

Comprehensive

Personal Information

Client Prefix Mr. Mrs. Ms. Dr. Name _____
 Birth Date (mm/dd/yyyy) ___/___/____ Gender M F Phone: (____) _____ - _____
 Email Address _____
 Address _____

City _____ State _____ Zip _____ - _____

Spouse/Partner Prefix Mr. Mrs. Ms. Dr. Name _____
 Birth Date (mm/dd/yyyy) ___/___/____ Gender M F Phone: (____) _____ - _____
 Email Address _____

Relationships

Name	Birth Date	Gender	Dependent	Age Dependency Ends	Relationship Type*	Relationship to Whom**
_____	___/___/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___/___/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___/___/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___/___/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___/___/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___/___/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___/___/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___/___/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___/___/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

*Aunt, Brother, Brother-in-Law, Cousin, Daughter, Daughter-in-Law, Divorced Spouse, Father, Father-in-Law, Fiancee, Friend, Godchild, Godfather, Godmother, Granddaughter, Grandfather, Grandmother, Grandson, Mother, Mother-in-Law, Nephew, Niece, Sister, Sister-in-Law, Son, Son-in-Law, Stepdaughter, Stepfather, Stepmother, Stepson, Uncle

**Client, Spouse, Both

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	_____ %	_____ %
Effective income tax rate.* (select one)	<input type="checkbox"/> Estimate <input type="checkbox"/> Input	<input type="checkbox"/> Estimate <input type="checkbox"/> Input
If you selected "Input" provide the tax rate you want to use	_____ %	_____ %
Average capital gains/dividends tax rate.* (select one)	<input type="checkbox"/> Estimate <input type="checkbox"/> Input	<input type="checkbox"/> Estimate <input type="checkbox"/> Input
If you selected "Input" provide the tax rate you want to use	_____ %	_____ %
Discount rate	_____ %	
Allocated assets grow at the rate of return from the: (select one)	<input type="checkbox"/> Present Allocation	<input type="checkbox"/> Proposed Allocation
Allocated assets management fee	_____ %	
Time horizon	_____ years	

*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 Assumptions	Rate of Return	Order to Liquidate
Taxable	_____ %	1 st 2 nd 3 rd
Tax-free	_____ %	1 st 2 nd 3 rd
Tax-deferred	_____ %	1 st 2 nd 3 rd
Percent of non-retired working spouse's income available for retirement	_____ %	

Employer Matching Information – Client

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

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

1. Risk Factor

Before you make a decision on any investment, you need to consider how you feel about the prospect of potential loss of principal. This is a basic principle of investing: *the higher return you seek, the more risk you face*. Based on your feelings about risk and potential returns, your goal is to:

- A. Potentially increase my portfolio's value as quickly as possible while accepting higher levels of risk.
- B. Potentially increase my portfolio's value at a moderate pace while accepting moderate to high levels of risk.
- C. Income is of primary concern while capital appreciation is a secondary goal.
- D. Take as little risk as possible with my investment principal.

2. Investment Approach

Which of the following statements best describes your overall approach to investing as a means of achieving your goals?

- A. Seeking a relative level of stability in my overall investment portfolio.
- B. Attempting to moderately increase my investment value while reducing the potential for loss of principal.
- C. Pursue investment growth, accepting moderate to high levels of risk and principal fluctuation.
- D. Seek maximum long-term returns while accepting maximum risk with maximum principal fluctuation.

3. Volatility

The value of most investments fluctuates from year to year as well as over the short-term. How would you feel if an investment you had committed to for ten years lost 20% of its value during the first year?

- A. I would be extremely concerned and would sell my investment.
- B. I would be concerned and may consider selling my investment.
- C. I would be concerned, but I would not consider selling my investment.
- D. I would not be overly concerned given my long-term investment philosophy.

4. Variation

Realizing that any market-based investments may move up or down in value over time, with which of the hypothetical portfolios and volatility of hypothetical returns below would you feel most comfortable?

