



MONEYGUIDEPRO™

DETAILED QUESTIONNAIRE

Personal and Confidential

Financial Advisor: _____

Date: _____

Personal Information

Personal Information

	Client	Spouse
Full Name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #	_____	_____
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 <i>(non investment)</i>	\$ _____	\$ _____
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 Dependent <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 Dependent <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 Dependent <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 Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust

My Financial Goals

Retirement Goal

Age to Retire: _____ _____
Client Spouse

Life Expectancy: _____ _____
Client Spouse

Retirement Living Expense: *[Select A or B]*

A. Use this amount for entire Retirement period \$ _____ Month Year

B. Enter Living Expense Detail

Use the following amounts for the three Retirement periods:

Expense Period 1 -- Client OR Spouse retired \$ _____ Month Year

Expense Period 2 -- Client AND Spouse retired \$ _____ Month Year

Expense Period 3 -- Client OR Spouse alone \$ _____ Month Year

Adjustments to Living Expense Amounts

Description	Year Expense Will End	Amount (Current Dollars)	Inflate
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Change State in Retirement

State where you will move: _____

When Will You Move? Client's Retirement Spouse's Retirement OR Year _____

My Financial Goals

College Goal

Name: _____ Year to Start: _____ # of Years of College: _____

Cost Estimate: *[Fill in A, B, or C]*

A. My cost estimate \$ _____ (Annual Cost)

B. Use an average cost: Average All - \$19,180

4-year: Public In-State - \$14,927 Public Out-Of-State - \$22,768 Private - \$30,210

2-year: Public In-State - \$11,350 Public Out-Of-State - \$15,657 Private - \$18,088

C. Specific College: _____ Under Graduate Graduate

State in which the college is located: _____

Include: *(Check which to include)*

Tuition Out-of-State fees Room & Board Books & Supplies Other Costs

529 Prepaid Tuition Plan

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: \$ _____

Student Loans: \$ _____ Gifts and Other: \$ _____

Outside Assets *(Assets not owned by you that will be used to pay for this college, not including UGMA's, 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? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

(Note: the default rate is 6%)

My Financial Goals

College Goal

Name: _____ Year to Start: _____ # of Years of College: _____

Cost Estimate: *[Fill in A, B, or C]*

A. My cost estimate \$ _____ *(Annual Cost)*

B. Use an average cost: Average All - \$19,180

4-year: Public In-State - \$14,927 Public Out-Of-State - \$22,768 Private - \$30,210

2-year: Public In-State - \$11,350 Public Out-Of-State - \$15,657 Private - \$18,088

C. Specific College: _____ Under Graduate Graduate

State in which the college is located: _____

Include: *(Check which to include)*

Tuition Out-of-State fees Room & Board Books & Supplies Other Costs

529 Prepaid Tuition Plan

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Outside Funding for College *(Optional)*

Other Funding Sources During College: *(Annual Amounts)*

Scholarships: \$ _____ Student Employment: \$ _____

Student Loans: \$ _____ Gifts and Other: \$ _____

Outside Assets *(Assets not owned by you that will be used to pay for this college, not including UGMA's, UTMA's, or 529 Plans)*

3. Type of Asset: _____ Description: _____

Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %

4. Type of Asset: _____ Description: _____

Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %

(Note: the default rate is 6%)

My Financial Goals

Private School Goal

Name: _____ Year to Start: _____ # of Years of School: _____

Annual cost \$ _____ (today's dollars)

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Name: _____ Year to Start: _____ # of Years of School: _____

Annual cost \$ _____ (today's dollars)

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Name: _____ Year to Start: _____ # of Years of School: _____

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: _____

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 Retires Spouse Retires End of Client's Plan

End of Spouse's Plan OR Total Occurrences: _____

Description: _____

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 Retires Spouse Retires End of Client's Plan

End of Spouse's Plan OR Total Occurrences: _____

Description: _____

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 Retires Spouse Retires End of Client's Plan

