

YOUR DATA, IN DETAIL

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

RAYMOND JAMES

CLIENT		CO-CLIENT
Full name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth		
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Email address		
Employment status:	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not currently employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not currently employed
Employment income	\$	\$
Other pre-retirement Income <small>(non-investment)</small>	\$	\$
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
		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other dependents <input type="checkbox"/> Beneficiary/donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other dependents <input type="checkbox"/> Beneficiary/donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other dependents <input type="checkbox"/> Beneficiary/donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other dependents <input type="checkbox"/> Beneficiary/donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust

My financial goals

RETIREMENT GOAL

Goal importance (circle one)

10 9 8

Needs

7 6 5 4

Wants

3 2 1

Wishes

Age to retire: Client _____ Co-client _____

Life expectancy: Client _____ Co-client _____

Retirement living expenses:

Enter living expenses for the following retirement periods:

Expense Period 1 – Client retired/co-client working	\$	per <input type="checkbox"/> Month <input type="checkbox"/> Year
Expense Period 2 – Co-client retired/client working	\$	per <input type="checkbox"/> Month <input type="checkbox"/> Year
Expense Period 3 – Client AND co-client retired	\$	per <input type="checkbox"/> Month <input type="checkbox"/> Year
Expense Period 4 – Client alone	\$	per <input type="checkbox"/> Month <input type="checkbox"/> Year
Expense Period 5 – Co-client alone	\$	per <input type="checkbox"/> Month <input type="checkbox"/> Year

Expenses that end during retirement (e.g., mortgage, loan):

Description	Year expense will end	Amount (current dollars)	Inflate
		\$ <input type="checkbox"/> Month <input type="checkbox"/> Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ <input type="checkbox"/> Month <input type="checkbox"/> Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ <input type="checkbox"/> Month <input type="checkbox"/> Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ <input type="checkbox"/> Month <input type="checkbox"/> Year	<input type="checkbox"/> Yes <input type="checkbox"/> No

Will the retirement living expense inflate? No Yes, base inflation rate Yes, base inflation rate +/- __%

Will you change states in retirement? No Yes State where you will move: _____

When will you move? Client's retirement Co-client's retirement OR year _____

COLLEGE GOAL

Child's name:

Year to start:

of years of college:

Goal Importance (circle one)

10

9

8

Needs

7

6

5

4

Wants

3

2

1

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 (four-year)
 Public in-state (two-year) Public out-of-state (two-year)
 Private (four-year) Average all

C. Specific college:

Undergraduate Graduate

State in which the college is located:

Include cost of the following: (check which to include)

- Tuition Out-of-state fees Room and board Books and supplies Other costs

Have you prepaid for college using a 529 Prepaid Tuition Plan? No Yes

How many years of tuition and fees will be covered for this college?

Outside funding for college (optional)

Other funding sources during college: (annual amounts)

Scholarships: \$

Student employment: \$

Students loans: \$

Gifts and other: \$

Your own income: \$

Your loans: \$

Outside assets

(Assets not owned by you that will be used to pay for this college, not including UGMAs, UTMA's 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 rate Yes, base inflation rate +/- _____%

Child's name:

Year to start:

of years of college:

Goal importance (circle one)

10 9 8

Needs

7 6 5 4

Wants

3 2 1

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 (four-year)
 Public in-state (two-year) Public out-of-state (two-year)
 Private (four-year) Average all

C. Specific college:

Undergraduate Graduate

State in which the college is located:

Include cost of the following: (Check which to include)

- Tuition Out-of-state fees Room & board Books and supplies Other costs

Have you prepaid for college using a 529 Prepaid Tuition Plan? No Yes

How many years of tuition and fees will be covered for this college?

Outside funding for college (optional)

Other funding sources during college: (annual amounts)

Scholarships: \$ _____

Student employment: \$ _____

Students loans: \$ _____

Gifts and other: \$ _____

Your own income: \$ _____

Your loans: \$ _____

Outside assets

(Assets not owned by you that will be used to pay for this college, not including UGMAs, UTMA's 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 rate Yes, base inflation rate +/- _____%

PRIVATE SCHOOL GOAL

Child's name:

Year to start:

of years – K-12 and college:

Goal importance (circle one)

10 9 8

Needs

7 6 5 4

Wants

3 2 1

Wishes

Annual cost: \$ (today's dollars)

Will this amount inflate? No Yes, base inflation rate Yes, base inflation rate +/- _____%

Child's name:

Year to start:

of years – K-12 and college:

Goal importance (circle one)

10 9 8

Needs

7 6 5 4

Wants

3 2 1

Wishes

Annual cost: \$ (today's dollars)

Will this amount inflate? No Yes, base inflation rate Yes, base inflation rate +/- _____%

Child's name:

Year to start:

of years – K-12 and college:

Goal importance (circle one)

10 9 8

Needs

7 6 5 4

Wants

3 2 1

Wishes

Annual cost: \$ (today's dollars)

Will this amount inflate? No Yes, base inflation rate Yes, base inflation rate +/- _____%

FINANCIAL GOAL (major purchases, weddings, travel, new home, etc.)

