

# Personal Financial Plan

Plan # \_\_\_\_\_

*The Personal Financial Plan --- helping to plan your financial future together*

The Personal Financial Plan will help provide a clear picture of your current financial position, help you focus on your most important financial goals and give you the information you need so that you can create a plan of action.

There are six steps on the road to financial success:

1. Gather the data that reveals where you stand today and where you want to be.
2. Prepare an analysis of the data.
3. Review the analysis and form a plan of action.
4. Follow through on your plan and take action.
5. Monitor your progress.
6. Update your plan as conditions change.

The Personal Financial Plan will help you with the first three steps and lay the groundwork so that you can achieve your goals. Of course, we will be happy to assist you with the last three steps.

Each of the steps is important for your financial success. Perhaps the first step is most important, because it is the one that gets you started.

This Confidential Questionnaire is the tool we use to gather all the necessary data to prepare your Personal Financial Plan. It is very important that you provide your complete data to your planner carefully and accurately—the Personal Financial Plan is only as good as the information you provide. If you leave something out, or make a mistake, the Plan will not be accurate.

The best time to start on the road to financial success is right now. Have your Financial Planner complete the questionnaire with you today. We will analyze your data and prepare your Personal Financial Plan that you and your Financial Planner can review together.

# Confidential Questionnaire

Financial Planner	
Phone Number	Fax Number
E-Mail	

## Family Information

Please use this section to record personal information. Enter all dates in the format: month/day/year (e.g., 02/22/2004). **Age at Retirement:** Enter your expected age at retirement. If you are retired then enter your current age. For a non-working second client, please leave the age at retirement field blank.

This information is entered as of

	Client	Second Client
First Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	
City	<input type="text"/>	
State	<input type="text"/>	Zip <input type="text"/>
Social Security Number	<input type="text"/>	<input type="text"/>
Birth Date	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
Age at Retirement	<input type="text"/>	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital status	Are clients married?	
	Y <input type="checkbox"/> N <input type="checkbox"/> If "no" additional information is required. Please see page 12.	

## Employment

Indicate **employer type**: **Small** (less than 100 employees), **Large**, or **Government** (*Federal/State/Local*).

	Client	Second Client
Occupation	<input type="text"/>	<input type="text"/>
Employer Type	Small <input type="checkbox"/> Large <input type="checkbox"/> Gov't <input type="checkbox"/>	Small <input type="checkbox"/> Large <input type="checkbox"/> Gov't <input type="checkbox"/>

### Benefits

Check if your employer offers its employees:  
(check all that apply)

	Client	Second Client
Disability income insurance	<input type="checkbox"/>	<input type="checkbox"/>
401(k), 403(b), 457, SIMPLEs, SEP	<input type="checkbox"/>	<input type="checkbox"/>
Group life insurance	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental life insurance	<input type="checkbox"/>	<input type="checkbox"/>

## Dependents/Education

Enter names and birth dates of dependent children—even if you will not be funding their education. For each child entered, you can enter a second schooling scenario by completing the second input line. **Years Until School Begins:** The number of years until schooling begins. If a child is already in school, enter a zero. **# Of Years Attending School:** Enter the estimated number of years each child will attend school. If the child is presently in school, enter the number of years required to complete the education. **Today's Cost of School:** Enter the total cost of tuition, room and other expected cost that you want to fund. **Type of School:** Depending on the schooling situation, check H for High School, C for College, or G for Graduate School.

	Name (first)	Birth Date	Years Until School Begins	# Of Years Attending School	Today's Cost of School	Type of School
Child 1		/ /	Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
			Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
Child 2		/ /	Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
			Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
Child 3		/ /	Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
			Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
Child 4		/ /	Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
			Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
Child 5		/ /	Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
			Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
Child 6		/ /	Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
			Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
Child 7		/ /	Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
			Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
Child 8		/ /	Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>
			Years	Years	\$ per Year	H <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/>

## Education Savings

**Your Education Savings and Relatives/Other Education Savings sections — Child 1 through Child 8:** Please follow the same sequence you used for dependent children listed in the Dependents/Education section. **Current Value of Education Savings:** Enter the total dollar amount of education savings presently set aside for each child. **Annual Contributions to Education Savings:** Enter the dollar amount that is added annually to education savings for each child.