End of Spouse's Plan OR Total Occurrences: _____

My Financial Goals

Gift or Donation

Description: _____ Who is the donor? _____
Who will receive this gift? _____ Year you plan to give this gift or donation: _____
Amount of Gift or Donation Description: \$ _____ Month Year
Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %
Is this gift recurring? No Yes
How often will it occur: Every _____ year(s)
When will it end: Client Retires Spouse Retires End of Client's Plan
 End of Spouse's Plan OR Total Occurrences: _____

Description: _____ Who is the donor? _____
Who will receive this gift? _____ Year you plan to give this gift or donation: _____
Amount of Gift or Donation Description: \$ _____ Month Year
Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %
Is this gift recurring? No Yes
How often will it occur: Every _____ year(s)
When will it end: Client Retires Spouse Retires End of Client's Plan
 End of Spouse's Plan OR Total Occurrences: _____

Leave Bequest

Description/Recipient: _____ Who will receive this gift? _____
When will the Bequest be made: End of Client's Plan End of Spouse's Plan
Amount of Bequest \$ _____ *(today's dollars)*
Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %

Description/Recipient: _____ Who will receive this gift? _____
When will the Bequest be made: End of Client's Plan End of Spouse's Plan
Amount of Bequest \$ _____ *(today's dollars)*
Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %

Risk Tolerance Questionnaire

Investment Attitude Risk Questionnaire

Circle a number in answer to each of the six risk tolerance questions below. These answers will help select your Asset Allocation Target Portfolio.

1. How important is capital preservation?

Not at all 1 2 3 4 5 6 7 8 9 *Moderately important* *Very important*

2. How important is growth?

Not at all 1 2 3 4 5 6 7 8 9 *Moderately important* *Very important*

3. How important is low volatility?

Not at all 1 2 3 4 5 6 7 8 9 *Moderately important* *Very important*

4. How important is inflation protection?

Not at all 1 2 3 4 5 6 7 8 9 *Moderately important* *Very important*

5. How important is current cash flow?

Not at all 1 2 3 4 5 6 7 8 9 *Moderately important* *Very important*

6. How much risk are you willing to take to achieve a higher return?

Not at all 1 2 3 4 5 6 7 8 9 *A Moderate amount* *A lot*

What Average Annual Rate of Return* do you want to earn on your portfolio to reach your financial goals?

(Enter a number between 5% and 14%.)

Average Annual Rate of Return* You Want: _____ %

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

Retirement Income

Social Security - Client

Age to Begin Taking Social Security _____

Select One Option:

- Use this amount: \$ _____ Month Year *(pre-tax, current dollars)*
 Use the Planner Estimate *(based on current employment income)*
 Use this percentage of the Planner Estimate: 75% 50% 25% 0%
 I am ineligible for Social Security Benefits

Assign to Goal: One Goal - _____ Priority Order

Social Security - Spouse

Age to Begin Taking Social Security _____

Select One Option:

- Use this amount: \$ _____ Month Year *(pre-tax, current dollars)*
 Use the Planner Estimate *(based on current employment income)*
 Use this percentage of the Planner Estimate: 75% 50% 25% 0%
 I am ineligible for Social Security Benefits

Assign to Goal: One Goal - _____ Priority Order

Pension

Whose Pension: Client Spouse Description: _____

Income Begins: Client Retires Spouse Retires Receiving Now Year _____

Amount of Benefit *(estimate of pre-tax future value)*: \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%
(Note: Inflation will begin in the year payments start.)

Survivor Benefit: _____%

Assign to Goal: One Goal - _____ Priority Order

Whose Pension: Client Spouse Description: _____

Income Begins: Client Retires Spouse Retires Receiving Now Year _____

Amount of Benefit *(estimate of pre-tax future value)*: \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%
(Note: Inflation will begin in the year payments start.)

