



# PlanningStation

## Comprehensive

### Personal Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: **Male** **Female**

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Best Time to Call \_\_\_\_\_

Email Address \_\_\_\_\_

### Spouse Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: **Male** **Female**

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Best Time to Call \_\_\_\_\_

Email Address \_\_\_\_\_

### Dependents

First Name	Middle Name	Last Name	Birth Date (mm/dd/yyyy)	Gender (M/F)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Assumptions

Portions of your analysis will be based on these assumptions. Provide as much of the requested information as you are able.

	Client	Spouse
Earned income growth rate	_____ %	_____ %
Desired retirement age	_____	_____
Life expectancy	_____	_____
	Pre-Retirement	Post-Retirement
General inflation rate	_____ %	_____ %
Average income tax rate:* (check one)	<input type="checkbox"/> Estimate <input type="checkbox"/> Input	<input type="checkbox"/> Estimate <input type="checkbox"/> Input
If you checked "Input," provide the tax rate you want to use	_____ %	_____ %
Average capital gains/dividends tax rate: (check one)	<input type="checkbox"/> Estimate <input type="checkbox"/> Input	<input type="checkbox"/> Estimate <input type="checkbox"/> Input
If you checked "Input," provide the tax rate you want to use	_____ %	_____ %
Discount Rate	_____ %	
Allocated assets grow at the rate of return from the: (check one)	<input type="checkbox"/> Present allocation <input type="checkbox"/> Proposed allocation	

\*Figure this rate by dividing the total dollar amount of income taxes you paid last year (state, federal, and local as applicable) by your income.

### Post-Retirement Asset Assumptions

	Rate of Return	Order to Liquidate		
Taxable	_____ %	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Tax-Free	_____ %	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Tax-Deferred	_____ %	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Percent of non-retired working spouse's income available for retirement	_____ %			

### Retirement Plan Employer Matching Information - Client

My employer will match \_\_\_\_\_ % of my contributions up to \_\_\_\_\_ % of my pay, and \_\_\_\_\_ % of my contributions up to the next \_\_\_\_\_ % of my pay.

### Retirement Plan Employer Matching Information – Spouse

My spouse's employer will match \_\_\_\_\_ % of plan contributions up to \_\_\_\_\_ % of my spouse's pay, and \_\_\_\_\_ % of plan contributions up to the next \_\_\_\_\_ % of my spouse's pay.

## Risk Tolerance

Indicate your level of agreement with the following statements by checking the most appropriate box for each statement.

	Strongly Disagree		← →		Strongly Agree
1. <b>Expected Return.</b> Given historical returns on different kinds of investments, my desired level of investment return is above average.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Risk Tolerance.</b> I am willing to bear an above-average level of investment risk (volatility). I can accept occasional years with negative investment returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Holding Period.</b> I am willing to maintain investment positions over a reasonably long period of time (generally considered 10 years or more).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Liquidity.</b> I do not need to be able to readily convert my investments into cash. Aside from my portfolio, I have adequate liquid net worth to meet major near-term expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Ease of Management.</b> I want to be very actively involved in the monitoring and decision making required to manage my investments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Dependents.</b> There are none or only a few dependents that rely on my income and my investment portfolio for support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Income Source.</b> My major source of income is adequate, predictable and steadily growing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <b>Insurance Coverage.</b> I have an adequate degree of insurance coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <b>Investment Experience.</b> I have prior investment experience with stocks, bonds, and international investments. I understand the concept of investment risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <b>Debt/Credit.</b> My debt level is low and my credit history is excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Assets

Provide the requested information about your assets.

