

Personal & Family Information

Client

Name (First/Last)			
Date of Birth:		Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/> Other: <input type="checkbox"/>
Marital Status: <small>(single, married, separated, divorced, domestic partnership, widow, widower)</small>		Previous Marriages?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Citizenship: <small>(U.S. Citizen, Resident Alien, Non-Resident Alien)</small>		Special Needs?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tax ID Number or SSN:		In Good Health?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tax Filing Type: <small>(Form 1040, Single, Married, Separate, Widower, Head of Household)</small>			
Tax Exemptions (#):		Tax Rate:	
Capital Loss Carry Forwards:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Amount:	
Historical Account Growth Rate:		Are you a financial professional	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Spouse/RDP

Name (First/Last)			
Date of Birth:		Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/> Other: <input type="checkbox"/>
Citizenship: <small>(U.S. Citizen, Resident Alien, Non-Resident Alien)</small>		Previous Marriages?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
In Good Health?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Special Needs?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Filing Separate	Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Tax ID Number or SSN:			
Tax Exemptions (#):		Tax Rate:	
Capital Loss Carry Forwards:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Amount:	
Historical Account Growth Rate:			

Contact Info

Address:			
City:		State:	
Zip:			
Primary Phone:			
Secondary Phone:			
Spouse one:			
Emergency Contact Name & Phone:			
E-mail:			
Spouse E-mail:			

Employment – Client

Employer Name			
Employer Address:			
City:		State:	
Zip:			
Work Phone:			
Work Fax:			
Work Email Address:			
Title/Position:		Annual Income:	
Years Employed:			
Previous Employer:			

Property

Real Estate

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Address 1:				
Address 2:				
City:				
State:				
Zip:				
Property Type: <i>(Residence, Non-Residence)</i>				
Purchase Year:				
Purchase Amount:				
Current Value:				
Home Value:				
Tax Basis:				
Pre-Retire Gross Growth:				
Post-Retire Gross Growth:				
Owner: <i>(Client, Spouse, Joint, etc.)</i>				
Discount Percent:				

Mortgages

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Mortgage Name:				
Institution Name:				
Institution Website Address:				
Loan Type <i>(Mortgage, Home Equity Loan):</i>				
Property Name:				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
as of Date <i>(Current Balance):</i>				
Interest Rate:				
Loan Term (Years):				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually):</i>				
Repayment Type <i>(Principal and Interest, Interest Only):</i>				
Payment:				
Balloon Period (years):				
Is Interest Deductible? <i>(Yes / No)</i>				

Property

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Insured for Life?: <i>(Yes / No)</i>				
Paid off at Death of <i>(Client, Spouse, First to Die)</i> :				

Personal Property

	(1)	(2)	(3)	(4)
Asset Name:				
Current Value:				
Tax Basis:				
Pre-Retire Gross Growth:				
Post-Retire Gross Growth:				
Owner: <i>(Client, Spouse, Joint, etc.)</i>				
Discount Percent:				

Property - Notes:

Investment Accounts

	(1)	(2)	(3)	(4)	(5)
Account type:					
Institution Name:					
Institution Website Address:					
Holdings Value:					
Cash Value:					
Margin Balance:					
Total Value:					
Tax Basis:					
Category: <i>(By Portfolio/Growth Rate, Tax-Free Income, Income Only, Enhanced Income, Growth & Income, Growth, Aggressive)</i>					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
% is Qualified Dividends:					
% is Investment Income subject to Ordinary Income Tax:					
% is Capital Gains (short or long term):					
% is Non-Taxable:					
% Turned over Annually:					
% Distributed Annually – Pre-Retire:					
% Distributed Annually – Post-Retire:					
Beneficiary:					
Contingent Beneficiary:					
Beneficiary at Second Death:					
Exclude from Planning?: (Yes / No)	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"/>
Apply RMD?: (Yes / No)	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"/>
Delay RMD Until Post 73 Retirement? : (Yes / No)	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"/>