Survivor Benefit: _____%

Assign to Goal: One Goal - _____ Priority Order

Retirement Income

Part-Time Employment

Whose Income: Client Spouse Description: _____
Income Begins: Client Retires Spouse Retires Receiving Now Year _____
Number of Years: _____
Income When Work Begins (*pre-tax, today's dollars*): \$ _____ Month Year
Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%
Assign to Goal: One Goal - _____ Priority Order

Whose Income: Client Spouse Description: _____
Income Begins: Client Retires Spouse Retires Receiving Now Year _____
Number of Years: _____
Income When Work Begins (*pre-tax, today's dollars*): \$ _____ Month Year
Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%
Assign to Goal: One Goal - _____ Priority Order

Annuity Income

Whose Annuity: Client Spouse 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 Spouse _____%
- Single Life
 Income Guaranty: Period Certain Lifetime Only Installment Refund Cash Refund
 If Period Certain, enter years: _____
- Specific Period Enter years: _____

Assign to Goal: One Goal - _____ Priority Order

Rental Property Income

Whose Income: Client Spouse Description: _____
Income Begins: Client Retires Spouse Retires Receiving Now Year _____
Income Ends: End of Client's Plan End of Spouse'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 to Goal: One Goal - _____ Priority Order
Assign to Goal: One Goal - _____ Priority Order

Retirement Income

Other Retirement Income

Whose Income: Client Spouse Description: _____
Income Begins: Client Retires Spouse Retires Receiving Now Year _____
Income Ends: End of Client's Plan End of Spouse'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 to Goal: One Goal - _____ Priority Order

Whose Income: Client Spouse Description: _____
Income Begins: Client Retires Spouse Retires Receiving Now Year _____
Income Ends: End of Client's Plan End of Spouse'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 to Goal: One Goal - _____ Priority Order

Whose Income: Client Spouse Description: _____
Income Begins: Client Retires Spouse Retires Receiving Now Year _____
Income Ends: End of Client's Plan End of Spouse'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 to Goal: One Goal - _____ Priority Order

Whose Income: Client Spouse Description: _____
Income Begins: Client Retires Spouse Retires Receiving Now Year _____
Income Ends: End of Client's Plan End of Spouse'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 to Goal: One Goal - _____ Priority Order

Other Irrevocable Trust Income

Whose Income: Client Spouse Description: _____
Income Begins: Client Retires Spouse Retires Receiving Now Year _____
Income Ends: End of Client's Plan End of Spouse'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 to Goal: One Goal - _____ Priority Order

Investment Assets

Employer Sponsored Plans

Type of Plan: _____

Whose Plan: Client Spouse

Description: _____

Current Total Value: \$ _____

After Tax Value: \$ _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

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 Yr

After-tax contributions _____%

Year Contributions Begin: _____

Contributions End: Client Retires Spouse Retires 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 total 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 Retires Spouse Retires Year _____

Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

LTB = Long Term Bonds

SCS = Small Cap Stocks

Unclassified = All Other Asset Classes

STB = Short Term Bonds

LCVS = Large Cap Value Stocks

IDS = International Developed Stocks

ITB = Intermediate Term Bonds

LCGS = Large Cap Growth Stocks

IIES = International Emerging Stocks

Investment Assets

Employer Sponsored Plans

Type of Plan: _____

Whose Plan: Client Spouse

Description: _____

Current Total Value: \$ _____

After Tax Value: \$ _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

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 Yr

After-tax contributions _____%

Year Contributions Begin: _____

Contributions End: Client Retires Spouse Retires 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 total 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 Retires Spouse Retires Year _____

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ITB = Intermediate Term Bonds

LCGS = Large Cap Growth Stocks

IIES = International Emerging Stocks

Investment Assets

Traditional IRA's

Who is the owner: Client Spouse Description: _____
Current Value: \$ _____ After Tax Value: \$ _____

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

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 Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Who is the owner: Client Spouse Description: _____
Ticker Symbol: _____
Current Value: \$ _____ After Tax Value: \$ _____

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

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 Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

LTB = Long Term Bonds

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IIES = International Emerging Stocks

Investment Assets

Traditional IRA's

Who is the owner: Client Spouse

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign to Goal(s): (Check one)

- One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Annual Additions: (Check one)

- Pre-Tax: Additions: \$ _____ Inflation? No Yes
 Maximum contribution each year
After-Tax: Additions: \$ _____
 Maximum contribution each year

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Who is the owner: Client Spouse

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign to Goal(s): (Check one)

