



# Financial Planning Fact Finder

**For ProAdvice Select® and ProAdvice Master® financial plans**

Wilshire Asset Allocation Questionnaire Included

Today's Date:	Inflation Rate: % (Default is 3.00%)
<b>CLIENT</b>	
First Name:	Last Name:
Date of Birth:	Retirement Age or Date:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Tax Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household
Home Address:	E-mail Address:
Employer:	Occupation/Title:
Work Address:	Work Phone: Years with Employer:

<b>CO-CLIENT</b>	
First Name:	Last Name:
Date of Birth:	Retirement Age or Date:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Tax Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household
Home Address:	E-mail Address:
Employer:	Occupation/Title:
Work Address:	Work Phone: Years with Employer:

<b>MONEY MANAGEMENT ATTITUDES</b>	
My biggest financial worry is:	
My greatest financial success is:	
I am able to commit \$ per month toward my financial goals or reducing my debt.	

## DEPENDENTS AND HEIRS

CHILDREN			
Name	Date of Birth (MM/DD/YYYY)	Sex	Dependent of? (Both/Client/Co-Client)
		M   F <input type="checkbox"/> <input type="checkbox"/>	
		M   F <input type="checkbox"/> <input type="checkbox"/>	
		M   F <input type="checkbox"/> <input type="checkbox"/>	
		M   F <input type="checkbox"/> <input type="checkbox"/>	

OTHER DEPENDENTS AND GRANDCHILDREN				
Name	Date of Birth (MM/DD/YYYY)	Sex	Relationship	Dependent of? (Both/Client/Co-Client)
		M   F <input type="checkbox"/> <input type="checkbox"/>		
		M   F <input type="checkbox"/> <input type="checkbox"/>		
		M   F <input type="checkbox"/> <input type="checkbox"/>		
		M   F <input type="checkbox"/> <input type="checkbox"/>		

BENEFICIARIES IN ADDITION TO ABOVE			
Name	Beneficiary Type (Check)	Name	Beneficiary Type (Check)
	Heir   Charity   Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Heir   Charity   Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Heir   Charity   Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Heir   Charity   Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Heir   Charity   Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Heir   Charity   Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Heir   Charity   Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Heir   Charity   Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## FINANCIAL ATTITUDES

How many months of expenses do you think you should keep in savings for emergencies?	
If you inherited \$25,000 today, where would you put the money?	
Why?	
<b>PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING "YES" OR "NO:"</b>	
Do you consider yourself to be a good money manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to be a conservative investor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to be financially prepared for tomorrow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to be a risk taker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to be financially successful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to be able to recover from financial losses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to be in control of your financial affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to be happy with your accumulation of assets, relative to the income you've earned over the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect any inheritances, legal settlements or gifts that may affect your financial plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please explain and provide anticipated dollar amounts:	
Are you aware of upcoming changes in your life (lifestyle) which will directly affect your present financial situation (e.g., early retirement, divorce, child support)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please explain:	
Do either of you have any current health problems that may cause you to retire earlier than you wish?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

*The following questions aid us in defining your financial and investment objectives. Your responses will be used to help formulate any recommended plan of action.*

HOW IMPORTANT TO YOU ARE THE FOLLOWING INVESTMENT OBJECTIVES? PLEASE RANK THEM FROM 1 TO 5 IN ORDER OF IMPORTANCE (1=MOST IMPORTANT, 5 = LEAST IMPORTANT):	
	Increase current income
	Diversify existing portfolio (i.e., spread risks among investments)
	Have cash available for emergencies or investment opportunities (i.e., liquidity)
	Accumulate funds that will keep pace with inflation
	Minimize the time I have to spend managing my investments

## ASSETS

	Personal Residence	Second Residence	Future Residence	Rental Property
<b>Owner</b> <i>(Joint / Client / Co-Client)</i>				
<b>Community Property?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Purchase Date</b>				
<b>Purchase Price</b>	\$	\$	\$ <i>(today's dollars)</i>	\$
<b>Current Value</b>	\$	\$		\$
<b>Current Value as of Date</b>				
<b>Future Sale Date</b>				
<b>Future Purchase Deposit</b>			\$ <i>(today's dollars)</i>	
<b>Annual Property Taxes</b>	\$	\$	\$ <i>(today's dollars)</i>	
<b>Property Tax Increase</b> <i>(Inflation or Other Percent)</i>	%	%	%	
<b>Monthly Net Rental Income</b>				\$
<b>Annual Increase in Net Rental Income</b>				%

Description	Owner (Joint / Client / Co-Client)	Purchase Details	Current Value
<b>Business*</b>	<input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp	Cost: \$ Date:	Value \$ As of
<b>Business*</b>	<input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp	Cost: \$ Date:	Value \$ As of
<b>Client's Vehicle</b>		Cost: \$ Date:	Value \$ As of
<b>Co-Client's Vehicle</b>		Cost: \$ Date:	Value \$ As of
<b>Jewelry</b>		Cost: \$ Date:	Value \$ As of
<b>Electronics/Computers</b>		Cost: \$ Date:	Value \$ As of
<b>Other Personal Assets</b>		Cost: \$ Date:	Value \$ As of

\*please complete the business planning section

## ASSETS

Enter additional rental or non-income producing properties owned.