Current Accounts

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Asset Type <i>(Cash, CDs, T-Bills, Checking, Savings, Money Market, Cash Management Account)</i>					
Holdings Value:					
Cash Value:					
Margin Balance:					
Total Value:					
Tax Basis:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Is this Asset Tax Free? <i>(Yes / No):</i>	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"/>
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
Under Our Management?: <i>(Yes / No)</i>	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"/>
Exclude from Planning?: <i>(Yes / No)</i>	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"/>

Contributions

General Contribution Taxable Investments

Type: <i>(None, Percent of Salary, Fixed Amount, variable)</i>	
Dollar Amount:	
Frequency:	

Employee Contributions (For 401(k) or 403(b), SEP, or IRA)

Type: <i>(None, Percent of Salary, Fixed Amount, Maximum, Maximum After Matching)</i>	
Percent:	
Dollar Amount:	

Employer Contributions (For 401(k), Money Purchase, 403(b), SEP, or Profit Sharing)

Type: <i>(None, Percent of Salary, Match Percent, Fixed Amount, Maximum)</i>	
Employer Percent Match of Employee Contribution:	
Maximum Employer Contribution Percent of Employee Salary:	
Amount:	

Roth Post-Tax Contributions

Type: <i>(None, Percent of Salary, Fixed Amount, Maximum After Matching)</i>	
Percent:	
Amount:	

Annuities (Fixed/Variable)

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website:					
Asset Type <i>(Fixed / Variable)</i> :					
Type of Funds <i>(Qualified, NQ, Tax Free)</i> :					
Holdings Value:					
Cash Value:					
Margin Balance:					
Total Value:					
Tax Basis:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
Beneficiary:					
Contingent Beneficiary:					
Beneficiary at Second Death:					
Annuitization Begins <i>(Never, Retirement, at Death, Calendar Year, etc.)</i> :					
Annuitization Type: <i>(Life, Term Certain)</i>					
Based on the Lifetime of <i>(Client, Spouse, Survivorship)</i> :					
Guaranteed Years of Payout:					
Term (years):					
Exclude from Planning?: <i>(Yes / No)</i>	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"/>
Apply RMD?: <i>(Yes / No)</i>	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"/>

Investment - Notes:

Business Interests

	(1)	(2)	(3)
Business Name:			
Base Value:			
Pre-Retire Gross Growth:			
Post-Retire Gross Growth:			
Business Tax Basis:			
Owner: <i>(Client, Spouse, Joint, etc.)</i>			
Business Type <i>(Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp):</i>			
Discount Percent:			
Pass Thru Enabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Cash Flow

Income:			
Income Indexed At <i>(No Growth (0.00%), Inflation (3.25%), Custom):</i>			
Expenses:			
Expenses Indexed At <i>(No Growth (0.00%), Inflation (3.25%), Custom):</i>			
Distribution Type <i>(None, Fixed Amount, Income):</i>			
Distribution Amount:			
Distribution (% of Income):			

Related Questions

Client active in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse active in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
# of Children Active in the Business:			
Future Plans for Business <i>(Retain with Family, Sell to Employees, Sell to 3rd Party, Liquidate, Unsure)</i>			
Relatives active in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shareholder, Partnership or Operating Agreement?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does current agreement permit gifting?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Buy / Sell Agreement among owners?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Buy / Sell Agreement funded with life insurance?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much coverage <i>(if applicable):</i>			

Business Information - Notes:

Life Insurance

	(1)	(2)	(3)	(4)
Policy Name:				
Policy Number:				
Institution Name:				
Institution Website Address:				
Purchase Date:				
Policy Type (<i>Whole Life, VWL, Term, UL, VUL, Group, Other</i>):				
Term Ends at Retirement (<i>Group Life Only</i>) (<i>Yes / No</i>):				
Term (years) (<i>Term Life Only</i>):				
Insured (<i>Client, Spouse, Survivorship, etc.</i>):				
Owner (<i>Client, Spouse, Joint, etc.</i>):				
Beneficiary (<i>Client, Spouse, Survivorship, etc.</i>):				
Contingent Beneficiary:				
Exclude from Planning?: (<i>Yes / No</i>)				
Current Death Benefit:				
Current Cash Value:				
Basis:				
Cash Value Growth Rate:				
Annual Premium:				
Premium Term (<i>Years</i>):				
Premium Payer (<i>Client, Spouse, Joint, etc.</i>):				
Exclusion Amount:				
Proceeds Reinvested at:				
Proceeds Realization Model:				

Long Term Care

Long Term Care Policy	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Institution Name:			
Institution Website Address:			
Purchase Date:			
Insured <i>(Client, Spouse, Joint)</i> :			
Owner <i>(Client, Spouse, Joint, Community)</i> :			
Elimination Period <i>(0, 20, 30, 45, 50, 60, 90, 100, 120, 180 Days, 1 Year)</i> :			

Premium

	(1)	(2)	(3)
Annual Premium:			
Premium Term (Years):			
Premium Payer <i>(Client, Spouse, Joint, Community, Employer Paid)</i> :			

Benefit

	(1)	(2)	(3)
Benefit Amount:			
Period for Benefit Amount <i>(Annually, Quarterly, Monthly, Weekly, Daily)</i> :			
Benefit is Taxable? <i>(Yes / No)</i> :			
Benefit Type <i>(Indemnity / Reimbursement)</i> :			
Benefit Period <i>(2, 3, 4, 5, 6, 7, 10 Years, Lifetime)</i> :			
COLA % <i>(No Growth, Inflation, Custom)</i> :			
COLA Type <i>(Simple, Compound)</i> :			
Simple Cola Base:			
Cola Period (years):			

Disability

Disability Policy

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Institution Name:			
Institution Website Address:			
Policy Type <i>(Group Short Term, Group Long Term, Personal Short Term, Personal Long Term, Other)</i> :			
Purchase Date:			
Insured <i>(Client, Spouse)</i> :			
Owner <i>(Client, Spouse, Joint, Community)</i> :			
Term Ends at Retirement <i>(Yes / No)</i> :			
Elimination Period <i>(0, 7, 14, 30, 60, 90, 180 Days, 1 Year, 2 Years)</i> :			
Own Occupation? <i>(Yes / No)</i> :			

Premium

	(1)	(2)	(3)
Annual Premium:			
Premium Term <i>(Years)</i> :			
Premium Payer <i>(Client, Spouse, Joint, Community, Employer Paid)</i> :			

Benefit

	(1)	(2)	(3)
Benefit Type <i>(Fixed Amount, Percent Of Salary)</i> :			
Benefit Amount:			
Period for Benefit Amount <i>(Annually, Quarterly, Monthly, Weekly, Daily)</i> :			
Benefit Percent:			
Benefit is Taxable? <i>(Yes / No)</i> :			
Maximum Initial Benefit Cap:			
Maximum Annual Benefit:			
Benefit Period <i>(90, 180 Days, # Years, Age, Life)</i> :			
COLA <i>(No Growth, Inflation, Custom)</i> :			
COLA Type <i>(Simple, Compound)</i> :			
Simple Cola Base:			
Reduce by Social Security Disability <i>(Yes / No)</i> :			

Property/Casualty

	(1)	(2)	(3)
Policy Name:			
Institution Name:			
Institution Website Address:			
Policy Type <i>(Auto, Homeowners, Umbrella, Flood, Rental, Condo, Boat, Other)</i> :			
Policy Number:			
Purchase Date:			
Renewal Date:			
Annual Premium:			
Indexed at <i>(No Growth, Inflation, etc.)</i> :			
Premium Term <i>(Years)</i> :			
Insured Asset:			
Owner <i>(Client, Spouse, Joint, Default Charity, etc.)</i> :			

