YOUR DATA, IN DETAIL

IN-DEPTH KNOWLEDGE IS A KEY TO A SOLID, COMPREHENSIVE FINANCIAL PLAN

CO-CLIENT

CLIENT

Gender		Male	☐ Female			Male	☐ Female
Date of Birth							
Marital Status		Single Divorced Widowed	☐ Married☐ Separated			Single Divorced Widowed	□ Married □ Separated
Email Address							
Employment Status:		Retired Business Owner Not Currently Em		er		Retired Business Owner Not Currently Em	
Employment Income	\$				\$		
Other Pre-Retirement Income: (Non-Investment)	\$				\$		
0							
Citizenship							
State of Residence							
State of Residence Enter children, grandch	owne	rship of an insura					
State of Residence Enter children, grandch a beneficiary or assign o	owne	rship of an insura endents.				of birth is only re	
State of Residence Enter children, grandch a beneficiary or assign o grandchildren and other	owne	rship of an insura endents.	or policy. Not	e: C	ate Chil	of birth is only real of birth is only real of the RELAT	quired for children,
State of Residence Enter children, grandch a beneficiary or assign o grandchildren and other	owne	rship of an insura endents.	oF BIRTH	e: C	Chil Ben Chil	RELAT d Grandchild eficiary/Donee	quired for children, TIONSHIP □ Other Dependents
State of Residence Enter children, grandch a beneficiary or assign o grandchildren and other	owne	rship of an insura endents.	F BIRTH	e: C	Chil Ben Chil Ben	RELAT d	TIONSHIP I Other Dependents Charity Trust Other Dependents

RAYMOND JAMES®

YOUR FINANCIAL GOALS

RETIREMENT G	OAL										
Goal Importance)									
10	9	8	7	6	5	4	3	2		1	
	Needs			Want	S			/ishes			
Age to retire:					Life	expectanc	:y:				
Retirement Livin	ıg Expense	s:									
Enter living expens	ses for the f	ollowing r	etirement pe	eriods:							
Expense Period 1 -	— Client ret	red/Co-C	Client workin	g	\$		р	er	□ M	lonth	
Expense Period 2 -	— Co-Client	retired/C	Client workin	g	\$		р	er	□ M	lonth	
Expense Period 3 -	– Client AN	D Co-Cli	ent retired		\$		p	er		lonth	
Expense Period 4 -	— Client alo	ne			\$		p	er	□ M	lonth	
Expense Period 5 -	— Co-Client	alone			\$		p	er	□ M	lonth	
Expenses that end	during retir	ement (e.	g., mortgage	, loan):							
Des	cription		Year Expense Will End			Amo (Current				In	flat
				\$			☐ Month	□ Yea	r	□ Yes	[
				\$			☐ Month	☐ Yea	r	☐ Yes	
				\$			☐ Month	☐ Yea	r	☐ Yes	
				\$			☐ Month	□ Yea	r	☐ Yes	
W ill this amount	inflate?	No □ Y	es, Base Inf	lation Ra	te 🗆 \	res, Base I	nflation Ra	ite +/-			
Will you change :	states in re	tirement	? □ No □	Yes	Sta	te where y	ou will mov	/e:			
When Wi	II You Move	P □ Clie	nt's Retirem	ent □ C	o-Clier	nt's Retiren	nent OR Ye	ear			

COLLEGE GO	AL						
Child's name:			Year to Start:	# of years o	f college:		
Goal Importan	ce (circle one)						
10	9 8	7 6	5 4	3 2	1		
	Needs	Wants	3	Wishes			
Cost Estimate	: (fill in A, B or C)						
A. My cost estin	nate: \$	(Annual Cost	<u>t</u>)				
B. Use an avera	ige cost:						
□ Public Ir	n-State (4-year)	□ Public Oι	ıt-of-State (4-yea	ar)			
□ Public Ir	n-State (2-year)	□ Public Ou	ıt-of-State (4-yea	ar)			
☐ Private ((4-year)	☐ Average /	ΔII				
C. Specific coll	ege:			□ Undergraduate	□ Graduate		
State in whi	ch the college is located	l:					
Include cos	t of the following: (Check	k which to include)					
☐ Tuition	☐ Out-of-State Fees	□ Room & Board	☐ Books & Su	ıpplies □ Other Cost	S		
Have you p	orepaid for college usir	ng a 529 Prepaid Tu	ition Plan? □	No □ Yes			
How many y	ears of tuition and fees	will be covered for th	his college?				
Outside fundir	ng for college (optional)						
Other funding s	ources during college: (á	annual amounts)					
Scholarships: \$		S	tudent employm	ent: \$			
Students loans:	\$	G	Gifts and other: \$				
Your own incom	e: \$	Y	our loans: \$				
Outside assets (Assets not owned by you that will be used to pay for this college, not including UGMAs, UTMAs or 529 Plans)							
1. Type of asset	:	С	escription:				
Current value	:\$	Annual additi	on: \$	Growth	n rate: %		
2. Type of asset	:	D	escription:				
Current value	: \$	Annual additi	on: \$	Growth	rate: %		
Will this amou	nt inflate? (Note: the de	fault rate is 6%)					
□ No □ Yes, B	ase Inflation Rate 🗆 Yes	s, Base Inflation Rate	e +/- %				

