YOUR DATA, IN DETAIL

In-depth knowledge is a key to a solid, comprehensive financial plan

	CLIENT	CO-CLIENT
Full name		
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Date of birth		
Marital status	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Email address		
Employment status:	□ Retired □ Employed□ Business owner □ Homemaker□ Not currently employed	☐ Retired ☐ Employed ☐ Business owner ☐ Homemaker ☐ Not currently employed
Employment income	\$	\$
Other pre-retirement Income (non-investment)	\$	\$
Citizenship		
State of residence		

Enter children, grandchildren, other dependents or any other person whom you will give a gift, designate as a beneficiary or assign ownership of an insurance policy. *Note:* Date of birth is only required for children, grandchildren and other dependents.

NAME	DATE OF BIRTH	RELATIONSHIP
		☐ Child ☐ Grandchild ☐ Other dependents ☐ Beneficiary/donee ☐ Charity ☐ Trust
		☐ Child ☐ Grandchild ☐ Other dependents ☐ Beneficiary/donee ☐ Charity ☐ Trust
		☐ Child ☐ Grandchild ☐ Other dependents ☐ Beneficiary/donee ☐ Charity ☐ Trust
		☐ Child ☐ Grandchild ☐ Other dependents ☐ Beneficiary/donee ☐ Charity ☐ Trust

My financial goals

RETIREMENT GOAL								
Goal importance (circle one)								
10 9 8	7	6	5	4		3 2	1	
Needs		Want	s			Wish	ies	
Age to retire: Client Co-client	_	Li	fe expecta	ancy: Clien	t C	o-client		
Retirement living expenses:								
Enter living expenses for the following retirem	ent periods:							
Expense Period 1 – Client retired/co-client wor	king	\$				per	☐ Month	□ Year
Expense Period 2 – Co-client retired/client wor	king	\$				per	□ Month	☐ Year
Expense Period 3 – Client AND co-client retired		\$				per	□ Month	□ Year
Expense Period 4 – Client alone		\$				per	□ Month	☐ Year
Expense Period 5 – Co-client alone		\$				per	□ Month	□ Year
Expenses that end during retirement (e.g., mor	rtgage, loan):							
Description	Year expense will end			Amoun (current do			Infl	ate
		\$			☐ Month	☐ Year	☐ Yes	□No
		\$			\square Month	☐ Year	☐ Yes	□No
		\$			\square Month	☐ Year	☐ Yes	□No
		\$			☐ Month	☐ Year	☐ Yes	□No
Will the retirement living expense inflate?	□ No □ Yes	s, base in	ıflation rat	te 🗆 Yes, k	oase inflati	on rate +/	%	
Will you change states in retirement? □ No	□Yes	State v	where you	will move:		_		
When will you move? ☐ Client's retirement	□ Co-client's	retireme	ent OR yea	r		_		

7 6 nual cost) nut-of-state (fout-of-state (two	Wants	4 Undergra	3	rs of college: 2 Wishes	1
oual cost) out-of-state (fo	Wants				1
oual cost) out-of-state (fo	Wants				1
out-of-state (fo	our-year)	□Undergra		Wishes	
out-of-state (fo	-	□Undergra			
out-of-state (fo	-	□Undergra			
out-of-state (tv	-	□Undergra	advista 🗆 C		
out-of-state (tv	-	□ Undergra	aduate		
	wo-year)	□ Undergra	advista		
all		□ Undergra	aduata 🗆 C		
		□ Undergra	adulata 🗆 C		
		_ onacigie	aduate 🗆 Grad	duate	
o include)					
m and board	☐ Books	and supplies	s □ Other cos	sts	
Prepaid Tuition					
overed for thi	s college?				
mounts)					
	Student e	mployment:	\$		
	Gifts and o	other: \$			
	Your loans	s: \$			
for this colleg	e, not includ	ing UGMAs, L	JTMAs or 529 Plan	ns)	
	Descriptio	n:			
ual addition: \$	>		Growth rate:	%	
	Descriptio	n:			
ual addition: \$	\$		Growth rate:	%	
s 6%) □ No	☐ Yes, bas	se inflation r	ate □ Yes, base	inflation rate +,	/%
	m and board Prepaid Tuitic overed for thi mounts) for this colleg ual addition: \$ ual addition: \$	m and board	repaid Tuition Plan? No Yes overed for this college? mounts) Student employment: Gifts and other: \$ Your loans: \$ for this college, not including UGMAs, U Description: ual addition: \$ Description: ual addition: \$	Prepaid Tuition Plan?	m and board

Child's name:		Year to start:	# of years of college:
Goal importance (circle one)			
10 9 8	7 6	5 4	3 2 1
Needs		Vants	Wishes
Cost estimate: (fill in A, B or C)			
A. My cost estimate: \$	(annual cost)		
B. Use an average cost:			
☐ Public in-state (four-year)	☐ Public out-of-state (for	ur-year)	
☐ Public in-state (two-year)	☐ Public out-of-state (tw	-	
☐ Private (four-year)	☐ Average all		
C. Specific college:		☐ Under	graduate 🗆 Graduate
State in which the college is lo	cated:		
Include cost of the following: (Check which to include)		
☐ Tuition ☐ Out-of-state fe	ees 🗆 Room & board [☐ Books and supplies	o □ Other costs
Have you prepaid for college	using a 529 Prepaid Tuition	n Plan? □ No □ Yes	5
How many years of tuition and	fees will be covered for this	college?	
Outside funding for college (option	enal)		
Other funding sources during colle	ge: (annual amounts)		
Scholarships: \$		Student employmer	nt:\$
Students loans: \$		Gifts and other: \$	
Your own income: \$		Your loans: \$	
Outside assets (Assets not owned by you that will b	e used to pay for this college	, not including UGMAs	, UTMAs or 529 Plans)
1. Type of asset:		Description:	
Current value: \$	Annual addition: \$		Growth rate:%
2. Type of asset:		Description:	
Current value: \$	Annual addition: \$		Growth rate:%
Will this amount inflate? (Note: the	default rate is 6%) 🗆 No	☐ Yes, base inflation	n rate 🗆 Yes, base inflation rate +/9

PRIVATE SCHOOL GOAL			
Child's name:		Year to start:	# of years - K-12 and college:
Goal importance (circle on	e)		
10 9	8	7 6 5 4	3 2 1
Needs		Wants	Wishes
Annual cost: \$		(today's dollars)	
Will this amount inflate?	□No	\square Yes, base inflation rate \square Yes, base inflation rate	+/%
Child's name:		Year to start:	# of years – K-12 and college:
Goal importance (circle on	e)		
10 9	8	7 6 5 4	3 2 1
Needs		Wants	Wishes
Annual cost: \$		Wants (today's dollars)	Wishes
Annual cost: \$	□No		
Annual cost: \$	□No	(today's dollars)	
Annual cost: \$ Will this amount inflate?		(today's dollars) ☐ Yes, base inflation rate ☐ Yes, base inflation rate	+/%
Annual cost: \$ Will this amount inflate? Child's name:		(today's dollars) ☐ Yes, base inflation rate ☐ Yes, base inflation rate	+/%
Annual cost: \$ Will this amount inflate? Child's name: Goal importance (circle on	e)	(today's dollars) ☐ Yes, base inflation rate ☐ Yes, base inflation rate Year to start:	+/% # of years – K-12 and college:
Annual cost: \$ Will this amount inflate? Child's name: Goal importance (circle on 10 9	e)	(today's dollars) ☐ Yes, base inflation rate Year to start: 7 6 5 4	# of years – K-12 and college: 3 2 1

Description:				
Description: Goal importance:	(circle and)			
		7 6 5	2	2 1
10	9 8	7 6 5 4	3	2 1
	Needs	Wants	W	ishes
Year of goal:		Cost: \$	☐ Month	□ Year
Will this amount i	nflate? □ No □ Yes,	base inflation rate □ Yes, base inflation rate +/	%	
s this goal recurri	ing? □ No □ Yes	How often will it occur: Every year(s)		
When will it end?		nt □ Co-client's retirement □ End of client's plan splan □ End of plan OR □ Total occurrences:		
Description:				
Goal importance:	(circle one)			
10	9 8	7 6 5 4	3	2 1
	Needs	Wants	W	ishes
Year of goal:		Cost: \$	☐ Month	□ Year
Will this amount i	nflate? □ No. □ Ves	base inflation rate □ Yes, base inflation rate +/	%	
witt tills allloullt li	intate: DNO D163,	base initiation rate = 1 res, sase initiation rate /		
	ing? No Yes	How often will it occur: Every year(s)	^	
	ing? □ No □ Yes			
s this goal recurri	ing? □ No □ Yes	How often will it occur: Every year(s) nt □ Co-client's retirement □ End of client's plan		
Is this goal recurri When will it end?	ing? □ No □ Yes □ Client's retiremel □ End of co-client's	How often will it occur: Every year(s) nt □ Co-client's retirement □ End of client's plan		
s this goal recurri When will it end? Description:	ing? □ No □ Yes □ Client's retiremel □ End of co-client's	How often will it occur: Every year(s) nt □ Co-client's retirement □ End of client's plan	3	2 1
s this goal recurri When will it end? Description: Goal importance:	ing? □ No □ Yes □ Client's retiremen □ End of co-client's	How often will it occur: Every year(s) nt □ Co-client's retirement □ End of client's plan s plan □ End of plan OR □ Total occurrences:	3	2 1 ishes
Us this goal recurring when will it end? Description: Goal importance:	ing?	How often will it occur: Every year(s) nt □ Co-client's retirement □ End of client's plan s plan □ End of plan OR □ Total occurrences: 7 6 5 4	3	ishes
S this goal recurring when will it end? Description: Goal importance: 10	ing?	How often will it occur: Every year(s) nt	3 ₩ □ Month	ishes
s this goal recurri When will it end? Description: Goal importance: 10 Year of goal: Will this amount in	ing?	How often will it occur: Every year(s) Int	3 ₩ □ Month	ishes

GIFT OR DONATION							
Description:							
Importance: (circle on	ne)						
10	9 8	7 6	5 4		3	2	1
Nee	eds	Wa	ants		١	Wishes	
Who is the donor?							
Who will receive this	gift?						
Year you plan to give	this gift or donation?						
Amount of gift or don	nation? \$	per 🗆	Month □ Year				
Will this amount infla	ate? □ No □ Yes, bas	se inflation rate	Yes, base inflatio	n rate +/	%		
Is this goal recurring?	? □ No □ Yes	How often will it o	occur: Every	year(s)			
When will it end?	☐ Client's retirement☐ End of co-client's pl			-			
Description:							
Importance: (circle on	ne)						
10	9 8	7 6	5 4		3	2	1
Nee	eds	Wa	ants		١	Wishes	
Who is the donor?							
Who will receive this	gift?						
Year you plan to give	this gift or donation?						
Amount of gift or don	nation? \$	per □ Month □	Year				
Will this amount infla	ate? □ No □ Yes, bas	se inflation rate] Yes, base inflatio	n rate +/	%		
Is this goal recurring	? □ No □ Yes	How often will it	occur: Every	year(s)			
When will it end?	☐ Client's retirement☐ End of co-client's pl						
		<u> </u>					

