

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

These six steps will help you map your financial future:

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

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

***Remember...***

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

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

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Client A Name (please print)

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Client B Name (please print)

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Appointment Date

### What concerns you the most?

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

- 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.

**Assumptions**

Applies to all

Plan Date \_\_\_\_\_ Schedule Plan Review  6 months  1 year  Other \_\_\_\_\_  
 Client Marital Status  Single  Married  Domestic Partner  
 Long-term inflation rate \_\_\_\_\_ % Social Security increase rate \_\_\_\_\_ %

**Personal Data**

Applies to all

*Client A Information*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender  M  F  
 Date of Birth \_\_\_\_\_ Citizenship  U.S. Citizen  Resident Alien  Non-Resident Alien  
 Estimate Social Security Benefits\*  None  Earnings Based  Maximum Benefit

**Extended Client A Data**

Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

*Client B Information*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender  M  F  
 Date of Birth \_\_\_\_\_ Citizenship  U.S. Citizen  Resident Alien  Non-Resident Alien  
 Estimate Social Security Benefits\*  None  Earnings Based  Maximum Benefit

**Extended Client B Data**

Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

*Additional Client Information*

Name to Appear on Reports \_\_\_\_\_  
 Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

\*Social Security Benefits: This is used to estimate future Social Security benefits. If not eligible for Social Security or if Social Security benefits are not to be considered or if you are already receiving social security retirement benefits, check None. If Social Security is to be considered in the analysis, and benefits should be calculated based on current earnings, check Earnings Based. If you are eligible for maximum Social Security benefits (i.e. current or past earnings consistently above the Social Security wage base), check Maximum Benefit.

**Interview Questions**

How long have you lived at this address? \_\_\_\_\_  
 What is your academic background? Client A \_\_\_\_\_ Client B \_\_\_\_\_  
 What is your career history and what are your career plans? \_\_\_\_\_

**Dependents**

Applies to all

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

**Interview Questions**

- Do you plan on having additional children? \_\_\_\_\_
- Are there any immediate or long-term financial obligations for supporting parents or dependents? \_\_\_\_\_
- Do any of these dependents have special needs? If so which child? \_\_\_\_\_

**Risk Tolerance**

Applies to RT

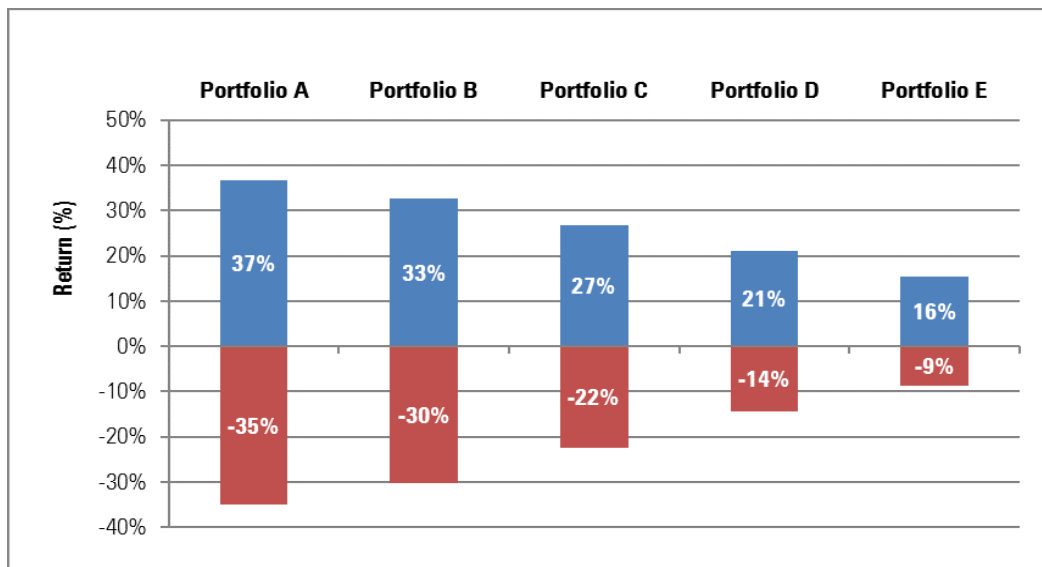
1. Inflation, the rise in prices over time, can erode your investment return. Long-term investors should be aware that, if portfolio returns are less than the inflation rate, their ability to purchase goods and services in the future might actually decline. However, portfolios with long-term returns that significantly exceed inflation are associated with a higher degree of risk. Which of the following choices best reflects your attitude toward inflation and risk?
  - a. My main goal is to avoid loss, even though I may only keep pace with inflation.
  - b. My main goal is to earn slightly more than inflation, while taking on a low level of risk.
  - c. My main goal is to increase my portfolio’s value. Therefore, I am willing to accept short-term losses, but I am not comfortable with extreme performance shifts that may be experienced in the most aggressive investment options.
  - d. My main goal is to maximize my portfolio value, and I am willing to take on more extreme levels of risk and performance shifts in my portfolio to do so.
2. The table below presents a hypothetical worst case loss, expected gain, and best case gain of five sample portfolios over a one-year period with an initial \$100,000 investment. Which portfolio would you prefer to hold?