Child's name:			Year to Start:	# of years of	college:		
Goal Importan	nce (circle one)						
10	9 8	7 6	5 4	3 2 1			
	Needs	Wan	ts	Wishes			
Cost Estimate	: (fill in A, B or C)						
A. My cost esti	mate: \$	(Annual Co	st)				
B. Use an avera	age cost:						
☐ Public I	n-State (4-year)	□ Public C	Out-of-State (4-ye	ar)			
☐ Public I	n-State (2-year)	☐ Public C	Out-of-State (4-ye	ar)			
☐ Private ((4-year)	☐ Average	e All				
C. Specific coll	ege:			□ Undergraduate	☐ Graduate		
State in wh	ich the college is located	l:					
Include cos	t of the following: (Check	k which to include)					
☐ Tuition	□ Out-of-State Fees	☐ Room & Board	☐ Books & Sı	upplies			
Have you p	orepaid for college usin	ng a 529 Prepaid T	uition Plan? 🗆	No □ Yes			
How many y	vears of tuition and fees	will be covered for	this college?				
Outside fundi	ng for college (optional))					
Other funding s	ources during college: (a	annual amounts)					
Scholarships: \$;		Student employm	nent: \$			
Students loans	: \$		Gifts and other: \$	\$			
Your own incom	ne: \$		Your loans: \$				
	Outside assets (Assets not owned by you that will be used to pay for this college, not including UGMAs, UTMAs or 529 Plans)						
1. Type of asset	:		Description:				
Current value	: \$	Annual addi	tion: \$	Growth r	rate: %		
2. Type of asset			Description:				
Current value	: \$	Annual addi	tion: \$	Growth r	rate: %		
Will this amou	nt inflate? (Note: the de	efault rate is 6%)					
□ No □ Yes, B	ase Inflation Rate 🛚 Yes	s, Base Inflation Ra	te +/- %				

PRIVATE SCHOOL GOAL				
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	Wants	6	Wishes	
Annual cost: \$	(today's dollars)			
Will this amount inflate? □	No ☐ Yes, Base Inflation Rat	te □ Yes, Base In	flation Rate +/-	%
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	Wants	3	Wishes	
Annual cost: \$	(today's dollars)			
Will this amount inflate? □	No ☐ Yes, Base Inflation Rat	te □ Yes, Base In	flation Rate +/-	%
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	Wants	3	Wishes	
Annual cost: \$	(today's dollars)			
Will this amount inflate? □	No ☐ Yes, Base Inflation Rat	te □ Yes, Base In	flation Rate +/-	%

FINANCIAL GOAL (Major Purchases, Weddings, Travel, New Home, etc.)							
Description:							
Goal Importance:	(circle one)						
10	9 8 7	6 5 4	3 2 1				
	Needs	Wants	Wishes				
Year of goal:		Cost: \$	☐ M onth	□ Year			
Will this amount in	nflate? □ No □ Yes, E	Base Inflation Rate ☐ Yes, Base	Inflation Rate +/-	%			
Is this goal recurri	ing? □ No □ Yes	How often will it occur: Ex	very year(s)				
When will it end?	☐ Client's Retirement☐ End of Co-Client's F		□ End of Client's Plan□ Total Occurrences:				
Description:							
Goal Importance:	(circle one)						
10	9 8 7	6 5 4	3 2 1				
	Needs	Wants	Wishes				
Year of goal:		Cost: \$	☐ Month	□ Year			
Will this amount in	nflate? □ No □ Yes, E	Base Inflation Rate ☐ Yes, Base	Inflation Rate +/-	%			
Is this goal recurr	ing? □ No □ Yes	How often will it occur: Ex	very year(s)				
When will it end?	☐ Client's Retirement☐ End of Co-Client's F		☐ End of Client's Plan☐ Total Occurrences:				
Description:							
Goal Importance:	(circle one)						
10	9 8 7	6 5 4	3 2 1				
	Needs	Wants	Wishes				
Year of goal:		Cost: \$	☐ Month	□ Year			
Will this amount in	nflate? □ No □ Yes, E	Base Inflation Rate ☐ Yes, Base	Inflation Rate +/-	%			
Is this goal recurr	ing? □ No □ Yes	How often will it occur: Ex	very year(s)				
When will it end?	☐ Client's Retirement☐ End of Co-Client's F		☐ End of Client's Plan☐ Total Occurrences:				