LEAVE BEQUEST							
Description/recipient:							
Importance: (circle one)							
10 9	8	7 6	5	4	3	2	1
Needs			Wants			Wishes	
Who will receive this gift?	?						
When will the bequest be	e made: □ Er	nd of client's Plan □ E	nd of co-client's	plan			
Amount of bequest: \$		(today's dollar	rs)				
Will this amount inflate?	□ No □ Y	es, base inflation rate	☐ Yes, base in	flation rate +	/%		
Description/recipient:							
Importance: (circle one)							
10 9	8	7 6	5	4	3	2	1
Needs			Wants			Wishes	
Who will receive this gift?	?						
When will the bequest be	e made: □ Er	ıd of client's plan □ Eı	nd of co-client's	plan			
Amount of bequest: \$		(today's dollar	·s)				
Will this amount inflate?	□ No □ Y	es, base inflation rate	☐ Yes, base in	flation rate +	/%		
Risk tolera	ince c	_l uestionr	naire				
On a scale of 1 to 100 with 1 provided. Compare yourse and 60, and only 1 in 1,000 s	lf to other inve	estors. The average risk	score for all inve	estors is 50. T	wo-thirds of all	investors so	ore between 4

Retirement income

SOCIAL SECURITY SOCIAL SECURITY - CLIENT When will you begin taking Social Security? ☐ Full retirement age (FRA) ☐ As early as possible ☐ Retirement □ Age ☐ I am ineligible for Social Security benefits Do you plan to use the Restricted Application strategy to maximize Social Security? □ No □ Yes Select one option for the benefit amount: ☐ Use this amount: \$ ☐ Month ☐ Year (pre-tax, current dollars) ☐ Use the planner estimate (based on current employment income) ☐ Estimate the benefit using my primary insurance amount: \$_ **Assign – How to use** (choose one): ☐ Fund all goals ☐ Earmark to one goal: **SOCIAL SECURITY - CO-CLIENT** When will you begin taking Social Security? ☐ Full retirement age (FRA) ☐ As early as possible ☐ Retirement ☐ Age _ ☐ I am ineligible for Social Security benefits Do you plan to use the Restricted Application strategy to maximize Social Security? □ No □ Yes Select one option for the benefit amount: ☐ Use this amount: \$ ☐ Month ☐ Year (pre-tax, current dollars) ☐ Use the planner estimate (based on current employment income) ☐ Estimate the benefit using my primary insurance amount: \$_ **Assign – How to use** (*choose one*): ☐ Fund all goals ☐ Earmark to one goal:

PENSION	
Whose pension: ☐ Client ☐ Co-client	Description:
Income begins: ☐ Client's retirement ☐ Co-client's retirement	☐ Receiving now ☐ Year
Amount of benefit (estimate of pre-tax future value): \$	per □ Month □ Year
Will this amount inflate? (Note: Inflation will begin in the year pa □ No □ Yes, base inflation rate □ Yes, base inflation rate +/	•
Survivor benefit:%	
Assign – How to use (choose one): ☐ Fund all goals ☐ Earman	k to one goal:
Whose pension: ☐ Client ☐ Co-client	Description:
Income begins: ☐ Client's retirement ☐ Co-client's retirement	☐ Receiving now ☐ Year
Amount of benefit (estimate of pre-tax future value): \$	per □ Month □ Year
Will this amount inflate? (Note: Inflation will begin in the year pa □ No □ Yes, base inflation rate □ Yes, base inflation rate +/	
Survivor benefit:%	
Assign – How to use (choose one): ☐ Fund all goals ☐ Earman	k to one goal:
PART-TIME EMPLOYMENT	
Whose income: ☐ Client ☐ Co-client	Description:
Income begins: ☐ Client's retirement ☐ Co-client's retirement	☐ Receiving now ☐ Year
Number of years:	
Income amount (pre-tax, today's dollars): \$	per □ Month □ Year
Will this amount inflate? \square No \square Yes, base inflation rate \square	Yes, base inflation rate +/%
Assign – How to use (choose one): ☐ Fund all goals ☐ Earman	k to one goal:
Whose income: ☐ Client ☐ Co-client	
Description:	
Income begins: ☐ Client's retirement ☐ Co-client's retirement	☐ Receiving now ☐ Year
Number of years:	
Income amount (pre-tax, today's dollars): \$	per □ Month □ Year
Will this amount inflate? □ No □ Yes, base inflation rate □	Yes, base inflation rate +/%
Assign – How to use (choose one): ☐ Fund all goals ☐ Earman	k to one goal:

ANNUITY INCOME
Whose income: ☐ Client ☐ Co-client
Description:
Year annuity payments start:
Value at annuitization: \$ Cost basis: \$
Amount of annuity payments (pre-tax, future value):\$ ☐ Month ☐ Year
Income growth rate:% Exclusion ratio:%
Annuity Type (choose one option)
□ Joint Life Income guaranty: □ Period certain □ Lifetime only □ Installment refund □ Cash refund
If Period certain, enter years: Income to co-client%
□ Single Life Income guaranty: □ Period certain □ Lifetime only □ Installment refund □ Cash refund
If Period certain, enter years:
□ Specific period Enter years:
Assign - How to use (choose one): ☐ Fund all goals ☐ Earmark to one goal:
RENTAL PROPERTY INCOME
Whose income: Client Co-client
Description:
Income begins: ☐ Client's retirement ☐ Co-client's retirement ☐ Receiving now ☐ Year
Income ends: ☐ End of client's plan ☐ End of Co-client's plan ☐ End of plan ☐ Year
Amount of net rental income (pre-tax rental income less expenses):\$ ☐ Month ☐ Year
Will this amount inflate? □ No □ Yes, base inflation rate □ Yes, base inflation rate +/%
Assign – How to use (choose one): ☐ Fund all goals ☐ Earmark to one goal:

OTHER RETIREMENT INCOME	
Whose income: ☐ Client ☐ Co-client ☐ Descript	ion:
Income begins: ☐ Client's retirement ☐ Co-client's retirement ☐ Receiv	ving now ☐ Year
Income ends: ☐ End of client's plan ☐ End of co-client's plan ☐ End of	plan □ Year
Amount of income (pre-tax, today's dollars):\$ ☐ Month ☐ Year	
Is this income tax-free? □ No □ Yes	
Will this amount inflate? ☐ No ☐ Yes, base inflation rate ☐ Yes, base	e inflation rate +/%
Assign – How to use (choose one): ☐ Fund all goals ☐ Earmark to one g	pal:
Whose income: ☐ Client ☐ Co-client ☐ Descript	ion:
Income begins: ☐ Client's retirement ☐ Co-client's retirement ☐ Receive	ring now ☐ Year
Income ends: ☐ End of client's plan ☐ End of co-client's plan ☐ End of	plan 🗆 Year
Amount of income (pre-tax, today's dollars):\$ ☐ Month ☐ Year	
Is this income tax-free? □ No □ Yes	
Will this amount inflate? ☐ No ☐ Yes, base inflation rate ☐ Yes, base	e inflation rate +/%
Assign – How to use (choose one): ☐ Fund all goals ☐ Earmark to one g	pal:
Whose income: ☐ Client ☐ Co-client Descript	ion:
Income begins: ☐ Client's retirement ☐ Co-client's retirement ☐ Receive	ving now ☐ Year
Income ends: ☐ End of client's plan ☐ End of co-client's plan ☐ End of	plan □ Year
Amount of income (pre-tax, today's dollars):\$ ☐ Month ☐ Year	
Is this income tax-free? □ No □ Yes	
Will this amount inflate? ☐ No ☐ Yes, base inflation rate ☐ Yes, base	e inflation rate +/%
Assign – How to use (choose one): ☐ Fund all goals ☐ Earmark to one g	pal:
Whose income: ☐ Client ☐ Co-client ☐ Descript	ion:
Income begins: ☐ Client's retirement ☐ Co-client's retirement ☐ Receive	ving now ☐ Year
Income ends: ☐ End of client's plan ☐ End of co-client's plan ☐ End of	plan □ Year
Amount of income (pre-tax, today's dollars):\$ ☐ Month ☐ Year	
Is this income tax-free? □ No □ Yes	
Will this amount inflate? ☐ No ☐ Yes, base inflation rate ☐ Yes, base	e inflation rate +/%
Assign – How to use (choose one): ☐ Fund all goals ☐ Earmark to one g	pal:

OTHER IRREVOCABLE TRUST INCOME
Whose income: ☐ Client ☐ Co-client Description:
Income begins: □ Client's retirement □ Co-client's retirement □ Receiving now □ Year
Income ends: ☐ End of client's plan ☐ End of co-client's plan ☐ End of plan ☐ Year
Amount of income (pre-tax, today's dollars):\$ per □ Month □ Year
Is this income tax-free? □ No □ Yes
Will this amount inflate? □ No □ Yes, base inflation rate □ Yes, base inflation rate +/%
Assign – How to use (choose one): ☐ Fund all goals ☐ Earmark to one goal:
Whose income: ☐ Client ☐ Co-client Description:
Income begins: □ Client's retirement □ Co-client's retirement □ Receiving now □ Year
Income ends: ☐ End of client's plan ☐ End of co-client's plan ☐ End of plan ☐ Year
Amount of income (pre-tax, today's dollars):\$ per □ Month □ Year
Is this income tax-free? □ No □ Yes
Will this amount inflate? □ No □ Yes, base inflation rate □ Yes, base inflation rate +/%
Assign – How to use (choose one): ☐ Fund all goals ☐ Earmark to one goal:

Investment assets

401(K) PLANS	
Description:	Whose plan? □Client □Co-client
Current total value: \$	After-tax value (non-Roth): \$
Current Roth value: \$	
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Income	
Total income from this employer: \$	
Will this amount inflate? $\ \square$ No $\ \square$ Yes, base inflation rate $\ \square$	Yes, base inflation rate +/%
Your contributions:	
Pre-tax contributions: Enter % of annual income% or	☐ Assume max contribution each year
After-tax contributions (non-Roth):%	Roth contributions:%
Roth contributions: \$	Year contributions begin:
Contributions end: ☐ Client's retirement ☐ Co-client's retiremen	ent □Year:
Employer contributions If your employer matches your contribu	tions, complete this section.
Employer will match this % of your contribution:%	Up until your contribution reaches this %:%
Then your employer will match this % of your contribution:	% Up until your contribution reaches this %:%
Employer contributions limit	
Maximum annual dollar limit: \$	
(Some plans also have a maximum limit on the total dollars the employ If your plan has such a limit, enter the amount.)	er will contribute in a year, regardless of the percentage limit above.
Additional employer contributions - Profit sharing	
If your employer makes contributions in addition to those above, enter Only enter those contributions you are confident you will actually receive	
☐ Contribution as a % of income:%	
☐ Contributions as dollar amount: \$ Grow and	nually by%
Contributions end: ☐ Client's retirement ☐ Co-client's retirement	ent □Year:

EMPLOYER SPONSORED PLANS	
Type of plan:	Whose plan? □Client □Co-client
Description:	
Current total value: \$	After-tax value (non-Roth): \$
Current Roth value: \$	
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Income	
Total income from this employer: \$	
Will this amount inflate? ☐ No ☐ Yes, base inflation rate ☐ Yes	s, base inflation rate +/%
Your contributions:	
Pre-tax contributions: Enter % of annual income% or	☐ Assume max contribution each year
After-tax contributions (non-Roth):%	Roth contributions:%
Roth contributions: \$	Year contributions begin:
Contributions end: ☐ Client's retirement ☐ Co-client's retirement	Year:
Employer contributions If your employer matches your contribution	ions, complete this section.
Employer will match this % of your contribution:	Up until your contribution reaches this %:
Then your employer will match this % of your contribution:	_% Up until your contribution reaches this %:%
Employer contributions limit	
Maximum annual dollar limit: \$	
(Some plans also have a maximum limit on the total dollars the employer of your plan has such a limit, enter the amount.)	will contribute in a year, regardless of the percentage limit above.
Additional employer contributions - Profit sharing	
If your employer makes contributions in addition to those above, enter the Only enter those contributions you are confident you will actually receive.	em here.
☐ Contribution as a % of income:%	
☐ Contributions as dollar amount: \$ Grow annual	ally by%
Contributions End: ☐ Client's retirement ☐ Co-client's retirement	∵ □Year:

TRADITIONAL IRAS	
Who is the owner: □Client □Co-client	Description:
Current value: \$	After-tax value: \$
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
☐ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Pre-tax: ☐ Additions: \$ Inflate? ☐ No ☐ Yes	☐ Maximum contribution each year
After-tax: □ Additions: \$	☐ Maximum contribution each year
Year additions begin:	
Year additions end: ☐ Client's retirement ☐ Co-client's retirem	ent □Year:
Who is the owner: ☐ Client ☐ Co-client	Description:
Current value: \$	After-tax value: \$
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Pre-tax: ☐Additions: \$ Inflate? ☐No ☐Yes	☐ Maximum contribution each year
After-tax: □ Additions: \$	☐ Maximum contribution each year
Year additions begin:	
Year additions end: ☐ Client's retirement ☐ Co-client's retirem	ent □Year:
Who is the owner: □Client □Co-client	Description:
Current value: \$	After-tax value: \$
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Pre-tax: ☐Additions: \$ Inflate? ☐No ☐Yes	☐ Maximum contribution each year
After-tax: □ Additions: \$	☐ Maximum contribution each year
Year additions begin:	
Year additions end: \Box Client's retirement \Box Co-client's retirem	ent □Year:

TRADITIONAL IRAS (cont.)	
Who is the owner: ☐ Client ☐ Co-client	Description:
Current value: \$	After-tax value: \$
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
☐ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Pre-tax: □Additions:\$ Inflate? □No □Yes	☐ Maximum contribution each year
After-tax: □Additions: \$	☐ Maximum contribution each year
Year additions begin:	
Year additions end: ☐ Client's retirement ☐ Co-client's retirem	nent □Year:
SEPP IRA – 72(t)	
Who is the owner: □ Client □ Co-client	Description:
Ticker symbol:	Units:
Current value: \$	After-tax value: \$
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
72(t) distributions:	
Annual distribution amount: \$	Year distribution began:
Who is the owner: ☐ Client ☐ Co-client	Description:
Ticker symbol:	Units:
Current value: \$	After-tax value: \$
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
72(t) distributions:	
Annual distribution amount: \$	Year distribution began:

ROTH IRAS	
Who is the owner: ☐ Client ☐ Co-client	Description:
Current value: \$	
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
☐ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Pre-tax: □Additions: \$ Inflate? □No □Yes	☐ Maximum contribution each year
After-tax: □Additions: \$	
Year additions begin:	
Year additions end: ☐ Client's retirement ☐ Co-client's retirem	
Who is the owner: □ Client □ Co-client	Description:
Current value: \$	
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Pre-tax: ☐Additions: \$ Inflate? ☐ No ☐ Yes	☐ Maximum contribution each year
After-tax: □Additions: \$	
Year additions begin:	
Year additions end: ☐ Client's retirement ☐ Co-client's retirem	ent □Year:
COVERDELL ACCOUNTS (ESA)	
Who is the owner: □ Custodial	Description:
Current value: \$	
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
☐ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Additions: \$ Inflate? □No □Yes	☐ Maximum contribution each year
Year additions begin:	
Year additions end: ☐ Client's retirement ☐ Co-client's retirem	ent □Year:

COVERDELL ACCOUNTS (ESA) (cont.)	
Who is the owner: □Custodial	Description:
Current value: \$	
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Additions: \$ Inflate? □No □Yes	☐ Maximum contribution each year
Year additions begin:	
Year additions end: □ Client's retirement □ Co-client's retirer	nent □Year:
529 SAVINGS PLAN	
Who is the owner: □Client □Co-client	Description:
Beneficiaries/percentage:	
Estate%	Other:%
Co-client%	Other:%
Current value: \$	Is this asset subject to state taxes? $\ \square$ No $\ \square$ Yes
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Additions: \$ Inflate? ☐ No ☐ Yes	Year additions begin:
Year additions end: □ Client's retirement □ Co-client's retire	nent □Year:
Who is the owner: □ Client □ Co-client	Description:
Beneficiaries/percentage:	
Estate %	Other: – %
Surviving client %	Other: – %
Current value: \$	Is this asset subject to state taxes? ☐ No ☐ Yes
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
☐ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Additions: \$ Inflate? ☐ No ☐ Yes	Year additions begin:
Year additions end: □ Client's retirement □ Co-client's retiren	nent □Year:

ANNUITIES	
Who is the owner: □ Client □ Co-client	Description:
Current value: \$	Cost basis: \$
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Additions: \$ Inflate? □No □Yes	Year additions begin:
Year additions end: ☐ Client's retirement ☐ Co-client's retirem	ent □Year:
Who is the owner: □ Client □ Co-client	Description:
Current value: \$	Cost basis: \$
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Additions: \$ Inflate? ☐ No ☐ Yes	Year additions begin:
Year additions end: ☐ Client's retirement ☐ Co-client's retirem	ent □Year:
Who is the owner: □Client □Co-client	Description:
Current value: \$	Cost basis: \$
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Additions: \$ Inflate? □No □Yes	Year additions begin:
Year additions end: ☐ Client's retirement ☐ Co-client's retirem	ent □Year:

CASH VALUE LIFE: VARIABLE LIFE	
Who is the owner: □Client □Co-client	Insured: ☐ Client ☐ Co-client ☐ First to die ☐ Second to die
Name or description:	
Beneficiaries:	
Estate	Other:%
Co-client	Other:%
Current value: \$	
Cost basis: \$	Insurance amount: \$
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Pre-tax: ☐Additions: \$ Inflate? ☐No ☐Yes	☐ Maximum contribution each year
After-tax: □ Additions: \$	
Year additions begin:	
Year additions end: □ Client's retirement □ Co-client's retirem	nent □Year:
Who is the owner: □Client □Co-client	Insured: □ Client □ Co-client □ First to die □ Second to die
Name or Description:	
Beneficiaries:	
Estate% Other:%	Other:%
Co-client	Other:%
Current value: \$	
Cost basis: \$	Insurance amount: \$
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
Pre-tax: □Additions: \$ Inflate? □No □Yes	☐ Maximum contribution each year
After-tax: □ Additions: \$	Year additions begin:
Year additions end: ☐ Client's retirement ☐ Co-client's retirem	ent □Year:

OTHER TAX-DEFERRED	
Who is the owner: □Client □Co-client	Description:
Current value: \$	Cost basis: \$
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
□Additions: \$ Inflate? □No □Yes	Year additions begin:
Year additions end: □ Client's retirement □ Co-client's retiren	nent □Year:
U.S. SAVINGS BOND	
Who is the owner: □Client □Co-client	Description:
Current value: \$	Cost basis: \$
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
☐ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
□ Additions: \$ Inflate? □ No □ Yes	Year additions begin:
Year additions end: ☐ Client's retirement ☐ Co-client's retiren	nent □Year:
TAXABLE	
Who is the owner: ☐ Client ☐ Co-client ☐ Joint ☐ Custoo	dial
If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety	☐ Community property
\Box Other w/ client \Box Other w/ co-client	
Description:	
Ticker symbol:	Units:
Current value: \$	Cost basis: \$
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Annual additions: (check one)	
□ Additions: \$ Inflate? □ No □ Yes	Year additions begin:
Year additions end: ☐ Client's retirement ☐ Co-client's retirem	ent □Year:

TAXABLE (cont.)		
Who is the owner:	□Client □Co-client □Joint □Custoo	lial
If Joint, what kind?	\square Survivorship \square Common \square Entirety	☐ Community property
	☐ Other w/ client ☐ Other w/ co-client	
Description:		
Ticker symbol:		Units:
Current value: \$		Cost basis: \$
Assign - How to use	: (check one)	
☐ Fund all goals		☐ Earmark to one or more goals:
□ Not used in plan		☐ Leave to estate
Annual additions: (check one)	
☐ Additions: \$	Inflate? □No □Yes	Year additions begin:
Year additions end:	☐ Client's retirement ☐ Co-client's retirem	ent □Year:
TAX-FREE		
Who is the owner:	□Client □Co-client □Joint □Custoo	lial
If Joint, what kind?	□ Survivorship □ Common □ Entirety	☐ Community property
	☐ Other w/ client ☐ Other w/ co-client	
Description:		
Ticker symbol:		Units:
Current value: \$		Cost basis: \$
Is this asset subject t	to state taxes? □ No □ Yes	
Assign - How to use	: (check one)	
☐ Fund all goals		☐ Earmark to one or more goals:
□ Not used in plan		☐ Leave to estate
Annual additions: (check one)	
☐ Additions: \$	Inflate? □No □Yes	Year additions begin:
Year additions end:	☐ Client's retirement ☐ Co-client's retirem	ent □Year:

TAX-FREE (cont.)		
Who is the owner:	□Client □Co-client □Joint □Custoo	dial
If Joint, what kind?	□ Survivorship □ Common □ Entirety	☐ Community property
	☐ Other w/ client ☐ Other w/ co-client	
Description:		
Ticker symbol:		Units:
Current value: \$		Cost basis: \$
Is this asset subject	o state taxes? □ No □ Yes	
Assign - How to use	: (check one)	
☐ Fund all goals		☐ Earmark to one or more goals:
□ Not used in plan		☐ Leave to estate
Annual additions: (check one)	
☐ Additions: \$	Inflate? □No □Yes	Year additions begin:
Year additions end:	☐ Client's retirement ☐ Co-client's retirem	ent □Year:
WILLINGNESS TO AL	DJUST PREFERENCES	
	ou to retire later than	4. How willing are you to save more money?
your target retirer		☐ Slightly willing
your target retirer □ Not at all		☐ Slightly willing ☐ Somewhat willing
your target retiren □ Not at all □ Slightly willing	nent age?	☐ Slightly willing
your target retirer □ Not at all	nent age?	☐ Slightly willing ☐ Somewhat willing
your target retiren □ Not at all □ Slightly willing □ Somewhat willi □ Very willing	nent age?	□ Slightly willing □ Somewhat willing □ Very willing
your target retiren Not at all Slightly willing Somewhat willing Very willing 1. In what order do y	nent age? ng /ou prefer to retire?	☐ Slightly willing ☐ Somewhat willing ☐ Very willing 5. When considering all of the goals you have
your target retirer Not at all Slightly willing Somewhat willing Very willing 1. In what order do y	nent age? ng /ou prefer to retire? se same year	□ Slightly willing □ Somewhat willing □ Very willing 5. When considering all of the goals you have classified as NEEDS, how willing are you to reduce
your target retirer Not at all Slightly willing Somewhat willi Very willing In what order do y Both retire in th	nent age? ng you prefer to retire? e same year e first	□ Slightly willing □ Somewhat willing □ Very willing 5. When considering all of the goals you have classified as NEEDS, how willing are you to reduce your goal amounts from the target?
your target retirer Not at all Slightly willing Somewhat willing Very willing 1. In what order do y	nent age? ng you prefer to retire? e same year e first	□ Slightly willing □ Somewhat willing □ Very willing 5. When considering all of the goals you have classified as NEEDS, how willing are you to reduce your goal amounts from the target? □ Slightly willing
your target retirer Not at all Slightly willing Somewhat willing Very willing In what order do y Both retire in the Either can retire	nent age? ng you prefer to retire? e same year e first	□ Slightly willing □ Somewhat willing □ Very willing 5. When considering all of the goals you have classified as NEEDS, how willing are you to reduce your goal amounts from the target?
your target retirer Not at all Slightly willing Somewhat willing Very willing In what order do y Both retire in th Either can retire Client can retire	nent age? ng you prefer to retire? e same year e first e first tire first	□ Slightly willing □ Somewhat willing □ Very willing 5. When considering all of the goals you have classified as NEEDS, how willing are you to reduce your goal amounts from the target? □ Slightly willing □ Somewhat willing □ Very willing
your target retirer Not at all Slightly willing Somewhat willing Very willing In what order do y Both retire in th Either can retire Co-client can ret	nent age? ng you prefer to retire? e same year e first	□ Slightly willing □ Somewhat willing □ Very willing 5. When considering all of the goals you have classified as NEEDS, how willing are you to reduce your goal amounts from the target? □ Slightly willing □ Somewhat willing
your target retirer Not at all Slightly willing Somewhat willing Very willing In what order do y Both retire in th Either can retire Co-client can retire amount you could	nent age? ng you prefer to retire? e same year e first tire first more, what is the maximum extra	□ Slightly willing □ Somewhat willing □ Very willing 5. When considering all of the goals you have classified as NEEDS, how willing are you to reduce your goal amounts from the target? □ Slightly willing □ Somewhat willing □ Very willing □ Very willing
your target retirer Not at all Slightly willing Somewhat willing Very willing In what order do y Both retire in th Either can retire Client can retire Co-client can re amount you could This amount is about	nent age? you prefer to retire? e same year e first etirst tire first more, what is the maximum extra save annually to meet your goals?	□ Slightly willing □ Somewhat willing □ Very willing 5. When considering all of the goals you have classified as NEEDS, how willing are you to reduce your goal amounts from the target? □ Slightly willing □ Somewhat willing □ Very willing 6. When considering all of the goals you have classified as WANTS, how willing are you to reduce your goal amounts
your target retirer Not at all Slightly willing Somewhat willing Very willing In what order do y Both retire in th Either can retire Client can retire Co-client can re amount you could This amount is about	nent age? ng you prefer to retire? e same year e first e first tire first nore, what is the maximum extra save annually to meet your goals? ve and beyond the total additions	□ Slightly willing □ Somewhat willing □ Very willing 5. When considering all of the goals you have classified as NEEDS, how willing are you to reduce your goal amounts from the target? □ Slightly willing □ Somewhat willing □ Very willing 6. When considering all of the goals you have classified as WANTS, how willing are you to reduce your goal amounts from the target?

Stock options plan

STOCK OPTIONS PLAN													
Who is the owner: ☐ Client ☐	Co-client												
Stock name:													
Asset class: (check one)													
☐ Large-cap value ☐ Large-ca☐ International developed ☐			-	lid-cap									
Market price: \$				Last	update:								
Do all options vest at death?	No □Y€	es											
VESTING SCHEDULE													
Nama					% VESTE	D BY YEAR							
Name	1	2	3	4	5	6	7	8	9	10			
Stock options grant				Тур	e: 🗆 ISO	□NQO							
Grant date:				Gra									
Options granted:				Opt	Options already exercised:								
Expiration date:				Gra									
Select vesting schedule:													
Stock options grant				Тур	e: 🗆 ISO	□NQO							
Grant date:				Gra	Grant name:								
Options granted:				Opt	Options already exercised:								
Expiration date:				Gra	Grant price:								
Select vesting schedule:													
Stock options grant				Тур	Type: □ ISO □ NQO								
Grant date:				Gra	Grant name:								
Options granted:	Opt	Options already exercised:											
Expiration date:	Gra	Grant price:											
Select vesting schedule:													
Stock Options grant				Тур	e: 🗆 ISO	□NQO							
Grant date:	Grant name:												
Options granted:				Opt	Options already exercised:								
Expiration date:				Gra	Grant price:								
Select vesting schedule:													

STOCK OPTIONS PLAN Who is the owner: \Box Client \Box Co-client Stock name: Asset class: (check one) ☐ Large-cap value ☐ Large-cap growth ☐ Small-cap ☐ Mid-cap \square International developed \square International emerging Last update:_____ Market price: \$__ Do all options vest at death? \square No \square Yes **VESTING SCHEDULE** % VESTED BY YEAR Name 1 5 6 10 Stock options grant Type: ☐ ISO ☐ NQO Grant date: Grant name: Options granted: _____ Options already exercised: Expiration date: ___ Grant price: Select vesting schedule:___ Stock options grant Type: ☐ ISO ☐ NQO Grant date: Grant name: Options granted: Options already exercised: Expiration date: Grant price: Select vesting schedule:_ Stock options grant Type: ☐ ISO ☐ NQO Grant date: Grant name: Options granted: Options already exercised: Expiration date: ____ Grant price: _ Select vesting schedule:_ Stock options grant Type: ☐ ISO ☐ NQO Grant date: Grant name: Options granted: Options already exercised: Expiration date: ___ Grant price: Select vesting schedule:

STOCK OPTIONS PLAN Stock options grant Type: ☐ ISO ☐ NQO Grant date: Grant name: Options granted: ___ Options already exercised: __ Expiration date: Grant price: Select vesting schedule:_ **Stock options grant** Type: ☐ ISO ☐ NQO Grant date: Grant name: Options granted: Options already exercised: Expiration date: Grant price: Select vesting schedule:_ **Stock options grant** Type: ☐ ISO ☐ NQO Grant date: Grant name: Options granted: __ Options already exercised: ___ Expiration date: ___ Grant price: Select vesting schedule:_ **Stock Options grant** Type: ☐ ISO ☐ NQO Grant date: Grant name: Options granted: _ Options already exercised: ____ Expiration date: _ Grant price: _ Select vesting schedule:_ **Stock options grant** Type: ☐ ISO ☐ NQO Grant date: Grant name: Options granted: ___ Options already exercised: _____ Expiration date: _ Grant price: Select vesting schedule:_ **Stock options grant** Type: ☐ ISO ☐ NQO Grant date: Grant name: Options granted: Options already exercised: Expiration date: Grant price: Select vesting schedule:_ **Stock options grant** Type: ☐ ISO ☐ NQO Grant date: Grant name: Options granted: ___ Options already exercised: _____ Expiration date: _____ Grant price: Select vesting schedule:_

Stock options - Cash receipt schedule:

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

Stock options	
Name of grant:	Future value (after tax) Low: \$
Year cash received:	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant:	Future value (after tax) Low: \$
Year cash received:	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant:	Future value (after tax) Low: \$
Year cash received:	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant:	Future value (after tax) Low: \$
Year cash received:	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
	. aca. o racao (aco. cary 11.8.11.4
Name of grant:	Future value (after tax) Low: \$
Year cash received:	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant:	Future value (after tax) Low: \$
Year cash received:	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant:	Future value (after tax) Low: \$
Year cash received:	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant:	Future value (after tax) Low: \$
Year cash received:	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant:	Future value (after tax) Low: \$
Year cash received:	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant:	Future value (after tax) Low: \$
Year cash received:	Future value (after tax) Expected: \$
	Future value (after tax) High: \$