	Year 1	Year 2	Year 3	Year 4	Year 5	Average Annual
<input type="checkbox"/>	3%	3%	3%	3%	3%	3%
<input type="checkbox"/>	2%	5%	6%	0%	7%	4%
<input type="checkbox"/>	-6%	7%	21%	2%	8%	6%
<input type="checkbox"/>	9%	-11%	26%	3%	18%	9%
<input type="checkbox"/>	14%	-21%	40%	-4%	31%	12%

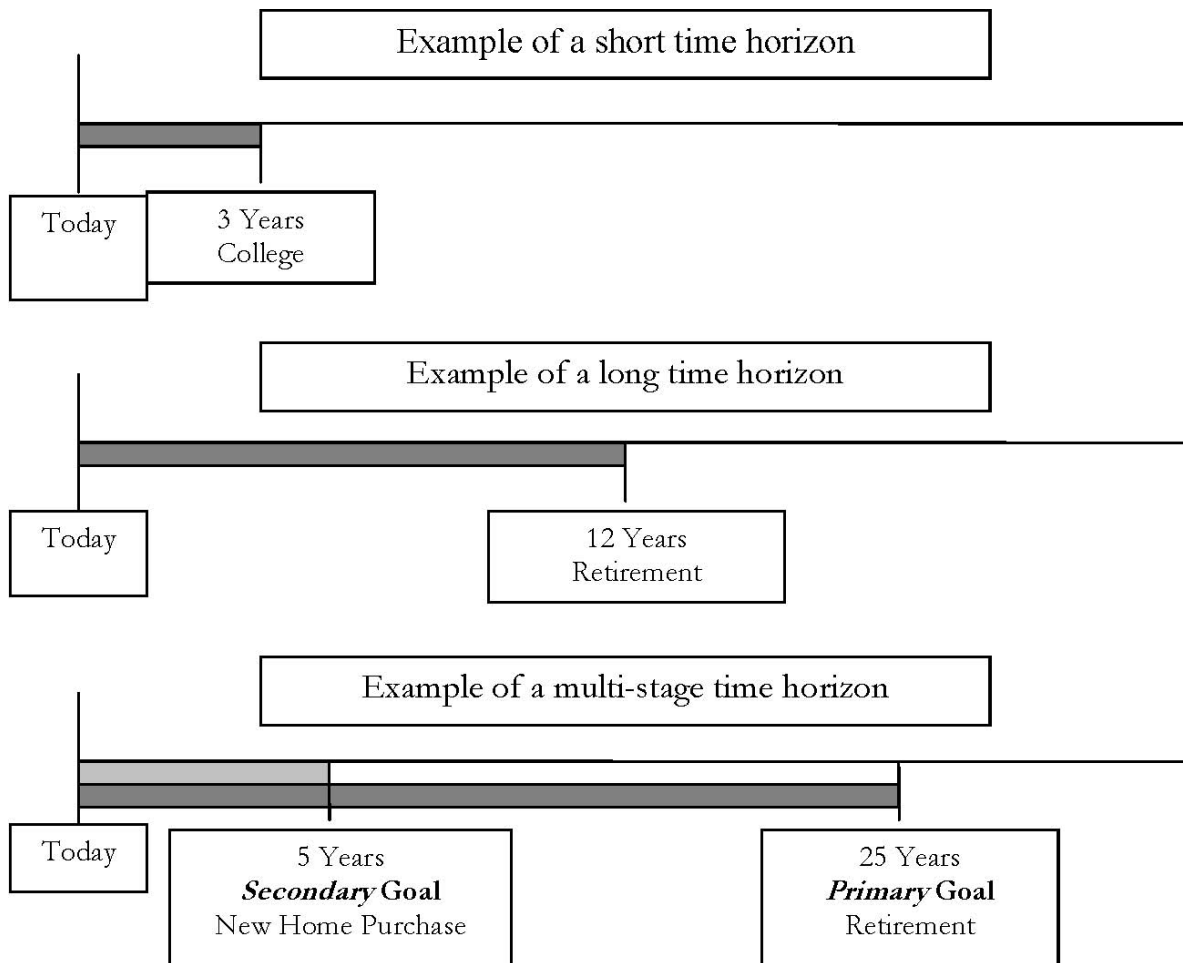
5. Investment Experience

What is your overall knowledge of investments?