	Rental or Non-Income Producing Property	Rental or Non-Income Producing Property	Rental or Non-Income Producing Property	Rental or Non-Income Producing Property
<b>Owner</b> <i>(Joint / Client / Co-Client)</i>				
<b>Community Property?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Purchase Date</b>				
<b>Purchase Price</b>	\$	\$	\$	\$
<b>Current Value</b>	\$	\$	\$	\$
<b>As of Date</b>				
<b>Future Sale Date</b>				
<b>Annual Property Taxes</b>	\$	\$	\$	\$
<b>Property Tax Increase</b> <i>(Inflation or Other Percent)</i>	%	%	%	%
<b>Monthly Net Rental Income</b>	\$	\$	\$	\$
<b>Annual Increase in Net Rental Income</b>	%	%	%	%

## LIABILITIES

	Whose? <i>(It / Client / Co-Client)</i>	Payment	Extra Payment	Freq <i>(Annual / Monthly)</i>	Balance & As of Date	Int Rate	Int Only?
Residence Mortgage		\$	\$		Bal: \$ As of:	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Equity Line/Loan		\$	\$		Bal: \$ As of:	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2nd Residence Mortgage		\$	\$		Bal: \$ As of:	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client's Car Loan		\$	\$		Bal: \$ As of:	%	
Co-Client's Car Loan		\$	\$		Bal: \$ As of:	%	
Credit Card #1		\$	\$		Bal: \$ As of:	%	
Credit Card #2		\$	\$		Bal: \$ As of:	%	
Credit Card #3		\$	\$		Bal: \$ As of:	%	
Personal Loan		\$	\$		Bal: \$ As of:	%	
Other Debt		\$	\$		Bal: \$ As of:	%	
		\$	\$		Bal: \$ As of:	%	
		\$	\$		Bal: \$ As of:	%	
		\$	\$		Bal: \$ As of:	%	

## ACCOUNTS

	Acct #1	Acct #2	Acct #3	Acct #4	Acct #5	Acct #6
<b>Description</b>						
<b>Owner</b> (Joint / Client / Co-Client / Child)						
<b>Type*</b> (see choices below)						
<b>Community Property?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Market Value</b>	\$	\$	\$	\$	\$	\$
<b>As of Date</b>						
<b>Cost Basis</b>	\$	\$	\$	\$	\$	\$
<b>Pre-Tax Savings</b> (Dollar amount or % salary)						
<b>Post-Tax Savings</b> (Dollar amount or % salary)						
<b>Employer Contributions</b> (Dollar amount or % salary)						
<b>Savings Frequency</b> (Annual / Quarterly / Monthly)						
<b>Savings Start Date</b> (Age, Date or Event)						
<b>Savings End Date</b> (Age, Date or Event)						
<b>Annual Savings Increase</b>	%	%	%	%	%	%
<b>Primary Beneficiary</b> (Spouse / Child / Other)						
<b>Intended Use</b> (How do you intend to use this money? Enter Emergency Fund, Retirement, Education Goals, Major Purchase Goals, or Not Designated. You may enter multiple goals.)						

\*Enter Account Type from the choices below:

1 - Non-Qualified	5 - IRA	9 - 401(k)	13 - 457
2 - 529 Plan	6 - IRA – Spousal	10 - Roth 401(k)	14 - Other Employer Paid
3 - SARSEP	7 - Roth IRA	11 - 403(b)	15 - Other Self-Employed
4 - KEOGH	8 - Roth IRA – Spousal	12 - Roth 403(b)	16 - Other Salary Deferral

# ASSET ALLOCATION DETAILS FOR ACCOUNTS

For each account please complete the ticker symbol and number of shares/units OR the asset class breakdown.

Account Name	Ticker Symbol	Number of Shares / Units	Asset Class Breakdown	
			Cash / Stable Value	%
			Intermediate Term Bond	%
			High Yield Bond	%
			Foreign Bond	%
			Large Cap Value	%
			Large Cap Growth	%
			Mid Cap Value	%
			Mid Cap Growth	%
			Small Cap Value	%
			Small Cap Growth	%
			Real Estate Investment Trusts	%
			International	%
			Total	100%
Account Name	Ticker Symbol	Number of Shares / Units	Asset Class Breakdown	
			Cash / Stable Value	%
			Intermediate Term Bond	%
			High Yield Bond	%
			Foreign Bond	%
			Large Cap Value	%
			Large Cap Growth	%
			Mid Cap Value	%
			Mid Cap Growth	%
			Small Cap Value	%
			Small Cap Growth	%
			Real Estate Investment Trusts	%
			International	%
			Total	100%
Account Name	Ticker Symbol	Number of Shares / Units	Asset Class Breakdown	
			Cash / Stable Value	%
			Intermediate Term Bond	%
			High Yield Bond	%
			Foreign Bond	%
			Large Cap Value	%
			Large Cap Growth	%
			Mid Cap Value	%
			Mid Cap Growth	%
			Small Cap Value	%
			Small Cap Growth	%
			Real Estate Investment Trusts	%
			International	%
			Total	100%

For each account please complete the ticker symbol and number of shares/units OR the asset class breakdown.