	Hypothetical Best Case (\$)	Expected Gain (\$)	Hypothetical Worst Case (\$)
a. Portfolio 1	115,500	104,400	91,300
b. Portfolio 2	121,000	105,200	85,600
c. Portfolio 3	126,900	106,100	77,500
d. Portfolio 4	132,600	107,000	69,700
e. Portfolio 5	136,800	107,600	65,000

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. **Focus more on the long-term investment returns.** Long-Term growth is equally as important as managing portfolio risk.
  - d. **Maximize long-term investment returns.** I am willing to accept large and sometimes dramatic short-term fluctuations in the value of my investments.

**Risk Tolerance** (continued)

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



- Which of these portfolios would you prefer to hold?
- Portfolio A
  - Portfolio B
  - Portfolio C
  - Portfolio D
  - Portfolio E
6. I am comfortable with investments that may frequently experience large declines in value if there is a potential for higher returns. What is your view regarding this statement?
- Strongly disagree
  - Disagree
  - Somewhat agree
  - Agree
  - Strongly agree

**Interview Question**

What is your experience and overall knowledge of investments?

Notes:

**Income and Taxes**

Applies to R, S, LTC, FS

<i>Client A</i>		Monthly*	+	Annual
Salary	\$	_____		\$ _____
Self-Employment	\$	_____		\$ _____
Other	\$	_____		\$ _____

<i>Client B</i>		Monthly*	+	Annual
Salary	\$	_____		\$ _____
Self-Employment	\$	_____		\$ _____
Other	\$	_____		\$ _____

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

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

**Interview Question**

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

**Direct Income Sources**

Applies to R, S, LTC

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

Income Source*	Recipient	Monthly Amount **	How is the Amount Expressed?	Annual Increase/ % Taxable	Beginning	Ending	Survivor Needs Analysis
Name _____	<input type="checkbox"/> CL-A	\$ _____	<input type="checkbox"/> Today's \$	_____ %	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> End of Plan <input type="checkbox"/> Recipient's Death <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____ % CL-B dies _____ %
Type _____	<input type="checkbox"/> CL-B		<input type="checkbox"/> Future \$	_____ %			
Name _____	<input type="checkbox"/> CL-A	\$ _____	<input type="checkbox"/> Today's \$	_____ %	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> End of Plan <input type="checkbox"/> Recipient's Death <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____ % CL-B dies _____ %
Type _____	<input type="checkbox"/> CL-B		<input type="checkbox"/> Future \$	_____ %			
Name _____	<input type="checkbox"/> CL-A	\$ _____	<input type="checkbox"/> Today's \$	_____ %	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> End of Plan <input type="checkbox"/> Recipient's Death <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____ % CL-B dies _____ %
Type _____	<input type="checkbox"/> CL-B		<input type="checkbox"/> Future \$	_____ %			
Name _____	<input type="checkbox"/> CL-A	\$ _____	<input type="checkbox"/> Today's \$	_____ %	<input type="checkbox"/> Today <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> End of Plan <input type="checkbox"/> Recipient's Death <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Applies only to Survivor Needs CL-A dies _____ % CL-B dies _____ %
Type _____	<input type="checkbox"/> CL-B		<input type="checkbox"/> Future \$	_____ %			

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

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

**Expenses**

Applies to FS

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

<i>Expense Categories:</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	\$ _____		\$ _____
<i>Other Expenses:</i>			
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
<b>TOTAL EXPENSES**</b>	\$ _____		\$ _____

\* If you enter a monthly amount it will be multiplied by 12 and added to the annual amount.  
 \*\* If you enter details (e.g., Housing) then there is no need to enter the total. It will be calculated for you.

**Interview Questions**

What is your short-term/long-term spending strategy? \_\_\_\_\_

Do you save and invest systematically? \_\_\_\_\_

What changes could be made to your current budget? \_\_\_\_\_

Did you receive a tax refund for last year's filing? \_\_\_\_\_

**Notes:**

## Assets

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

*Important information about assets and liabilities*

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

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

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

For each of the asset classes below, you will indicate the most suitable return. Morningstar (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 Morningstar's expectations, you may enter an alternative rate and check the box below. The alternative rate will take the place of the Morningstar rate in determining the 'ACWA.'