- One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Annual Additions: (Check one)

- Pre-Tax: Additions: \$ _____ Inflation? No Yes
 Maximum contribution each year
After-Tax: Additions: \$ _____
 Maximum contribution each year

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Legend For Asset Class Distribution

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IIES = International Emerging Stocks

Unclassified = All Other Asset Classes

Investment Assets

SEPP IRA – 72(t)

Who is the owner: Client Spouse

Description: _____

Ticker Symbol: _____

CUSIP: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign to Goal(s): (Check one)

- One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

72(t) Distributions

Annual Distribution Amount: \$ _____ Year Distribution Began: _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Who is the owner: Client Spouse

Description: _____

Ticker Symbol: _____

CUSIP: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign to Goal(s): (Check one)

- One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

72(t) Distributions

Annual Distribution Amount: \$ _____ Year Distribution Began: _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

STB = Short Term Bonds

ITB = Intermediate Term Bonds

LTB = Long Term Bonds

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LCGS = Large Cap Growth Stocks

SCS = Small Cap Stocks

IDS = International Developed Stocks

IIES = International Emerging Stocks

Unclassified = All Other Asset Classes

Investment Assets

Roth IRA's

Who is the owner: Client Spouse Description: _____

Current Value: \$ _____

Assign to Goal(s): (Check one)

- One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Annual Additions: (Check one)

Pre-Tax: Additions: \$ _____ Inflate? No Yes
 Maximum contribution each year

After-Tax: Additions: \$ _____

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Who is the owner: Client Spouse Description: _____

Current Value: \$ _____

Assign to Goal(s): (Check one)

- One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Annual Additions: (Check one)

Pre-Tax: Additions: \$ _____ Inflate? No Yes
 Maximum contribution each year

After-Tax: Additions: \$ _____

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
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IIES = International Emerging Stocks

Investment Assets

Coverdell Accounts (ESA)

Who is the owner: Custodial Description: _____

Current Value: \$ _____

Assign to Goal(s): (Check one)

- One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Annual Additions: (Check one)

- Additions: \$ _____ Inflate? No Yes
 Maximum contribution each year

Year Additions Begin _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Who is the owner: Custodial Description: _____

Current Value: \$ _____

Assign to Goal(s): (Check one)

- One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Annual Additions: (Check one)

- Additions: \$ _____ Inflate? No Yes
 Maximum contribution each year

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

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Investment Assets

529 Savings Plan

Who is the owner: Client Spouse

Description: _____

Beneficiaries/Percentage

Estate _____%

Other - _____%

Spouse _____%

Other - _____%

Current Value: \$ _____

Is this asset subject to state taxes? No Yes

Assign to Goal(s): *(Check one)*

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Who is the owner: Client Spouse

Description: _____

Beneficiaries/Percentage

Estate _____%

Other - _____%

Spouse _____%

Other - _____%

Current Value: \$ _____

Is this asset subject to state taxes? No Yes

Assign to Goal(s): *(Check one)*

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

STB = Short Term Bonds

ITB = Intermediate Term Bonds

LTB = Long Term Bonds

LCVS = Large Cap Value Stocks

LCGS = Large Cap Growth Stocks

SCS = Small Cap Stocks

IDS = International Developed Stocks

IIES = International Emerging Stocks

Unclassified = All Other Asset Classes

Investment Assets

Annuities

Who is the owner: Client Spouse Description: _____
Current Value: \$ _____ Cost Basis: \$ _____

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Annual Additions: (Check one)

Additions: \$ _____ Inflate? No Yes
Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Who is the owner: Client Spouse Description: _____
Current Value: \$ _____ Cost Basis: \$ _____

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Annual Additions: (Check one)

Additions: \$ _____ Inflate? No Yes
Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Who is the owner: Client Spouse Description: _____
Current Value: \$ _____ Cost Basis: \$ _____

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Annual Additions: (Check one)

Additions: \$ _____ Inflate? No Yes
Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