Account Name	Ticker Symbol	Number of Shares / Units	Asset Class Breakdown	
			Cash / Stable Value	%
			Intermediate Term Bond	%
			High Yield Bond	%
			Foreign Bond	%
			Large Cap Value	%
			Large Cap Growth	%
			Mid Cap Value	%
			Mid Cap Growth	%
			Small Cap Value	%
			Small Cap Growth	%
			Real Estate Investment Trusts	%
			International	%
			Total	100%
			Account Name	Ticker Symbol
			Cash / Stable Value	%
			Intermediate Term Bond	%
			High Yield Bond	%
			Foreign Bond	%
			Large Cap Value	%
			Large Cap Growth	%
			Mid Cap Value	%
			Mid Cap Growth	%
			Small Cap Value	%
			Small Cap Growth	%
			Real Estate Investment Trusts	%
			International	%
			Total	100%
			Account Name	Ticker Symbol
			Cash / Stable Value	%
			Intermediate Term Bond	%
			High Yield Bond	%
			Foreign Bond	%
			Large Cap Value	%
			Large Cap Growth	%
			Mid Cap Value	%
			Mid Cap Growth	%
			Small Cap Value	%
			Small Cap Growth	%
			Real Estate Investment Trusts	%
			International	%
			Total	100%

## ANNUITIES

	Acct #1	Acct #2	Acct #3	Acct #4
<b>Description</b>				
<b>Type*</b>				
<b>Owner</b> <i>(Joint / Client / Co-Client / Child)</i>				
<b>Annuitant</b> <i>(Joint / Client / Co-Client)</i>				
<b>Market Value</b>	\$	\$	\$	\$
<b>As of Date</b>				
<b>Cost Basis</b>	\$	\$	\$	\$
<b>Pre-Tax Savings</b> <i>(Dollar amount or % salary)</i>				
<b>Post-Tax Savings</b> <i>(Dollar amount or % salary)</i>				
<b>Employer Contributions</b> <i>(Dollar amount or % salary)</i>				
<b>Savings Frequency</b> <i>(Annual / Quarterly / Monthly)</i>				
<b>Savings Start Date</b> <i>(Age, Date or Event)</i>				
<b>Savings End Date</b> <i>(Enter Age, Date or Event)</i>				
<b>Annual Savings Increase</b>	%	%	%	%
<b>Primary Beneficiary</b> <i>(Spouse / Child / Other)</i>				
<b>Contingent Beneficiary</b> <i>(Spouse / Child / Estate / Other)</i>				
<b>Annuitization Type</b> <i>(Amount or Term Certain, Life Income, GWB, As Needed)</i>				
<b>Annuity Start Date</b>				
<b>Annuity Payment and Frequency</b> <i>(Annual, Quarterly or Monthly)</i>				

\*Enter Account Type from the choices below:

1 - Non-Qualified	5 - IRA	9 - 401(k)	13 - 457
	6 - IRA – Spousal	10 - Roth 401(k)	14 - Other Employer Paid
3 - SARSEP	7 - Roth IRA	11 - 403(b)	15 - Other Self-Employed
4 - KEOGH	8 - Roth IRA – Spousal	12 - Roth 403(b)	16 - Other Salary Deferral

## ASSET ALLOCATION DETAILS FOR ANNUITIES

For each variable annuity please complete the ticker symbol and number of shares/units OR the asset class breakdown.

Account Name	Number of Shares / Units	Asset Class Breakdown	
		Cash / Stable Value	%
		Intermediate Term Bond	%
		High Yield Bond	%
		Foreign Bond	%
		Large Cap Value	%
		Large Cap Growth	%
		Mid Cap Value	%
		Mid Cap Growth	%
		Small Cap Value	%
		Small Cap Growth	%
		Real Estate Investment Trusts	%
		International	%
		Total	100%
		Cash / Stable Value	%
		Intermediate Term Bond	%
		High Yield Bond	%
		Foreign Bond	%
		Large Cap Value	%
		Large Cap Growth	%
		Mid Cap Value	%
		Mid Cap Growth	%
		Small Cap Value	%
		Small Cap Growth	%
		Real Estate Investment Trusts	%
		International	%
		Total	100%
		Cash / Stable Value	%
		Intermediate Term Bond	%
		High Yield Bond	%
		Foreign Bond	%
		Large Cap Value	%
		Large Cap Growth	%
		Mid Cap Value	%
		Mid Cap Growth	%
		Small Cap Value	%
		Small Cap Growth	%
		Real Estate Investment Trusts	%
		International	%
		Total	100%

# STOCK OPTIONS / RESTRICTED STOCK

Complete if clients have incentive or non-qualified stock options, or restricted stock.