- A. LOW – I have very little investment experience outside of bank savings accounts, money market funds and certificates of deposit (CDs).
- B. MEDIUM – I have some experience investing in mutual funds or individual stocks and bonds.
- C. HIGH – I have been an active participant in the stock market and understand that all investments, including international markets, can be volatile and unpredictable.

6. Time Horizon

An important consideration when making investment decisions is where you are in your financial life cycle and how long you have before you will need to start withdrawing the assets. Through consultation with your Financial Advisor, please indicate your portfolio's appropriate time horizon. A multi-stage time horizon would indicate that you have several goals in the future that may require withdrawals at different times that your investment portfolio needs to address.



- A. Short (1-4 Years)
- B. Long (5-10+ Years)
- C. Multi-stage

7. Primary Goal

Please indicate approximately how many years from today until you reach your primary goal.

- A. Within 1 to 4 years
- B. Within 5 to 10 years
- C. Within 11 to 20 years
- D. More than 20 years

8. Secondary Goal

Some investors have a multi-stage time horizon with several goals for their portfolio. Please indicate approximately how many years from today until you reach your secondary goal.

- A. Not applicable, I only have a single stage time horizon.
- B. Within 1 to 4 years
- C. Within 5 to 10 years
- D. More than 10 years

9. Age

What is your current age range?

- A. Under 35
- B. Between 36 to 45
- C. Between 46 to 55
- D. Between 56 to 70
- E. Over 70

10. Investment Earnings

Based on your current and estimated future income needs, what percentage of your investment earnings do you think you would be able to reinvest?

- A. Reinvest 100 percent of my investment earnings
- B. Reinvest 20 to 80 percent of my investment earnings
- C. Reinvest 0% (receive all investment earnings for cash flow)
- D. My investment earnings will not be sufficient and I will need to withdraw principal

11. Investment Value

What is the current value of your total investment portfolio? Please include the value of all your investments, including CDs, 401(k)s, 403(b)s, IRAs, annuities, etc.

- A. More than \$1,000,000*
- B. \$500,001 to \$1,000,000
- C. \$300,001 to \$500,000
- D. \$100,000 to \$300,000
- E. Less than \$100,000

*** Alternative investments may be recommended in your portfolio.**

12. Living Expense

Emergencies such as accidents, illnesses, hospitalizations, job loss, etc. can occur. In the event you faced an emergency, how many months of your total annual living expenses could be covered by your current liquid investments such as savings/checking accounts, CDs with maturities less than six months, etc.)?

- A. More than 12 months, or not a concern
- B. Between 4 and 12 months
- C. Less than 4 months, or already withdrawing

13. Household Income

Total earnings, which includes earned and investment income, is a requirement when assessing your risk tolerance and determining allocation of assets. What is your total annual household income (including interest and tax deferred income)?

- A. More than \$200,000
- B. \$150,000 to \$199,999
- C. \$100,000 to \$149,999
- D. \$50,000 to \$99,999
- E. Less than \$49,999

14. Income Saving

The percentage of your total income that you currently save is approximately:

- A. I do not currently save any income.
- B. Between 2% - 7%
- C. Between 7% - 12%
- D. Greater than 12%

15. Future Earnings

In the next five years, you expect that your earned income will probably:

- A. A. Decrease
- B. Stay about the same
- C. Increase modestly
- D. Increase significantly

16. What portion of the investment assets that pertain to this Investment Policy Statement are located at RJ?

- A. None
- B. Some Assets
- C. All/Majority of Assets

Assets

Provide the requested information about your assets.