Check this box if you DO NOT wish to use the expected return provided by Morningstar. Provide an alternative rate of return to be used.

Stock Asset Classes	Expected Return		Bond & Cash Asset Classes	Expected Return	
	Morningstar Rate	Alternative Rate		Morningstar Rate	Alternative Rate
Large Capitalization Growth Stocks	5.88%	_____ %	Long Term Bonds	3.23%	_____ %
Large Capitalization Value Stocks	5.38%	_____ %	Intermediate Term Bonds	3.44%	_____ %
Midsize Capitalization Stocks	5.73%	_____ %	Short Term Bonds	3.08%	_____ %
Small Capitalization Stocks	6.07%	_____ %	High Yield Bonds	4.68%	_____ %
REITs	6.03%	_____ %	International Bonds	3.04%	_____ %
International Stocks	7.05%	_____ %	Cash	1.99%	_____ %
Emerging Market Stocks	8.14%	_____ %			

**Important Note:** Regardless of whether you use Morningstar 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.

*Morningstar Benchmark Descriptions*

Along with other factors, Morningstar utilized a market index as a benchmark in generating the expected return for each asset class. Use the following descriptions to assist you in determining whether to use Morningstar's expected return for each asset class, or an alternative rate.

*Large Capitalization Growth Stocks – Russell 1000® Growth Index*

The Russell 1000 Growth Index contains those Russell 1000 securities with a greater-than-average growth orientation. Companies in this index tend to exhibit higher price-to-book and price-earnings ratios, lower dividend yields and higher forecasted growth values than the Value universe.

*Large Capitalization Value Stocks – Russell 1000® Value Index*

The Russell 1000 Value Index contains those Russell 1000 securities with a less-than-average growth orientation. Securities in this index generally have lower price-to-book and price-earnings ratios, higher dividend yields and lower forecasted growth values than the Growth universe.

*Benchmark descriptions continued on next page.*



**Assets (continued)***Midsize Capitalization Stocks – Russell Midcap® Index*

The Russell Mid Cap Index consists of the smallest 800 companies in the Russell 1000 index, as ranked by total market capitalization. As of January 2017, the average market capitalization was approximately \$13.690 billion; the median market capitalization was approximately \$6.789 billion. The largest company in the index had an approximate market capitalization of \$53.54 billion.

*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. As of January 2017, the average market capitalization was approximately \$2.145 billion; the median market capitalization was approximately \$0.787 billion. The largest company in the index had an approximate market capitalization of \$13.20 billion.

*Domestic REITs – FTSE NAREIT All Equity REITs Index*

The FTSE NAREIT All Equity REITs Index is an index of publicly traded REITs with 75% or greater of their gross invested book assets invested directly or indirectly in the equity ownership of real estate. Additionally, 76% or more of gross income must come from real estate related services, such as rents from real property or interest on mortgages financing real property. As of January 2017, the index had 168 constituents. The average market capitalization was approximately \$5.459 billion; the median market capitalization was approximately \$2.909 billion.

*International Stocks – MSCI EAFE® Index*

The MSCI EAFE Index (Europe, Australasia, Far East) is a free float-adjusted market capitalization index that is designed to measure the equity market performance of developed markets, excluding the US & Canada. The MSCI EAFE Index consists of the following 21 developed market country indices: Australia, Austria, Belgium, Denmark, Finland, France, Germany, Hong Kong, Ireland, Israel, Italy, Japan, the Netherlands, New Zealand, Norway, Portugal, Singapore, Spain, Sweden, Switzerland, and the United Kingdom.

*Emerging Markets Stocks – MSCI Emerging Markets Index*

The MSCI Emerging Markets Index is a free float-adjusted market capitalization index that is designed to measure equity market performance of emerging markets. The MSCI Emerging Markets Index consists of the following 23 emerging market country indices: Brazil, Chile, China, Colombia, Czech Republic, Egypt, Greece, Hungary, India, Indonesia, Korea, Malaysia, Mexico, Peru, Philippines, Poland Qatar, Russia, South Africa, Taiwan, Thailand, Turkey and United Arab Emirates. With 832 constituents, the index covers approximately 85% of the free float-adjusted market capitalization in each country

*Long-Term Bonds – Bloomberg Barclays US Government/Credit Long*

The objective of this benchmark is to measure the returns of long-term bonds. The index is comprised of both government and credit fixed income securities. The government component includes treasuries (i.e., public obligations of the U.S. Treasury that have remaining maturities of more than one year) and agencies (i.e., publicly issued debt of the U.S. Government, quasi-federal corporations, and corporate or foreign debt guaranteed by the U.S. Government). The credit component includes publicly issued U.S. corporate and foreign debentures and secured notes that meet specified maturity, liquidity, and quality requirements. Constituents of this benchmark must have a maturity of 10 years or more.

