



# FINANCIAL PLANNING QUESTIONNAIRE

*Personal and Confidential*

The following questionnaire is a very important tool in the financial planning process. The more we are able to know about your current financial situation and your future financial goals, the more valuable the financial plan will be to you. Please complete this questionnaire as best you can. If you are unsure how to answer a question please contact our office for assistance.

In addition to completing this questionnaire, please provide copies of the following statements (*where applicable*):

- Retirement Plan Statements for all IRA, Roth IRA, 401(k), 403(b), Pension, SIMPLE, SEP, Profit-Sharing, ESOP, ESPP, and all other retirement plan accounts.
  - *For employer-sponsored retirement plans, please be sure to include a statement that shows all available investment options.*
- Investment Account Statement (brokerage account)
- Education Savings Plan statement (529, Education IRA)
- Recent Tax Return (*unless you are already an existing tax client*)

Client: \_\_\_\_\_

Date: \_\_\_\_\_

# Financial Plan

## Financial Planning Objectives

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The Financial Goal Plan covers many important areas. Please select the areas that are important to you:

- Financial Goal Plan – Review of Current Financial Position
  - Financial Goal Plan – Review of Current Progress to Accomplish Goal
  - Financial Goal Plan – Prepare “What If” Hypothetical Plan (for ex: “retire early”, “higher income”, etc.)
  - Investments – Risk Profile Assessment  Other \_\_\_\_\_
  - Investments – Asset Allocation Recommendation  Other \_\_\_\_\_
  - Investments – Analysis of Current Investments  Other \_\_\_\_\_
  - Investments – 401(k) Fund Recommendations  Other \_\_\_\_\_
  - Investments – Analysis of Variable Annuity  Other \_\_\_\_\_
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In the space below please list specific questions or concerns that you would like to have addressed in the financial planning process:

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_
- 5) \_\_\_\_\_  
\_\_\_\_\_

## 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
Date of Birth	____ / ____ / ____	____ / ____ / ____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed
	<input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker	<input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker
	<input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Not Currently Employed
Current Employer	_____	_____
Employment Income	\$ _____	\$ _____
Other Pre-Retirement Income <i>(non investment)</i>	\$ _____	\$ _____
Citizenship	_____	_____
Address	_____	
City / State / Zip	_____	
Telephone	_____	
Email	_____	

**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

# Investor Risk Tolerance Questionnaire



**Please select an answer for each of the risk tolerance questions below.**

1. How would you rate yourself with the following investment objectives?

*Minimizing Risk Most Important*

*Maximizing Growth Most Important*

- 1    2    3    4    5    6    7    8    9    10

2. How much risk are you willing to accept to increase your return?

*Very Little*

*A Substantial Amount*

- 1    2    3    4    5    6    7    8    9    10

3. How important is low volatility to you?

*Not Important*

*Very Important*

- 1    2    3    4    5    6    7    8    9    10

4. How would you rate your knowledge of investments?

*I Know Very Little*

*Expert Knowledge*

- 1    2    3    4    5    6    7    8    9    10

5. Which of the following best describes your current investment portfolio?

*Very Safe, All Bonds*

*Modest Risk, Mostly Bonds*

*Moderate Risk, Mostly Stocks*

*Aggressive, All Stocks*

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6. Which of the following options best describes your reaction when reviewing your account statements? (*choose one*)

1. I am very concerned if losses appear and I immediately look to make changes to the investments showing the loss.  
 2. I am concerned if losses appear and will usually wait only a few weeks for a recovery before making changes.  
 3. I am concerned if losses appear but I am willing to stick it out a few quarters to see if the investments recover.  
 4. I rarely make changes and I am not concerned if losses appear if all of the markets appear to be down.

7. Which of the following best describes your primary goal for your investments? (*choose one*)

1. Preserve the value of my investments and minimize the risk of investments losing money.  
 2. My investments should be relatively safe with only a slight level of risk.  
 3. Build the value of my investments gradually but prefer about half of my investments to be relatively safe from risk.  
 4. Grow my investments over time and I don't mind having more than half of my investments bearing a high level of risk.  
 5. Have the value of all my investments grow substantially and I am willing to tolerate a *considerable* level of risk.

8. In the grid below, please check one box that best matches the intersection of your risk tolerance and investment horizon.