Description:

Goal importance: *(circle one)*

10 9 8

Needs

7 6 5 4

Wants

3 2 1

Wishes

Year of goal:

Cost: \$

Month Year

Will this amount inflate? No Yes, base inflation rate Yes, base inflation rate +/- _____%

Is this goal recurring? No Yes **How often will it occur:** Every _____ year(s)

When will it end? Client's retirement Co-client's retirement End of client's plan
 End of co-client's plan End of plan OR Total occurrences:

Description:

Goal importance: *(circle one)*

10 9 8

Needs

7 6 5 4

Wants

3 2 1

Wishes

Year of goal:

Cost: \$

Month Year

Will this amount inflate? No Yes, base inflation rate Yes, base inflation rate +/- _____%

Is this goal recurring? No Yes **How often will it occur:** Every _____ year(s)

When will it end? Client's retirement Co-client's retirement End of client's plan
 End of co-client's plan End of plan OR Total occurrences:

Description:

Goal importance: *(circle one)*

10 9 8

Needs

7 6 5 4

Wants

3 2 1

Wishes

Year of goal:

Cost: \$

Month Year

Will this amount inflate? No Yes, base inflation rate Yes, base inflation rate +/- _____%

Is this goal recurring? No Yes **How often will it occur:** Every _____ year(s)

When will it end? Client's retirement Co-client's retirement End of client's plan
 End of co-client's plan End of plan OR Total occurrences:

GIFT OR DONATION

Description:

Importance: (circle one)

10

9

8

Needs

7

6

5

4

Wants

3

2

1

Wishes

Who is the donor?

Who will receive this gift?

Year you plan to give this gift or donation?

Amount of gift or donation? \$ _____ per Month Year

Will this amount inflate? No Yes, base inflation rate Yes, base inflation rate +/- _____%

Is this goal recurring? No Yes **How often will it occur:** Every _____ year(s)

When will it end? Client's retirement Co-client's retirement End of client's plan
 End of co-client's plan End of plan OR Total occurrences:

Description:

Importance: (circle one)

10

9

8

Needs

7

6

5

4

Wants

3

2

1

Wishes

Who is the donor?

Who will receive this gift?

Year you plan to give this gift or donation?

Amount of gift or donation? \$ _____ per Month Year

Will this amount inflate? No Yes, base inflation rate Yes, base inflation rate +/- _____%

Is this goal recurring? No Yes **How often will it occur:** Every _____ year(s)

When will it end? Client's retirement Co-client's retirement End of client's plan
 End of co-client's plan End of plan OR Total occurrences:

LEAVE REQUEST

Description/recipient:

Importance: (circle one)

10 9 8

Needs

7 6 5 4

Wants

3 2 1

Wishes

Who will receive this gift?

When will the bequest be made: End of client's Plan End of co-client's plan

Amount of bequest: \$ (today's dollars)

Will this amount inflate? No Yes, base inflation rate Yes, base inflation rate +/- _____%

Description/recipient:

Importance: (circle one)

10 9 8

Needs

7 6 5 4

Wants

3 2 1

Wishes

Who will receive this gift?

When will the bequest be made: End of client's plan End of co-client's plan

Amount of bequest: \$ (today's dollars)

Will this amount inflate? No Yes, base inflation rate Yes, base inflation rate +/- _____%

Risk tolerance questionnaire

RISK ASSESSMENT

On a scale of 1 to 100 with 1 being the lowest and 100 the highest, how much risk are you willing to accept? Enter your score in the space provided. Compare yourself to other investors. The average risk score for all investors is 50. Two-thirds of all investors score between 40 and 60, and only 1 in 1,000 selects a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?

Household score _____

Client _____

Co-client _____

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 payments begin.)

No Yes, base inflation rate Yes, base inflation rate +/- _____%

Survivor benefit: _____%

Assign - How to use (choose one): Fund all goals Earmark 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 payments begin.)