LTB = Long Term Bonds

SCS = Small Cap Stocks

Unclassified = All Other Asset Classes

STB = Short Term Bonds

LCVS = Large Cap Value Stocks

IDS = International Developed Stocks

ITB = Intermediate Term Bonds

LCGS = Large Cap Growth Stocks

IIES = International Emerging Stocks

Investment Assets

Cash Value Life: Variable Life

Owner: Client Spouse Insured: Client Spouse 1st to Die 2nd to Die

Name or Description: _____

Beneficiaries & Death Benefit

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Current Value: \$ _____

Asset Class Distribution:

Cash ____% Short ____% Int ____% Long ____% LC Val ____%

LC Gro ____% SC ____% Int'l Dev ____% Int'l Emer ____% UC ____%

Cost Basis: \$ _____ Insurance Amount: \$ _____

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

Annual Additions: (Check one)

Pre-Tax: Additions: \$ _____ Inflation? No Yes

Maximum contribution each year

After-Tax: Additions: \$ _____

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Owner: Client Spouse Insured: Client Spouse 1st to Die 2nd to Die

Name or Description: _____

Beneficiaries & Death Benefit

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Current Value: \$ _____

Asset Class Distribution:

Cash ____% Short ____% Int ____% Long ____% LC Val ____%

LC Gro ____% SC ____% Int'l Dev ____% Int'l Emer ____% UC ____%

Cost Basis: \$ _____ Insurance Amount: \$ _____

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

Annual Additions: (Check one)

Pre-Tax: Additions: \$ _____ Inflation? No Yes

Maximum contribution each year

After-Tax: Additions: \$ _____

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

LTB = Long Term Bonds

SCS = Small Cap Stocks

Unclassified = All Other Asset Classes

STB = Short Term Bonds

LCVS = Large Cap Value Stocks

IDS = International Developed Stocks

ITB = Intermediate Term Bonds

LCGS = Large Cap Growth Stocks

IIES = International Emerging Stocks

Investment Assets

Other Tax-Deferred

Who is the owner: Client Spouse

Description: _____

Current Value: \$ _____

Cost Basis: \$ _____

Assign to Goal(s): *(Check one)*

- One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Annual Additions: *(Check one)*

- Additions: \$ _____ Inflation? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

U.S. Savings Bond

Who is the owner: Client Spouse

Description: _____

Current Value: \$ _____

Cost Basis: \$ _____

Assign to Goal(s): *(Check one)*

- One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Annual Additions: *(Check one)*

- Additions: \$ _____ Inflation? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

STB = Short Term Bonds

ITB = Intermediate Term Bonds

LTB = Long Term Bonds

LCVS = Large Cap Value Stocks

LCGS = Large Cap Growth Stocks

SCS = Small Cap Stocks

IDS = International Developed Stocks

IIES = International Emerging Stocks

Unclassified = All Other Asset Classes

Investment Assets

Taxable

Who is the owner: Client Spouse Joint Custodial
If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Description: _____ Ticker Symbol: _____
Current Value: \$ _____ Cost Basis: \$ _____

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Annual Additions: (Check one)

Additions: \$ _____ Inflate? No Yes
Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Who is the owner: Client Spouse Joint Custodial
If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Description: _____ Ticker Symbol: _____
Current Value: \$ _____ Cost Basis: \$ _____

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Annual Additions: (Check one)

Additions: \$ _____ Inflate? No Yes
Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%
LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

LTB = Long Term Bonds

SCS = Small Cap Stocks

Unclassified = All Other Asset Classes

STB = Short Term Bonds

LCVS = Large Cap Value Stocks

IDS = International Developed Stocks

ITB = Intermediate Term Bonds

LCGS = Large Cap Growth Stocks

IIES = International Emerging Stocks

Investment Assets

Tax-Free

Who is the owner: Client Spouse Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property

Other w/ Client Other w/ Spouse

Description: _____

Ticker Symbol: _____

Current Value: \$ _____

Cost Basis: \$ _____

Is this asset subject to state taxes? No Yes

Assign to Goal(s): *(Check one)*

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Who is the owner: Client Spouse Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property