Other assets

Stock name:	RESTRICTED STOCK PLAN												
Asset class: (check one) Large-cap value Large-cap growth Small-cap Mid-cap International developed International emerging Market price: \$ Do all options vest at death? No Yes VESTING SCHEDULE Name	Who is the owner: ☐ Client ☐	☐ Co-clien	t										
Large-cap value	Ticker: Stock name:												
International developed International emerging Market price: \$	Asset class: (check one)												
Market price: \$				-	id-cap								
Name													
VESTING SCHEDULE 1	•				Last (ipdate:							
Name	Do all options vest at death?	□No □Y	es										
Name	VESTING SCHEDULE												
Restricted stock grant Grant date:	Name												
Grant date: Grant name: Shares granted: Select vesting schedule: Grant name: Grant name: Shares granted stock grant Grant date: Grant name: Shares granted: Select vesting schedule: Grant name: Shares granted: Select vesting schedule: Grant name: Shares granted: Grant name: Shares granted: Grant name: Shares granted: Grant name: Shares granted: Grant schedule: Grant name: Shares granted: Grant name: Grant name: Shares granted: Grant name: Grant name: Shares granted: Grant name: Grant na		1	2	3	4	5	6	7	8	9	10		
Grant date: Grant name: Shares granted: Select vesting schedule: Grant name: Grant name: Shares granted stock grant Grant date: Grant name: Shares granted: Select vesting schedule: Grant name: Shares granted: Select vesting schedule: Grant name: Shares granted: Grant name: Shares granted: Grant name: Shares granted: Grant name: Shares granted: Grant schedule: Grant name: Shares granted: Grant name: Grant name: Shares granted: Grant name: Grant name: Shares granted: Grant name: Grant na													
Grant date: Grant name: Shares granted: Select vesting schedule: Grant name: Grant name: Shares granted stock grant Grant date: Grant name: Shares granted: Select vesting schedule: Grant name: Shares granted: Select vesting schedule: Grant name: Shares granted: Grant name: Shares granted: Grant name: Shares granted: Grant name: Shares granted: Grant schedule: Grant name: Shares granted: Grant name: Grant name: Shares granted: Grant name: Grant name: Shares granted: Grant name: Grant na													
Grant date: Grant name: Shares granted: Select vesting schedule: Grant name: Grant name: Shares granted stock grant Grant date: Grant name: Shares granted: Select vesting schedule: Grant name: Shares granted: Select vesting schedule: Grant name: Shares granted: Grant name: Grant name: Shares granted: Grant name: Grant name: Shares granted: Grant name: Grant name: Shares granted: Grant name:													
Grant date: Grant name: Shares granted: Select vesting schedule: Grant name: Grant name: Shares granted stock grant Grant date: Grant name: Shares granted: Select vesting schedule: Grant name: Shares granted: Select vesting schedule: Grant name: Shares granted: Grant name: Shares granted: Grant name: Shares granted: Grant name: Shares granted: Grant schedule: Grant name: Shares granted: Grant name: Grant name: Shares granted: Grant name: Grant name: Shares granted: Grant name: Grant na	But dated at all and												
Shares granted: Select vesting schedule: Restricted stock grant Grant date: Shares granted: Select vesting schedule: Restricted stock grant Grant date: Select vesting schedule: Grant name: Shares granted: Grant name: Shares granted: Grant name: Shares granted: Select vesting schedule:	•				Gran	t namo:							
Select vesting schedule: Restricted stock grant Grant date: Shares granted: Select vesting schedule: Restricted stock grant Grant date: Grant name: Shares granted: Select vesting schedule: Restricted stock grant Grant date: Select vesting schedule: Restricted stock grant Grant date: Grant name: Shares granted: Select vesting schedule: Restricted stock grant Grant date: Select vesting schedule: Restricted stock grant Grant name: Shares granted: Grant name: Shares granted: Grant name: Shares granted: Grant name:						t flaffie							
Grant date: Grant name: Grant name: Grant name:													
Grant date: Grant name: Grant name: Grant name:	Postricted stock grant												
Shares granted: Select vesting schedule: Restricted stock grant Grant date: Select vesting schedule: Restricted stock grant Grant date: Grant name: Shares granted: Select vesting schedule: Restricted stock grant Grant date: Select vesting schedule: Restricted stock grant Grant name: Shares granted: Select vesting schedule: Grant name: Shares granted: Grant name: Shares granted:	_	Gran	Grant name:										
Restricted stock grant Grant date:													
Grant date: Grant name:	Select vesting schedule:												
Grant date: Grant name:	Postricted stock grant												
Shares granted: Select vesting schedule: Restricted stock grant Grant date: Shares granted: Select vesting schedule: Restricted stock grant Grant date: Select vesting schedule: Grant date: Grant date: Grant date: Grant date: Grant name:					Gran	Grant name							
Restricted stock grant Grant date: Grant name: Shares granted: Select vesting schedule: Restricted stock grant Grant date: Grant name: Shares granted: Grant name:	Shares granted:												
Grant date: Grant name: Grant name: Grant name: Grant name: Grant name: Grant name: Grant date: Grant name:													
Grant date: Grant name: Grant name: Grant name: Grant name: Grant name: Grant name: Grant date: Grant name:	Restricted stock grant												
Shares granted: Select vesting schedule:	_				Gran	t name:							
Restricted stock grant Grant date: Grant name: Shares granted:													
Grant date: Grant name: Shares granted:	Select vesting schedule:												
Grant date: Grant name: Shares granted:													
Shares granted:													
· ·						t name: _							

RESTRICTED STOCK PLAN												
Who is the owner: ☐ Client	□ Co-clien	t										
Ticker: Stock name:												
Asset class: (check one)												
☐ Large-cap value ☐ Large-c☐ International developed ☐			-	lid-cap								
Market price: \$				Last ı	ıpdate:							
Do all options vest at death?	□ No □ Y	'es										
VESTING SCHEDULE												
Name					% VESTE	D BY YEAR						
Name	1	2	3	4	5	6	7	8	9	10		
Restricted stock grant												
Grant date:				Gran	t name: _							
Shares granted:												
Select vesting schedule:												
Restricted stock grant												
Grant date:				Gran	Grant name:							
Shares granted:												
Select vesting schedule:												
Restricted stock grant												
Grant date:				Gran	Grant name:							
Shares granted:												
Select vesting schedule:												
Restricted stock grant												
Grant date:	Gran	Grant name:										
Shares granted:												
Select vesting schedule:												
Restricted stock grant												
Grant date:				Gran	Grant name:							
Shares granted:												
Select vesting schedule:												

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

Restricted stock grant Name of grant: Future value (after tax) Low: \$ Year cash received: Future value (after tax) Expected: \$ _____ Future value (after tax) High: \$ Name of grant: Future value (after tax) Low: \$ ____ Year cash received: Future value (after tax) Expected: \$_____ Future value (after tax) High: \$_____ Future value (after tax) Low: \$ ___ Name of grant: Year cash received: Future value (after tax) Expected: \$_____ Future value (after tax) High: \$_____ Future value (after tax) Low: \$ ___ Name of grant: Year cash received: Future value (after tax) Expected: \$_____ Future value (after tax) High: \$_____ Name of grant: Future value (after tax) Low: \$ ___ Year cash received: Future value (after tax) Expected: \$_____ Future value (after tax) High: \$___ Name of grant: Future value (after tax) Low: \$ Year cash received: ____ Future value (after tax) Expected: \$ Future value (after tax) High: \$ Name of grant: ___ Future value (after tax) Low: \$ ___ Year cash received: Future value (after tax) Expected: \$_____ Future value (after tax) High: \$_____ Name of grant: Future value (after tax) Low: \$ Year cash received: Future value (after tax) Expected: \$ Future value (after tax) High: \$_____ Name of grant: Future value (after tax) Low: \$ ___ Year cash received: Future value (after tax) Expected: \$_____ Future value (after tax) High: \$_____ Name of grant: Future value (after tax) Low: \$ ___ Year cash received: Future value (after tax) Expected: \$_____

Future value (after tax) High: \$_

PERSONAL AND BUSINESS ASSETS (homes, vehicles, personal prope	erty, business assets, real estate, etc.)
Owner: □Client □Co-client □Joint □Custodial	
If Joint, what kind? □ Survivorship □ Common □ Entirety □	☐ Community property
\Box Other w/ client \Box Other w/ co-client	
Description:	Current value: \$
Will the value of this asset increase each year? $\ \square$ No $\ \square$ Yes:	%
Do you intend to sell this asset to help fund your goals? \square No	Yes: % (If Yes, complete the remaining items)
Year to sell:	Future value (after tax) Low: \$
Future value (after tax) Expected: \$	Future value (after tax) High: \$
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Owner: □Client □Co-client □Joint □Custodial	
If Joint, what kind? □ Survivorship □ Common □ Entirety □	☐ Community property
☐ Other w/ client ☐ Other w/ co-client	
Description:	Current value: \$
Will the value of this asset increase each year? ☐ No ☐ Yes:	%
Do you intend to sell this asset to help fund your goals? \square No	Yes: % (If Yes, complete the remaining items)
Year to sell:	Future value (after tax) Low: \$
Future value (after tax) Expected: \$	Future value (after tax) High: \$
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Owner: □Client □Co-client □Joint □Custodial	
If Joint, what kind? □ Survivorship □ Common □ Entirety □	☐ Community property
\Box Other w/ client \Box Other w/ co-client	
Description:	Current value: \$
Will the value of this asset increase each year? ☐ No ☐ Yes:	%
Do you intend to sell this asset to help fund your goals? ☐ No ☐	Yes: % (If Yes, complete the remaining items)
Year to sell:	Future value (after tax) Low: \$
Future value (after tax) Expected: \$	Future value (after tax) High: \$
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate

PENSION - LUMP SUM DISTRIBUTION	
Who is the owner: \Box Client \Box Co-client	Description:
Current value: \$	Year of distribution:
Value of distribution \$	Value is: <i>(check one)</i> □ Pre-tax □ After-tax
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
DEFERRED COMPENSATION (receiving now)	
Who is the owner: □Client □Co-client	Description:
Current value (today's dollars): \$	
Distribution period	
Number of years:	Annual payment (pre-tax): \$
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Who is the owner: □Client □Co-client	Description:
Current value (today's dollars): \$	
Distribution period	
Number of years:	Annual payment (pre-tax): \$
Assign - How to use: (check one)	
□ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate

DEFERRED COMPENSATION (future)	
Who is the owner: □Client □Co-client	Description:
Current value (today's dollars): \$	
Contributions	
Amount – Select method	□None
☐ Percentage of income – Annual income: \$	Grow annually by: %
% Contribution:	
□ Dollar amount – \$	Grow annually by: %
Period	Start year:
Year additions end: □ Client's retirement □ Co-client's retirem	ent □Year:
Value at start of distribution	Rate of return during accumulation: %
Year distributions begin: □ Client's retirement □ Co-client's ret	tirement 🗆 Year:
Distribution period	
Number of years:	Annual payment (pre-tax): \$
Annual distribution	Rate of return during distribution: %
Assign - How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Who is the owner: □Client □Co-client	Description:
Current value (today's dollars): \$	
Contributions	
Amount - Select method	□None
☐ Percentage of income – Annual income: \$	Grow annually by: %
% Contribution:	
□ Dollar amount – \$	Grow annually by: %
Period	Start year:
Year additions end: □ Client's retirement □ Co-client's retirem	ent □Year:
Value at start of distribution	Rate of return during accumulation: %
Year distributions begin: □ Client's retirement □ Co-client's re	tirement □Year:
Distribution period	
Number of years:	Annual payment (pre-tax): \$
Annual distribution	Rate of return during distribution: %
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate

INSURANCE ASSI	ETS – CASH V	ALUE (universa	al/variable/whole/otl	her)				
Owner: □ Client	□ Co-client			Insured: ☐ Client ☐ Co-client ☐	First to die ☐ Se	cond to die		
Description:								
Current cash valu	e (before tax -	today's dollar	rs): \$					
Average annual growth rate (excluding cost of insurance):								
Beneficiaries and	d death benef	fit						
Beneficiaries:	Estate	%		Co-client %				
Other:		-	%	Other:	-	%		
Other:		-	%	Other:	-	%		
Death benefit am	ount:			Premium amount: \$	every:			
How long will pre	miums be pai	d? □Until ins	ured dies □Until p	oolicy terminates ☐ For this nur	mber of years:			
When will this po	licy terminate	? □When insu	ured dies □Year:					
Do you intend to	sell this asset	to help fund y	our goals? □No □	Yes (If Yes, complete the remaini	ing items)			
Year of withdrawa	al:							
Future cash value of policy (before tax – future dollars): \$ Tax-free withdrawal: \$								
Assign – How to use: (check one)								
☐ Fund all goals	☐ Fund all goals ☐ Earmark to one or more goals:							
□ Not used in plan □ Leave to estate								
Owner: □ Client □ Co-client □ First to die □ Second to die								
Description:								
Current cash valu	e (before tax -	today's dollar	rs): \$					
Average annual g	rowth rate (ex	cluding cost of	insurance):					
Beneficiaries and	d death benef	fit						
Beneficiaries:	Estate	%		Co-client %				
Other:		_	%	Other:	_	%		
Other:		-	%	Other:	-	%		
Death benefit am	ount:			Premium amount: \$	every:			
How long will pre	miums be pai	d? □Until ins	ured dies □Until p	oolicy terminates ☐ For this nur	nber of years:			
When will this policy terminate? □When insured dies □Year:								
Do you intend to	sell this asset	to help fund y	our goals? □No □	Yes (If Yes, complete the remaini	ing items)			
Year of withdrawal:								
Future cash value	Future cash value of policy (before tax – future dollars): \$ Tax-free withdrawal: \$							
Assign – How to	use: (check or	ne)						
☐ Fund all goals	☐ Fund all goals ☐ Earmark to one or more goals:							
□ Not used in pla	□ Not used in plan □ Leave to estate							

529 SAVINGS PLAN	
Owner: □Client □Co-client	Description:
Current value: \$	Annual growth rate:
Do you intend to sell this asset to help fund your goals? ☐ No ☐ You	es (If Yes, complete the remaining items)
Year to sell:	Future value (after tax) Low: \$
Future value (after tax) Expected: \$	Future value (after tax) High: \$
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Owner: □ Client □ Co-client	Description:
Current value: \$	Annual growth rate:
Do you intend to sell this asset to help fund your goals? \Box No \Box You	es (If Yes, complete the remaining items)
Year to sell:	Future value (after tax) Low: \$
Future value (after tax) Expected: \$	Future value (after tax) High: \$
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
FUTURE ASSETS Cash (inheritance, gift, settlement, etc.)	
Owner: □Client □Co-client □Joint □Custodial	
If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ C	Community property
☐ Other w/ client ☐ Other w/ co-client	
Description:	
Year to receive:	Future value (after tax) Low: \$
Future value (after tax) Expected: \$	Future value (after tax) High: \$
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate
Owner: □ Client □ Co-client □ Joint □ Custodial	
If Joint, what kind? \square Survivorship \square Common \square Entirety \square Common \square	Community property
☐ Other w/ client ☐ Other w/ co-client	
Description:	
Year to receive:	Future value (after tax) Low: \$
Future value (after tax) Expected: \$	Future value (after tax) High: \$
Assign – How to use: (check one)	
☐ Fund all goals	☐ Earmark to one or more goals:
□ Not used in plan	☐ Leave to estate

Insurance needs analysis

CASH VALUE LIFE POLICIES OWNED BY THE CLIENT C	OR CO-CLIENT	
Investment asset (variable life)		
Owner: ☐ Client ☐ Co-client Insu	red: \square Client \square Co-client \square First to die	\square Second to die
Name or description:		
Beneficiaries & death benefit		
Estate % Other -	% Other -	%
Co-client % Other -	% Other -	%
Current value: \$ Cost basis: \$	Insurance amount: \$	
Assign – How to use: (check one)		
☐ Fund all goals ☐ Earmark to one or more goals	:	
☐ Not used in plan ☐ Leave to estate		
Annual additions: (check one)		
Pre-tax: ☐ Additions: \$	Inflate? □ No □ Yes	
☐ Maximum contribution each year		
After-Tax: ☐ Additions: \$		
Year additions begin:		
Year additions end: $\ \square$ Client's retirement $\ \square$ Co-client'	s retirement	
Other asset (universal/variable/whole life/other life)		
Owner: ☐ Client ☐ Co-client Insu	red: □ Client □ Co-client □ First to die	☐ Second to die
Description:	Current cash value: \$	(before tax - today's dollars)
Average annual growth rate:	(excluding cost of insurance)	
Average annual growth rate: Beneficiaries & death benefit	(excluding cost of insurance)	
	(excluding cost of insurance) % Other -	%
Beneficiaries & death benefit		% %
Beneficiaries & death benefit Estate % Other -	% Other-	
Beneficiaries & death benefit Estate % Other - Co-client % Other -	% Other - % Other - Premium amount: \$	% every:
Beneficiaries & death benefit Estate % Other - Co-client % Other - Death benefit amount: \$	% Other - % Other - Premium amount: \$ S □ Until policy terminates □ For this num	% every:
Beneficiaries & death benefit Estate % Other - Co-client % Other - Death benefit amount: \$ How long will premiums be paid? Until insured die	% Other - % Other - Premium amount: \$ S □ Until policy terminates □ For this num S □ Year:	every: mber of years:
Beneficiaries & death benefit Estate % Other - Co-client % Other - Death benefit amount: \$ How long will premiums be paid? □ Until insured die When will this policy terminate? □ When insured die	% Other - % Other - Premium amount: \$ S □ Until policy terminates □ For this num S □ Year:	every: mber of years:
Beneficiaries & death benefit Estate % Other - Co-client % Other - Death benefit amount: \$ How long will premiums be paid? □ Until insured die When will this policy terminate? □ When insured die Do you intend to sell this asset to help fund your goals?	% Other - % Other - Premium amount: \$ S □ Until policy terminates □ For this num S □ Year:	every: mber of years: ng items)
Beneficiaries & death benefit Estate	% Other - % Other - Premium amount: \$ S □ Until policy terminates □ For this number of the second	every: mber of years: ng items)
Beneficiaries & death benefit Estate	% Other - % Other - Premium amount: \$ s □ Until policy terminates □ For this num S □ Year: P □ No □ Yes (If Yes, complete the remaining (before tax - future dollars) Tax-free with	every: mber of years: ng items)

Cash value life (universal/variable/whole life/other)			
Owner: Irrevocable trust Other person or entity			
Insured: ☐ Client ☐ Co-client ☐ First	to die ☐ Second to die		
Description/ Company:	Current cash valu	ue:\$ (b	efore tax - today's dollars)
Beneficiaries & Death Benefit			
Estate % Other -	% Oth	her -	%
Co-client % Other -	% O	ther -	%
Death benefit amount (deduct policy loans	s):\$ Pr	remium amount: \$	every:
How long will premiums be paid? ☐ Unt	il insured dies □ Until policy term	ninates 🗆 For this numbe	er of years:
When will this policy terminate?	n insured dies □ Year:		
If ownership of the policy was transferred	, enter the year of transfer:		
Select the original owner of the	policy: □ Client □ Co-client		
NON-CASH VALUE LIFE POLICIES - ALL O	WNEDC		
Non-cash value life (term life)	WINERS		
Owner: ☐ Client ☐ Co-client ☐ Irrev	ocable trust	ntity	
Insured: ☐ Client ☐ Co-client ☐ First	to die 🗆 Second to die		
Description/company:			
Beneficiaries and death benefit			
Estate % Other -	% Oth	ner -	%
Co-client % Other -	% Othe	er -	%
Death benefit amount: \$	Premium amou	unt: \$	every:
How long will premiums be paid? □ Unt	il insured dies □ Until policy term	ninates	er of years:
When will this policy terminate?	n insured dies □ Year:		
If ownership of the policy was transferred, enter the year of transfer:			
Select the original owner of the	Select the original owner of the policy: □ Client □ Co-client		

Non-cash value life (group term/other)		
Owner: Client Co-client Irrevocable trust Other person or entity		
Insured: ☐ Client ☐ Co-client		
Description/company:		
Beneficiaries and death benefit		
Estate % Other -	% Other -	%
Co-client % Other -	% Other - %	6
Death benefit amount:		
When will this policy terminate? ☐ When insured dies ☐ Year:		
If ownership of the policy was transferred, enter the year of transfer:		
Select the original owner of the policy: ☐ Client ☐ Co-clie	ent	
Non-cash value life (group term/other)		
Owner: ☐ Client ☐ Co-client ☐ Irrevocable trust ☐ Other pers	son or entity	
Insured: □ Client □ Co-client		
Description/company:		
Beneficiaries and death benefit		
Estate % Other -	% Other -	%
Co-client % Other -	% Other -	%
Death benefit amount: \$		
When will this policy terminate? ☐ When insured dies ☐ Year:		
If ownership of the policy was transferred, enter the year of transfer:		
Select the original owner of the policy: □ Client □ Co-client		

OTHER INSURANCE POLICIES		
Disability (group/personal/other)		
Insured: ☐ Client ☐ Co-client	Description/company:	
Premium amount: \$ every	Tax Status: ☐ Pre-tax ☐ After-tax	
Monthly benefit amount: \$	Elimination period: ☐ Months ☐ Years	
Benefit period (select one) □ Period of time	per □ Until this age:	
Inflation option (check one) □ None □ Simple □	Compounded	
If you selected simple or compounded, enter	rate: %	
Insured: ☐ Client ☐ Co-client	Description/company:	
Premium amount: \$ every	Tax Status: ☐ Pre-tax ☐ After-tax	
Monthly benefit amount: \$	Elimination period:	
Benefit period (select one) □ Period of time	per □ Until this age:	
Inflation option (check one) □ None □ Simple □	Compounded	
If you selected simple or compounded, enter rate:		
Long-term care (home care only/nursing home care/ot	ther)	
Insured:	Description/company:	
Premium amount: \$	per □ Month □ Quarter □ Six months □ Year	
Benefit period: (check # of years or lifetime) \Box 1 \Box 2	□3 □4 □5 □6 □7 □8 □9 □10 □Lifetime	