Cash Assets	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Owner*	_____	_____	_____
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: (select one)	Whenever needed Only after Retirement	Whenever needed Only after Retirement	Whenever needed Only after Retirement
Held in Revocable Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Investment Account (place additional institution and asset account information in the "NOTES" section)

	Account 1	Account 2	Account 3
Institution	_____	_____	_____
Account number	_____	_____	_____
Description	_____	_____	_____
Owner*	_____	_____	_____
Held in Revocable Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current value	\$ _____	\$ _____	\$ _____
Cost basis	\$ _____	\$ _____	\$ _____
Contribution begins: (select one)	Now On a specific year After a ... years	Now On a specific year After a ... years	Now On a specific year After a ... years
If you checked "On a specific year," enter the year.	_____	_____	_____
If you checked "After a specific number of years," enter the number of years.	_____	_____	_____

(Investment Account continued)	Account 1	Account 2	Account 3
Contribution ends: (select one)	On a specific year After a specific number of years	On a specific year After a specific number of years	On a specific year After a specific number of years
Tax treatment: (select one)	Taxed Tax-Free Tax-Deferred	Taxed Tax-Free Tax-Deferred	Taxed Tax-Free Tax-Deferred
Taxation frequency (years)	_____	_____	_____

Rates for holdings not assigned and asset class

Growth rate*	_____%	_____%	_____%
Dividend rate*	_____%	_____%	_____%
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
Percent available to fund goals	_____%	_____%	_____%
Portion to preserve	_____%	_____%	_____%
Liquidate this asset's available principal: (select one)	Whenever needed Only after retirement	Whenever needed Only after retirement	Whenever needed Only after retirement
Enter holdings by:	Asset class percentage Dollar amount	Asset class percentage Dollar amount	Asset class percentage Dollar amount

Investment Assets	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Symbol/CUSIP	_____	_____	_____
Asset Class (select from the list on p.18)	_____	_____	_____
Number of shares	_____	_____	_____
Tax treatment: (select one)	Tax-Def (Pre Tax) Tax-Def (after Tax) Tax-Free	Tax-Def (Pre Tax) Tax-Def (after Tax) Tax-Free	Tax-Def (Pre Tax) Tax-Def (after Tax) Tax-Free
Growth rate	_____%	_____%	_____%
Dividend yield rate	_____%	_____%	_____%
Income yield rate	_____%	_____%	_____%

(Investment Assets continued)

	Asset 1	Asset 2	Asset 3
Annual contribution	\$ _____	\$ _____	\$ _____
Year contributions begin	_____	_____	_____
Number of years contributions continue	_____	_____	_____
Contribution increase rate	_____ %	_____ %	_____ %

Retirement 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 list on p.18)	_____	_____	_____
Number of shares	_____	_____	_____
Type (401(k), 457, IRA, SEP, etc)	_____	_____	_____
Owner (select 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: (select one)	Tax-Def (Pre Tax) Tax-Def (after Tax) Tax-Free	Tax-Def (Pre Tax) Tax-Def (after Tax) Tax-Free	Tax-Def (Pre Tax) Tax-Def (after Tax) 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	_____ %	_____ %	_____ %

Business/Real Estate Assets

	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Asset Class (select from the list on p.18)	_____	_____	_____
Type (Rental, S Corp, LLC, etc.)	_____	_____	_____

(Business/Real Estate Assets continued)

	Asset 1	Asset 2	Asset 3
Owner*	_____	_____	_____
Held in Revocable Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current value	\$ _____	\$ _____	\$ _____
Cost basis	\$ _____	\$ _____	\$ _____
Growth rate	_____ %	_____ %	_____ %
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: (select one)	Whenever needed Only after retirement	Whenever needed Only after retirement	Whenever needed Only after retirement

Personal Assets

	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Asset Class (select from the list on p.18)	_____	_____	_____
Type (Residence, Auto, Boat, etc)	_____	_____	_____
Owner*	_____	_____	_____
Held in Revocable Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current value	\$ _____	\$ _____	\$ _____
Cost basis	\$ _____	\$ _____	\$ _____
Growth rate	_____ %	_____ %	_____ %
Percent available to fund goals	_____ %	_____ %	_____ %

