_____ _____ _____%
	<input type="checkbox"/> CL-B	<input type="checkbox"/> Charity <input type="checkbox"/> Other		
QS2	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent	EE/Indiv.: \$ _____ ER: \$ _____ per: <input type="checkbox"/> yr <input type="checkbox"/> mo	_____ _____ _____%
	<input type="checkbox"/> CL-B	<input type="checkbox"/> Charity <input type="checkbox"/> Other		
QS3	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent	EE/Indiv.: \$ _____ ER: \$ _____ per: <input type="checkbox"/> yr <input type="checkbox"/> mo	_____ _____ _____%
	<input type="checkbox"/> CL-B	<input type="checkbox"/> Charity <input type="checkbox"/> Other		
QS4	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent	EE/Indiv.: \$ _____ ER: \$ _____ per: <input type="checkbox"/> yr <input type="checkbox"/> mo	_____ _____ _____%
	<input type="checkbox"/> CL-B	<input type="checkbox"/> Charity <input type="checkbox"/> Other		
QS5	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent	EE/Indiv.: \$ _____ ER: \$ _____ per: <input type="checkbox"/> yr <input type="checkbox"/> mo	_____ _____ _____%
	<input type="checkbox"/> CL-B	<input type="checkbox"/> Charity <input type="checkbox"/> Other		

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/#	Owner	Market Value	Monthly Premium (if any)	Beg. Age/ End Age/ Incr. %	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"/> ACWA <input type="checkbox"/> ____%
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"/> ACWA <input type="checkbox"/> ____%
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"/> ACWA <input type="checkbox"/> ____%
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"/> ACWA <input type="checkbox"/> ____%
DF5	<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"/> ACWA <input type="checkbox"/> ____%

Deferred Annuities: VARIABLE

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

Annuity Name/#	Owner	Monthly Premium (if any)	Beg. Age/ End Age/ Incr. %
DV1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$	_____ _____ _____%
DV2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$	_____ _____ _____%
DV3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$	_____ _____ _____%
DV4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$	_____ _____ _____%
DV5	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$	_____ _____ _____%

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 <input type="checkbox"/> Other <input type="checkbox"/> Community
IA2		<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community
IA3		<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community
IA4		<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community
IA5		<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <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 (e.g., 529, Coverdell)	Account Owner	For the Benefit Of
EI1		<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other
EI2		<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other
EI3		<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other
EI4		<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other
EI5		<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Other

Notes:

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).

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	\$	%

Loans and Liabilities

Use this section to enter information about your loans and liabilities. For loans secured by real estate or personal property, enter the Hard Asset reference code (e.g., HA3). You may also enter anticipated loans – those which you expect to take in the future.