No Yes, base inflation rate Yes, base inflation rate +/- _____%

Survivor benefit: _____%

Assign - How to use (choose one): Fund all goals Earmark 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? 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

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 Earmark 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

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*):\$ 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*):\$ 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*):\$ 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*):\$ 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:

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)*

- | | |
|---|--|
| <input type="checkbox"/> Fund all goals | <input type="checkbox"/> Earmark to one or more goals: |
| <input type="checkbox"/> Not used in plan | <input type="checkbox"/> Leave to estate |

Income

Total income from this employer: \$

Will this amount inflate? No Yes, base inflation rate 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 retirement Year:

Employer contributions *If your employer matches your contributions, 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 will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.)

Additional employer contributions - Profit sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: _____%

Contributions as dollar amount: \$ Grow annually by _____%

Contributions end: Client's retirement Co-client's retirement 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, 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 contributions, 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 will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.)

Additional employer contributions - Profit sharing

If your employer makes contributions in addition to those above, enter them here.
Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: _____%

Contributions as dollar amount: \$ _____ Grow annually 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 retirement 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 retirement 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 retirement 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 retirement 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 retirement Year:

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 retirement 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 retirement 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 retirement 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? 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 retirement 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 retirement 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 retirement 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 retirement 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 retirement 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: _____ - _____ % 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: Client's retirement Co-client's retirement 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: _____ - _____ % 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 retirement 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 retirement 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 retirement Year:

TAXABLE

Who is the owner: Client Co-client Joint Custodial

If Joint, what kind? Survivorship Common 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 retirement Year:

TAXABLE (cont.)

Who is the owner: Client Co-client Joint Custodial

If Joint, what kind? Survivorship Common 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: \$ Inflation? No Yes

Year additions begin:

Year additions end: Client's retirement Co-client's retirement Year:

TAX-FREE

Who is the owner: Client Co-client Joint Custodial

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 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: \$ Inflation? No Yes

Year additions begin:

Year additions end: Client's retirement Co-client's retirement Year:

TAX-FREE (cont.)

Who is the owner: Client Co-client Joint Custodial

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 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: \$ Inflation? No Yes

Year additions begin:

Year additions end: Client's retirement Co-client's retirement Year:

WILLINGNESS TO ADJUST PREFERENCES

1. How willing are you to retire later than your target retirement age?

- Not at all
 Slightly willing
 Somewhat willing
 Very willing

2. In what order do you prefer to retire?

- Both retire in the same year
 Either can retire first
 Client can retire first
 Co-client can retire first

3. If you had to save more, what is the maximum extra amount you could save annually to meet your goals? This amount is above and beyond the total additions you are already making to investment assets.

\$ _____

4. How willing are you to save more money?

- 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?

- Slightly willing
 Somewhat willing
 Very willing

Stock options plan

STOCK OPTIONS PLAN

Who is the owner: Client Co-client

Stock name: _____

Asset class: (check one)

Large-cap value Large-cap growth Small-cap Mid-cap

International developed International emerging

Market price: \$ _____

Last update: _____

Do all options vest at death? No Yes

VESTING SCHEDULE

Name	% VESTED BY YEAR									
	1	2	3	4	5	6	7	8	9	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

Who is the owner: Client Co-client

Stock name: _____

Asset class: *(check one)*

Large-cap value Large-cap growth Small-cap Mid-cap

International developed International emerging

Market price: \$ _____

Last update: _____

Do all options vest at death? No Yes

VESTING SCHEDULE

Name	% VESTED BY YEAR									
	1	2	3	4	5	6	7	8	9	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

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ISO NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock options grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ISO NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock options grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ISO NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock Options grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ISO NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock options grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ISO NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock options grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ISO NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock options grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ISO NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