GIFT OR DONAT	ION				
Description:					
Importance: (circle	e one)				
10	9 8	7 6	5 4	3 2	1
	Needs	Wants	3	Wishes	
Who is the donor?	,				
Who will receive t	his gift?				
Year you plan to g	ive this gift or dona	ation?			
Amount of gift or	donation?\$		per 🗆 Month	n □ Year	
Will this amount in	nflate? □ No □ Ye	es, Base Inflation Ra	te 🗆 Yes, Base	Inflation Rate +/-	%
Is this goal recurr	ing? □ No □ Yes	How often	will it occur: E	very year(s)	
When will it end?	☐ Client's Retirem☐ End of Co-Client	ent □ Co-Client 's Plan □ End of I	's Retirement Plan OR	□ End of Client's Plan□ Total Occurrences:	
Description:					
Importance: (circle	e one)				
10	9 8	7 6	5 4	3 2	1
	Needs	Wants	3	Wishes	
Who is the donor?)				
Who will receive t	his gift?				
Year you plan to g	ive this gift or dona	ation?			
Amount of gift or	donation?\$		per □ Month	n □ Year	
Will this amount in	nflate? □ No □ Ye	es, Base Inflation Ra	te 🗆 Yes, Base	Inflation Rate +/-	%
Is this goal recurr	ing? □ No □ Yes	How often	will it occur: E	very year(s)	
When will it end?	☐ Client's Retirem		's Retirement	☐ End of Client's Plan	
	☐ End of Co-Client	's Plan □ End of I	Plan OR	☐ Total Occurrences:	

LEAVE	E BEQUES	т									
Descri	iption/Rec	ipient:									
Import	tance: (circ	cle one)									
	10	9	8	7	6	5	4	3	2	1	
		Needs			Wai	nts			Wishes		
Who w	vill receive	this gift?									
When will the bequest be made: ☐ End of Client's Plan ☐ End of Co-Client's Plan											
Amoui	Amount of bequest: \$ (today's dollars)										
Will th	Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- %										
Descri	iption/Rec	ipient:									
Import	tance: (circ	cle one)									
	10	9	8	7	6	5	4	3	2	1	
		Needs			Wai	nts			Wishes		
Who w	vill receive	this gift?									
When	will the be	quest be m	ıade: □ l	End of CI	ient's Plar	n 🗆 End	of Co-Clie	ent's Pla	n		
Amoui	nt of bequ	est: \$			(toda	y's dollars	:)				
Will th	Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- %										

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? \square 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

WILLINGNESS TO ADJUST PREFERENCES

RETIREMENT INCOME

Social Security								
When will you begin taking Social Security?								
		Full Retirement Age (FRA)			Full Retirement Age (FRA)			
		As early as possible			As early as possible			
CLIENT		Retirement	CO-CLIENT		Retirement			
		Age			Age			
		I am ineligible for Social Security benefits			I am ineligible for Social Security benefits			
	ou plan to use a strategy to maximize So	cial Security?	If y	es check the applicable option.				
CLIENT		File and Suspend	CO-CLIENT		File and Suspend			
CLIENT		Restricted Application	CO-CLIENT		Restricted Application			
		Select one option f	or the benefit	am	ount:			
		Use this amount: \$			Use this amount: \$			
		Month Year (pre-tax, current dollars)			Month Year (pre-tax, current dollars)			
CLIENT		Use the planner estimate (based on current employment income)	CO-CLIENT		Use the planner estimate (based on current employment income)			
		Estimate the benefit using my Primary Insurance Amount: \$			Estimate the benefit using my Primary Insurance Amount: \$			
		Assign – How t	to Use: (choose one)					
CLIENT		Fund All Goals	CO-CLIENT		Fund All Goals			
CLIENT		Earmark to One Goal:	CO-CLIENT		Earmark to One Goal:			
		Pe	ension					
Whose pen	sion	: □Client □ Co-Client	Whose pension: □Client □ Co-Client					
Description	1:		Description:					
•		☐ Client's Retirement letirement ☐ Receiving Now ☐ Year	Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year					
Amount of	bene	efit (estimate of pre-tax future value):	Amount of ben	efit (estimate of pre-tax future value):			
		\$per		\$_	per □ Month □Year			
Will this an	noun	t inflate? □ No □Yes, Base Inflation Rate	Will this amou	nt inf	flate? □ No □Yes, Base Inflation Rate			
□Yes, Base	Infl	ation Rate +/%	□Yes, Base Inf	latio	n Rate +/%			
		gin in the year payments begin.)			n the year payments begin.)			
Survivor be	nefi	t:	Survivor benef	it: _				
Assign – Ho	ow to	Use: (choose one)	Assign – How t	o Us	e: (choose one)			
		☐ Fund All Goals☐ Earmark to One Goal:	☐ Fund All Goals ☐ Earmark to One Goal:					