Non-Qualified (NSO) or Incentive Stock Options (ISO)

Description	Company	Owner	NSO or ISO	Grant Date	Granted Options	Strike Price	Start of Year Unit Price
		<input type="checkbox"/> Client <input type="checkbox"/> Co-Client					
		<input type="checkbox"/> Client <input type="checkbox"/> Co-Client					
		<input type="checkbox"/> Client <input type="checkbox"/> Co-Client					
		<input type="checkbox"/> Client <input type="checkbox"/> Co-Client					
		<input type="checkbox"/> Client <input type="checkbox"/> Co-Client					

Restricted Stock

Description	Company	Owner	Award Date	# of Shares	Awarded at Price of	Start of Year Unit Price
		<input type="checkbox"/> Client <input type="checkbox"/> Co-Client				
		<input type="checkbox"/> Client <input type="checkbox"/> Co-Client				
		<input type="checkbox"/> Client <input type="checkbox"/> Co-Client				
		<input type="checkbox"/> Client <input type="checkbox"/> Co-Client				
		<input type="checkbox"/> Client <input type="checkbox"/> Co-Client				

## INCOME

Income Type*	Whose? (Client, Co-Client, Joint)	Amount	Frequency (Annual, Monthly, Once)	Start (Date, Age, or Event)	End (Date, Age, or Event)	Annual Increase
Salary	Client	\$				%
Salary	Co-Client	\$				%
Bonus	Client	\$				%
Bonus	Co-Client	\$				%
Self-Employment	Client	\$				%
Self-Employment	Co-Client	\$				%
Other Income, e.g., K-1	Client	\$				%
Other Income, e.g., K-1	Co-Client	\$				%
		\$				%
		\$				%
		\$				%
		\$				%
		\$				%

\*Include Income Types from these choices:

F = Tax-Free Income	R = Royalty Income	A = Alimony	I = Inheritance
TL = Taxable Life Insurance	FL = Tax-Free Life Insurance	O = Other Taxable	C = Child Support

## INCOME (CONT'D)

SOCIAL SECURITY BENEFITS		
	Client	Co-Client
Eligible for Social Security Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligible for Social Security Spousal Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Include in Retirement Analysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently receiving Social Security Benefits? <i>(Check which to include in the analysis)</i>	<input type="checkbox"/> No <input type="checkbox"/> Retirement <input type="checkbox"/> Disability	<input type="checkbox"/> No <input type="checkbox"/> Retirement <input type="checkbox"/> Disability
Monthly Retirement Benefit <i>(From Statement or amount currently receiving)</i>	\$	\$
Start Date <i>(Date, Age or Event)</i>		
Annual Increase <i>(Inflation or Other %)</i>	%	%
Monthly Disability Benefit <i>(From Statement or amount currently receiving)</i>	\$	\$
Monthly Social Security Survivor Benefits <i>(From Statement or amount currently receiving)</i>	\$	\$

PENSION BENEFITS						
Pension Income	Monthly Amount or Percent of Salary	% of Which Salary?	Start <i>(Age, Date or Event)</i>	Survivor Percent**	Annl Incr	Lump Sum?
Client	\$                      or                      %	\$		%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client	\$                      or                      %	\$		%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Client	\$                      or                      %	\$		%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Client	\$                      or                      %	\$		%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*\*Complete if Joint-and-Survivor option should be assumed in the Current Plan.

## EXPENSES

HOUSEHOLD EXPENSES							
Description	Owner (Client, Co-Client, Joint)	Amount	Frequency (Annual, Monthly, One-Time)	Start (Age, Date or Event)	End (Age, Date or Event)	Whose Age?	Annual Increase
Rent		\$					%
Cable/Satellite Service		\$					%
Phone		\$					%
Alarm Monitoring Fee		\$					%
Trash		\$					%
Water		\$					%
Sewer		\$					%
Gas		\$					%
Electric		\$					%
Exterminator/Termite Contract		\$					%
Maintenance or Repairs		\$					%
Cleaning		\$					%
Association Fees		\$					%
Private Mortgage Ins (PMI)		\$					%
Internet		\$					%
Other		\$					%

HEALTH, AUTOMOBILE AND HOMEOWNERS' INSURANCE PREMIUMS							
Description	Owner	Amount	Frequency	Start	End	Whose Age?	Annual Increase
Health Insurance		\$					%
Dental Insurance		\$					%
Umbrella Insurance		\$					%
Automobile Insurance		\$					%
Homeowners'/Renter's Insurance		\$					%

## EXPENSES (CONT'D)

TRANSPORTATION EXPENSES							
Description	Owner	Amount	Frequency	Start	End	Whose Age?	Annual Increase
Gas and Oil		\$					%
Parking		\$					%
Tolls		\$					%
Car Lease Payment		\$					%
Public Transportation		\$					%
Registration Fee		\$					%
License Fee		\$					%
Maintenance		\$					%
Repairs		\$					%