Savings for Child's Education by Client	Current Value of Education Savings	Annual Contributions to Education Savings
Child 1	\$ <input type="text"/>	\$ <input type="text"/> per Year
Child 2	\$ <input type="text"/>	\$ <input type="text"/> per Year
Child 3	\$ <input type="text"/>	\$ <input type="text"/> per Year
Child 4	\$ <input type="text"/>	\$ <input type="text"/> per Year
Child 5	\$ <input type="text"/>	\$ <input type="text"/> per Year
Child 6	\$ <input type="text"/>	\$ <input type="text"/> per Year
Child 7	\$ <input type="text"/>	\$ <input type="text"/> per Year
Child 8	\$ <input type="text"/>	\$ <input type="text"/> per Year

Savings for Child's Education by Relatives/Others	Current Value of Education Savings	Annual Contributions to Education Savings
Child 1	\$ <input type="text"/>	\$ <input type="text"/> per Year
Child 2	\$ <input type="text"/>	\$ <input type="text"/> per Year
Child 3	\$ <input type="text"/>	\$ <input type="text"/> per Year
Child 4	\$ <input type="text"/>	\$ <input type="text"/> per Year
Child 5	\$ <input type="text"/>	\$ <input type="text"/> per Year
Child 6	\$ <input type="text"/>	\$ <input type="text"/> per Year
Child 7	\$ <input type="text"/>	\$ <input type="text"/> per Year
Child 8	\$ <input type="text"/>	\$ <input type="text"/> per Year

## Financial Goals

Rank the following priorities from 1 to 7 with 1 being the highest priority and 7 the lowest. **Do not use the same number twice.**

Priorities	Rank (1-7)
Achieve financial security for retirement.	<input type="text"/>
Provide funds for education.	<input type="text"/>
Achieve other financial goals.	<input type="text"/>
Maintain adequate life insurance.	<input type="text"/>
Protect your resources in case of disability.	<input type="text"/>
Obtain the greatest return on investments given your risk profile.	<input type="text"/>
Minimize estate taxes and provide for your heirs.	<input type="text"/>

## Risk Tolerance

The various investment vehicles available today are characterized by different levels of risk and potential return.

1. Select the category that characterizes your level of risk tolerance:

- A. Short-term.
- B. Conservative.
- C. Moderately-conservative.
- D. Moderate.
- E. Moderately-aggressive
- F. Aggressive.

## Investment Assets

**Inflation Rate:** You may enter your own estimate for inflation. If blank, we will use a historical average.

Inflation Rate  %

Enter the current market value of each asset category. **Investment Accounts (Taxable):** Your non-retirement investments. **Retirement Accounts (Tax Deferred):** Enter the amount that you have in qualified tax deferred retirement accounts such as IRAs, 401(k), 403(b), SEP or Keogh. **Retirement Accounts (Roth):** Enter the amount you have in Roth IRAs.

	Investment Account (Taxable)	Retirement Accounts (Tax Deferred)	Retirement Accounts (Roth)
Cash	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Bonds	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Stock	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Enter your own description of an investment asset not covered by the other categories as **Other** (e.g., gold, non-public stock, etc.). If you enter an Other Asset, then enter a percentage representing your estimate of the expected growth rate for Other Assets in the **Growth Rate** field and indicate "Yes" or "No" to **Reallocate** this investment to the suggested asset allocation.

	(Taxable)	(Tax Deferred)	(Roth)	Growth Rate	Reallocate?
Other (description) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (description) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/>

### With Respect to investment accounts

	(Taxable)	(Tax Deferred)	(Roth)
How much is owned by client.	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
How much is owned by second client.	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

## Personal Assets/Liabilities

**Asset Value:** Enter the current market value of each item. **Liability:** Enter the amount you owe for each item listed. **Interest Rate:** Enter the current interest rate for each item. If you have multiple interest rates, then enter an average.