### Cash Assets

	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common
Current value	\$ _____	\$ _____	\$ _____
Annual contribution	\$ _____	\$ _____	\$ _____
Year contributions begin	_____	_____	_____
Number of years contributions continue	_____	_____	_____
Contribution increase rate	_____ %	_____ %	_____ %
Percent available to fund goals	_____ %	_____ %	_____ %
Portion to preserve	_____ %	_____ %	_____ %
Liquidate this asset's available principal: (check one)	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement

### Investment Assets (Place additional institution and asset account information in the "NOTES" section)

	Asset 1	Asset 2	Asset 3
Symbol	_____	_____	_____
Description	_____	_____	_____
Asset class (select from the Asset Classes list on page 22)	_____	_____	_____
Number of shares	_____	_____	_____
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common

**(Investment Assets continued)**

	<b>Asset 1</b>	<b>Asset 2</b>	<b>Asset 3</b>
Current value	\$ _____	\$ _____	\$ _____
Cost basis	\$ _____	\$ _____	\$ _____
Tax treatment: (check one)	<input type="checkbox"/> Taxed <input type="checkbox"/> Tax-Free <input type="checkbox"/> Tax-Deferred	<input type="checkbox"/> Taxed <input type="checkbox"/> Tax-Free <input type="checkbox"/> Tax-Deferred	<input type="checkbox"/> Taxed <input type="checkbox"/> Tax-Free <input type="checkbox"/> Tax-Deferred
Growth rate	_____ %	_____ %	_____ %
Dividend yield rate	_____ %	_____ %	_____ %
Income yield rate	_____ %	_____ %	_____ %
Reinvest yield:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual contribution	\$ _____	\$ _____	\$ _____
Year contributions begin	_____	_____	_____
Number of years contributions continue	_____	_____	_____
Contribution increase rate	_____ %	_____ %	_____ %
Taxation frequency (years)	_____	_____	_____
Percent available to fund goals	_____ %	_____ %	_____ %
Portion to preserve	_____ %	_____ %	_____ %
Liquidate this asset's available principal: (check one)	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement

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**Retirement Assets** (Place additional institution and asset account information in the "NOTES" section)

	<b>Asset 1</b>	<b>Asset 2</b>	<b>Asset 3</b>
Symbol	_____	_____	_____
Description	_____	_____	_____
Asset class (select from the Asset Class list on page 22)	_____	_____	_____
Number of shares	_____	_____	_____
Type (401(k), 457, IRA, SEP, etc.)	_____	_____	_____

**(Retirement Assets continued)**

	<b>Asset 1</b>	<b>Asset 2</b>	<b>Asset 3</b>
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Current value	\$ _____	\$ _____	\$ _____
Cost basis	\$ _____	\$ _____	\$ _____
Tax treatment: (check one)	<input type="checkbox"/> Tax Def (Pre Tax) <input type="checkbox"/> Tax Def (After Tax) <input type="checkbox"/> Tax-Free	<input type="checkbox"/> Tax Def (Pre Tax) <input type="checkbox"/> Tax Def (After Tax) <input type="checkbox"/> Tax-Free	<input type="checkbox"/> Tax Def (Pre Tax) <input type="checkbox"/> Tax Def (After Tax) <input type="checkbox"/> Tax-Free
Rate of return	_____ %	_____ %	_____ %
Personal annual contribution	\$ _____	\$ _____	\$ _____
Employer match:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer only contribution	\$ _____	\$ _____	\$ _____
Year contributions begin	_____	_____	_____
Number of years contributions continue	_____	_____	_____
Contribution increase rate	_____ %	_____ %	_____ %

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**Business/Real Estate Assets**

	<b>Asset 1</b>	<b>Asset 2</b>	<b>Asset 3</b>
Description	_____	_____	_____
Asset class (select from the Asset Classes list on page 22)	_____	_____	_____
Type (Rental, S Corp, LLC, etc.)	_____	_____	_____
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWR0S <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWR0S <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWR0S <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common
Current value	\$ _____	\$ _____	\$ _____
Cost basis	\$ _____	\$ _____	\$ _____
Growth rate	_____ %	_____ %	_____ %
Annual contribution	\$ _____	\$ _____	\$ _____