DISCRETIONARY EXPENSES							
Description	Owner	Amount	Frequency	Start	End	Whose Age?	Annual Increase
Gifts		\$					%
Charitable Gifts		\$					%
Theatre, Entertainment		\$					%
Hobby/Craft Expenses		\$					%
Meals, Dining Out		\$					%
Misc. Spending Money		\$					%
Electronics		\$					%
Vacations, Plane Fare		\$					%
Books, Magazines, etc.		\$					%
Tobacco Products		\$					%
Other Discretionary Expense		\$					%

## EXPENSES (CONT'D)

FOOD AND CLOTHING EXPENSES							
	Owner	Amount	Frequency	Start	End	Whose Age?	Annual Increase
Groceries		\$					%
Lunches		\$					%
Clothing/Shoes		\$					%
Laundry/Dry Cleaning		\$					%

OTHER BASIC EXPENSES							
	Owner	Amount	Frequency	Start	End	Whose Age?	Annual Increase
Cellular Phone		\$					%
Non-Reimbursed Dental Expenses		\$					%
Non-Reimbursed Medical Expenses		\$					%
Non-Reimbursed Vision Expenses		\$					%
Non-Reimbursed Prescriptions		\$					%
Bank Charges		\$					%
Alimony/Child Support		\$					%
Child/Dependent Care, Camp		\$					%
Safe Deposit Box Fee		\$					%
Children's Allowance		\$					%
Education		\$					%
Hair Care/Toiletries		\$					%
Non-Reimbursed Business Expenses		\$					%
Organization Dues/Prof Svcs		\$					%
Postage		\$					%
Pet Care/Boarding		\$					%

## LIFE INSURANCE POLICIES

	Policy #1	Policy #2	Policy #3	Policy #4	Policy #5
<b>Policy Name or Description</b>					
<b>Policy Type*</b> (Term, Group, Whole Life, Variable Life, Variable Universal Life, Universal Life)					
<b>Insured</b> (Client / Co-Client / 1st to Die / 2nd to Die / Other)					
<b>Beneficiary</b> (Client / Co-Client / Child (specify) / Other)					
<b>Policy Owner</b> (Client / Co-Client / Joint / Other)					
<b>Policy Inception Date</b>					
<b>Community Property?</b> (Yes, No, or Don't Know)					
<b>Death Benefit</b>					
<b>Cash Value</b>					
<b>Coverage Ends At...</b> (Age, Date or Event)					
<b>Premium Amount</b>					
<b>Premium Frequency</b> (Annual or Monthly)					
<b>Premium Payer</b> (Client / Co-Client / Joint / Other)					
<b>Premiums End At...</b> (Age, Date or Event)					
<b>Disability Waiver of Premium?</b> (Yes or No)					

\*Policy Types include:

Whole Life	Universal Life	Variable Life	Variable Universal Life	Other (specify)
Term 1	Term 5	Term 10	Term 20	

## DISABILITY INSURANCE POLICIES

	Policy #1	Policy #2	Policy #3	Policy #4	Policy #5
<b>Policy Name or Description</b>					
<b>Policy Type*</b> (Group Short or Long Term, or Individual)					
<b>Insured</b> (Client / Co-Client)					
<b>Policy Owner</b> (Client / Co-Client)					
<b>Benefit Amount</b> (Enter Dollar Amount or Percent of Salary)	\$ or %	\$ or %	\$ or %	\$ or %	\$ or %
<b>Benefit Payment Frequency</b> (Monthly or Annual)					
<b>Benefit Taxable?</b> (Yes or No. Leave Blank if Unknown)					
<b>Benefit Indexed?</b> (Enter Percent if "Yes", 0% if "No")	%	%	%	%	%
<b>Waiting Period</b> (Specify Days, Weeks, Months, Years)					
<b>Benefit Period</b> (Specify Days, Weeks, Months, Years, Age)					
<b>Offset by Social Security</b> (Yes or No)					
<b>Premium Payer</b> (Client / Co-Client / Other)					
<b>Premium Amount</b>	\$	\$	\$	\$	\$
<b>Premium Frequency</b> (Monthly or Annual)					
<b>Premiums Cease At</b> (Age, Date or Event)					
<b>Annual Premium Increase</b>	%	%	%	%	%

## LONG TERM CARE INSURANCE POLICIES

	Policy #1	Policy #2	Policy #3	Policy #4
<b>Policy Name or Description</b>				
<b>Insured</b> (Client / Co-Client / 1st to Die / 2nd to Die / Other)				
<b>Policy Effective Date</b>				
<b>Daily Benefit Amount</b> (Enter Daily Benefit Amount)	\$	\$	\$	\$
<b>Benefit Indexed Before LTC Event</b> (Enter Percent if "Yes", 0% if "No")	%	%	%	%
<b>Benefit Indexed After LTC Event</b> (Enter Percent if "Yes", 0% if "No")	%	%	%	%
<b>Waiting Period</b> (Days, Weeks, Months or Years)				
<b>Benefit Period</b> (Days, Weeks, Months or Years)				
<b>Premium Amount</b>	\$	\$	\$	\$
<b>Premium Frequency</b> (Monthly or Annual)				
<b>Annual Premium Increase</b>	%	%	%	%
<b>Premium Frequency</b>				
<b>Premium Payer</b> (Client / Co-Client / Other)				
<b>Premiums Cease At</b> (Age, Date or Event)				