*Check only one box*

Risk Tolerance	High Risk				
	Low Risk				
		0 - 5	5 - 10	10 - 15	15+
		<b>Investment Horizon</b> <small>(Years until distributions begin)</small>			

\_\_\_\_\_

Name

\_\_\_\_\_

Date

# My Financial Goals

## Retirement Goal

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Age to Retire: \_\_\_\_\_ OR  Social Security Full Retirement Age  
Client

\_\_\_\_\_ OR  Social Security Full Retirement Age  
Spouse

Life Expectancy: (Ages) \_\_\_\_\_ Client \_\_\_\_\_ Spouse

OR  Use Standard Mortality Tables (Uses a 30% Life Expectancy Probability)

Please check if you are a smoker

### Retirement Living Expense in *Today's Dollars, Pre-Tax*:

If you retired today, how much income would you need to live comfortably?

*While your own personal estimate is best, as a general rule, many retirees require retirement income of at least 70-80% of their annual pre-retirement income.*

[Select A, B or C]

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

OR

B. Use this percentage of current income for the entire Retirement period \_\_\_\_\_%

OR

C. Other (please describe):

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### Remainder to Estate:

After the end of the client's (and spouse's) life, do you wish to leave a remainder amount to your estate?

The remaining balance, but not a specific amount:

OR, Specific Amount: \$ \_\_\_\_\_

### Change State in Retirement

State where you will move: \_\_\_\_\_

# My Financial Goals

## College Goal

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Name: \_\_\_\_\_ Year to Start: \_\_\_\_\_ # of Years of College: \_\_\_\_\_

**Cost Estimate (today's dollars):** *[Fill in A, B, or C]*

- A. My cost estimate \$ \_\_\_\_\_ (Annual Cost)
- B. Use program defaults for:  State University (in-state)  State University (out-of-state)  Private
- C. Specific College: \_\_\_\_\_  Under Graduate  Graduate  
State in which the college is located: \_\_\_\_\_

For selection B or C include:

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

**I plan to fund the college expenses with the following resources:**

- Savings (percentage \_\_\_\_\_%)
- Investment Accounts (percentage \_\_\_\_\_%)
- 529 College Savings Plan (percentage \_\_\_\_\_%)
- Educational IRA (percentage \_\_\_\_\_%)
- Child's Responsibility (percentage \_\_\_\_\_%)
- Gifts from family members (percentage \_\_\_\_\_%)
- Other \_\_\_\_\_ (percentage \_\_\_\_\_%)

**Please list any other relevant information:**

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# My Financial Goals

## College Goal

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Name: \_\_\_\_\_ Year to Start: \_\_\_\_\_ # of Years of College: \_\_\_\_\_

**Cost Estimate (today's dollars):** *[Fill in A, B, or C]*

- A. My cost estimate \$ \_\_\_\_\_ (Annual Cost)
- B. Use program defaults for:  State University (in-state)  State University (out-of-state)  Private
- C. Specific College: \_\_\_\_\_  Under Graduate  Graduate  
State in which the college is located: \_\_\_\_\_

For selection B or C include:

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

**I plan to fund the college expenses with the following resources:**

- Savings (percentage \_\_\_\_\_%)
- Investment Accounts (percentage \_\_\_\_\_%)
- 529 College Savings Plan (percentage \_\_\_\_\_%)
- Educational IRA (percentage \_\_\_\_\_%)
- Child's Responsibility (percentage \_\_\_\_\_%)
- Gifts from family members (percentage \_\_\_\_\_%)
- Other \_\_\_\_\_ (percentage \_\_\_\_\_%)

**Please list any other relevant information:**

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# My Financial Goals

## Private School Goal

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Name: \_\_\_\_\_ Year to Start: \_\_\_\_\_ # of Years in School: \_\_\_\_\_

### Cost Estimate (today's dollars):

My cost estimate \$ \_\_\_\_\_ (Annual Cost)

Will this Amount Inflate?  No  Yes

If yes, base Inflation Rate  Yes, or specific rate \_\_\_\_\_%

### I plan to fund the private school expenses with the following resources:

- Savings (percentage \_\_\_\_\_%)
- Investment Accounts (percentage \_\_\_\_\_%)
- Educational IRA (percentage \_\_\_\_\_%)
- Gifts from family members (percentage \_\_\_\_\_%)
- Other \_\_\_\_\_ (percentage \_\_\_\_\_%)