Medical

	(1)	(2)	(3)
Policy Name:			
Institution Name:			
Institution Website Address:			
Group Health Plan Sponsor:			
Policy Number:			
Policy Type <i>(Primary, Other)</i> :			
Purchase Date:			
Plan Type <i>(Individual, Family)</i> :			
Deductible Amount:			
Annual Premium:			
Indexed at <i>(No Growth, Inflation, etc.)</i> :			
Premium Term <i>(Years)</i> :			
Owner <i>(Client, Spouse, Joint, Default Charity, etc.)</i> :			

Insurance – Notes:

Liabilities

Personal Loans

	(1)	(2)	(3)	(4)
Loan Name:				
Institution Name:				
Institution Website Address:				
Loan Type <i>(Auto, Personal, Business, LOC, Student Loan, Credit Card, Debt Consolidation, Other)</i>				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
Balance as of date:				
Owner <i>(Client, Spouse, Joint, etc.)</i> :				
Interest Rate:				
Number of Payments:				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually)</i> :				
Repayment Type <i>(Principal and Interest, Interest Only)</i> :				
Payment:				
Annual Fee:				
Balloon Period (years):				
Interest Deductible? <i>(Yes / No)</i> :	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"/>
Loan Collateralized? <i>(Yes / No)</i> :	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"/>
Paid off at Death of <i>(Client, Spouse, First to Die)</i> :				

Liabilities - Notes:

Income

Salary & Bonus

	(1)	(2)	(3)	(4)
Salary / Bonus Name:				
Annual Amount:				
Indexed at <i>(No Growth, Inflation, etc.)</i> :				
Start Indexing <i>(Immediately, At Start Year)</i> :				
Owner <i>(Client, Spouse, Joint)</i> :				
Destination Account:				
Self-Employment? <i>(Yes / No)</i> :	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"/>
Guaranteed? <i>(Yes / No)</i> :	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"/>
Starts <i>(Retirement, at Death, Calendar Year, etc.)</i> :				
Ends <i>(Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration)</i> :				

Social Security

	Client	Spouse
Benefit Is <i>(Not Included (No benefits), Estimated from Income, Manually Specified)</i> :		
Benefit Begins at Age:		
Indexed at <i>(No Growth, Inflation, etc.)</i> :		
Start Indexing <i>(Immediately, At Start Year)</i> :		
Annual Retirement Benefit:		
Annual Disability Benefit:		
Annual Surviving Child Benefit:		
Years Employed:		
Last Year Employed:		
Highest Salary Earned:		

Deferred Income

	(1)	(2)	(3)	(4)
Deferred Income Name:				
Type <i>(Pension, Deferred Comp, Other Deferred)</i> :				
Annual Amount:				
Indexed at <i>(No Growth, Inflation, etc.)</i> :				
Start Indexing <i>(Immediately, At Start Year)</i> :				
Owner <i>(Client, Spouse, Joint)</i> :				
Destination Account:				

Deferred Income

	(1)	(2)	(3)	(4)
Non-Taxable? <i>(Yes / No)</i> :	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"/>
Starts <i>(Retirement, at Death, Calendar Year, etc.)</i> :				
Ends <i>(Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration.)</i> :				

Immediate Annuities

	(1)	(2)	(3)	(4)
Immediate Annuity Name:				
Annual Payments:				
Exclusion Ratio:				
Basis:				
Owner <i>(Client, Spouse, Joint, etc.)</i> :				
Destination Account:				
Purchase Date:				
Annuitization Type: <i>(Life, Term Certain)</i>				
Based on Lifetime Of <i>(Client, Spouse, Survivorship)</i> :				
Guaranteed Years of Payout:				
Term (years):				

Accredited Investor

Use the following criteria to help determine if the Client is an accredited investor. If at least one condition is met, the Client should be considered an accredited investor.