Loan Name/ Asset Ref. Code	Type of Loan ¹	Scheduled Payment Method ²	Timing of Loan Information ³	Orig. Year/ Term ⁴	Initial (Current) Balance ⁵	Int. Rate/ Adj. Rate/ Yrs. Until Adj. ⁶	Sched. Monthly Pmt./ Balloon ⁷	Additional Payments or Withdrawals ⁸
L1			<input type="checkbox"/> Current	_____		_____%	\$ _____	
			<input type="checkbox"/> Originating	_____	\$ _____	_____%	\$ _____	
			<input type="checkbox"/> Future	_____ yrs			\$ _____	
HA Ref. Code: _____								
L2			<input type="checkbox"/> Current	_____		_____%	\$ _____	
			<input type="checkbox"/> Originating	_____	\$ _____	_____%	\$ _____	
			<input type="checkbox"/> Future	_____ yrs			\$ _____	
HA Ref. Code: _____								
L3			<input type="checkbox"/> Current	_____		_____%	\$ _____	
			<input type="checkbox"/> Originating	_____	\$ _____	_____%	\$ _____	
			<input type="checkbox"/> Future	_____ yrs			\$ _____	
HA Ref. Code: _____								
L4			<input type="checkbox"/> Current	_____		_____%	\$ _____	
			<input type="checkbox"/> Originating	_____	\$ _____	_____%	\$ _____	
			<input type="checkbox"/> Future	_____ yrs			\$ _____	
HA Ref. Code: _____								
L5			<input type="checkbox"/> Current	_____		_____%	\$ _____	
			<input type="checkbox"/> Originating	_____	\$ _____	_____%	\$ _____	
			<input type="checkbox"/> Future	_____ yrs			\$ _____	
HA Ref. Code: _____								
L6			<input type="checkbox"/> Current	_____		_____%	\$ _____	
			<input type="checkbox"/> Originating	_____	\$ _____	_____%	\$ _____	
			<input type="checkbox"/> Future	_____ yrs			\$ _____	
HA Ref. Code: _____								
L7			<input type="checkbox"/> Current	_____		_____%	\$ _____	
			<input type="checkbox"/> Originating	_____	\$ _____	_____%	\$ _____	
			<input type="checkbox"/> Future	_____ yrs			\$ _____	
HA Ref. Code: _____								
L8			<input type="checkbox"/> Current	_____		_____%	\$ _____	
			<input type="checkbox"/> Originating	_____	\$ _____	_____%	\$ _____	
			<input type="checkbox"/> Future	_____ yrs			\$ _____	
HA Ref. Code: _____								
L9			<input type="checkbox"/> Current	_____		_____%	\$ _____	
			<input type="checkbox"/> Originating	_____	\$ _____	_____%	\$ _____	
			<input type="checkbox"/> Future	_____ yrs			\$ _____	
HA Ref. Code: _____								
L10			<input type="checkbox"/> Current	_____		_____%	\$ _____	
			<input type="checkbox"/> Originating	_____	\$ _____	_____%	\$ _____	
			<input type="checkbox"/> Future	_____ 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." If you expect to take out a loan in the future, select "Future."
- If you selected "Originating" or "Future" for the timing, enter year and term. Otherwise, skip this field.
- For "Originating" or "Future," enter the initial balance. For "Current," enter the current balance.
- 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).

General Insurance

Applies to **FS**

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

Interview Questions

Are all family members covered by health insurance? _____

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	Current Net Death Benefit	Annual Premium/# Premiums Remaining	Net Current Cash Value/Net Death Benefit at Mortality*
L11	<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		\$ _____	\$ _____	\$ _____
L12	<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		\$ _____	\$ _____	\$ _____
L13	<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		\$ _____	\$ _____	\$ _____
L14	<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		\$ _____	\$ _____	\$ _____
L15	<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		\$ _____	\$ _____	\$ _____
L16	<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		\$ _____	\$ _____	\$ _____
L17	<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		\$ _____	\$ _____	\$ _____
L18	<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		\$ _____	\$ _____	\$ _____
L19	<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		\$ _____	\$ _____	\$ _____
L110	<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 Current 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? _____

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

When did you buy your last policy and from whom? _____

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

Disability Insurance

Applies to **DI, FS**

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

Policy Name/# and Type (i.e., personal, group)	Insured	Monthly Benefit	Annual Premium	Elimination Period	Benefit Period	COLA
DI1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____ <input type="checkbox"/> Taxable	\$ _____	____ days	<input type="checkbox"/> ____ days <input type="checkbox"/> ____ years	<input type="checkbox"/> Age ____ <input type="checkbox"/> Lifetime ____%
DI2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____ <input type="checkbox"/> Taxable	\$ _____	____ days	<input type="checkbox"/> ____ days <input type="checkbox"/> ____ years	<input type="checkbox"/> Age ____ <input type="checkbox"/> Lifetime ____%
DI3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____ <input type="checkbox"/> Taxable	\$ _____	____ days	<input type="checkbox"/> ____ days <input type="checkbox"/> ____ years	<input type="checkbox"/> Age ____ <input type="checkbox"/> Lifetime ____%
DI4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____ <input type="checkbox"/> Taxable	\$ _____	____ days	<input type="checkbox"/> ____ days <input type="checkbox"/> ____ years	<input type="checkbox"/> Age ____ <input type="checkbox"/> Lifetime ____%
DI5	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____ <input type="checkbox"/> Taxable	\$ _____	____ days	<input type="checkbox"/> ____ days <input type="checkbox"/> ____ years	<input type="checkbox"/> Age ____ <input type="checkbox"/> Lifetime ____%
DI6	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	\$ _____ <input type="checkbox"/> Taxable	\$ _____	____ days	<input type="checkbox"/> ____ days <input type="checkbox"/> ____ years	<input type="checkbox"/> Age ____ <input type="checkbox"/> Lifetime ____%