*Intermediate Term Bonds – Bloomberg Barclays US Government/Credit Intermediate*

The objective of this benchmark is to measure the returns of intermediate-term bonds. The index is comprised of both government and credit fixed income securities. The government component includes treasuries (i.e., public obligations of the U.S. Treasury that have remaining maturities of more than one year) and agencies (i.e., publicly issued debt of the U.S. Government, quasi-federal corporations, and corporate or foreign debt guaranteed by the U.S. Government). The credit component includes publicly issued U.S. corporate and foreign debentures and secured notes that meet specified maturity, liquidity, and quality requirements. Constituents of this benchmark must have a maturity of at least 1 year and up to but not including 10 years.

*Short Term Bonds – Bloomberg Barclays US Government/Credit 1-3 Yr*

The objective of this benchmark is to measure the returns of short-term bonds. The index is comprised of both government and credit fixed income securities. The government component includes treasuries (i.e., public obligations of the U.S. Treasury that have remaining maturities of more than one year) and agencies (i.e., publicly issued debt of the U.S. Government). The credit component includes publicly issued U.S. corporate and foreign debentures and secured notes that meet specified maturity, liquidity, and quality requirements. Constituents of this benchmark must have a maturity of at least 1 year and up to but not including 3 years.

**Assets** (continued)

*High Yield Bonds – Bloomberg Barclays US Corporate High Yield Index*

The U.S. Corporate High-Yield Index covers the USD-denominated, non-investment grade, fixed-rate, taxable corporate bond market. Securities are classified as high-yield if the middle rating of Moody’s, Fitch, and S&P is Ba1/BB+/BB+ or below. Bonds from issuers with an emerging markets country of risk, based on the indices’ EM country definition, are excluded; to be eligible they must have previously held a high-yield rating or have been associated with a high-yield issuer, and must trade accordingly.

*International Bonds – Citigroup WGBI Non-US*

The objective of this benchmark is to reflect the returns provided by investment in international (non U.S.) fixed income securities. The World Government Bond Index 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) for all issuers to ensure that the WGBI remains an investment-grade benchmark.

*Cash – Citigroup US Domestic 3-Month T-Bill Index*

The objective of this benchmark is to reflect the returns provided by the short term fixed income instruments. The index is based on the U.S. 3 month Treasury Bills. This index measures monthly return equivalents of yield averages that are not marked to the market. Calculations are based on the last 3, 3-month T-Bill issues. Returns for this index are then calculated on a monthly basis.

**Important Information:** All investments contain some form and degree of risk that investors should carefully consider prior to investing. Upon redemption, the principal value of investments in stocks and bonds may be worth more or less than when purchased. Small company stocks may be subject to a higher degree of market and liquidity risk than the stocks of larger companies. Investments in foreign stocks are subject to additional risks (e.g., foreign taxation, economic and political risks) and these risks can be accentuated in emerging markets. Bond prices will drop as interest rates rise. High yield bonds are more susceptible to certain risks (e.g., credit risk, default risk) and are more volatile than investment grade bonds. All of the indices reflected above are unmanaged and you cannot invest directly in these indices. If you wish to see more detail for the benchmark descriptions above, ask your advisor.

**Bank Accounts**

List typical bank accounts, such as checking or savings accounts. Do not list other accounts or assets held at a bank (e.g., CDs, IRAs). These should be listed in the Investment, Deferred Annuity, Qualified Retirement and Education Investment Accounts sections, as appropriate. Accounts listed here cannot be reallocated.

Account Name/#	Account Owner	Account Type	Market Value	Monthly Savings	Increase Percent	Begin When?	End When?	Interest Rate
BA1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____ %
BA2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____ %
BA3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____ %
BA4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____ %
BA5	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____ %

**Assets** (continued)

**Qualified Retirement Accounts: SELF-DIRECTED**

Qualified accounts can be either "fixed" or "self-directed." Self-directed accounts are where there are several choices in funding options. Examples may include IRAs and 401(k) plans. Holding details will be entered later.