### Please list any other relevant information:

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# My Financial Goals

## Private School Goal

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Name: \_\_\_\_\_ Year to Start: \_\_\_\_\_ # of Years in School: \_\_\_\_\_

### Cost Estimate (today's dollars):

My cost estimate \$ \_\_\_\_\_ (Annual Cost)

Will this Amount Inflate?  No  Yes

If yes, base Inflation Rate  Yes, or specific rate \_\_\_\_\_%

### I plan to fund the private school expenses with the following resources:

- Savings (percentage \_\_\_\_\_%)
- Investment Accounts (percentage \_\_\_\_\_%)
- Educational IRA (percentage \_\_\_\_\_%)
- Gifts from family members (percentage \_\_\_\_\_%)
- Other \_\_\_\_\_ (percentage \_\_\_\_\_%)

### Please list any other relevant information:

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## My Financial Goals

### Other Financial Goal – (Major Purchases such as Weddings, Travel, New Home, etc.)

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Description of Goal: \_\_\_\_\_

Year of Goal: \_\_\_\_\_ Cost \$ \_\_\_\_\_  Month  Year  One-time

Will this Amount Inflate?  No  Yes

If yes, base Inflation Rate  Yes, or specific 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: \_\_\_\_\_

#### I plan to fund the financial goal with the following resources:

Savings (percentage \_\_\_\_\_%)

Investment Accounts (percentage \_\_\_\_\_%)

Other \_\_\_\_\_ (percentage \_\_\_\_\_%)

#### Please list any other relevant information:

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## My Financial Goals

### Other Financial Goal – *(Major Purchases such as Weddings, Travel, New Home, etc.)*

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Description of Goal: \_\_\_\_\_

Year of Goal: \_\_\_\_\_ Cost \$ \_\_\_\_\_  Month  Year  One-time

Will this Amount Inflate?  No  Yes

If yes, base Inflation Rate  Yes, or specific 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: \_\_\_\_\_

#### I plan to fund the financial goal with the following resources:

Savings (percentage \_\_\_\_\_%)

Investment Accounts (percentage \_\_\_\_\_%)

Other \_\_\_\_\_ (percentage \_\_\_\_\_%)

#### Please list any other relevant information:

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## Retirement Income

### Social Security Income

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Client Age to Begin:  Full Retirement Age OR  Early (Age 62) OR Specific Age \_\_\_\_\_

Client Select One Option:

Use this amount: \$ \_\_\_\_\_  Month  Year *(pre-tax, current dollars)*

Use the Planner Estimate *(based on current employment income)*

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Spouse Age to Begin:  Full Retirement Age OR  Early (Age 62) OR Specific Age \_\_\_\_\_

Spouse Select One Option:

Use this amount: \$ \_\_\_\_\_  Month  Year *(pre-tax, current dollars)*

Use the Planner Estimate *(based on current employment income)*

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### Pension Income

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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

If yes, base Inflation Rate  Yes, or specific rate \_\_\_\_\_%

Survivor Benefit: \_\_\_\_\_%

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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

If yes, base Inflation Rate  Yes, or specific rate \_\_\_\_\_%

Survivor Benefit: \_\_\_\_\_%

## Retirement Income

### Part-Time Employment During Retirement

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Whose Income:  Client  Spouse      Description: \_\_\_\_\_

Income Begins:  Client Retires  Spouse Retires  Receiving Now  Year \_\_\_\_\_

Income Ends:  Client Retires  Spouse Retires  Year \_\_\_\_\_  This number of years \_\_\_\_\_

Amount of Income (*pre-tax, today's dollars*): \$ \_\_\_\_\_  Month  Year

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Whose Income:  Client  Spouse      Description: \_\_\_\_\_

Income Begins:  Client Retires  Spouse Retires  Receiving Now  Year \_\_\_\_\_

Income Ends:  Client Retires  Spouse Retires  Year \_\_\_\_\_  This number of years \_\_\_\_\_

Amount of Income (*pre-tax, today's dollars*): \$ \_\_\_\_\_  Month  Year

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### Other Income During Retirement

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Whose Income:  Client  Spouse      Description: \_\_\_\_\_

Income Begins:  Client Retires  Spouse Retires  Receiving Now  Year \_\_\_\_\_

Income Ends:  Client Retires  Spouse Retires  Year \_\_\_\_\_  This number of years \_\_\_\_\_