*Client, Spouse, JTWROS, Community, Tenants in Common

Stock Options

	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Type (select one)	Incentive Stock Opt Non-Qual Stock Opt.	Incentive Stock Opt Non-Qual Stock Opt.	Incentive Stock Opt Non-Qual Stock Opt.
Owner (select one)	Client Spouse Community	Client Spouse Community	Client Spouse 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 (select one)	Deferred Comp. Deferred Annuity	Deferred Comp. Deferred Annuity	Deferred Comp. Deferred Annuity
Owner (select one)	Client Spouse	Client Spouse	Client Spouse
Held in Revocable Trust (select one)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current value	\$ _____	\$ _____	\$ _____
Rate of return	_____%	_____%	_____%
Annual deferral	\$ _____	\$ _____	\$ _____
Year deferrals begin	_____	_____	_____
Number of years deferrals continue	_____	_____	_____
Deferral increase rate	_____%	_____%	_____%
Year payments begin	_____	_____	_____
Number of years of income	_____	_____	_____

(Deferred Compensation & Deferred Annuities continued)

	Source 1	Source 2	Source 3
Income increase rate	_____ %	_____ %	_____ %
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 (select one)	Client Spouse Joint	Client Spouse Joint	Client Spouse Joint
Current balance	\$ _____	\$ _____	\$ _____
Periodic payment	\$ _____	\$ _____	\$ _____
Payment frequency**	_____	_____	_____
Interest rate	_____ %	_____ %	_____ %
Year of maturity	_____	_____	_____

*Primary residence, Home Equity/Other Mortgage, Real Estate, Business, Investment/Margin, Consumer, Automobile, Other

**Semi-Monthly, Monthly, Quarterly, Semi-Annual, Annual

Insurance

Provide the requested information about and insurance policies you own.

Life Insurance	Policy 1	Policy 2	Policy 3
Description	_____	_____	_____
Type*	_____	_____	_____
Insured party**	_____	_____	_____
Owner***	_____	_____	_____

*Group, Term, Whole Life, Universal Life, Variable Life, Other

**Client, Spouse, Survivor

***Client, Spouse, Irrevocable Trust, Community

(Life Insurance continued)

	Policy 1	Policy 2	Policy 3
Beneficiary*	_____	_____	_____
Annual premium	\$ _____	\$ _____	\$ _____
Face amount	\$ _____	\$ _____	\$ _____
Year premiums stop	_____	_____	_____
Year coverage expires	_____	_____	_____
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	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Group <input type="checkbox"/> Individual
Insured party	<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	_____ %	_____ %	_____ %

*Client, Spouse, Irrevocable Trust, Third Party

Long-Term Care Insurance

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

Income Sources

	Client	Spouse
Salary	\$ _____	\$ _____
Self-employment earnings	\$ _____	\$ _____
Earnings not subject to FICA	\$ _____	\$ _____

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: (select one)	<input type="checkbox"/> 0% <input type="checkbox"/> 50% <input type="checkbox"/> 85%	

Business/Real Estate Income

	Source 1	Source 2	Source 3
Description	_____	_____	_____
Type*	_____	_____	_____
Cash/Non-Cash: (select 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: (select 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	_____ %	_____ %	_____ %

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

Miscellaneous Income	Source 1	Source 2	Source 3
Description	_____	_____	_____
Type*	\$_____	\$_____	\$_____
Cash/Non-Cash: (select 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: (select 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	_____ %	_____ %	_____ %
Increase rate after income begins	_____ %	_____ %	_____ %
Portion subject to tax	_____ %	_____ %	_____ %

*Ordinary, Dividend, Investment

Income from DBPs, Notes and Annuities	Source 1	Source 2	Source 3
Description	_____	_____	_____
Type**	_____	_____	_____
Owner***	_____	_____	_____
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	\$_____	\$_____	\$_____