Account Name/# and Type (e.g., IRA)	Account Owner	Beneficiary	Contributions <sup>1</sup> /Increase %	Begin When?	End When?
Q51	<input type="checkbox"/> Client A <input type="checkbox"/> Client B	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	Pre-tax \$ _____ After-tax \$ _____ Employer \$ _____ Per <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Q52	<input type="checkbox"/> Client A <input type="checkbox"/> Client B	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	Pre-tax \$ _____ After-tax \$ _____ Employer \$ _____ Per <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Q53	<input type="checkbox"/> Client A <input type="checkbox"/> Client B	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	Pre-tax \$ _____ After-tax \$ _____ Employer \$ _____ Per <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Q54	<input type="checkbox"/> Client A <input type="checkbox"/> Client B	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	Pre-tax \$ _____ After-tax \$ _____ Employer \$ _____ Per <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Q55	<input type="checkbox"/> Client A <input type="checkbox"/> Client B	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	Pre-tax \$ _____ After-tax \$ _____ Employer \$ _____ Per <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
Q56	<input type="checkbox"/> Client A <input type="checkbox"/> Client B	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	Pre-tax \$ _____ After-tax \$ _____ Employer \$ _____ Per <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____

**Qualified Retirement Accounts: FIXED**

Fixed accounts offer no investment choices. They simply offer an interest rate for the year. An IRA, for example, may be set up as either an Individual Retirement Annuity (fixed) or an Individual Retirement Account (self-directed).

Account Name/# and Type (e.g., IRA)	Acct. Owner	Beneficiary	Market Value	Expected Rate of Return	Contributions <sup>1</sup> /Increase %	Begin When?	End When?
QF1	<input type="checkbox"/> Client A <input type="checkbox"/> Client B	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%	Pre-tax \$ _____ After-tax \$ _____ Employer \$ _____ Per <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
QF2	<input type="checkbox"/> Client A <input type="checkbox"/> Client B	<input type="checkbox"/> CL/Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%	Pre-tax \$ _____ After-tax \$ _____ Employer \$ _____ Per <input type="checkbox"/> yr <input type="checkbox"/> mo Increase _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____

<sup>1</sup> If this is a non-deductible IRA, Roth 401(k), or Roth 403(b) enter the total non-deductible contributions (cost basis) as well.

**Assets** (continued)

**Deferred Annuities: FIXED**

Deferred Annuities can be either "fixed" or "variable." Fixed accounts offer no investment choices. They simply offer an interest rate for the year.

Annuity Name/#	Acct. Owner	Market Value	Monthly Premium (if any)	Begin When?	End When?	Expected Rate of Return
DF1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%
DF2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%
DF3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%
DF4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%

**Deferred Annuities: VARIABLE**

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

Annuity Name/#	Account. Owner	Monthly Premium	Begin When?	End When?
DV1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
DV2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
DV3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
DV4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____
DV5	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	<input type="checkbox"/> Today <input type="checkbox"/> Specified Year _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Specified Year _____

**Assets** (continued)

**Investment Accounts**

Enter investment accounts here (e.g., "ABC Brokerage Acct."). The holdings for these accounts will be entered later.

Account Name/#	Account Owner
IA1	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community
IA2	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community
IA3	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community
IA4	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community
IA5	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Other <input type="checkbox"/> Community

**Education Investment Accounts**

Enter 529 plans, Coverdell and UTMA/UGMA accounts here. The holdings for these accounts will be entered later.

Account Name/# and Type	Account Owner	For the Benefit Of
EI1	<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other
EI2	<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other
EI3	<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other
EI4	<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other
EI5	<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other
EI6	<input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other	<input type="checkbox"/> Dependent: _____ <input type="checkbox"/> Client A <input type="checkbox"/> Client B <input type="checkbox"/> Other

**Assets** (continued)

**Holding Information**

For accounts that allow more than one holding (e.g., 401(k), investment account, variable annuity), enter the holdings below and indicate the account reference code (e.g., IA2) for the account to which the holding belongs. Note that not all fields apply to each type of holding.