OTHER INSURANCE POLICIES, CONT.	
Daily benefit amount: \$	Elimination period: days
Inflation option (check one) □ None □ Simple □	Compounded
If you selected simple or compounded, ente	rrate: %
Insured:	Description/company:
Premium amount: \$	per □ Month □ Quarter □ Six months □ Year
Benefit period: (check # of years or lifetime) \Box 1 \Box 2	□3 □4 □5 □6 □7 □8 □9 □10 □ Lifetime
Daily benefit amount: \$	Elimination period: days
Inflation option (check one) \square None \square Simple \square	Compounded
If you selected simple or compounded, ente	r rate: %
Medicare supplement insurance policies	
Insured:	Description/company:
Type: (check one)	□G □H □I □J □Other
Premium amount: \$	per □ Month □ Quarter □ Six months □ Year
Insured:	Description/company:
Type: (check one) □ A □ B □ C □ D □ E □ F	□G □H □I □J □Other
Premium amount: \$	per □ Month □ Quarter □ Six months □ Year

Property and casualty insurance policies (auto/hom	eowners/umbrella/other)
Description/company:	Policy expiration date:
Premium amount: \$	per □ Month □ Quarter □ Six months □ Year
Description/company:	Policy expiration date:
Premium amount: \$	per □ Month □ Quarter □ Six months □ Year
Description/company:	Policy expiration date:
OTHER INSURANCE POLICIES	
Premium amount: \$	per □ Month □ Quarter □ Six months □ Year
Description/company:	Policy expiration date:
Premium amount: \$	per □ Month □ Quarter □ Six months □ Year
Description/company:	Policy expiration date:
Premium amount: \$	per □ Month □ Quarter □ Six months □ Year

LIABILITIES - SUMMARY INPUT (home & land loans, vehicle loans, bu	isiness loans, other personal debt)
Description:	
Whose debt? ☐ Client ☐ Co-client ☐ Joint	If joint, what kind? :
Outstanding balance: \$	Monthly payment: \$
Description:	
Whose debt? ☐ Client ☐ Co-client ☐ Joint	If joint, what kind? :
Outstanding balance: \$	Monthly payment: \$
Description:	
Whose debt? ☐ Client ☐ Co-client ☐ Joint	If joint, what kind? :
Outstanding balance: \$	Monthly payment: \$
Description:	
Whose debt? ☐ Client ☐ Co-client ☐ Joint	If joint, what kind? :
Outstanding balance: \$	Monthly payment: \$
Description:	
Whose debt? ☐ Client ☐ Co-client ☐ Joint	If joint, what kind?:
Outstanding balance: \$	Monthly payment: \$
Description:	
Whose debt? ☐ Client ☐ Co-client ☐ Joint	If joint, what kind?:
Outstanding balance: \$	Monthly payment: \$
Description:	
Whose debt? ☐ Client ☐ Co-client ☐ Joint	If joint, what kind?:
Outstanding balance: \$	Monthly payment: \$
Description:	
Whose debt? ☐ Client ☐ Co-client ☐ Joint	If joint, what kind? :
Outstanding balance: \$	Monthly payment: \$
Description:	
Whose debt? ☐ Client ☐ Co-client ☐ Joint	If joint, what kind? :
Outstanding balance: \$	Monthly payment: \$

Description: Whose debt?	LIABILITIES - DETAIL	ED INPUT (home & land loans, vehicle loans, bus	iness loans, other personal debt)	
If joint, what kind? Survivorship Common Entirety Community property Other w/ client Other w/ co-client Lender: Outstanding balance: \$ Term: Interest rate: Monthly payment: \$ OR Date to pay in full: Description: Whose debt? Client Co-client Joint If joint, what kind? Survivorship Common Entirety Community property Other w/ client Other w/ co-client Lender: Outstanding balance: \$ Term: Interest rate: Monthly payment: \$ OR Date to pay in full: Description: Whose debt? Client Other w/ co-client Intial loan amount: Outstanding balance: \$ Term: Interest rate: Monthly payment: \$ OR Date to pay in full: Description: Whose debt? Client Co-client Joint If Joint, what kind? Survivorship Common Entirety Community property Other w c lient Other w/ co-client Lender: Outstanding balance: \$ Term: Intial loan amount: Outstanding balance: \$ Term:	Description:			
Other w/ client Other w/ co-client	Whose debt?	☐ Client ☐ Co-client ☐ Joint		
Lender: Outstanding balance: \$ Initial loan amount: Outstanding balance: \$ Interest rate: Monthly payment: \$ OR Date to pay in full: Description: Whose debt? Client Co-client Joint If joint, what kind? Survivorship Common Entirety Community property Other w/ client Other w/ co-client Lender: Outstanding balance: \$ Initial loan amount: Outstanding balance: \$ OR Date to pay in full: Description: Whose debt? Client Co-client Joint If Joint, what kind? Survivorship Common Entirety Community property Other w c lient Other w/ co-client Lender: Outstanding balance: \$ Initial loan amount: Outstanding balance: \$ Initial loan amount	If joint, what kind?	\square Survivorship \square Common \square Entirety	☐ Community property	
Initial loan amount: Outstanding balance: \$ Term: Interest rate: Monthly payment: \$ OR Date to pay in full: Description: Whose debt? Client Co-client Joint If joint, what kind? Other w/ client Other w/ co-client Lender: Outstanding balance: \$ Term: Interest rate: Monthly payment: \$ OR Date to pay in full: Description: Whose debt? Client Outstanding balance: \$ Term: Interest rate: Monthly payment: \$ OR Date to pay in full: Description: Whose debt? Client Co-client Joint If Joint, what kind? Survivorship Common Entirety Community property Other w client Other w/ co-client Lender: Outstanding balance: \$ Term:		☐ Other w/ client ☐ Other w/ co-client		
Interest rate:	Lender:	Outstanding balance: \$		
Description: Whose debt?	Initial loan amount:	Outstanding balance: \$	Term:	
Whose debt? Client Co-client Joint If joint, what kind? Survivorship Common Entirety Community property Other w/ client Other w/ co-client Lender: Outstanding balance: \$ Term: Interest rate: Monthly payment: \$ OR Date to pay in full: Description: Whose debt? Client Co-client Joint If Joint, what kind? Survivorship Common Entirety Community property Other w c lient Other w/ co-client Lender: Outstanding balance: \$ Term:	Interest rate:	Monthly payment: \$	OR Date to pay in full:	
If joint, what kind?	Description:			
□ Other w/ client □ Other w/ co-client Lender: Outstanding balance: \$ Initial loan amount: Outstanding balance: \$ Interest rate: Monthly payment: \$ OR Date to pay in full: Description: Whose debt? □ Client □ Co-client □ Joint If Joint, what kind? □ Survivorship □ Common □ Entirety □ Community property □ Other w c lient □ Other w/ co-client Lender: Outstanding balance: \$ Initial loan amount: Outstanding balance: \$ Term:	Whose debt?	☐ Client ☐ Co-client ☐ Joint		
Lender: Outstanding balance: \$ Initial loan amount: Outstanding balance: \$ Term: Interest rate: Monthly payment: \$ OR Date to pay in full: Description: Whose debt? Client Co-client Joint If Joint, what kind? Survivorship Common Entirety Community property Other w c lient Other w/ co-client Lender: Outstanding balance: \$ Initial loan amount: Outstanding balance: \$ Term:	If joint, what kind?	\square Survivorship \square Common \square Entirety	☐ Community property	
Initial loan amount: Outstanding balance: \$ Term: Interest rate: Monthly payment: \$ OR Date to pay in full: Description: Whose debt?		☐ Other w/ client ☐ Other w/ co-client		
Interest rate: Monthly payment: \$ OR Date to pay in full: Description: Whose debt?	Lender:	Outstanding balance: \$		
Description: Whose debt?	Initial loan amount:	Outstanding balance: \$	Term:	
Whose debt?	Interest rate:	Monthly payment: \$	OR Date to pay in full:	
If Joint, what kind? Survivorship Common Entirety Community property Other w c lient Other w/ co-client Lender: Outstanding balance: \$ Initial loan amount: Outstanding balance: \$	Description:			
☐ Other w c lient ☐ Other w/ co-client Lender: Outstanding balance: \$ Initial loan amount: Outstanding balance: \$ Term:	Whose debt?	☐ Client ☐ Co-client ☐ Joint		
Lender: Outstanding balance: \$ Initial loan amount: Outstanding balance: \$ Term:	If Joint, what kind?	\square Survivorship \square Common \square Entirety	\square Community property	
Initial loan amount: Outstanding balance: \$ Term:		\Box Other w c lient \Box Other w/ co-client		
	Lender:	Outstanding balance: \$		
Interest rate: Monthly payment: \$ OR Date to pay in full:	Initial loan amount:	Outstanding balance: \$	Term:	
	Interest rate:	Monthly payment: \$	OR Date to pay in full:	

LIFE INSURANCE NEEDS ANALYS	ıs	
If client dies		If co-client dies
\$	Existing life insurance to include	\$
\$	Additional death benefit	\$
	Amounts to be paid at death	
\$	Liabilities	\$
\$	Final expenses	\$
\$	Bequests	\$
\$	Other payments	\$
	Living expenses for survivors	
\$	Current annual amount (after tax)	\$
\$	Cover expense until surviving client is this age	\$
\$	Future annual amount (after-tax)	\$
\$	Cover expense until surviving client is this age	\$
	(Life expectancy)	

Financial goals If you die, there might be goals in your plan that you won't want to fund. Deleting these would reduce the amount of life insurance you need. List any goals that you wouldn't want to fund if either the client or co-client died.