**Note, Annuity, DBP, Other

***Client, Spouse, JTWRORS, Community, Tenants in Common

Government Programs Retirement Benefits

	Program 1	Program 2	Program 3
Description	_____	_____	_____
Owner (select 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	_____	_____	_____
Number of years benefit continues	_____	_____	_____
Increase rate before benefit begins	_____ %	_____ %	_____ %
Increase rate after benefit begins	_____ %	_____ %	_____ %
Portion subject to tax	_____ %	_____ %	_____ %

Earnings During Retirement

	Source 1	Source 2	Source 3
Description	_____	_____	_____
Owner (select 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*
_____	\$ _____	\$ _____	_____ %	_____
_____	\$ _____	\$ _____	_____ %	_____
_____	\$ _____	\$ _____	_____ %	_____
_____	\$ _____	\$ _____	_____ %	_____
_____	\$ _____	\$ _____	_____ %	_____

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 10 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): (select 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 needs begin	_____	_____
Years of long-term care needs*	_____	_____
State in which long-term care services will be provided	_____	_____
Daily cost of long-term care	\$ _____	\$ _____
Estimate a daily cost amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Increase rate before the LTC need begins	_____ %	_____ %
Increase rate after the LTC need begins	_____ %	_____ %
Assume full recovery after LTC need?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Income Tax

Provide the requested information about your income tax situation.

Filing status: (select one)	<input type="checkbox"/> Joint	<input type="checkbox"/> Single	<input type="checkbox"/> Head of Household
Number of personal exemptions _____	or	<input type="checkbox"/> Use default value	
State/local tax rate			_____ %
Taxable refunds			\$ _____
Education credits			\$ _____
Other credits			\$ _____
Capital Gains	Short-Term	Long-Term	
Current year cap gain (loss)	\$ _____	\$ _____	
Capital loss carry forward	\$ _____	\$ _____	

Adjustments and Itemized Deductions

Adjustments to income for AGI \$ _____

Casualty and theft losses (current year) \$ _____

Real estate, personal property tax (current year) \$ _____

Alternative Minimum Tax

Interest on a home mortgage not used for your home \$ _____

Post-1986 depreciation \$ _____

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	Student 1	Student 2	Student 3
Student	_____	_____	_____
Years until need	_____	_____	_____
Years of need	_____	_____	_____
Annual amount (today's dollars)	\$ _____	\$ _____	\$ _____
Inflation rate	_____ %	_____ %	_____ %
Portion to fund	_____ %	_____ %	_____ %
Include education goal in advisor analysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Accumulation Goals (Pre-Retirement)

	Goal 1	Goal 2	Goal 3
Description	_____	_____	_____
Years until need	_____	_____	_____
Years of need	_____	_____	_____
Annual amount (today's dollars)	\$ _____	\$ _____	\$ _____
Inflation rate	_____ %	_____ %	_____ %
Portion to fund	_____ %	_____ %	_____ %
Include accumulation goal in advisor analysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Planned Asset Withdrawals (Pre-Retirement)

	Withdrawal 1	Withdrawal 2	Withdrawal 3
Description	_____	_____	_____
Begin year	_____	_____	_____
Years of need	_____	_____	_____
Annual amount (today's dollars)	\$ _____	\$ _____	\$ _____
Inflation rate	_____ %	_____ %	_____ %

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

Retirement Spending Goal

Use lifestyle Expenses total (Page 13) as Annual Retirement Spending Goal? Yes No

If "No," how much do you want to spend annually during retirement? \$ _____

Portion of Annual Retirement Spending Goal needed for surviving spouse _____ %

Amount to leave as a legacy \$ _____

Other Retirement Goals	Goal 1	Goal 2	Goal 3
Description	_____	_____	_____
Begin year	_____	_____	_____
Annual amount	\$ _____	\$ _____	\$ _____
Inflation rate before goal	_____ %	_____ %	_____ %
Inflation rate during goal	_____ %	_____ %	_____ %

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

Estate Planning Assumptions

Death age (for estate plan)	_____	_____
Estimated funeral expenses	\$ _____	\$ _____
Probate expenses (as a percentage of probate estate)	_____ %	
Administrative expenses (as a percentage of gross estate)	_____ %	