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: \$ _____

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

RESTRICTED STOCK PLAN

Who is the owner: Client Co-client

Ticker: _____

Stock name: _____

Asset class: *(check one)*

Large-cap value Large-cap growth Small-cap Mid-cap

International developed International emerging

Market price: \$ _____

Last update: _____

Do all options vest at death? No Yes

VESTING SCHEDULE

Name	% VESTED BY YEAR									
	1	2	3	4	5	6	7	8	9	10

Restricted stock grant

Grant date: _____

Grant name: _____

Shares granted: _____

Select vesting schedule: _____

Restricted stock grant

Grant date: _____

Grant name: _____

Shares granted: _____

Select vesting schedule: _____

Restricted stock grant

Grant date: _____

Grant name: _____

Shares granted: _____

Select vesting schedule: _____

Restricted stock grant

Grant date: _____

Grant name: _____

Shares granted: _____

Select vesting schedule: _____

Restricted stock grant

Grant date: _____

Grant name: _____

Shares granted: _____

Select vesting schedule: _____

RESTRICTED STOCK PLAN

Who is the owner: Client Co-client

Ticker: _____

Stock name: _____

Asset class: *(check one)*

Large-cap value Large-cap growth Small-cap Mid-cap

International developed International emerging

Market price: \$ _____

Last update: _____

Do all options vest at death? No Yes

VESTING SCHEDULE

Name	% VESTED BY YEAR									
	1	2	3	4	5	6	7	8	9	10

Restricted stock grant

Grant date: _____

Grant name: _____

Shares granted: _____

Select vesting schedule: _____

Restricted stock grant

Grant date: _____

Grant name: _____

Shares granted: _____

Select vesting schedule: _____

Restricted stock grant

Grant date: _____

Grant name: _____

Shares granted: _____

Select vesting schedule: _____

Restricted stock grant

Grant date: _____

Grant name: _____

Shares granted: _____

Select vesting schedule: _____

Restricted stock grant

Grant date: _____

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: \$ _____

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: \$ _____

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 property, business assets, real estate, etc.)

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? 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? 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? 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: Client Co-client

Description:

Current value: \$

Year of distribution:

Value of distribution \$

Value is: *(check one)* 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 retirement Year:**Value at start of distribution**

Rate of return during accumulation: %

Year distributions begin: Client's retirement Co-client's retirement 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 estateWho 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 retirement Year:**Value at start of distribution**

Rate of return during accumulation: %

Year distributions begin: Client's retirement Co-client's retirement 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 ASSETS – CASH VALUE (universal/variable/whole/other)Owner: Client Co-clientInsured: 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):

Beneficiaries and death benefit

Beneficiaries:	Estate	%	Co-client	%
Other:	-	%	Other:	- %
Other:	-	%	Other:	- %

Death benefit amount: Premium amount: \$ every:

How long will premiums be paid? Until insured dies Until policy terminates For this number of years:When will this policy terminate? When insured dies Year:Do you intend to sell this asset to help fund your goals? No Yes (If Yes, complete the remaining items)

Year of withdrawal:

Future cash value of policy (before tax – future dollars): \$ Tax-free withdrawal: \$

Assign – How to use: (check one)

<input type="checkbox"/> Fund all goals	<input type="checkbox"/> Earmark to one or more goals:
<input type="checkbox"/> Not used in plan	<input type="checkbox"/> Leave to estate

Owner: Client Co-clientInsured: 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):

Beneficiaries and death benefit

Beneficiaries:	Estate	%	Co-client	%
Other:	-	%	Other:	- %
Other:	-	%	Other:	- %

Death benefit amount: Premium amount: \$ every:

How long will premiums be paid? Until insured dies Until policy terminates For this number of years:When will this policy terminate? When insured dies Year:Do you intend to sell this asset to help fund your goals? No Yes (If Yes, complete the remaining items)

Year of withdrawal:

Future cash value of policy (before tax – future dollars): \$ Tax-free withdrawal: \$

Assign – How to use: (check one)

<input type="checkbox"/> Fund all goals	<input type="checkbox"/> Earmark to one or more goals:
<input type="checkbox"/> Not used in plan	<input type="checkbox"/> 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 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

Description:

Current value: \$

Annual growth rate:

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

FUTURE ASSETS *Cash (inheritance, gift, settlement, etc.)*

Owner: Client Co-client Joint Custodial

If Joint, what kind? Survivorship Common Entirety 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? Survivorship Common Entirety 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 OR CO-CLIENT

Investment asset *(variable life)*

Owner: Client Co-client

Insured: Client Co-client First to die 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: Client's retirement Co-client's retirement Year:

Other asset *(universal/variable/whole life/other life)*

Owner: Client Co-client

Insured: 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)

Beneficiaries & death benefit

Estate % Other -

% Other - %

Co-client % Other -

% Other - %

Death benefit amount: \$

Premium amount: \$

every:

How long will premiums be paid? Until insured dies Until policy terminates For this number of years:

When will this policy terminate? When insured dies Year:

Do you intend to sell this asset to help fund your goals? No Yes *(If Yes, complete the remaining items)*

Year of withdrawal:

Amount of withdrawal: \$

(before tax - future dollars) Tax-free withdrawal: \$

Assign – How to use: *(check one)*

Fund all goals Earmark to one or more goals:

Not used in plan Leave to estate

Cash value life *(universal/variable/whole life/other)*Owner: Irrevocable trust Other person or entityInsured: Client Co-client First to die Second to dieDescription/ Company: Current cash value: \$ *(before tax - today's dollars)*

Beneficiaries & Death BenefitEstate % Other - % Other - %Co-client % Other - % Other - %Death benefit amount *(deduct policy loans)* : \$ Premium amount: \$ every:How long will premiums be paid? Until insured dies Until policy terminates For this number of years: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