Interview Question

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	Elimination Period	Benefit Period	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	\$ _____	\$ _____	____ days	____ years	____%
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	\$ _____	\$ _____	____ days	____ years	____%
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	\$ _____	\$ _____	____ days	____ years	____%
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	\$ _____	\$ _____	____ days	____ years	____%

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 (due to stroke, car accident, etc.)? _____

Will you be caring for elderly parents? _____

Notes:

Retirement Objective

Applies to R, LTC

	Client A	Client B
Retirement Begins at Age*	_____	_____
Life Expectancy for Plan	_____	_____
Include Social Security Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Age to Begin Social Security Benefits	<input type="checkbox"/> Normal Retirement Age** <input type="checkbox"/> Age _____ (not less than 62)	<input type="checkbox"/> Normal Retirement Age** <input type="checkbox"/> Age _____ (not less than 62)
Monthly Need (in today's dollars)	\$ _____	

* If you are retired now, enter current age

** Age 65, if born before 1943; Age 66, if born from 1943 to 1959; Age 67 if born after 1959

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	<input type="checkbox"/> Look up school and include: <input type="checkbox"/> Tuition <input type="checkbox"/> Room only <input type="checkbox"/> Room & Board <input type="checkbox"/> Books & Supplies <input type="checkbox"/> Specify Amount \$ _____	<input type="checkbox"/> Look up school and include: <input type="checkbox"/> Tuition <input type="checkbox"/> Room only <input type="checkbox"/> Room & Board <input type="checkbox"/> Books & Supplies <input type="checkbox"/> Specify Amount \$ _____	<input type="checkbox"/> Look up school and include: <input type="checkbox"/> Tuition <input type="checkbox"/> Room only <input type="checkbox"/> Room & Board <input type="checkbox"/> Books & Supplies <input type="checkbox"/> Specify Amount \$ _____	<input type="checkbox"/> Look up school and include: <input type="checkbox"/> Tuition <input type="checkbox"/> Room only <input type="checkbox"/> Room & Board <input type="checkbox"/> Books & Supplies <input type="checkbox"/> Specify Amount \$ _____
Inflate Need	%	%	%	%
Years Until Needed	_____			
Number of Years Needed	_____			
Fund at Client A's Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund at Client B's Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interview Questions

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

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

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

Accumulation Goals

Applies to **A**
Goal #4

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

Survivor Cash Needs

Applies to **S**

Cash Needs

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

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

Client A's Death _____
 Client B's Death _____

Survivor Income Needs

Applies to **S**

Client A's Death

Client B's Age *	Monthly Need	Survivor's Earnings
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	Client A's Earnings
Today	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Disability Income Needs

Applies to **DI**

Client A Monthly Need	Client B Earnings	Client B Monthly Need	Client A Earnings
\$ _____	\$ _____	\$ _____	\$ _____

Asset Distribution

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

Assets to Exclude from the Retirement or Survivor Analyses

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

Educ. Goal 2

Educ. Goal 3

Educ. Goal 4

Accum. Goal 1

Accum. Goal 2

Accum. Goal 3

Accum. Goal 4

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Reallocation

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

Describe your plans for the reallocation of your portfolio over the life of this analysis. Do you expect to get more or less aggressive – or both? Do you have differing reallocation objectives for each goal?

Notes:

Action Items

	Item	Who	When
1			
2			
3			
4			
5			

Who Could Benefit from an Analysis?

Name _____ Company _____

Telephone (H) _____ (W) _____

Address _____ City, ST Zip _____

Comments _____

Name _____ Company _____

Telephone (H) _____ (W) _____

Address _____ City, ST Zip _____

Comments _____

Name _____ Company _____

Telephone (H) _____ (W) _____

Address _____ City, ST Zip _____

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