	Asset Value	Liability Balance	Liability Interest Rate
Residence (mortgage)	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
Second Residence (mortgage)	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
Business	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
Personal property	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
Vehicle(s)	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
Credit cards/short-term debt		\$ <input type="text"/>	<input type="text"/> %
Investment loans		\$ <input type="text"/>	<input type="text"/> %

## Annual Retirement Plan Contributions

Enter the annual amount client and second client are contributing to retirement plans as well as employer contribution/matching amounts. **Annual % Increase:** Enter the annual percentage increase in contribution amounts.

	Client	Annual % Increase	Second Client	Annual % Increase
Traditional IRA	\$ <input type="text"/> per Year		\$ <input type="text"/> per Year	
Roth IRA	\$ <input type="text"/> per Year		\$ <input type="text"/> per Year	
Self-employment contributions (Keogh, SEP, SIMPLE)	\$ <input type="text"/> per Year	<input type="text"/> %	\$ <input type="text"/> per Year	<input type="text"/> %
Employee's contributions (401(k), 403(b), 457, SIMPLEs, SEP)	\$ <input type="text"/> per Year	<input type="text"/> %	\$ <input type="text"/> per Year	<input type="text"/> %
Employer's contributions (401(k), 403(b), 457, SIMPLEs, SEP)	\$ <input type="text"/> per Year	<input type="text"/> %	\$ <input type="text"/> per Year	<input type="text"/> %

## One Time Events

Use this section to enter defined benefit lump sum distributions, inheritances, and the sale of your business or residence.

Defined Benefit Plan Lump Sum Distribution	Amount (Future Dollars)	Age		
Client	\$ <input type="text"/>	<input type="text"/>		
Second Client	\$ <input type="text"/>	<input type="text"/>		
Inheritance				
Client	\$ <input type="text"/>	<input type="text"/>		
Second Client	\$ <input type="text"/>	<input type="text"/>		
	Amount (Future Dollars)	Age	Whose Age	
Sale of Primary Residence (net proceeds)	\$ <input type="text"/>	<input type="text"/>	Client	Second Client
Sale of Second Residence (net proceeds)	\$ <input type="text"/>	<input type="text"/>	Client	Second Client
Sell Business (net proceeds)	\$ <input type="text"/>	<input type="text"/>	Client	Second Client
Other Lump Sums (description)	Amount (Future Dollars)	Age	Whose Age	
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	Client	Second Client
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	Client	Second Client

## Cash Flow

Use this section to record the expected monthly information regarding your current cash flow. **Annual % Increase:** Enter a percentage representing an increase for each income's source. **If you do not anticipate an increase, enter 0%.** **Employment Income:** Enter gross wages or salary. **Self-employment Income:** Enter the net Schedule C income from your tax return. **COLA%:** Enter annual percentage increase if the plan has a cost of living adjustment feature.

## Employment Income

	Amount	Begin Age	End Age	Annual % Increase
Gross Employment Income				
Client	\$ _____ per Month	_____	_____	_____ %
Second Client	\$ _____ per Month	_____	_____	_____ %
Self-Employment Income				
Client	\$ _____ per Month	_____	_____	_____ %
Second Client	\$ _____ per Month	_____	_____	_____ %

## Investment Income

	Amount
Taxable Investment Income	\$ _____ per Month
Non-Taxable Investment Income	\$ _____ per Month

## Other Income

Description	Amount	Type*	Begin Age	End Age	Whose Age	Annual % Increase
_____	\$ _____ per Month	_____	_____	_____	Client Second Client	_____ %
_____	\$ _____ per Month	_____	_____	_____	Client Second Client	_____ %
_____	\$ _____ per Month	_____	_____	_____	Client Second Client	_____ %
_____	\$ _____ per Month	_____	_____	_____	Client Second Client	_____ %
_____	\$ _____ per Month	_____	_____	_____	Client Second Client	_____ %
_____	\$ _____ per Month	_____	_____	_____	Client Second Client	_____ %

\*Type:

E = Employment Income    S = Self-Employment Income    N = Other Non-Taxable Income    T = Other Taxable

## Pension Income

**Note:** If you are not retired, and if you have received your annual "Social Security Statement" from the Social Security Administration, enter the benefit amount found on page 2, under "Retirement" that is labeled "at your full retirement age" into the **Monthly Benefit Amount** field, and enter the **Begin Age** for receiving social security. If you have not received your Social Security statement, enter the annual amount of your **Last Known Wages**, and enter the **Begin Age** for receiving social security. **COLA %:** Enter annual percentage increase if the plan has a cost of living adjustment feature.

	Eligible for Social Security Benefits	Include SS Benefits in Retirement Analysis	Monthly Benefit Amount	Begin Age	Last Known Wages
Social Security					
Client	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____ per Month	_____	(Complete if benefit is unknown) \$ _____ Year
Second Client	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____ per Month	_____	\$ _____ Year
Defined Benefit		COLA %	Monthly Benefit Amount	Begin Age	Survivor %
Client		_____ %	\$ _____ per Month	_____	(Complete if Joint and Survivor option elected) _____ %
Second Client		_____ %	\$ _____ per Month	_____	_____ %

## Cash Flow Expenses

**Loan Payments:** Enter monthly loan payment. **Terminate Expense when Paid Off:** Check "Yes" to terminate the expense when the loan is paid off. Check "No" if you want to consider the expense continuing forever (for example if you will assume a new car loan when the existing one is paid off). **Other Basic Expenses:** Enter phone, household purchases and supplies, child care expenses, personal care and improvement, recreation, and anything else you may consider to be basic to your lifestyle. **Discretionary Expenses:** Enter values representing those expenditures over which you can exercise significant control (e.g., entertainment, vacations, hobbies, gifts, charitable contributions, and dining out). **Other Expenses:** Enter a description, amount, type (using the predefined types shown below), beginning and ending age, whose age is represented, and the annual % increase for those other expenses you wish to itemize.

Loan Payments	Loan Payment	Terminate Expense When Paid Off?
Mortgage – primary residence	\$ _____ per Month	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mortgage – Second residence	\$ _____ per Month	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle(s)	\$ _____ per Month	Yes <input type="checkbox"/> No <input type="checkbox"/>
Credit cards/short-term debt	\$ _____ per Month	Yes <input type="checkbox"/> No <input type="checkbox"/>
Business	\$ _____ per Month	Yes <input type="checkbox"/> No <input type="checkbox"/>
Investment loans	\$ _____ per Month	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal property	\$ _____ per Month	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Insurance Premiums

Health/long-term care	\$ _____ per Month
Life	\$ _____ per Month
Disability	\$ _____ per Month
Umbrella	\$ _____ per Month
Auto	\$ _____ per Month
Homeowner's	\$ _____ per Month

### Expenditures

Rent, utilities, home maintenance	\$ _____ per Month
Transportation (incl. car lease payments)	\$ _____ per Month
Food	\$ _____ per Month
Clothing	\$ _____ per Month
Other basic expenses	\$ _____ per Month
Discretionary expenses	\$ _____ per Month
Property Taxes	\$ _____ per Month
State and local taxes (exclude prop. tax)	\$ _____ per Month

### Other Expenses

Description	Amount	Type*	Begin Age	End Age	Whose Age	Annual % Increase
	\$ _____ per Month				Client Second Client	%
	\$ _____ per Month				Client Second Client	%
	\$ _____ per Month				Client Second Client	%
	\$ _____ per Month				Client Second Client	%
	\$ _____ per Month				Client Second Client	%
	\$ _____ per Month				Client Second Client	%

\*Type: H = Housing T = Transportation F = Food C = Clothing O = Other basic expenses D = Discretionary expenses

### Savings

How much do you contribute to long-term investment accounts?  
Do not include retirement plan contributions

Amount		Amount
\$ _____ per Month	OR	\$ _____ per Year



## Tax Information

**Number of Exemptions:** Number of dependents including yourself, from the Federal Tax return. **Itemized Deductions:** Obtain value from your Federal Tax return. **Credits:** Obtain value from your Federal Tax return. Leave deductions and credits blank if not applicable.