## RETIREMENT GOAL

OVERALL PRIORITIES	
Rank these goals in order of importance (1 = most important, 7 = least important):	
	Retire comfortably
	Provide for my (our) children's education
	Achieve other specific goals (name them):
	Provide for survivors in the event of my (our) death(s)
	Protect my (our) resources in the event of a disability
	Obtain the greatest return on investments given my (our) risk profile
	Structure my (our) estate to minimize estate taxes and provide for my (our) heirs

RETIREMENT OBJECTIVE					
<i>(Retirement expenses will be based on current expenses unless you specify a percent of current expenses to target or you specify a specific objective below. You may specify additional incomes and expenses in addition, regardless of which method you use.)</i>					
Percent of Current Expenses (Specify 100% or Other Percent)			Or Specify an Objective Below		
	Amount	Frequency (Monthly or Annual)	Start (Age, Date or Event)	End (Age, Date, First or Last Death)	Whose? (Joint, Client, Co-Client)
Retirement Objective (After Tax)	\$				
Retirement Objective (After Tax)	\$				

ADDITIONAL RETIREMENT INCOMES AND EXPENSES						
(You may specify additional incomes and expenses regardless of which method you chose above.)						
	Description	Amount	Frequency (Monthly or Annual)	Start (Age, Date, or or Event)	End (Age, Date, First or Last Death)	Whose? (Joint, Client, Co-Client)
Additional Income (Describe)		\$				
Additional Income (Describe)		\$				
Additional Income (Describe)		\$				
Additional Income (Describe)		\$				

## EDUCATION, MAJOR PURCHASE AND EMERGENCY FUND GOALS

EDUCATION GOALS					
	Goal #1	Goal #2	Goal #3	Goal #4	Goal #5
<b>Description</b> <i>(School, State)</i>					
<b>Name</b> <i>(Client / Co-Client / Dependent)</i>					
<b>Start Date</b> <i>(Age or Date)</i>					
<b>Annual Increase</b> <i>(Inflation or Other %)</i>	%	%	%	%	%
<b>Years of school:</b>					
<b>Projected Cost:</b>	\$	\$	\$	\$	\$
<b>Number of Years</b>					

MAJOR PURCHASE GOALS <i>(Enter Major Purchase Goals such as Automobile Purchases, etc.)</i>					
	Goal #1	Goal #2	Goal #3	Goal #4	Goal #5
<b>Goal Description</b>					
<b>Name</b> <i>(Client / Co-Client / Joint)</i>					
<b>Target Date</b>					
<b>Cost of Goal</b>	%	%	%	%	%
<b>Annual Increase</b> <i>(Inflation or Other %)</i>					

EMERGENCY FUND OBJECTIVE			
<b>Number of Months of Expenses</b>		<b>- OR - Specific Amount</b>	

## CURRENT ESTATE PLANNING SITUATION AND ESTATE PLANNING OBJECTIVES

ESTATE ASSUMPTIONS		
	Client	Co-Client
Life Expectancy (for estate analysis only)	10 years out or	15 years out or
Probate Fees	1% or    % or \$	1% or    % or \$
Administration Fees	1% or    % or \$	1% or    % or \$
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Will (e.g., Simple, Pour Over)		
ADMINISTRATION		
Attorney Name		
Guardian for Minor Children	Name	Name
Estate Administrator	Co-Client or	Co-Client or
Trust Administrator		
GENERAL		
Current Trustee or Beneficiary of any Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revocable Living Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will / Health Care Proxy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Property Ownership in Another State	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owns a business*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Please also complete the business planning section		
Employment Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Trust provisions in the Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PreNuptial Agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-Nuptial Agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLANNING CONSIDERATIONS		
	Client	Co-Client
Plan for Children from a Previous Marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plan for Family with Special Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plan Gifts or Bequests to heirs	<input type="checkbox"/> Yes <input type="checkbox"/> No Target \$	<input type="checkbox"/> Yes <input type="checkbox"/> No Target \$
Plan Gifts to Grandchildren	<input type="checkbox"/> Yes <input type="checkbox"/> No Target \$	<input type="checkbox"/> Yes <input type="checkbox"/> No Target \$

GIFTING GROWTH & HISTORY		
Prior Taxable Gifts	Date Amount \$	Date Amount \$

ESTATE EXPENSES		
	Client's Death	Co-Client's Death
Burial Expenses	\$10,000 or	\$10,000 or
Other Final Expenses		

FUNDED TRUSTS		
Funded Credit Shelter Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funded ILIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funded QTIP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funded Marital	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		

## BUSINESS PLANNING

Types are Sole Proprietorship (SP), LLC, Partnership(P), S Corporation (S), C Corporation (C)

Name	Type	Owner	Market Value	Growth Rate
		<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint		
		<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint		

Owners

Owner	% Owned	Relationship to Client / Co-Client
	%	
	%	
	%	

### BUY-SELL AGREEMENTS

Is there a buy-sell agreement in place?