**(Business/Real Estate Assets continued)**

	<b>Asset 1</b>	<b>Asset 2</b>	<b>Asset 3</b>
Year contributions begin	_____	_____	_____
Number of years contributions continue	_____	_____	_____
Contribution increase rate	_____%	_____%	_____%
Percent available to fund goals	_____%	_____%	_____%
Portion to preserve	_____%	_____%	_____%
Liquidate this asset's available principal: (check one)	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement

**Personal Assets**

	<b>Asset 1</b>	<b>Asset 2</b>	<b>Asset 3</b>
Description	_____	_____	_____
Asset class (select from the Asset Classes list on page 22)	_____	_____	_____
Type (Residence, Auto, Boat, etc.)	_____	_____	_____
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common
Current value	\$_____	\$_____	\$_____
Cost basis	\$_____	\$_____	\$_____
Growth rate	_____%	_____%	_____%
Percent available to fund goals	_____%	_____%	_____%
Liquidate this asset's available principal: (check one)	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement

## Stock Options

	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Type: (check one)	<input type="checkbox"/> Incentive Stock Opt. <input type="checkbox"/> Non-Qual Stock Opt.	<input type="checkbox"/> Incentive Stock Opt. <input type="checkbox"/> Non-Qual Stock Opt.	<input type="checkbox"/> Incentive Stock Opt. <input type="checkbox"/> Non-Qual Stock Opt.
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Community	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Community	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Community
Number of shares granted	_____	_____	_____
Current stock price	\$ _____	\$ _____	\$ _____
Strike price	\$ _____	\$ _____	\$ _____
Date vested (mm/dd/yyyy)	___ / ___ / _____	___ / ___ / _____	___ / ___ / _____
Year of exercise	_____	_____	_____
Pre-exercise growth rate	_____ %	_____ %	_____ %
Post-exercise growth rate	_____ %	_____ %	_____ %
Percent available to fund goals	_____ %	_____ %	_____ %

## Deferred Compensation & Deferred Annuities

	Source 1	Source 2	Source 3
Description	_____	_____	_____
Type: (check one)	<input type="checkbox"/> Def. Comp. <input type="checkbox"/> Def. Annuity	<input type="checkbox"/> Def. Comp. <input type="checkbox"/> Def. Annuity	<input type="checkbox"/> Def. Comp. <input type="checkbox"/> Def. Annuity
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Current value	\$ _____	\$ _____	\$ _____
Rate of return	_____ %	_____ %	_____ %
Annual deferral	\$ _____	\$ _____	\$ _____
Year deferrals begin	_____	_____	_____
Number of years deferrals continue	_____	_____	_____
Deferral increase rate	_____ %	_____ %	_____ %
Year payments begin	_____	_____	_____



**(Deferred Compensation & Deferred Annuities continued)**

	Source 1	Source 2	Source 3
Number of years of income	_____	_____	_____
Portion subject to tax	_____%	_____%	_____%
Remainder value at first death	\$ _____	\$ _____	\$ _____
Remainder value at second death	\$ _____	\$ _____	\$ _____

## Liabilities

*Provide the requested information about your liabilities.*

	Liability 1	Liability 2	Liability 3
Description	_____	_____	_____
Type*	_____	_____	_____
Tax deductible	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible party: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Current balance	\$ _____	\$ _____	\$ _____
Periodic payment	\$ _____	\$ _____	\$ _____
Payment frequency: (check one)	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual
Interest rate	_____%	_____%	_____%
Year of maturity	_____	_____	_____

\*Primary Residence, Other Mortgage, Rental Property, Business, Margin, Consumer, Automobile, Other

# Insurance

Provide the requested information about any insurance policies you own.