Other w/ Client Other w/ Spouse

Description: _____

Ticker Symbol: _____

Current Value: \$ _____

Cost Basis: \$ _____

Is this asset subject to state taxes? No Yes

Assign to Goal(s): *(Check one)*

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Asset Class Distribution:

CE _____% STB _____% ITB _____% LTB _____% LCVS _____%

LCGS _____% SCS _____% IDS _____% IES _____% UC _____%

Legend For Asset Class Distribution

CE = Cash & Cash Equivalents

LTB = Long Term Bonds

SCS = Small Cap Stocks

Unclassified = All Other Asset Classes

STB = Short Term Bonds

LCVS = Large Cap Value Stocks

IDS = International Developed Stocks

ITB = Intermediate Term Bonds

LCGS = Large Cap Growth Stocks

IIES = International Emerging Stocks

Stock Options

Stock Options Plan

Who is the owner: Client Spouse

Stock Name: _____

Asset Class: *(Check one)*

- Large Cap Value Large Cap Growth Small 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

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options

Stock Options Plan

Who is the owner: Client Spouse

Stock Name: _____

Asset Class: *(Check one)*

- Large Cap Value Large Cap Growth Small 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

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Other Assets

Personal and Business Assets

(Homes, Vehicles, Personal Property, Business Assets, Real Estate, etc.)

Owner: Client Spouse Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Description: _____ Current Value: \$ _____

Will the value of this asset increase each year? _____%

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) \$ _____

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Owner: Client Spouse Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Description: _____ Current Value: \$ _____

Will the value of this asset increase each year? _____%

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) \$ _____

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Owner: Client Spouse Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Description: _____ Current Value: \$ _____

Will the value of this asset increase each year? _____%

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) \$ _____

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____

Other Assets

Pension - Lump Sum Distribution

Owner: Client Spouse

Description: _____

Current Value: \$ _____

Year of Distribution: _____

Value of Distribution \$ _____

Value is: (Check one) Pre-tax After-tax

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

Deferred Compensation (Receiving Now)

Owner: Client Spouse

Description: _____

Current Value (today's dollars): \$ _____

Distribution Period

Number of Years: _____

Annual Payment (pre-tax) \$ _____

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

Owner: Client Spouse

Description: _____

Current Value (today's dollars): \$ _____

Distribution Period

Number of Years: _____

Annual Payment (pre-tax) \$ _____

Assign to Goal(s): (Check one)

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

Other Assets

Deferred Compensation *(Future)*

Owner: Client Spouse 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 Retires Spouse Retires Year _____

Value at Start of Distribution

Rate of Return during Accumulation: _____ %

Year Distributions Begin: Client Retires Spouse Retires Year _____

Distribution Period

Number of Years: _____ Annual Payment *(pre-tax)* \$ _____

Annual Distribution

Rate of Return during Distribution: _____ %

Assign to Goal(s): *(Check one)*

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

Owner: Client Spouse 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 Retires Spouse Retires Year _____

Value at Start of Distribution

Rate of Return during Accumulation: _____ %

Year Distributions Begin: Client Retires Spouse Retires Year _____

Distribution Period

Number of Years: _____ Annual Payment *(pre-tax)* \$ _____

Annual Distribution

Rate of Return during Distribution: _____ %

Assign to Goal(s): *(Check one)*

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

Other Assets

Insurance Assets – Cash Value *(Universal/Variable/Whole/Other)*

Owner: Client Spouse Insured: Client Spouse 1st to Die 2nd 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 - _____ ___%

Spouse ___% Other - _____ ___% Other - _____ ___%

Death Benefit Amount: _____ Premium Amount: \$ _____ every _____

How long will premiums be paid?