Holding Name/ Acct. Ref. Code	Type <sup>1</sup>	Ticker Symbol <sup>2</sup>	Market Value	Expected Rate of Return	Monthly Savings or Allocate Contributions <sup>3</sup>	Begin When? <sup>3</sup>	End When? <sup>3</sup>
H1 _____	_____	_____	\$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____
Acct. Ref. Code: _____							
H2 _____	_____	_____	\$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____
Acct. Ref. Code: _____							
H3 _____	_____	_____	\$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____
Acct. Ref. Code: _____							
H4 _____	_____	_____	\$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____
Acct. Ref. Code: _____							
H5 _____	_____	_____	\$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____
Acct. Ref. Code: _____							
H6 _____	_____	_____	\$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____
Acct. Ref. Code: _____							
H7 _____	_____	_____	\$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____
Acct. Ref. Code: _____							
H8 _____	_____	_____	\$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____
Acct. Ref. Code: _____							
H9 _____	_____	_____	\$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____
Acct. Ref. Code: _____							
H10 _____	_____	_____	\$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____
Acct. Ref. Code: _____							
H11 _____	_____	_____	\$ _____	<input type="checkbox"/> ACWA <input type="checkbox"/> Other _____%	\$ _____ _____%	<input type="checkbox"/> Today <input type="checkbox"/> Specified Yr _____	<input type="checkbox"/> End of Goal <input type="checkbox"/> Retirement <input type="checkbox"/> Specified Yr _____
Acct. Ref. Code: _____							

- 1 If this holding belongs to an Investment Account (e.g., a brokerage account), indicate the type of holding. The choices are **stock, bond, mutual fund, CD, government security, tax-free bond, limited partnership** or **alternative**. For holdings from other types of accounts, the "type" is not needed.
- 2 For stock and mutual fund holdings within Qualified Retirement Accounts, Investment Accounts and Education Accounts, enter a ticker symbol.
- 3 There are two ways to enter savings to a holding: 1) For Investment Accounts and Education Accounts, enter the monthly savings (if any) and the start, stop and increase percentage; 2) For Qualified Retirement Accounts and Variable Annuities, enter the percentage of the total account contribution that is made to this holding. The sum of the contribution allocations for all holdings within an account should total 100%.

**Assets** (continued)

**Hard Assets**

Use this table to enter information about the hard assets you own. If something you own is not an account, you can enter it here. Real Estate assets can include investment/rental real estate. Personal property can include personal use items (such as cars or furnishings) as well as investment items (such as coin collections). For investment items that you intend to sell in the future, you will be able to indicate that sale in the Asset Distribution section.

Asset Name	Type of Asset	Owner	Market Value	Expected Growth Rate
HA1 _____	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	_____ %
HA2 _____	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	_____ %
HA3 _____	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	_____ %
HA4 _____	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	_____ %
HA5 _____	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	_____ %
HA6 _____	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	_____ %
HA7 _____	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	_____ %
HA8 _____	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	_____ %
HA9 _____	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	_____ %
HA10 _____	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	_____ %
HA11 _____	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	_____ %
HA12 _____	<input type="checkbox"/> Residence <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Business	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> Community	\$ _____	_____ %

**Liabilities**

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

Use this section to enter information about your loans and liabilities. For loans secured by real estate or personal property, enter the Hard Asset reference code (e.g., HA3).

Loan Name/ Asset Ref. Code (for unsecured loans indicate owner)	Type of Loan <sup>1</sup>	Scheduled Payment Method <sup>2</sup>	Timing of Loan Information <sup>3</sup>	Current (Initial) Balance <sup>4</sup>	Orig. Year & Term <sup>5</sup>	Int. Rate/ Adj. Rate/ Yrs. Until Adj. <sup>6</sup>	Scheduled Monthly Payment/ Balloon <sup>7</sup>	Additional Payments or Withdrawals <sup>8</sup>
L1			<input type="checkbox"/> Current	\$ _____	_____ Yrs _____	_____% _____% _____ Yrs _____	\$ _____ \$ _____	_____
_____			<input type="checkbox"/> Originating					
HA Ref. Code: _____								
L2			<input type="checkbox"/> Current	\$ _____	_____ Yrs _____	_____% _____% _____ Yrs _____	\$ _____ \$ _____	_____
_____			<input type="checkbox"/> Originating					
HA Ref. Code: _____								
L3			<input type="checkbox"/> Current	\$ _____	_____ Yrs _____	_____% _____% _____ Yrs _____	\$ _____ \$ _____	_____
_____			<input type="checkbox"/> Originating					
HA Ref. Code: _____								
L4			<input type="checkbox"/> Current	\$ _____	_____ Yrs _____	_____% _____% _____ Yrs _____	\$ _____ \$ _____	_____
_____			<input type="checkbox"/> Originating					
HA Ref. Code: _____								
L5			<input type="checkbox"/> Current	\$ _____	_____ Yrs _____	_____% _____% _____ Yrs _____	\$ _____ \$ _____	_____
_____			<input type="checkbox"/> Originating					
HA Ref. Code: _____								
L6			<input type="checkbox"/> Current	\$ _____	_____ Yrs _____	_____% _____% _____ Yrs _____	\$ _____ \$ _____	_____
_____			<input type="checkbox"/> Originating					
HA Ref. Code: _____								
L7			<input type="checkbox"/> Current	\$ _____	_____ Yrs _____	_____% _____% _____ Yrs _____	\$ _____ \$ _____	_____
_____			<input type="checkbox"/> Originating					
HA Ref. Code: _____								
L8			<input type="checkbox"/> Current	\$ _____	_____ Yrs _____	_____% _____% _____ Yrs _____	\$ _____ \$ _____	_____
_____			<input type="checkbox"/> Originating					
HA Ref. Code: _____								
L9			<input type="checkbox"/> Current	\$ _____	_____ Yrs _____	_____% _____% _____ Yrs _____	\$ _____ \$ _____	_____
_____			<input type="checkbox"/> Originating					
HA Ref. Code: _____								