NON-CASH VALUE LIFE POLICIES - ALL OWNERS**Non-cash value life** *(term life)*Owner: Client Co-client Irrevocable trust Other person or entityInsured: Client Co-client First to die Second to die

Description/company:

Beneficiaries and death benefitEstate % Other - % Other - %Co-client % Other - % Other - %Death benefit amount: \$ Premium amount: \$ every:How long will premiums be paid? Until insured dies Until policy terminates For this number of years: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

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 - %

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

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 - %

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: 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: %

Long-term care *(home care only/nursing home care/other)*

Insured:

Description/company:

Premium amount: \$ per Month Quarter Six months Year

Benefit period: *(check # of years or lifetime)* 1 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, enter rate: _____ %

Insured: _____ Description/company: _____

Premium amount: \$ _____ per Month Quarter Six months Year

Benefit period: (check # of years or lifetime) 1 2 3 4 5 6 7 8 9 10 Lifetime

Daily benefit amount: \$ _____ Elimination period: _____ days

Inflation option (check one) None Simple Compounded

If you selected simple or compounded, enter rate: _____ %

Medicare supplement insurance policies

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

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/homeowners/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, business 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: \$

LIABILITIES - DETAILED INPUT (home & land loans, vehicle loans, business loans, other personal debt)

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: \$ 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: \$

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:

Interest rate: Monthly payment: \$ OR Date to pay in full:

LIFE INSURANCE NEEDS ANALYSIS		
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 <i>(after tax)</i>	\$
\$	Cover expense until surviving client is this age	\$
\$	Future annual amount <i>(after-tax)</i>	\$
\$	Cover expense until surviving client is this age <i>(Life expectancy)</i>	\$

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 <i>(current dollars, pre-tax)</i>	
<input type="checkbox"/> No <input type="checkbox"/> Yes	Will this amount inflate?	<input type="checkbox"/> No <input type="checkbox"/> Yes

After retirement Check the types of your retirement income that would continue at your death.

Pension Annuity income Rental income Royalties Other

Surviving client employment

If the surviving client is not currently employed and would seek employment if the client or co-client died, enter the following:

Start year: _____ Stop year: _____

Annual income: \$ _____ Inflate? No Yes

Dependents List any dependents that would NOT be eligible for Social Security survivor benefits:

DISABILITY NEEDS ANALYSIS FOR CLIENT

Do you want to include Social Security disability benefits in the analysis? No Yes

Co-client employment

If the Co-client isn't currently employed and would seek employment if the client were disabled, enter the following:

Start year: _____ Stop year: _____ Annual income: \$ _____ Inflate? No Yes

Income

Enter any income the client would continue to receive if the client were disabled. *(Do not include co-client's employment income.)*

Start year: _____ Stop year: _____ Annual income: \$ _____ Inflate? No Yes

Income needed – (select one option)

A: Enter the pre-tax amount you would need if you were 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 ANALYSIS FOR CO-CLIENT

Do you want to include Social Security disability benefits in the analysis? No Yes

Client Employment

If the Client isn't currently employed and would seek employment if the co-client were disabled, enter the following:

Start year: _____ Stop year: _____ Annual income: \$ _____ Inflate? No Yes

Income

Enter any income the co-client would continue to receive if the co-client were disabled. *(Do not include client's employment income.)*

Start year: _____ Stop year: _____ Annual income: \$ _____ Inflate? No Yes

Income needed – (select one option)

A: Enter the pre-tax amount you would need if you were 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: _____%

LONG-TERM CARE NEEDS ANALYSIS

	Client	Co-client
Cost of long-term care		
Type of long-term Care	<input type="checkbox"/> Nursing home <input type="checkbox"/> Assisted living <input type="checkbox"/> Home care – 4 hrs/day <input type="checkbox"/> Home care – 8 hrs/day <input type="checkbox"/> Home care – 12 hrs/day	<input type="checkbox"/> Nursing home <input type="checkbox"/> Assisted living <input type="checkbox"/> Home care – 4hr/day <input type="checkbox"/> Home care – 8 hrs/day <input type="checkbox"/> 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	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Includes bypass trust	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date last reviewed	_____	_____
Medical directive	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Power of attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

BUDGET**Personal and family expenses**

Category	Monthly budget amount	
	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 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		
Other		

Personal insurance expenses

Category	Monthly budget amount	
	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

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

Income

Category	Monthly budget amount	
	Current	Alt 1 / retirement
Employment		
Other		

BUDGET

Home expenses

Description:

Category	Monthly budget amount	
	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:

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

Vehicle expenses

Description:

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