If yes, how is the buy-sell agreement funded?

If yes, please describe what happens to the business at retirement, death or disability.

If no, please describe what you would prefer happen to the business at retirement, death or disability.

### RETIREMENT

What percentage of the business value (value at retirement) should be used to fund retirement? \_\_\_\_\_%

### NOTES

Include any additional information about the business and list any key employees.

# REQUESTED DOCUMENTS CHECKLIST

Clients: \_\_\_\_\_ Planner: \_\_\_\_\_

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

The documents listed below will be needed in order to help me to complete my fact gathering. While you may not have every document listed, the task is easiest if you assemble those that you do have before we start to work. Please gather these documents and bring them with you to the initial interview.

## Investment Statements

- ☐ Stocks
- ☐ Bonds
- ☐ Mutual Funds
- ☐ Real Estate
- ☐ Limited Partnerships
- ☐ Dividend/Interest Statements
- ☐ Other \_\_\_\_\_

## Insurance Policies

- ☐ Life
- ☐ Disability Income
- ☐ Medical & Hospitalization
- ☐ Automobile & Homeowners
- ☐ Annuities
- ☐ Umbrella
- ☐ Long-Term Care
- ☐ Other \_\_\_\_\_

## Employee Benefits

- ☐ Most Recent Social Security Benefit Statement
- ☐ Pension/Profit-Sharing
- ☐ Employee Stock Ownership
- ☐ Insurance Benefits
- ☐ Employee Benefit Book
- ☐ Other \_\_\_\_\_

## Retirement Plans

- ☐ RA, Keogh
- ☐ 401(k)
- ☐ Social Security Statement
- ☐ Company Plans
- ☐ Annual Benefits Statement
- ☐ Other \_\_\_\_\_

## Income Tax Return

- ☐ Last Year:
- ☐ Two Years Ago:
- ☐ Three Years Ago:
- ☐ Other \_\_\_\_\_

## Expenses

- ☐ Checkbook & Cash Receipts
- ☐ Credit Card Statements
- ☐ Mortgage Records
- ☐ Auto Loans
- ☐ Personal/Family Budget
- ☐ Other \_\_\_\_\_

## Estate Items

- ☐ Wills/Codicils
- ☐ Trust Agreements
- ☐ Trust Tax Return
- ☐ Gift/Estate Tax Return
- ☐ Power of Attorney Agreements
- ☐ Other \_\_\_\_\_

## Miscellaneous Documents

- ☐ Divorce Settlements or Decrees
- ☐ Including Alimony & Child Support
- ☐ Prenuptial Agreements
- ☐ Appraisals of Personal Property
- ☐ Notes Payable
- ☐ Notes Receivable
- ☐ Purchase/Sale/Lease
- ☐ Pay Stubs
- ☐ Advisors
- ☐ Location of Documents
- ☐ Other \_\_\_\_\_

## Business Documents

- ☐ Valuations
- ☐ Buy-Sell Agreement & Tax Return
- ☐ Partnership Agreement & Tax Return
- ☐ Employment Agreement
- ☐ Deferred Comp. Agreement
- ☐ Financial Statements
- ☐ Incorporation Papers
- ☐ By Laws
- ☐ Corporate Tax Returns
- ☐ (S-Corp, C-Corp, LLC)
- ☐ Other \_\_\_\_\_

# Asset Allocation Questionnaire

The following questions will enable you to determine your time horizon and risk tolerance levels so that you can select a model asset allocation strategy. Please answer all of the questions and remember these are only suggested allocations; the final decision is up to you.

## Time Horizon Questions

1. **What is your current age? For couples, please use the average age of your two ages.**
  - ☐ a. Over 70
  - ☐ b. 60 – 70
  - ☐ c. 46 – 59
  - ☐ d. 45 and below
2. **When would you anticipate taking significant cash distributions from your account ?**
  - ☐ a. Less than 2 years
  - ☐ b. 2 – 5 years
  - ☐ c. 6 – 9 years
  - ☐ d. 10 – 15 years
  - ☐ e. More than 15 years, or I do not anticipate taking cash distributions