- Types of loans may include fixed and adjustable rate mortgages, home equity lines, credit cards, installment loan for a car, school loans, business loans etc.
- How are the payments scheduled? Is the loan amortized (level monthly payments)? Is there a balloon payment? Interest, only? Does the payment schedule change (e.g., interest only, then amortized, percent of balance, then amortized, no payments, then amortized)? If so, also enter the years until the change.
- When entering a loan, if you are retrieving information from the latest loan statement, check "Current." You may enter the original loan amount, term, etc. by selecting "Originating."
- For "Current," enter the current balance. For "Originating" enter the initial balance.
- For "Originating" enter year loan originated and initial term, leave blank if "Current".
- Enter the current interest rate. For adjustable rate loans, you may adjust the rate at a specified point in the future.
- For "Current," enter the monthly payment (principal and interest, only). If loan includes a scheduled balloon payment, enter it here.
- If you anticipate making payments to principal over and above the scheduled payments, indicate how much and when. For lines of credit, enter the amount and timing for any additional cash withdrawals you expect to make (if any).



**Life Insurance**

Applies to R, S, LTC, FS

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

Policy Name/#	Insured		Owner		Beneficiary	Net Death Benefit	Annual Premium/ # Premiums Remaining	Cash Value/ Net Death Benefit at Mortality*
<i>LI1</i>	<input type="checkbox"/> CL-A	<input type="checkbox"/> 1 <sup>st</sup> to die	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B		\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> CL-B	<input type="checkbox"/> 2 <sup>nd</sup> to die	<input type="checkbox"/> Joint	<input type="checkbox"/> Community	_____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> Other		<input type="checkbox"/> Group	<input type="checkbox"/> Other				\$ _____
<i>LI2</i>	<input type="checkbox"/> CL-A	<input type="checkbox"/> 1 <sup>st</sup> to die	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B		\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> CL-B	<input type="checkbox"/> 2 <sup>nd</sup> to die	<input type="checkbox"/> Joint	<input type="checkbox"/> Community	_____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> Other		<input type="checkbox"/> Group	<input type="checkbox"/> Other				\$ _____
<i>LI3</i>	<input type="checkbox"/> CL-A	<input type="checkbox"/> 1 <sup>st</sup> to die	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B		\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> CL-B	<input type="checkbox"/> 2 <sup>nd</sup> to die	<input type="checkbox"/> Joint	<input type="checkbox"/> Community	_____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> Other		<input type="checkbox"/> Group	<input type="checkbox"/> Other				\$ _____
<i>LI4</i>	<input type="checkbox"/> CL-A	<input type="checkbox"/> 1 <sup>st</sup> to die	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B		\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> CL-B	<input type="checkbox"/> 2 <sup>nd</sup> to die	<input type="checkbox"/> Joint	<input type="checkbox"/> Community	_____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> Other		<input type="checkbox"/> Group	<input type="checkbox"/> Other				\$ _____
<i>LI5</i>	<input type="checkbox"/> CL-A	<input type="checkbox"/> 1 <sup>st</sup> to die	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B		\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> CL-B	<input type="checkbox"/> 2 <sup>nd</sup> to die	<input type="checkbox"/> Joint	<input type="checkbox"/> Community	_____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> Other		<input type="checkbox"/> Group	<input type="checkbox"/> Other				\$ _____
<i>LI6</i>	<input type="checkbox"/> CL-A	<input type="checkbox"/> 1 <sup>st</sup> to die	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B		\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> CL-B	<input type="checkbox"/> 2 <sup>nd</sup> to die	<input type="checkbox"/> Joint	<input type="checkbox"/> Community	_____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> Other		<input type="checkbox"/> Group	<input type="checkbox"/> Other				\$ _____
<i>LI7</i>	<input type="checkbox"/> CL-A	<input type="checkbox"/> 1 <sup>st</sup> to die	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B		\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> CL-B	<input type="checkbox"/> 2 <sup>nd</sup> to die	<input type="checkbox"/> Joint	<input type="checkbox"/> Community	_____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> Other		<input type="checkbox"/> Group	<input type="checkbox"/> Other				\$ _____

\* A survivor needs analysis will use the Net Death Benefit. For other analyses, where mortality is projected for some time into the future, the Net Death Benefit at Mortality will be used.