Amount of Income (*pre-tax, today's dollars*): \$ \_\_\_\_\_  Month  Year

**Please list any other relevant information:**

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## Retirement Plans

### Employer Sponsored Plans – (please include copy of recent statement)

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Whose Plan:  Client  Spouse    Type of Plan:  401k  403b  SEP  SIMPLE  Other\_\_\_\_\_

Description: \_\_\_\_\_

#### Your contributions (select one):

- \_\_\_\_\_% of annual income
- \$\_\_\_\_\_ per  month  year
- Assume Max Contribution

#### Employer Contributions (select one):

If your Employer matches your contributions, complete this section.

- Employer will match 100% to a maximum of \_\_\_\_\_% of salary
- Employer will match 100% up to \_\_\_\_\_% of salary, then \_\_\_\_\_% up to \_\_\_\_\_% of salary
- Employer contribution is \$\_\_\_\_\_ per  month  year

---

Whose Plan:  Client  Spouse    Type of Plan:  401k  403b  SEP  SIMPLE  Other\_\_\_\_\_

Description: \_\_\_\_\_

#### Your contributions (select one):

- \_\_\_\_\_% of annual income
- \$\_\_\_\_\_ per  month  year
- Assume Max Contribution

#### Employer Contributions (select one):

If your Employer matches your contributions, complete this section.

- Employer will match 100% to a maximum of \_\_\_\_\_% of salary
- Employer will match 100% up to \_\_\_\_\_% of salary, then \_\_\_\_\_% up to \_\_\_\_\_% of salary
- Employer contribution is \$\_\_\_\_\_ per  month  year

## Retirement Plans

### IRA - (please include copy of recent statement showing investments)

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IRA Owner:  Client  Spouse

Type of IRA:  Traditional  Rollover  Roth  After-tax

Description: \_\_\_\_\_

**Your contributions (select one):**

\$ \_\_\_\_\_ Year

Assume Max Contribution

Contributions end at  Retirement OR Year \_\_\_\_\_

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IRA Owner:  Client  Spouse

Type of IRA:  Traditional  Rollover  Roth  After-tax

Description: \_\_\_\_\_

**Your contributions (select one):**

\$ \_\_\_\_\_ Year

Assume Max Contribution

Contributions end at  Retirement OR Year \_\_\_\_\_

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IRA Owner:  Client  Spouse

Type of IRA:  Traditional  Rollover  Roth  After-tax

Description: \_\_\_\_\_

**Your contributions (select one):**

\$ \_\_\_\_\_ Year

Assume Max Contribution

Contributions end at  Retirement OR Year \_\_\_\_\_

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IRA Owner:  Client  Spouse

Type of IRA:  Traditional  Rollover  Roth  After-tax

Description: \_\_\_\_\_

**Your contributions (select one):**

\$ \_\_\_\_\_ Year

Assume Max Contribution

Contributions end at  Retirement OR Year \_\_\_\_\_

## Investment Assets

### Taxable Investments - *(please include copy of recent statement showing investments)*

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**Owner:**  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Account Type:  Investment  Checking  Savings  Rev. Trust  CD  Other \_\_\_\_\_

Description: \_\_\_\_\_ Current Total Value: \$ \_\_\_\_\_

**Additions:**

\$ \_\_\_\_\_  Year  Month

Contributions end at  Retirement OR Year \_\_\_\_\_

**Purpose of Account** (Check one)

Retirement  Emergency Fund  College  Other Specific Goal \_\_\_\_\_

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**Owner:**  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Account Type:  Investment  Checking  Savings  Rev. Trust  CD  Other \_\_\_\_\_

Description: \_\_\_\_\_ Current Total Value: \$ \_\_\_\_\_

**Additions:**

\$ \_\_\_\_\_  Year  Month

Contributions end at  Retirement OR Year \_\_\_\_\_

**Purpose of Account** (Check one)

Retirement  Emergency Fund  College  Other Specific Goal \_\_\_\_\_

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**Owner:**  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Account Type:  Investment  Checking  Savings  Rev. Trust  CD  Other \_\_\_\_\_