## Life Insurance

	Policy 1	Policy 2	Policy 3
Description	_____	_____	_____
Type: (check one)	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Univ. Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Other	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Univ. Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Other	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Univ. Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Other
Insured party: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Survivor	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Survivor	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Survivor
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Irrev. Trust <input type="checkbox"/> Community	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Irrev. Trust <input type="checkbox"/> Community	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Irrev. Trust <input type="checkbox"/> Community
Beneficiary: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Irrev. Trust <input type="checkbox"/> Third Party	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Irrev. Trust <input type="checkbox"/> Third Party	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Irrev. Trust <input type="checkbox"/> Third Party
Annual premium	\$ _____	\$ _____	\$ _____
Face amount	\$ _____	\$ _____	\$ _____
Current cash value	\$ _____	\$ _____	\$ _____
Estimated cash value at retirement	\$ _____	\$ _____	\$ _____
Percent of cash value available to fund goals	_____ %	_____ %	_____ %

## Disability Insurance

	Policy 1	Policy 2	Policy 3
Description	_____	_____	_____
Type: (check one)	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Group <input type="checkbox"/> Individual

**(Disability Insurance continued)**

	<b>Policy 1</b>	<b>Policy 2</b>	<b>Policy 3</b>
Insured party: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Annual premium	\$ _____	\$ _____	\$ _____
Monthly benefit	\$ _____	\$ _____	\$ _____
Waiting period (days)	_____	_____	_____
Length of benefit (years)	_____	_____	_____
Cost of living adjustment	_____%	_____%	_____%

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**Long-Term Care Insurance**

	<b>Person 1</b>	<b>Person 2</b>
Long-term care recipient: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Other
If you checked "Other," provide the recipient's name	_____	_____
If you checked "Other," provide the recipient's date of birth	_____	_____
Annual premium	\$ _____	\$ _____
Daily benefit	\$ _____	\$ _____
Waiting period (days)	_____	_____
Length of benefit (years)	_____	_____
Cost of living adjustment (COLA)	_____%	_____%
COLA method: (check one)	<input type="checkbox"/> Simple <input type="checkbox"/> Compound	<input type="checkbox"/> Simple <input type="checkbox"/> Compound

**Income Sources**

	<b>Client</b>	<b>Spouse</b>
Salary	\$ _____	\$ _____
Self-employment earnings	\$ _____	\$ _____
Earnings not subject to FICA	\$ _____	\$ _____

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### Defined Benefit Pension

	Client	Spouse
Expected years of participation completed by retirement	_____	_____
Year benefit begins	_____	_____
Annual benefit amount	\$ _____	\$ _____
Estimate an annual benefit amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of years benefit continues	_____	_____
Increase rate before benefit begins	_____ %	_____ %
Increase rate after benefit begins	_____ %	_____ %
Joint life benefit (percent of annual benefit)	_____ %	_____ %
Current value	\$ _____	\$ _____
Remainder value at second death	\$ _____	\$ _____

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### Social Security Retirement Benefit

	Client	Spouse
Covered by Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percent Social Security COLA keeps pace with inflation	_____ %	
Begin age	_____	_____
Annual benefit amount	\$ _____	\$ _____
Estimate an annual benefit amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Portion subject to tax: (check one)	<input type="checkbox"/> 0% <input type="checkbox"/> 50% <input type="checkbox"/> 85%	

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### Business/Real Estate Income

	Source 1	Source 2	Source 3
Description	_____	_____	_____
Type*	_____	_____	_____

\*Rental Real Estate, Partnership, Sole Proprietorship, S Corporation, LLC, Farm, Other

**(Business/Real Estate Income continued)**

	<b>Source 1</b>	<b>Source 2</b>	<b>Source 3</b>
Cash / Non-Cash: (check one)	<input type="checkbox"/> Cash <input type="checkbox"/> Non-Cash	<input type="checkbox"/> Cash <input type="checkbox"/> Non-Cash	<input type="checkbox"/> Cash <input type="checkbox"/> Non-Cash
Active / Passive: (check one)	<input type="checkbox"/> Active <input type="checkbox"/> Passive	<input type="checkbox"/> Active <input type="checkbox"/> Passive	<input type="checkbox"/> Active <input type="checkbox"/> Passive
Gross income	\$ _____	\$ _____	\$ _____
Operating expenses	\$ _____	\$ _____	\$ _____
Depreciation	\$ _____	\$ _____	\$ _____
Year income begins	_____	_____	_____
Number of years income continues	_____	_____	_____
Increase rate before income begins	_____%	_____%	_____%
Increase rate after income begins	_____%	_____%	_____%