**Interview Questions**

What do you want your life insurance to do for you (for example, pay off your mortgage)? \_\_\_\_\_

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

When did you buy your last policy and from whom? \_\_\_\_\_

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

**Disability Insurance**

Applies to DI, FS

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

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

**Interview Questions**

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

Would your group insurance provide enough income? \_\_\_\_\_

**Long-Term Care Insurance**

Applies to LTC, FS

List all LTC policies. Along with personal policies, include group policies.

Policy Name/#	Insured	Owner	Daily Benefit	Annual Premium	Number of Premiums Remaining	Elimination Period (days)	Benefit Period (years)	COLA
LT1 _____	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Group	\$ _____	\$ _____	_____	_____	_____	_____ %
LT2 _____	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Group	\$ _____	\$ _____	_____	_____	_____	_____ %
LT3 _____	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Group	\$ _____	\$ _____	_____	_____	_____	_____ %
LT4 _____	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Group	\$ _____	\$ _____	_____	_____	_____	_____ %

**Interview Questions**

Have you or anyone in your family ever experienced a long-term care need? \_\_\_\_\_

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

Will you be caring for elderly parents? \_\_\_\_\_

**General Insurance**

Applies to FS

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

**Interview Questions**

Are all family members covered by health insurance? \_\_\_\_\_

Notes:

**Retirement Objective**

Applies to R, LTC

	Client A	Client B
Retirement Begins at Age	_____	_____
Include Social Security Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Age to Begin Social Security Benefits*	<input type="checkbox"/> Normal Retirement Age	<input type="checkbox"/> Normal Retirement Age
<small>*Normal Retirement Age is 66 if birth year is between 1943 and 1959, and age 67 if birth year is after 1959.</small>	<input type="checkbox"/> Age _____ (not less than 62)	<input type="checkbox"/> Age _____ (not less than 62)

**Retirement Income Needs**

	Age	Monthly Need
Phase 1 begins at	retirement	\$ _____
Phase 2 begins at	_____	\$ _____
Phase 3 begins at	_____	\$ _____

**Your Preferences**

What percent of your total monthly income would be needed for retirement, excluding loan payments? (e.g., 70%, 85%) \_\_\_\_\_ %

**Interview Questions**

What kinds of activities do you envision in your retirement? \_\_\_\_\_

Do you foresee health issues during retirement? \_\_\_\_\_

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

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

**Education Goals**

Applies to Ed

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

**Interview Questions**

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

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

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

**Accumulation Goals**

Applies to **A**

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

**Survivor Cash Needs**

Applies to **S**

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

**Liabilities to Pay**

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

Client A's Death \_\_\_\_\_

Client B's Death \_\_\_\_\_

**Survivor Income Needs**

Applies to **S**

**Client A's Death**

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

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

**Client B's Death**

Client A's Age	Monthly Need	Survivor's Earnings	Age to Receive Social Security Retirement Benefit
Today	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

**Your Preferences**

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

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

**Disability Income Needs**

Applies to **DI**

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

**Your Preferences**

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

**Long-Term Care Needs**

Applies to **LTC**

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

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

**Interview Questions**

How do you plan to protect against a long-term care need? \_\_\_\_\_

Do you plan to self-insure or purchase a long-term care insurance policy? \_\_\_\_\_

**Asset Assignment**

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

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

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

**Assets to Reserve for Education and Accumulation Goals**

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

Educ. Goal 1 _____	Accum. Goal 1 _____
Educ. Goal 2 _____	Accum. Goal 2 _____
Educ. Goal 3 _____	Accum. Goal 3 _____
Educ. Goal 4 _____	Accum. Goal 4 _____

**Key Asset Designation**

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

<p><b>Surplus Income Asset:</b> Specify which asset should receive excess income, including RMD, after total needs have been met.</p> <p>_____</p>	<p><b>Lump Sum Asset:</b> Specify which asset should receive amounts from insurance, lump-sum income sources, proceeds from the sale of hard assets, etc.</p> <p>_____</p>
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**Asset Allocation & Portfolio Returns**

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

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

\_\_\_\_\_

\_\_\_\_\_