Until insured dies Until policy terminates Year _____

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)*

Withdrawal Year: _____ Amount of Withdrawal: \$ _____ Tax-free withdrawal: \$ _____

Assign to Goal(s): *(Check one)*

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

Owner: Client Spouse Insured: Client Spouse 1st to Die 2nd to Die

Description: _____

Current Cash Value: \$ _____ *(before tax – today's dollars)*

Average Annual Growth Rate: _____ *(excluding cost of insurance)*

Beneficiaries/Percentage

Estate ___% Other - _____ ___% Other - _____ ___%

Spouse ___% 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 to Goal(s): *(Check one)*

One Goal: _____ Priority Order Leave to Estate Not Used in Plan

Multiple Goals: _____

Other Assets

529 Savings Plan

Owner: Client Spouse 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) \$ _____

Assign to Goal(s): (Check one)

- One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____
-

Owner: Client Spouse 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) \$ _____

Assign to Goal(s): (Check one)

- One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____
-

Future Assets *Cash (Inheritance, Gift, Settlement, etc.)*

Owner: Client Spouse Joint
If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse
Description: _____
Year to Receive: _____ Future Value (after tax) \$ _____

Assign to Goal(s): (Check one)

- One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____
-

Owner: Client Spouse Joint
If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse
Description: _____
Year to Receive: _____ Future Value (after tax) \$ _____

Assign to Goal(s): (Check one)

- One Goal: _____ Priority Order Leave to Estate Not Used in Plan
 Multiple Goals: _____
-

Insurance Policies

Cash Value Life Policies owned by the Client or Spouse

Investment Asset (Variable Life)Owner: Client SpouseInsured: Client Spouse 1st to Die 2nd to Die

Name or Description: _____

Beneficiaries & Death Benefit

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Current Value: \$ _____

Cost Basis: \$ _____

Insurance Amount: \$ _____

Assign to Goal(s): (Check one) One Goal: _____ Priority Order Leave to Estate Not Used in Plan Multiple Goals: _____**Annual Additions: (Check one)**Pre-Tax: Additions: \$ _____ Inflate? No Yes Maximum contribution each yearAfter-Tax: Additions: \$ _____

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____**Asset Class Distribution:**

Cash ____% Short ____% Int ____% Long ____% LC Val ____%

LC Gro ____% SC ____% Int'l Dev ____% Int'l Emer ____% UC ____%

Other Asset (Universal/Variable/Whole Life/Other Life)Owner: Client SpouseInsured: Client Spouse 1st to Die 2nd to Die

Description: _____ Current Cash Value: \$ _____ (before tax - today's dollars)

Average Annual Growth Rate: _____ (excluding cost of insurance)

Beneficiaries/Percentage

Estate ____% Other - _____ % Other - _____ %

Spouse ____% 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 to Goal(s): (Check one) One Goal: _____ Priority Order Leave to Estate Not Used in Plan Multiple Goals: _____

Insurance Policies

Cash Value Life Policies owned by Trust or Other Person or Entity

Cash Value Life (Universal/Variable/Whole Life/Other)

Owner: Irrevocable Trust Other Person or Entity

Insured: Client Spouse 1st to Die 2nd to Die

Description/Company: _____ Current Cash Value: \$ _____ (before tax - today's dollars)

Beneficiaries/Percentage

Estate ___% Other - _____ % Other - _____ %

Spouse ___% Other - _____ % Other - _____ %

Death Benefit (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 is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: Client Spouse

Non-Cash Value Life Policies – All Owners

Non-Cash Value Life (Term Life)

Owner: Client Spouse Irrevocable Trust Other Person or Entity

Insured: Client Spouse 1st to Die 2nd to Die

Description/Company: _____

Beneficiaries/Percentage

Estate ___% Other - _____ % Other - _____ %

Spouse ___% 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 is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: Client Spouse

Non-Cash Value Life (Group Term/Other)

Owner: Client Spouse Irrevocable Trust Other Person or Entity

Insured: Client Spouse

Description/Company: _____

Beneficiaries/Percentage

Estate ___% Other - _____ % Other - _____ %

Spouse ___% Other - _____ % Other - _____ %

Death Benefit Amount: _____

When will this policy terminate?

When insured dies Year _____

If ownership is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: Client Spouse

Insurance Policies

Non-Cash Value Life Policies – All Owners

Non-Cash Value Life (Group Term/Other)

Owner: Client Spouse Irrevocable Trust Other Person or Entity

Insured: Client Spouse

Description/Company: _____

Beneficiaries/Percentage

Estate ___% Other - _____ % Other - _____ %

Spouse ___% Other - _____ % Other - _____ %

Death Benefit Amount: _____

When will this policy terminate?