Description: \_\_\_\_\_ Current Total Value: \$ \_\_\_\_\_

**Additions:**

\$ \_\_\_\_\_  Year  Month

Contributions end at  Retirement OR Year \_\_\_\_\_

**Purpose of Account** (Check one)

Retirement  Emergency Fund  College  Other Specific Goal \_\_\_\_\_



## Investment Assets

### Taxable Investments - (please include copy of recent statement showing investments)

---

Owner:  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Account Type:  Investment  Checking  Savings  Rev. Trust  CD  Other \_\_\_\_\_

Description: \_\_\_\_\_ Current Total Value: \$ \_\_\_\_\_

**Additions:**

\$ \_\_\_\_\_  Year  Month

Contributions end at  Retirement OR Year \_\_\_\_\_

**Purpose of Account** (Check one)

Retirement  Emergency Fund  College  Other Specific Goal \_\_\_\_\_

---

Owner:  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Account Type:  Investment  Checking  Savings  Rev. Trust  CD  Other \_\_\_\_\_

Description: \_\_\_\_\_ Current Total Value: \$ \_\_\_\_\_

**Additions:**

\$ \_\_\_\_\_  Year  Month

Contributions end at  Retirement OR Year \_\_\_\_\_

**Purpose of Account** (Check one)

Retirement  Emergency Fund  College  Other Specific Goal \_\_\_\_\_

---

Owner:  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Account Type:  Investment  Checking  Savings  Rev. Trust  CD  Other \_\_\_\_\_

Description: \_\_\_\_\_ Current Total Value: \$ \_\_\_\_\_

**Additions:**

\$ \_\_\_\_\_  Year  Month

Contributions end at  Retirement OR Year \_\_\_\_\_

**Purpose of Account** (Check one)

Retirement  Emergency Fund  College  Other Specific Goal \_\_\_\_\_

## Other Assets

### House – (Please also complete liabilities section if applicable)

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**Owner:**  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Description:  Residence  Vacation  Rental  Other \_\_\_\_\_

Current Total Value: \$\_\_\_\_\_ Estimated Annual Appreciation in Value \_\_\_\_\_%

**Do you plan to sell this asset to help fund your goals:**  Yes  No

If yes, what is the year of the anticipated sale? \_\_\_\_\_

If yes, what will the proceeds be used for?

Retirement  College  Other Specific Goal \_\_\_\_\_

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**Owner:**  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Description:  Residence  Vacation  Rental  Other \_\_\_\_\_

Current Total Value: \$\_\_\_\_\_ Estimated Annual Appreciation in Value \_\_\_\_\_%

**Do you plan to sell this asset to help fund your goals:**  Yes  No

If yes, what is the year of the anticipated sale? \_\_\_\_\_

If yes, what will the proceeds be used for?

Retirement  College  Other Specific Goal \_\_\_\_\_

---

**Owner:**  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Description:  Residence  Vacation  Rental  Other \_\_\_\_\_

Current Total Value: \$\_\_\_\_\_ Estimated Annual Appreciation in Value \_\_\_\_\_%

**Do you plan to sell this asset to help fund your goals:**  Yes  No

If yes, what is the year of the anticipated sale? \_\_\_\_\_

If yes, what will the proceeds be used for?

Retirement  College  Other Specific Goal \_\_\_\_\_

## Other Assets

### **Personal and Business Assets** *(Vehicles, Personal Property, Business Assets, Real Estate, etc.)*

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**Owner:**  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Description: \_\_\_\_\_ Current Total Value: \$\_\_\_\_\_

Estimated Annual Appreciation in Value \_\_\_\_\_%

**Do you plan to sell this asset to help fund your goals:**  Yes  No

If yes, what is the year of the anticipated sale? \_\_\_\_\_

If yes, what will the proceeds be used for?

Retirement  College  Other Specific Goal \_\_\_\_\_

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**Owner:**  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Description: \_\_\_\_\_ Current Total Value: \$\_\_\_\_\_

Estimated Annual Appreciation in Value \_\_\_\_\_%

**Do you plan to sell this asset to help fund your goals:**  Yes  No

If yes, what is the year of the anticipated sale? \_\_\_\_\_

If yes, what will the proceeds be used for?

Retirement  College  Other Specific Goal \_\_\_\_\_

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**Owner:**  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Description: \_\_\_\_\_ Current Total Value: \$\_\_\_\_\_

Estimated Annual Appreciation in Value \_\_\_\_\_%

**Do you plan to sell this asset to help fund your goals:**  Yes  No

If yes, what is the year of the anticipated sale? \_\_\_\_\_

If yes, what will the proceeds be used for?