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**Miscellaneous Income**

	<b>Source 1</b>	<b>Source 2</b>	<b>Source 3</b>
Description	_____	_____	_____
Type: (check one)	<input type="checkbox"/> Ordinary <input type="checkbox"/> Dividend <input type="checkbox"/> Investment	<input type="checkbox"/> Ordinary <input type="checkbox"/> Dividend <input type="checkbox"/> Investment	<input type="checkbox"/> Ordinary <input type="checkbox"/> Dividend <input type="checkbox"/> Investment
Cash / Non Cash: (check one)	<input type="checkbox"/> Cash <input type="checkbox"/> Non-Cash	<input type="checkbox"/> Cash <input type="checkbox"/> Non-Cash	<input type="checkbox"/> Cash <input type="checkbox"/> Non-Cash
Active / Passive: (check one)	<input type="checkbox"/> Active <input type="checkbox"/> Passive	<input type="checkbox"/> Active <input type="checkbox"/> Passive	<input type="checkbox"/> Active <input type="checkbox"/> Passive
Annual income amount	\$ _____	\$ _____	\$ _____
Year income begins	_____	_____	_____
Number of years income continues	_____	_____	_____
Increase rate before income begins	_____%	_____%	_____%

**(Miscellaneous Income continued)**

	<b>Source 1</b>	<b>Source 2</b>	<b>Source 3</b>
Increase rate after income begins	_____ %	_____ %	_____ %
Portion subject to tax	_____ %	_____ %	_____ %

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**Income from Notes and Annuities**

	<b>Source 1</b>	<b>Source 2</b>	<b>Source 3</b>
Description	_____	_____	_____
Type: (check one)	<input type="checkbox"/> Note <input type="checkbox"/> Annuity	<input type="checkbox"/> Note <input type="checkbox"/> Annuity	<input type="checkbox"/> Note <input type="checkbox"/> Annuity
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common
Current value	\$ _____	\$ _____	\$ _____
Annual payment amount	\$ _____	\$ _____	\$ _____
Year payments begin	_____	_____	_____
Number of years payments continue	_____	_____	_____
Payment increase rate	_____ %	_____ %	_____ %
Portion subject to tax	_____ %	_____ %	_____ %
Remainder value at first death	\$ _____	\$ _____	\$ _____
Remainder value at second death	\$ _____	\$ _____	\$ _____

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**Government Programs Retirement Benefits**

	<b>Program 1</b>	<b>Program 2</b>	<b>Program 3</b>
Description	_____	_____	_____
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Annual benefit amount	\$ _____	\$ _____	\$ _____
Year benefit begins	_____	_____	_____

**(Government Programs Retirement Benefits continued)**

	<b>Program 1</b>	<b>Program 2</b>	<b>Program 3</b>
Number of years benefit continues	_____	_____	_____
Increase rate before benefit begins	_____%	_____%	_____%
Increase rate after benefit begins	_____%	_____%	_____%

**Earnings During Retirement**

	<b>Source 1</b>	<b>Source 2</b>	<b>Source 3</b>
Description	_____	_____	_____
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Annual earnings amount	\$ _____	\$ _____	\$ _____
Year earnings begin	_____	_____	_____
Number of years earnings continue	_____	_____	_____
Increase rate before earnings begin	_____%	_____%	_____%
Increase rate after earnings begin	_____%	_____%	_____%

**Living Expenses**

*Provide the requested information about your living expenses. Do not include debt payments. Enter all debt payments in the Liabilities section.*

**Lifestyle Expenses**

Description	Current Monthly Amount	Retirement Monthly Amount (Today's Dollars)	Inflation Rate	Tax Deductible
_____	\$ _____	\$ _____	_____%	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI

**(Lifestyle Expenses continued)**

Description	Current Monthly Amount	Retirement Monthly Amount (Today's Dollars)	Inflation Rate	Tax Deductible
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI

(AGI = Adjusted Gross Income)



## Other Expenses

	Expense 1	Expense 2	Expense 3
Description	_____	_____	_____
Cash / Non Cash: (check one)	<input type="checkbox"/> Cash <input type="checkbox"/> Non Cash	<input type="checkbox"/> Cash <input type="checkbox"/> Non Cash	<input type="checkbox"/> Cash <input type="checkbox"/> Non Cash
Tax deductible: (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
Annual amount	\$ _____	\$ _____	\$ _____
Year expense begins	_____	_____	_____
Number of years expense continues	_____	_____	_____
Increase rate before expense begins	_____ %	_____ %	_____ %
Increase rate after expense begins	_____ %	_____ %	_____ %

(AGI = Adjusted Gross Income)

## Projected Long-Term Care Expenses

*Provide the requested information about your expected or assumed future long-term care needs. Persons 1 and 2 correspond to the persons entered on page 11 of this questionnaire.*

	Person 1	Person 2
Include LTC goal in Advisor Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-term care recipient(s): (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Other
If you checked "Other," provide the recipient's name	_____	_____
If you checked "Other," provide the recipient's date of birth	_____	_____
Age long-term care need begins	_____	_____
Years of long-term care need*	_____	_____

\* The average nursing home stay is 2.5 years. Source: "A Long-Term Commitment," Best's Review, October 2000



**(Alternative Minimum Tax continued)**

Other adjustments & preference items	\$ _____
AMT net passive income (loss)	\$ _____
Net operating loss adjustment	\$ _____

**Financial Goals**

*Provide the requested information about your long-term spending goals.*

**Education Goals**

	<b>Student 1</b>	<b>Student 2</b>	<b>Student 3</b>
Student	_____	_____	_____
Years until need	_____	_____	_____
Years of need	_____	_____	_____
Annual amount (today's dollars)	\$ _____	\$ _____	\$ _____
Inflation rate	_____ %	_____ %	_____ %
Portion to fund	_____ %	_____ %	_____ %

**Other Accumulation Goals (Pre-Retirement)**

	<b>Goal 1</b>	<b>Goal 2</b>	<b>Goal 3</b>
Description	_____	_____	_____
Years until need	_____	_____	_____
Years of need	_____	_____	_____
Annual amount (today's dollars)	\$ _____	\$ _____	\$ _____
Inflation rate	_____ %	_____ %	_____ %
Portion to fund	_____ %	_____ %	_____ %

Assets you have not already included in this questionnaire that are available to fund pre-retirement goals. \$ \_\_\_\_\_



## Estate Planning

Provide the requested information about your estate plan.

	Client	Spouse
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit shelter trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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### Estate Planning Assumptions

Death age (for estate plan)	_____	_____
Estimated funeral expenses	\$ _____	\$ _____

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### Historical Gifting Information

Cumulative total gifts in excess of annual exclusion	\$ _____	\$ _____
Cumulative gift taxes previously paid on total	\$ _____	\$ _____
Cumulative gift tax credit previously used	\$ _____	\$ _____

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### Other Assumptions

Rate of return for assets held in trust	_____%
Probate expenses (as % of probate estate)	_____%
Administrative expenses (as % of gross estate)	_____%

Select which assumption you would like to use for estate taxes after the year 2010.

- Assume the sunset provision is not repealed and estate tax rates and exemption amounts apply as in 2001.
- Assume the sunset provision is repealed and legislation is passed to abolish estate taxes as planned for 2010.
- Assume new legislation is passed implementing a reduced estate tax as planned for 2009.

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### Growth or Depletion of Survivor's Estate After First Death

Annual percentage adjustment to value of estate (+/-)	_____%
Annual dollar adjustment to value of estate (+/-)	\$ _____