Filing Status	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Head of Household
Number of Exemptions	<input type="text"/>		
Itemized Deductions	<input type="text" value="\$"/>		
Credits	<input type="text" value="\$"/>		

## Property and Casualty Insurance

Use the following section to list the property and casualty insurance policies you own.

### Personal Auto

Policy Name	<input type="text"/>
Bodily Injury Limits	<input type="text" value="\$"/>
Bodily Injury per Accident	<input type="text" value="\$"/>
Property Damage	<input type="text" value="\$"/>
Collision Deductible	<input type="text" value="\$"/>
Comprehensive Deductible	<input type="text" value="\$"/>

### Homeowner's/Renter's Insurance

Policy Name	<input type="text"/>
Dwelling Coverage	<input type="text" value="\$"/>
Personal Property Coverage	<input type="text" value="\$"/>
Liability Coverage	<input type="text" value="\$"/>
Deductible	<input type="text" value="\$"/>
Replacement Cost on Dwelling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Replacement Cost on Personal Property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do You Have Flood Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Umbrella Liability

Policy Name	<input type="text"/>
Liability Limit	<input type="text" value="\$"/>
Retained Limit (deductible)	<input type="text" value="\$"/>

### Health

	Client	Second Client
Policy Name	<input type="text"/>	<input type="text"/>
Does Policy Provide Unlimited Lifetime Benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Not, Maximum Lifetime Coverage per Person	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Coinsurance Percent	<input type="text" value=""/> %	<input type="text" value=""/> %
Maximum Out-of-Pocket Amount	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Deductible per Person	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Deductible per Family	<input type="text" value="\$"/>	<input type="text" value="\$"/>

## Disability

**Insured:** Circle the insured Client. **Monthly Benefit:** Enter the amount that you will receive each month. **COLA%:** If the policy has a cost of living increase (inflation) rider, enter the anticipated annual rate of this increase. **Elimination Period:** Enter the number of months that you must wait before payments begin. If less than one month, enter zero. **Benefit Period:** Enter the total number of months that you will receive payments before they stop or check "Yes" if monthly benefits are received to age 65.

Insured		Monthly Benefit	COLA %	Elimination Period	Benefit Period		Do You Pay Premium with Personal Funds (After Tax)	
Client	Second Client	\$ _____ per Month	%	Months	# Months	<u>OR</u> Check if to Age 65 <input type="checkbox"/>	Yes	No
Client	Second Client	\$ _____ per Month	%	Months	Months	<u>OR</u> <input type="checkbox"/>	Yes	No
Client	Second Client	\$ _____ per Month	%	Months	Months	<u>OR</u> <input type="checkbox"/>	Yes	No
Client	Second Client	\$ _____ per Month	%	Months	Months	<u>OR</u> <input type="checkbox"/>	Yes	No
Client	Second Client	\$ _____ per Month	%	Months	Months	<u>OR</u> <input type="checkbox"/>	Yes	No

## Long-Term Health Care

**Daily Benefit Amount:** Enter the amount that you will receive each day. **COLA%:** If the policy has a cost of living increase (inflation) rider, enter the annual rate of this increase. **Elimination Period:** Enter the number of days that you must wait before payments begin. **Benefit Period:** Enter the total number of years that you will receive payments before they stop.

	Daily Benefit Amount (Today's Dollars)	COLA %	Elimination Period	Benefit Period
Client	\$ _____ per Day	%	Days	Years
Second Client	\$ _____ per Day	%	Days	Years

## Support for Survivors

Use this section to list any financial support you provide others and wish to continue providing in the event of your death. **Do not** list amounts here if already accounted for in the Cash Flow section.