## Risk Tolerance Questions

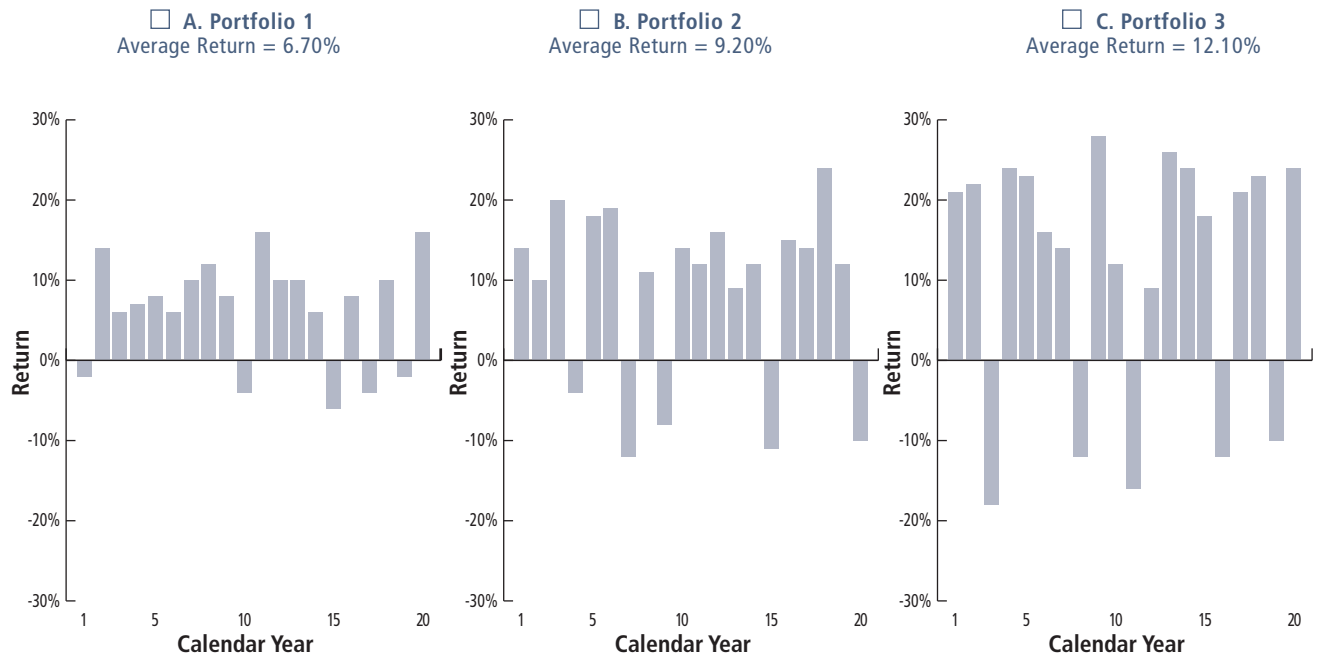
3. **Your risk tolerance describes your willingness to accept fluctuations in your account value in order to achieve the long-term financial objective. Which statement best describes your tolerance for risk?**
  - ☐ a. Avoiding loss in my account value is more important to me than experiencing long-term growth
  - ☐ b. I desire long-term growth of my account value, but I am more concerned with avoiding losses
  - ☐ c. I am concerned with avoiding losses, but this is outweighed by my desire to achieve long-term growth in my account value
  - ☐ d. To maximize the chance of experiencing high long-term growth of my account value, I am willing to accept losses



4. While riskier than bond investments, equity investments offer the potential of higher long-term investment returns. What is your feeling about investing a portion of your money in equity investments?

- ☐ a. I am concerned that equity investments are too risky and would prefer a higher allocation to bonds
- ☐ b. I understand there is additional risk with equity investments and would consider a more balanced allocation to equities and fixed income
- ☐ c. I understand there may be some additional risks in equity investing, but the opportunity to achieve long-term growth in my account value with a higher allocation to equities is worth serious consideration
- ☐ d. I understand the risks, but recognize there are growth opportunities in equity markets and would like to maximize those opportunities

5. Given the portfolio risk/return patterns described in the following graphs, in which portfolio would you choose to invest?



6. Given the volatility of the capital markets, your investment value will fluctuate over time. The three choices below show potential investment value ranges after a three year investment period. If you were to invest \$50,000, which portfolio would you select?

- ☐ a. investment value range of \$48,000 - \$53,000
- ☐ b. investment value range of \$45,000 - \$58,000
- ☐ c. investment value range of \$40,000 - \$65,000

7. It is important to consider the investment of your account in relation to your other financial assets. Your investment experience can help determine your attitude toward investments you purchase. Most of my other assets are invested in:

- ☐ a. I don't know how my savings are invested
- ☐ b. My pension plan and social security only
- ☐ c. CDs, savings accounts, and other FDIC-insured accounts
- ☐ d. A mix of stocks and bonds, including stock and bond mutual funds
- ☐ e. Stocks or equity mutual funds

8. Describe your experience and comfort level in making investment decisions:

- ☐ a. I am uncomfortable selecting from the available investments and the risks associated with equity investing
- ☐ b. I am reasonably comfortable, but concerned with high investment value fluctuation
- ☐ c. I am very comfortable with making investment decisions and the risks associated with equity investing

NOTES

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