If client dies		If co-client dies
Sell other assets \$	Enter the total after-tax amount of personal and business assets that would be sold at death.	\$
Other income		
	From now until retirement	
\$	Annual other income amount	\$
	(current dollars, pre-tax)	
□ No □ Yes	Will this amount inflate?	□ No □ Yes

After retirement Check the types of your retirement income that wou	ıld continue at your death.
\square Pension \square Annuity income \square Rental income \square Royalties \square C	Other
Surviving client employment	
If the surviving client is not currently employed and would seek employ	ment if the client or co-client died, enter the following:
Start year:Stop year:	
Annual income: \$ Infla	ate? □ No □ Yes
	10 10 10 10
Dependents List any dependents that would NOT be eligible for Social	al Security survivor benefits:

DISABILITY NEEDS AN	ALYSIS FOR CLIENT		
Do you want to include	e Social Security disability benefits	s in the analysis? □ No □ Yes	
Co-client employmen	t		
If the Co-client isn't cu	rrently employed and would seek	employment if the client were disable	d, enter the following:
Start year:	Stop year:	Annual income: \$	Inflate? ☐ No ☐ Yes
Income			
Enter any income the o	client would continue to receive if	the client were disabled. (Do not includ	de co-client's employment income.)
Start year:	Stop year:	Annual income: \$	Inflate? ☐ No ☐ Yes
Income needed – (sel	ect one option)		
A: Enter the pre-tax am	nount you would need if you were o	disabled.	
Time period	Monthly amount		
Year 1, month 1	\$		
Year 1, months 2-3	\$		
Year 1, months 4-5	\$		
Year 1, months 6-12	\$		
Year 2	\$		
Year 3-5	\$		
Year 6 to age 65	\$		
B: Use a percentage of	income needed:%		
DISABILITY NEEDS AN	ALYSIS FOR CO-CLIENT		
	ALYSIS FOR CO-CLIENT Social Security disability benefits	s in the analysis? □ No □ Yes	
		in the analysis? □ No □ Yes	
Do you want to include Client Employment	e Social Security disability benefits	s in the analysis? □ No □ Yes ployment if the co-client were disable	d, enter the following:
Do you want to include Client Employment If the Client isn't curre	e Social Security disability benefits ntly employed and would seek em		
Do you want to include Client Employment If the Client isn't curre	e Social Security disability benefits ntly employed and would seek em	ployment if the co-client were disable	
Do you want to include Client Employment If the Client isn't curre Start year: Income	e Social Security disability benefits ntly employed and would seek emStop year:	ployment if the co-client were disable	Inflate? □ No □ Yes
Do you want to include Client Employment If the Client isn't curre Start year: Income	e Social Security disability benefits ntly employed and would seek emStop year:	ployment if the co-client were disable Annual income: \$	Inflate? □ No □ Yes
Do you want to include Client Employment If the Client isn't curre Start year: Income Enter any income the company income	e Social Security disability benefits ntly employed and would seek em Stop year: o-client would continue to receive i	ployment if the co-client were disable Annual income: \$	Inflate? □ No □ Yes
Do you want to include Client Employment If the Client isn't curre Start year: Income Enter any income the constant year: Income needed - (sele	e Social Security disability benefits ntly employed and would seek em Stop year: o-client would continue to receive i	ployment if the co-client were disable Annual income: \$	Inflate? □ No □ Yes
Do you want to include Client Employment If the Client isn't curre Start year: Income Enter any income the constant year: Income needed - (sele	e Social Security disability benefits ntly employed and would seek em Stop year: o-client would continue to receive i Stop year: ect one option)	ployment if the co-client were disable Annual income: \$	Inflate? □ No □ Yes
Do you want to include Client Employment If the Client isn't curre Start year: Income Enter any income the constant year: Income needed - (selent A: Enter the pre-tax and	e Social Security disability benefits ntly employed and would seek em Stop year: o-client would continue to receive i Stop year: ect one option) nount you would need if you were o	ployment if the co-client were disable Annual income: \$	Inflate? □ No □ Yes
Do you want to include Client Employment If the Client isn't curre Start year: Income Enter any income the constant year: Income needed – (selent isn't curre A: Enter the pre-tax amount income period	e Social Security disability benefits ntly employed and would seek em Stop year: o-client would continue to receive i Stop year: ect one option) nount you would need if you were o	ployment if the co-client were disable Annual income: \$	Inflate? □ No □ Yes
Do you want to include Client Employment If the Client isn't curre Start year: Income Enter any income the co Start year: Income needed – (sele A: Enter the pre-tax am Time period Year 1, month 1	e Social Security disability benefits ntly employed and would seek em Stop year: o-client would continue to receive i Stop year: ect one option) nount you would need if you were of Monthly amount \$	ployment if the co-client were disable Annual income: \$	Inflate? □ No □ Yes
Do you want to include Client Employment If the Client isn't curre Start year: Income Enter any income the co Start year: Income needed - (sele A: Enter the pre-tax am Time period Year 1, month 1 Year 1, months 2-3	e Social Security disability benefits ntly employed and would seek em Stop year: o-client would continue to receive i Stop year: ect one option) nount you would need if you were of Monthly amount \$ \$	ployment if the co-client were disable Annual income: \$	Inflate? □ No □ Yes
Do you want to include Client Employment If the Client isn't curre Start year: Income Enter any income the control Start year: Income needed – (selent isn't curre A: Enter the pre-tax and Time period Year 1, month 1 Year 1, months 2-3 Year 1, months 4-5	e Social Security disability benefits ntly employed and would seek em Stop year: o-client would continue to receive i Stop year: ect one option) nount you would need if you were o Monthly amount \$ \$ \$	ployment if the co-client were disable Annual income: \$	Inflate? □ No □ Yes
Do you want to include Client Employment If the Client isn't curre Start year: Income Enter any income the co Start year: Income needed - (sele A: Enter the pre-tax am Time period Year 1, month 1 Year 1, months 2-3 Year 1, months 4-5 Year 1, months 6-12	e Social Security disability benefits ntly employed and would seek em Stop year: o-client would continue to receive i Stop year: ect one option) nount you would need if you were o Monthly amount \$ \$ \$ \$ \$ \$	ployment if the co-client were disable Annual income: \$	Inflate? □ No □ Yes

B: Use a percentage of income needed: _____%

LONG-TERM CARE NEEDS ANALYSIS			
	Client	Co-client	
Cost of long-term care			
Type of long-term Care	☐ Nursing home	☐ Nursing home	
	☐ Assisted living	☐ Assisted living	
	☐ Home care – 4 hrs/day	☐ Home care – 4hr/day	
	☐ Home care – 8 hrs/day	☐ Home care – 8 hrs/day	
	☐ Home care – 12 hrs/day	☐ Home care – 12 hrs/day	
Inflation rate for LTC expenses	%	%	
Long-term care period			
Age at which care is needed			
Number of years of LTC			
Expense adjustments			
Reduce expenses during care period	\$	\$	
by this amount each year:			
Estate documents			
Will	□ No □ Yes	□ No □ Yes	
Includes bypass trust	□ No □ Yes	□ No □ Yes	
Date last reviewed			
Madical divastiva		□ Na □ Vaa	
Medical directive	□ No □ Yes	□ No □ Yes	
Power of attorney	□ No □ Yes	□ No □ Yes	

BUDGET

Personal and family expenses

Current Alt 1 / retirement Alimony Bank charges Books/magazine Business expense Care for parent/other Cash - miscellaneous Cellphone Charitable donations Child activities Child allowance/expense Child support Clothing - client Clothing - co-client Clothing - co-dlient Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel Other	Category	Monthly budget amount		
Bank charges Books/magazine Business expense Care for parent/other Cash - miscellaneous Cellphone Charitable donations Child activities Child allowance/expense Child care Child support Child tutor Clothing - client Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel		Current	Alt 1 / retirement	
Books/magazine Business expense Care for parent/other Cash - miscellaneous Cellphone Charitable donations Child activities Child allowance/expense Child support Child support Child tutor Clothing - client Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal cane Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Alimony			
Business expense Care for parent/other Cash - miscellaneous Cellphone Charitable donations Child activities Child allowance/expense Child care Child support Child tutor Clothing - client Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - rescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Bank charges			
Care for parent/other Cash - miscellaneous Cellphone Charitable donations Child activities Child allowance/expense Child care Child support Child tutor Clothing - client Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Books/magazine			
Cash - miscellaneous Cellphone Charitable donations Child activities Child allowance/expense Child care Child support Child tutor Clothing - client Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Business expense			
Cellphone Charitable donations Child activities Child allowance/expense Child care Child support Child tutor Clothing - client Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Care for parent/other			
Charitable donations Child activities Child allowance/expense Child care Child support Child tutor Clothing - client Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - rescription Hebbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Cash - miscellaneous			
Child activities Child allowance/expense Child care Child support Child tutor Clothing - client Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Cellphone			
Child allowance/expense Child care Child support Child tutor Clothing - client Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Charitable donations			
Child care Child support Child tutor Clothing - client Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Child activities			
Child support Child tutor Clothing - client Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Child allowance/expense			
Child tutor Clothing - client Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Child care			
Clothing - client Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Child support			
Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Child tutor			
Clothing - co-client Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Clothing - client			
Clothing - children Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel				
Club dues Credit card debt payment Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel				
Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel				
Dining Education Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Credit card debt payment			
Entertainment Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel				
Gifts Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel				
Groceries Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Entertainment			
Healthcare - dental Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Gifts			
Healthcare - medical Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Groceries			
Healthcare - prescription Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Healthcare - dental			
Healthcare - vision Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Healthcare - medical			
Hobbies Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Healthcare - prescription			
Household items Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Healthcare - vision			
Laundry/dry cleaning Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Hobbies			
Personal care Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Household items			
Personal loan payment Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Laundry/dry cleaning			
Pet care Public transportation Recreation Self improvement Student loan payment Vacation/travel	Personal care			
Public transportation Recreation Self improvement Student loan payment Vacation/travel	Personal loan payment			
Recreation Self improvement Student loan payment Vacation/travel	Pet care			
Self improvement Student loan payment Vacation/travel	Public transportation			
Student loan payment Vacation/travel	Recreation			
Vacation/travel	Self improvement			
Vacation/travel	Student loan payment			
Other				
	Other			

Personal insurance expenses

Catagory	Monthly budget amount		
Category	Current	Alt 1 / retirement	
Disability for client			
Disability for co-client			
Life for client			
Life for co-client			
LTC for client			
LTC for co-client			
Medical for client			
Medical for co-client			
Umbrella liability			
Other			

Taxes

Catagoni	Monthly budget amount		
Category	Current	Alt 1 / retirement	
Client FICA			
Client medicare			
Co-client FICA			
Co-client medicare			
Federal income			
State income			
Local income			
Other			

Income

Catagory	Monthly budget amount	
Category	Current	Alt 1 / retirement
Employment		
Other		

BUDGET

Home expenses

Description:_

Cahagami	Monthly budget amount	
Category	Current	Alt 1 / retirement
First mortgage		
Second mortgage		
Equity line		
Real estate tax		
Rent		
Homeowners insurance		
Association fees		
Electricity		
Gas/oil		
Trash pickup		
Water/sewer		
Cable/satellite TV		
Internet		
Telephone (land line)		
Lawn care		
Maintenance - major repair		
Maintenance - regular		
Furniture		
Household help		
Other		

Vehicle expenses

Description:_

Catagoni	Monthly budget amount		
Category	Current	Alt 1 / retirement	
Loan payment			
Lease payment			
Insurance			
Personal property tax			
Fuel			
Repairs/maintenance			
Parking/tolls			
Docking/storage			
Other			

Vehicle expenses

Description:_

Catagoni	Monthly budget amount		
Category	Current	Alt 1 / retirement	
Loan payment			
Lease payment			
Insurance			
Personal property tax			
Fuel			
Repairs/maintenance			
Parking/tolls			
Docking/storage			
Other			