Part-Time	Employment
Whose income: ☐ Client ☐ Co-Client	Whose income: ☐ Client ☐ Co-Client
Description:	Description:
Income begins: ☐ Client's Retirement	Income begins: ☐ Client's Retirement
□ Co-Client's Retirement □ Receiving Now □ Year	□ Co-Client's Retirement □ Receiving Now □ Year
Number of years:	Number of years:
Income amount (pre-tax, today's dollars): \$per	Income amount (pre-tax, today's dollars): \$per
□ Month □Year	☐ Month ☐ Year
Will this amount inflate? \square No \square Yes, Base Inflation Rate	Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate
☐ Yes, Base Inflation Rate +/% (Note: Inflation will begin in the year payments begin.)	☐Yes, Base Inflation Rate +/% (Note: Inflation will begin in the year payments begin.)
Assign – How to Use: (choose one) ☐ Fund All Goals	Assign – How to Use: (choose one)
☐ Earmark to One Goal:	☐ Earmark to One Goal:
	y Income
Whose income: ☐ Client ☐ Co-Client	Description:
Description:	☐ Joint Life Income Guaranty: ☐ Period Certain
Year annuity payments start:	☐ Lifetime Only ☐ Installment Refund ☐ Cash Refund
Amount of annuity payments (pre-tax, future value):	If Period Certain, enter years:%
\$per □ Month □Year	☐ Single Life Income Guaranty: ☐ Period Certain
Income growth rate:% Exclusion ratio%	☐ Lifetime Only ☐ Installment Refund ☐ Cash Refund
Assign – How to Use: (choose one)	If Period Certain, enter years:
☐ Fund All Goals	Income to Co-Client%
☐ Earmark to One Goal:	
	□ Specific Period Enter years:
Rental Prop	perty Income
Whose income: ☐ Client ☐ Co-Client	Description:
Income begins:	Income ends:
☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year	□ End of Client's Plan□ End of Co-Client's Plan□ Year
Amount of net rental income (pre-tax rental income less expenses):	2214 011 14.11
\$	
Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate	Assign – How to Use: (choose one)
☐ Yes, Base Inflation Rate +/%	□ Fund All Goals
	☐ Earmark to One Goal:
Other Retire	ement Income
Whose income: ☐ Client ☐ Co-Client	Description:
Income begins:	Income ends:
☐ Client's Retirement ☐ Co-Client's Retirement	☐ End of Client's Plan ☐ End of Co-Client's Plan
☐ Receiving Now ☐ Year	☐ End of Plan ☐ Year
Amount of income (pre-tax rental income less expenses):	Is this income tax-free? ☐ No ☐ Yes
\$ □ Month □ Year	
Will this amount inflate? $\hfill\square$ No $\hfill\square$ Yes, Base Inflation Rate	Assign – How to Use: (choose one) ☐ Fund All Goals
☐ Yes, Base Inflation Rate +/%	☐ Earmark to One Goal:

Other Retire	ment Income
Whose income: ☐ Client ☐ Co-Client	Description:
Income begins: ☐ 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 rental income less expenses): \$	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 ☐ 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 rental income less expenses): \$	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 Irrevocab	le Trust Income
Whose income: ☐ Client ☐ Co-Client	Description:
Income begins: ☐ 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 rental income less expenses): \$	Is this income tax-free? ☐ No ☐ Yes
Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate	A color of the col
☐ Yes, Base Inflation Rate +/%	Assign – How to Use: (choose one) □ Fund All Goals □ Earmark to One Goal:
☐ Yes, Base Inflation Rate +/	☐ Fund All Goals
	☐ Fund All Goals ☐ Earmark to One Goal:
Whose income: ☐ Client ☐ Co-Client Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement	☐ Fund All Goals ☐ Earmark to One Goal: ☐ Description: Income ends: ☐ End of Client's Plan ☐ End of Co-Client's Plan

YOUR INVESTMENTS AND OTHER ASSETS

401(K) PLANS	
Description:	
Whose plan? □Client □Co-Client	Current total value: \$
Current Roth value: \$	After-tax value (non-Roth): \$
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	e □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 Re	etirement □Year:
Employer contributions If your employer matches your co	ontributions, 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 emploabove. If your plan has such a limit, enter the amount.)	oyer will contribute in a year, regardless of the percentage limit

401(K) PLANS (cont.) 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: Description: Whose plan? □Client □Co-Client Current total value: \$ Current Roth value: \$ After-tax value (non-Roth): \$ 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.) If your employer makes contributions in addition to those Additional employer contributions - Profit sharing above, enter them here. Only enter those contributions you are confident you will ☐ Contribution as a % of income: % actually receive. ☐ 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 F	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 F	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 F	Retirement 🗆 Year:

TRADITIONAL IRAS (cont.)		
Who is the owner: \Box Client \Box 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:	

Description:	
After-tax value: \$	
□ Earmark to One or More Goals:	
☐ Leave to Estate	
☐ Maximum contribution each year	
Year additions begin:	
etirement □Year:	
Description:	
After-tax value: \$	
☐ Earmark to One or More Goals:	
☐ Leave to Estate	
☐ Maximum contribution each year	
Year additions begin:	
etirement □Year:	
Description:	
☐ Earmark to One or More Goals:	
☐ Leave to Estate	
☐ Maximum contribution each year	
□ Maximum contribution each 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 F	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 F	Retirement 🗆 Year:
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 F	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 □1st to Die □2nd to Die		
Name or Description:					
Beneficiaries: Estate	%		Co-Client	%	
Other:	-	%	Other:	-	%
Other:	_	%	Other:	-	%
Current value: \$					
Cost basis: \$			Insurance amount: \$		
Assign - How to Use: (check one)					
☐ Fund All Goals			☐ Earmark to One or M	ore Goals:	
□ Not Used in Plan			☐ Leave to Estate		
Annual additions: (check one)					
Pre-tax: □ Additions: \$	Inflate? □N	o □Yes	☐ Maximum contributio	n 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-0	Client □1st to Die □2nd	to Die
Name of Description					
Name or Description:					
Rame or Description: Beneficiaries: Estate	%		Co-Client	%	
	%	%	Co-Client Other:	% –	%
Beneficiaries: Estate	% - -	%		% - -	%
Beneficiaries: Estate Other:	% - -		Other:	% - -	
Beneficiaries: Estate Other: Other:	% - -		Other:	% _ _	
Beneficiaries: Estate Other: Other: Current value: \$	-		Other:	% _ _	
Beneficiaries: Estate Other: Other: Current value: \$ Cost basis: \$	-		Other:	-	
Beneficiaries: Estate Other: Other: Current value: \$ Cost basis: \$ Assign - How to Use: (check one)	-		Other: Other: Insurance amount: \$	-	
Beneficiaries: Estate Other: Other: Current value: \$ Cost basis: \$ Assign – How to Use: (check one)	-		Other: Other: Insurance amount: \$	-	
Beneficiaries: Estate Other: Other: Current value: \$ Cost basis: \$ Assign – How to Use: (check one) □ Fund All Goals □ Not Used in Plan	-	%	Other: Other: Insurance amount: \$	- - ore Goals:	
Beneficiaries: Estate Other: Other: Current value: \$ Cost basis: \$ Assign - How to Use: (check one) □ Fund All Goals □ Not Used in Plan Annual additions: (check one)	-	%	Other: Other: Insurance amount: \$ □ Earmark to One or M □ Leave to Estate	- - ore Goals:	

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 F	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: \Box Client's Retirement \Box Co-Client's R	Retirement 🗆 Year:
TAXABLE	
Who is the owner: □ Client □ Co-Client □ Joint □ Cu	stodial
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 F	Retirement 🗆 Year:

TAXABLE (cont.)			
Who is the owner: □Client □Co-Client □Joint □C	ustodial		
If Joint, what kind? □ Survivorship □ Common □ Entire	ty □Community Property		
□ Other w/ Client □ Other w/ Co-Clien	t		
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		
TAX-FREE			
Who is the owner: □Client □Co-Client □Joint □C	ustodial		
If Joint, what kind? □ Survivorship □ Common □ Entire	ty □Community Property		
□ Other w/ Client □ Other w/ Co-Clien	t		
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: \$ Inflate? □ 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 □ Co	ustodial
If Joint, what kind? □ Survivorship □ Common □ Entiret	y Community Property
☐ Other w/ Client ☐ Other w/ Co-Clien	t
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: \$ Inflate? □ No □ Yes	Year additions begin:
Year additions end: \Box Client's Retirement \Box Co-Client's	Retirement
PERSONAL AND BUSINESS ASSETS (Homes, Vehice	les, Personal Property, Business Assets, Real Estate, etc.)
Owner: □Client □Co-Client □Joint □Custodial	
If Joint, what kind? □ Survivorship □ Common □ Entiret	y □ Community Property
☐ Other w/ Client ☐ Other w/ Co-Clien	t
Description:	Current value: \$
Will the value of this asset increase each year? \Box No \Box Ye	s: %
Do you intend to sell this asset to help fund your goals? $\hfill\Box$	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 □ Entiret	y Community Property
☐ Other w/ Client ☐ Other w/ Co-Clien	t
Description:	Current value: \$
Will the value of this asset increase each year? \Box No \Box Ye	s: %
Do you intend to sell this asset to help fund your goals? $\hfill\Box$	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

PERSONAL AND BUSINESS ASSETS (cont.)	
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? \Box N	o ☐ 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: <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	Retirement □ Year:
Value at start of distribution	Rate of return during accumulation: %
Year distributions begin: □ Client's Retirement □ Co-Cl	ient'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
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
Value at start of distribution	Rate of return during accumulation: %
Year distributions begin: □ Client's Retirement □ Co-Cl	ient'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 A	SSETS-CASH	VALUE (U	niversal/ V ar	iable/Whole/Other)			
Owner: □ Client	☐ Co-Client			Insured: □ Client □ C	Co-Client □1stt	to Die □2nd to	Die
Description:							
Current cash valu	e (before tax – toda	y's dollars):	\$				
Average annual g	rowth rate (excludia	ng cost of ir	surance):				
Beneficiaries &	Death Benefit						
Beneficiaries:	Estate	%		Co-Client	%		
Other:		_	%	Other:		_	%
Other:		_	%	Other:		_	%
Death benefit am	ount:			Premium amount: \$		every:	
How long will pre	miums be paid? \square	Until insur	ed dies 🗆 U	ntil policy terminates	☐ For this num	nber of years:	
When will this po	licy terminate? □\	When insur	ed dies □Y	ear:			
Do you intend to s	sell this asset to he	elp fund you	r goals? □I	No □Yes (If Yes, comp	lete the remaini	ng items)	
Year of withdrawa	ıl:						
Future cash value	e of policy (before t	ax – future d	dollars): \$	Tax-free w	ithdrawal: \$		
Assign – How to	Use: (check one))					
☐ Fund All Goals				☐ Earmark to One o	r More Goals:		
□ Not Used in Pla	an			☐ Leave to Estate			
Owner: Client	□ Co-Client			Insured: □ Client □ C	Co-Client □1st t	to Die □2nd to	Die
Description:							
Current cash valu	e (before tax – toda	y's dollars):	\$				
Average annual g	rowth rate (excludin	ng cost of ir	surance):				
Beneficiaries &	Death Benefit						
Beneficiaries:	Estate	%		Co-Client	%		
Other:		_	%	Other:		_	%
Other:		_	%	Other:		_	%
Death benefit am	ount:			Premium amount: \$		every:	
How long will pre	miums be paid? 🗆	Until insur	ed dies 🗆 U	ntil policy terminates	☐ For this nun	nber of years:	
When will this po	licy terminate? □\	When insur	ed dies □Y	ear:			
Do you intend to s	sell this asset to he	elp fund you	r goals? □I	No □Yes (If Yes, comp	lete the remaini	ng items)	
Year of withdrawa	ıl:						
Future cash value	e of policy (before t	ax – future d	dollars): \$	Tax-free w	ithdrawal: \$		
Assign – How to	Use: (check one))					
☐ Fund All Goals				☐ Earmark to One o	r More Goals:		
□ Not Used in Pla	an			☐ 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? \square No \square 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? \Box !	No				
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, et	ćc.)				
Owner: □Client □Co-Client □Joint □Custodial					
If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entiret	y □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 □ Entiret	y □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: \$				
Future value (after tax) Expected: \$ Assign – How to Use: (check one)	Future value (after tax) High: \$				
	Future value (after tax) High: \$ □ Earmark to One or More Goals:				