If you have others depending on you for support, please complete the following:

	How Much?	How Long? (Years)	Upon Death of		
Adult child or disabled child	\$ _____ per Month	Years	Client	Second Client	Either
Parents	\$ _____ per Month	Years	Client	Second Client	Either
Day care	\$ _____ per Month	Years	Client	Second Client	Either
Others	\$ _____ per Month	Years	Client	Second Client	Either

## Life Insurance

**Insured:** Circle the insured client. **Owner:** Circle the owner of the policy. **Beneficiary:** Circle the beneficiary of the policy. If you have more than five policies, combine similar policies and enter as one policy.

Insured			Face Amount	Loan	Cash Surrender Value	Owner				Beneficiary				Term or Permanent				
Client	Sec Cl	2 <sup>nd</sup> -to-die	\$	\$	\$	Client	Sec Cl	Jt	Com	Other	Trust	Client	Sec Cl	Other	Child	Trust	Term	Perm
Client	Sec Cl	2 <sup>nd</sup> -to-die	\$	\$	\$	Client	Sec Cl	Jt	Com	Other	Trust	Client	Sec Cl	Other	Child	Trust	Term	Perm
Client	Sec Cl	2 <sup>nd</sup> -to-die	\$	\$	\$	Client	Sec Cl	Jt	Com	Other	Trust	Client	Sec Cl	Other	Child	Trust	Term	Perm
Client	Sec Cl	2 <sup>nd</sup> -to-die	\$	\$	\$	Client	Sec Cl	Jt	Com	Other	Trust	Client	Sec Cl	Other	Child	Trust	Term	Perm
Client	Sec Cl	2 <sup>nd</sup> -to-die	\$	\$	\$	Client	Sec Cl	Jt	Com	Other	Trust	Client	Sec Cl	Other	Child	Trust	Term	Perm
Client	Sec Cl	2 <sup>nd</sup> -to-die	\$	\$	\$	Client	Sec Cl	Jt	Com	Other	Trust	Client	Sec Cl	Other	Child	Trust	Term	Perm

## Other Goals

Use this section to plan for a specific goal such as a new home, boat, or extended vacation. Enter today's cost of the goal or down payment needed and the number of years from now in which you hope to achieve your goal(s). **Do Not** include education or retirement goals.

Goal Description	Total Cost of Goal (Today's \$)	Number of Years Until Goal
	\$	Years
	\$	Years
	\$	Years
	\$	Years

## Estate Planning

	Client	Second Client
Do you have a will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date will last updated:	/ /	/ /
Do you have durable power of attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any health care directives?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have children from a prior marriage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a United States citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a credit shelter trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a qualified domestic trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a Letter of Instruction?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Percent of Assets Owned by:** Enter the percent you own of your business and personal assets. If Joint, put 50% under Client and 50% under Second Client. The total of Client and Second Client should equal 100%. **Amount being gifted to charity at death:** If you plan to leave money to charity, enter the amount.

Other than insurance & retirement plans, what % of the assets are owned by:	Client %	Second Client %
Amount being gifted to charity at death:	\$	\$

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## Unmarried Clients Addendum

### Tax Information for Second Client

**Number of Exemptions:** Number of dependents including yourself from the Federal Tax return. **Itemized Deductions:** Obtain value from your Federal Tax return. **Credits:** Obtain value from your Federal Tax return. Leave deductions, credits, and state and local taxes blank if not applicable. **State and Local Taxes:** Enter the annual amount paid.

Filing status  Single  Head of Household

Number of exemptions

Itemized deductions

Credits

Annual amount paid in state and local income taxes.

### Dependent Income Tax

Circle the client who will claim each dependent on their income tax return. **Child 1 through Child 8:** Please follow the same sequence used to list dependent children in the Dependents/Education section.

	Whose Tax Return?	
Child 1	Client	Second Client
Child 2	Client	Second Client
Child 3	Client	Second Client
Child 4	Client	Second Client
Child 5	Client	Second Client
Child 6	Client	Second Client
Child 7	Client	Second Client
Child 8	Client	Second Client

## Financial Analysis Overrides

The PFA uses your answers to the Risk Tolerance questions and your time horizon to determine an asset allocation that is in line with your tolerance for risk. The expected annual rate of return based on the suggested asset allocation may be more or less than you are currently earning on your investments.