When insured dies Year _____

If ownership of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: Client Spouse

Other Insurance Policies

Disability (Group/Personal/Other)

Insured: Client Spouse

Description/Co: _____

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 Spouse

Description/Co: _____

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: _____%

Insurance Policies

Other Insurance Policies

Long Term Care (Home Care Only/Nursing Home Care/Other)

Insured: _____ Description/Co: _____
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: _____ %

Insured: _____ Description/Co: _____
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/Co: _____
Type: (Check one) A B C D E F G H I J Other
Premium Amount: \$ _____ per Month Quarter Six Months Year

Insured: _____ Description/Co: _____
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/Other)

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Liabilities

Liabilities -- Summary Input

(Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)

Description: _____

Whose debt? Client Spouse Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

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Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

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Monthly Payment: \$ _____

Description: _____

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If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client Spouse Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Liabilities

Liabilities - Detailed Input

(Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)

Description: _____

Whose debt? Client Spouse Joint

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Lender: _____ Outstanding balance: \$ _____

Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? Client Spouse Joint

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Lender: _____ Outstanding balance: \$ _____

Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? Client Spouse Joint

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Lender: _____ Outstanding balance: \$ _____

Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? Client Spouse Joint

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Lender: _____ Outstanding balance: \$ _____

Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? Client Spouse Joint

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Lender: _____ Outstanding balance: \$ _____

Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Insurance Needs Analysis

Life Insurance Needs Analysis

If Client Dies		If Spouse Dies
\$ _____	Existing Life Insurance to Include	\$ _____
\$ _____		\$ _____
	Additional Death Benefit	
	Amounts to be Paid at Death	
\$ _____	Liabilities	\$ _____
\$ _____	Final Expenses	\$ _____
\$ _____	Bequests	\$ _____
\$ _____	Other Payments	\$ _____
	Living Expenses for Survivors	
\$ _____	Current Annual Amount (after tax)	\$ _____
_____	Cover Expense until Spouse is this Age _____	_____
\$ _____	Future Annual Amount (after tax)	\$ _____
_____	Cover Expense until Spouse 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 your spouse died.

Sell Other Assets

If Clients Dies		If Spouse Dies
\$ _____	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

Spouse Employment

If your spouse is not currently employed and would seek employment if you 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:

Insurance Needs Analysis

Disability Needs Analysis for Client

Do you want to include Social Security Disability Benefits in the analysis? No Yes

Spouse Employment

If your spouse isn't currently employed and would seek employment if you were disabled, enter the following:

Start Year: _____ Stop Year: _____ Annual Income: \$ _____ Inflate? No Yes

Income

Enter any income you would continue to receive if you were disabled.

(Do not include your spouse'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 Spouse

Do you want to include Social Security Disability Benefits in the analysis? No Yes

Spouse Employment

If your spouse isn't currently employed and would seek employment if you were disabled, enter the following:

Start Year: _____ Stop Year: _____ Annual Income: \$ _____ Inflate? No Yes

Income

Enter any income you would continue to receive if you were disabled.

(Do not include your spouse'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: _____%

Insurance Needs Analysis

Long-Term Care Needs Analysis

	Client	Spouse
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 – 4hr/day <input type="checkbox"/> Home Care – 8hr/day <input type="checkbox"/> Home Care – 12hr/day	<input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Home Care – 4hr/day <input type="checkbox"/> Home Care – 8hr/day <input type="checkbox"/> Home Care – 12hr/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 Analysis

Estate Documents

	Client	Spouse
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	
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		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care		
Child Support		
Child Tutor		
Clothing - Client		
Clothing - Spouse		
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 Spouse		
Life for Client		
Life for Spouse		
LTC for Client		
LTC for Spouse		
Medical for Client		
Medical for Spouse		
Umbrella Liability		
Other		

Taxes

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Client FICA		
Client Medicare		
Spouse FICA		
Spouse 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		
Homeowner's 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		

Budget

Home Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's 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		