YOUR STOCK OPTIONS

STOCK OPTIONS PLAN										
Who is the owner: Client	□ Co-Clie	ent								
Stock Name:										
Market Price: \$										
Last Update:										
Do all options vest at death?	□ No □	Yes								
VESTING SCHEDULE										
Name				9,	6 VESTED	BY YEA	R			
Name	1	2	3	4	5	6	7	8	9	10
Stock Options Grant				Type	· □ISO					
Grant date:			Type: □ ISO □ NQO Grant name:							
Options granted:										
Expiration date:										
Select vesting schedule:				'						
Stock Options Grant			Type: □ISO □NQO							
Grant date:										
Options granted:				Optio	ns already	exercise	ed:			
Expiration date:										
Select vesting schedule:										
Stock Options Grant				Type: □ISO □NQO						
Grant date:				Grant name:						
Options granted:				Options already exercised:						
Expiration date:				Gran	t price:					
Select vesting schedule:										
Stock Options Grant				Туре	: 🗆 ISO	□ NQO				
Grant date:				Gran	t name:					
Options granted:				Optio	ns already	exercise	ed:			
Expiration date:				Gran	t price:					
Select vesting schedule:										

STOCK OPTIONS PLAN Who is the owner: ☐ Client ☐ Co-Client Stock Name: Market Price: \$ ___ Last Update: **Do all options vest at death?** \square No \square Yes **VESTING SCHEDULE** % VESTED BY YEAR Name 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 name: Grant date: 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: Grant price: ___ Expiration date: _____

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:	
Coloct 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: \$
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) High: \$

Who is the owner: $\ \square$ Client $\ \square$ Co-Client												
Ticker:												
Stock Name:												
Market Price: \$												
Last Update:												
Do all options vest at death?	」No □	Yes										
VESTING SCHEDULE							_					
Name					VESTE							
	1	2	3	4	5	6	7	8	9	10		
Restricted Stock Grant												
Grant date:				Grant	name:							
Shares granted:				Vesti	ng Schedu	ıle:						
Restricted Stock Grant												
Grant date:				Grant name:								
Shares granted:				Vesting Schedule:								
Restricted Stock Grant												
Grant date:				name:								
Shares granted:			Vesti	ng Schedu	ule:							
Restricted Stock Grant												
Grant date:				Grant name:								
Shares granted:				Vesting Schedule:								
Restricted Stock Grant												
Grant date:				Grant	name:							
Shares granted:												
-												
Restricted Stock Grant												
Grant date:				Grant	name:							
Shares granted:				Vesti	ng Schedu	ule:						
Restricted Stock Grant												
Grant date:				Grant name:								
Shares granted:			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 Grants

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: \$

YOUR INSURANCE POLICIES AND ESTATE DOCUMENTS

CASH VALUE LIFE POLICIE	CASH VALUE LIFE POLICIES OWNED BY THE CLIENT OR CO-CLIENT					
Investment Asset (Variable Life	e)					
Owner: □ Client □ Co-Client	Insured: ☐ Client ☐ Co-Client ☐ 1st to Die	☐ 2 nd 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 or	ne)					
☐ 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 contribut	tion each year					
After-Tax: □Additions: \$						
Year additions begin:						
Year additions end: ☐ Client's R	etirement □ Co-Client's Retirement □ Year:					
Other Asset (Universal Variable	Whole Life Other Life)					
Owner: ☐ Client ☐ Co-Client	Insured: ☐ Client ☐ Co-Client ☐ 1st to Die	☐ 2 nd to Die				
Description:	Current cash value: \$	(before tax - today's dollars)				
Average annual growth rate:	(excluding cost of insurance)					