The following override fields are for use by your Financial Planner or Associate Financial Planner only. If you and your Planner would like to use a return other than the expected annual rate of return based on the suggested asset allocation, enter the percentage below. Any data entered into the override fields will be used in processing of the Personal Financial Analysis.

### Asset Growth Rate between Deaths

The plan will increase the value of all assets, after the first person dies, by an annual rate of return between the inflation rate and the suggested rate. If you would like to use a rate other than the calculated rate, enter the percentage below:

Asset Growth Rate between Deaths:  %

### Survivor Income Requirements

In the Life Insurance analysis, the plan uses a percentage of the client's and second client's employment and/or self-employment income to determine need for Survivor Income. If you would like to use an amount other than the amount determined by the plan, enter the dollar amount below:

Expenses in the event of the death the client: \$  per Year

Expenses in the event of the death of the second client: \$  per Year

### Rate of Return

The plan computes the rate of return for Life Insurance, Education, and Other Goals analyses. To override the values, enter your own estimates below:

Rate of Return for Life Insurance Analysis:  %

Rate of Return for Education Funds:  %

Rate of Return for Other Goal Funding:  %

### Retirement Rate of Return

The plan uses the expected annual rate of return for the suggested asset allocation to increase the value of your retirement assets. If you would like to use a different rate to grow the value of retirement assets enter your own estimates here.

Investment Rate of Return before Retirement:  %

Investment Rate of Return during Retirement:  %

### Life Insurance Analysis

The plan assumes the mortgage and education requirements will be paid off at the death of the clients. To override any of these assumptions, complete the appropriate questions below.

In the event of the death of:	Client	Second Client
Fund education	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Payoff mortgage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Limit survivor income to how many years? (Not to exceed life expectancy.)	<input type="text"/>	<input type="text"/>

## Financial Analysis Overrides (continued)

### Child's Social Security Benefit

Indicate on whose social security record a child is eligible to receive social security survivor benefits.

Child 1	Client <input type="checkbox"/>	Second Client <input type="checkbox"/>	Both <input type="checkbox"/>
Child 2	Client <input type="checkbox"/>	Second Client <input type="checkbox"/>	Both <input type="checkbox"/>
Child 3	Client <input type="checkbox"/>	Second Client <input type="checkbox"/>	Both <input type="checkbox"/>
Child 4	Client <input type="checkbox"/>	Second Client <input type="checkbox"/>	Both <input type="checkbox"/>
Child 5	Client <input type="checkbox"/>	Second Client <input type="checkbox"/>	Both <input type="checkbox"/>
Child 6	Client <input type="checkbox"/>	Second Client <input type="checkbox"/>	Both <input type="checkbox"/>
Child 7	Client <input type="checkbox"/>	Second Client <input type="checkbox"/>	Both <input type="checkbox"/>
Child 8	Client <input type="checkbox"/>	Second Client <input type="checkbox"/>	Both <input type="checkbox"/>

### Tax-Deferred Account Payout Age

Enter the age at which payouts from tax-deferred retirement accounts, excluding Roth IRAs, should begin.

	Client	Second Client
Age Withdrawals begin:		

### Life Expectancy

To override the life expectancy for the client or spouse, complete the fields below:

	Client	Client
Life Expectancy (e.g. 85 years):		

### Long-Term Care

The analysis from these fields will allow a comparison between the present long-term care coverage and the coverage that will actually be required. Enter the age when you want the long-term care event to start. Enter the number of years that the long-term care will be required. Enter the estimated daily cost in today's dollars of the nursing home or home care that you wish to show in the analysis.

	Client	Second Client
Age when long-term care event occurs:		
Duration (years) of long-term care event:	Years	Years
Average daily cost of care (Today's \$)	\$ /Day	\$ /Day
Inflation rate for average daily cost of care	%	%

### Flood Insurance

If flood insurance is not applicable to your client you can omit flood insurance wording from the plan.

Omit flood insurance wording	Yes / No
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