Retirement  College  Other Specific Goal \_\_\_\_\_

## Other Assets

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

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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: \_\_\_\_\_

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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: \_\_\_\_\_

## Investment Assets

### Annuities – (Please provide copy of recent statement)

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)

Additions: \$ \_\_\_\_\_ Inflation?  No  Yes

Year Additions Begin: \_\_\_\_\_

Year Additions End:  Client Retires  Spouse Retires  Year \_\_\_\_\_

### Cash-Value Insurance Assets – (Please provide copy of recent statement)

*Universal/Variable/Whole/Other*

Owner:  Client  Spouse Insured:  Client  Spouse  1<sup>st</sup> to Die  2<sup>nd</sup> 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: \_\_\_\_\_

## Liabilities

### Liabilities - Mortgage

---

Description: \_\_\_\_\_

Whose debt?  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Initial Loan Amount: \$ \_\_\_\_\_ Outstanding balance: \$ \_\_\_\_\_

Date Loan Began: \_\_\_\_\_ Term: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Type of Mortgage:  Fixed  ARM  Interest Only  Other \_\_\_\_\_

---

Description: \_\_\_\_\_

Whose debt?  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Initial Loan Amount: \$ \_\_\_\_\_ Outstanding balance: \$ \_\_\_\_\_

Date Loan Began: \_\_\_\_\_ Term: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Type of Mortgage:  Fixed  ARM  Interest Only  Other \_\_\_\_\_

---

### Liabilities - Other

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

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Description: \_\_\_\_\_

Whose debt?  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Initial Loan Amount: \$ \_\_\_\_\_ Outstanding balance: \$ \_\_\_\_\_

Date Loan Began: \_\_\_\_\_ Term: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_

Whose debt?  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Initial Loan Amount: \$ \_\_\_\_\_ Outstanding balance: \$ \_\_\_\_\_

Date Loan Began: \_\_\_\_\_ Term: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

---

Description: \_\_\_\_\_

Whose debt?  Client  Spouse  Joint (Survivorship)  Other \_\_\_\_\_

Initial Loan Amount: \$ \_\_\_\_\_ Outstanding balance: \$ \_\_\_\_\_

Date Loan Began: \_\_\_\_\_ Term: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

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## Life Insurance

### Term Life Insurance Policies *(Group, Individual, Other)*

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Insured:  Client  Spouse

Description of Policy: \_\_\_\_\_ Death Benefit Amount: \$ \_\_\_\_\_

Beneficiary:  Client  Spouse  Other Person or Entity \_\_\_\_\_

When will this policy terminate?  When insured dies  Year \_\_\_\_\_

---

Insured:  Client  Spouse

Description of Policy: \_\_\_\_\_ Death Benefit Amount: \$ \_\_\_\_\_

Beneficiary:  Client  Spouse  Other Person or Entity \_\_\_\_\_

When will this policy terminate?  When insured dies  Year \_\_\_\_\_

---

Insured:  Client  Spouse

Description of Policy: \_\_\_\_\_ Death Benefit Amount: \$ \_\_\_\_\_

Beneficiary:  Client  Spouse  Other Person or Entity \_\_\_\_\_

When will this policy terminate?  When insured dies  Year \_\_\_\_\_

---

Insured:  Client  Spouse

Description of Policy: \_\_\_\_\_ Death Benefit Amount: \$ \_\_\_\_\_

Beneficiary:  Client  Spouse  Other Person or Entity \_\_\_\_\_

When will this policy terminate?  When insured dies  Year \_\_\_\_\_

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### Disability Insurance Policies *(Group, Individual, Other)*

---

Insured:  Client  Spouse

Description of Policy: \_\_\_\_\_

Monthly Benefit Amount: \$ \_\_\_\_\_

Elimination Period: \_\_\_\_\_ Maximum Benefit Period: \_\_\_\_\_

Disability Definition:  Own Occupation  Any Occupation

---

Insured:  Client  Spouse

Description of Policy: \_\_\_\_\_

Monthly Benefit Amount: \$ \_\_\_\_\_

Elimination Period: \_\_\_\_\_ Maximum Benefit Period: \_\_\_\_\_

Disability Definition:  Own Occupation  Any Occupation