CASH VALUE LIFE POLICIES OWNED BY THE CLIENT OR CO-CLIENT

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 diese	s □ Year:		
Do you intend to sell this asset to help fund your goals?	□ No □ Yes (If Yes, comp	plete 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 Entity	y		
Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to	o Die		
Description/ Company:	Current cash value: \$	(before tax - today's	s dollars)
Beneficiaries & Death Benefit			
Estate % Other -	% Other -		%
Co-Client % Other -	% Other -		%
Death benefit amount (deduct policy loans): \$	Premium am	nount: \$ every	<i>/</i> :
How long will premiums be paid? ☐ Until insured dies	☐ Until policy terminates	☐ For this number of years:	
When will this policy terminate? When insured diese	s □ Year:		
If ownership of the policy was transferred, enter the year	r of transfer:		
Select the original owner of the policy:	nt □ Co-Client		

NON-CASH VALUE LIFE POLICIES - ALL OWNERS					
Non-Cash Value Life (Term Life)					
Owner: □ Client □ Co-Client □ Irrevocable Trust □ Othe	r Person or Entity				
Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die					
Description/Company:					
Beneficiaries & Death Benefit					
Estate % Other -	% Other -		%		
Co-Client % Other -	% Other -		%		
Death benefit amount: \$	emium amount: \$	every:			
How long will premiums be paid? ☐ Until insured dies ☐ Ur	til policy terminates	☐ For this number of years:			
When will this policy terminate? \Box When insured dies \Box Ye	ear:				
If ownership of the policy was transferred, enter the year of tra	nsfer:				
Select the original owner of the policy: Client C	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 & Death Benefit					
Estate % Other -	% Other -		%		
Co-Client % Other -	% Other -		%		
Death benefit amount:					
When will this policy terminate? \Box When insured dies \Box Y	ear:				
If ownership of the policy was transferred, enter the year of tra	nsfer:				
Select the original owner of the policy: ☐ Client ☐ C	Co-Client				
Non-Cash Value Life (Group Term Other)					
Owner: □ Client □ Co-Client □ Irrevocable Trust □ Othe	r Person or Entity				
Insured: ☐ Client ☐ Co-Client					
Description/Company:					

NON-CASH VALUE LIFE	POLICIES - ALL OV	VNERS		
Beneficiaries & Death Ben	efit			
Estate % Other -		% Other -		%
Co-Client % Other -		% Othe	er -	%
Death benefit amount: \$				
When will this policy termin	ate? □ When insured	I dies □ Year:		
If ownership of the policy wa	as transferred, enter the	e year of transfer:		
Select the original	owner of the policy: \Box	Client Co-Client		
OTHER INSURANCE PO	DLICIES			
Disability (Group Personal	l Other)			
Insured: ☐ Client ☐ Co-C	lient	Description/Company:		
Premium amount: \$	every	Tax Status: □ Pre-Tax	□ After-Tax	
Monthly benefit amount: \$		Elimination period: M	onths 🗆 Years	
Benefit period (select one)	☐ Period of Time	per	☐ Until this age:	
Inflation option (check one)	□ None □ Simple	☐ Compounded		
If you selected Sim	nple or Compounded, e	nter rate: %		
Insured: ☐ Client ☐ Co-C	lient	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 Sim	nple or Compounded, er	nter rate: %		
Long Term Care (Home C.	are Only Nursing Hom	e Care Other)		
Insured:		Description/Company:		
Premium amount: \$		per □ Month □ Quarte	er □ Six Months □ Year	
Benefit period: (check # of y	vears or Lifetime) 🗆 1		6 □ 7 □ 8 □ 9 □ 10 □ Lifetime	

OTHER INSURANCE POLICIES		
Daily benefit amount: \$	Elimination period:	days
Inflation option (check one) □ None □ Simple	☐ Compounded	
If you selected Simple or Compounded, e	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, e	enter rate: %	
Medicare Supplement Insurance Policies		
Insured:	Description/Company:	
Type: (check one)	□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 & Casualty Insurance Policies (Auto	, Homeowners, Umbrella Oth	per)
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 F	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
Description/Company:		Policy expiration date:
Premium amount: \$		per □ Month □ Quarter □ Six Months □ Year
ESTATE DOCUMENTS	;	
	Client	Co-Client
Will	□ No □ Yes	□ No □ Yes
Includes Bypass Trust	□ No □ Yes	
Date Last Reviewed		
Medical Directive	□ No □ Yes	□ No □ Yes
Power of Attorney	□ No □ Yes	□ No □ Yes

YOUR DEBT AND OTHER LIABILITIES

LIABILITIES SUMMARY INPUT (Ho	me & Land L	oans, Veh	icle 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: \$

LIABILITIES SUN	/MA	RY INPUT (Hom	ne & 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	t:		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	t:		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	t:		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:				

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