Client and Spouse have a net worth in excess of \$1,000,000	Yes <input type="checkbox"/> No <input type="checkbox"/>
- or - Client had an individual income in excess of \$200,000 for the past two years and has a reasonable expectation to have an income in excess of \$200,000 this year.	Yes <input type="checkbox"/> No <input type="checkbox"/>
- or - Client and Spouse had a joint income in excess of \$300,000 for the past two years and they have a reasonable expectation to have a joint income in excess of \$300,000 this year.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Income - Notes:

Expenses

Living Expenses

Current Expenses:	
Retirement Expenses:	
Add Liabilities to Expenses? <i>(Liabilities Already Included in Expenses, Automatically Add Liabilities to Expenses)</i> :	

Client's Living Expense in Event of:

Spouse's Death Before Retirement:	
Spouse's Death in Retirement:	

Spouse's Living Expense in Event of:

Client's Death Before Retirement:	
Client's Death in Retirement:	

Expense Items Will Grow at <i>(No Growth, Inflation, etc.)</i> :	
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- or -

Living Expenses – Worksheet

Description	Type <i>(Basic, Medical, Property Taxes, Discretionary, etc.)</i>	Required? <i>(Yes / No)</i>	Current Amount	Semi-Retirement Amount	Retirement Amount	Advanced Years Amount	Custom Growth Rate

Other Expenses

Expense Name	Type <i>(Wedding, Retirement home, etc.)</i>	Qualified Gift Recipient	Annual Amount	Indexed At (Pre-Retire) <i>(No Growth, Inflation, Other)</i>	Indexed At (Post-Retire) <i>(No Growth, Inflation, Other)</i>	Start Indexing <i>(Immediately, At Start Year)</i>	Deductible Type <i>(Basic, Medical, Property Taxes, Discretionary, etc.)</i>	Starts	Ends	Occurs Every x Years

Expenses

Liquidation Strategy

Liquidation Mode <i>(Strategy or User-defined Schedule)</i> :	
Current Strategy <i>(By Type; Qualified / Non-Qualified Ratio; By Liquidity, then Lowest Performance, Highest Risk; By Liquidity, then Highest Risk, Highest Performance; By Liquidity, then Lowest Tax Impact; By Lowest Performance, then Highest Risk; By Highest Risk, then Lowest Performance; By Lowest Tax Impact, then Lowest Performance; By Lowest Tax Impact, then Highest Risk)</i> :	
Pre-Retirement Strategy <i>(By Type; Qualified / Non-Qualified Ratio; By Liquidity, then Lowest Performance, Highest Risk; By Liquidity, then Highest Risk, Highest Performance; By Liquidity, then Lowest Tax Impact; By Lowest Performance, then Highest Risk; By Highest Risk, then Lowest Performance; By Lowest Tax Impact, then Lowest Performance; By Lowest Tax Impact, then Highest Risk)</i> :	
Retirement Strategy <i>(By Type; Qualified / Non-Qualified Ratio; By Liquidity, then Lowest Performance, Highest Risk; By Liquidity, then Highest Risk, Highest Performance; By Liquidity, then Lowest Tax Impact; By Lowest Performance, then Highest Risk; By Highest Risk, then Lowest Performance; By Lowest Tax Impact, then Lowest Performance; By Lowest Tax Impact, then Highest Risk)</i> :	
Senior Years Strategy <i>(By Type; Qualified / Non-Qualified Ratio; By Liquidity, then Lowest Performance, Highest Risk; By Liquidity, then Highest Risk, Highest Performance; By Liquidity, then Lowest Tax Impact; By Lowest Performance, then Highest Risk; By Highest Risk, then Lowest Performance; By Lowest Tax Impact, then Lowest Performance; By Lowest Tax Impact, then Highest Risk)</i> :	
Qualified Spending Ratio:	

Expenses - Notes:

Expenses

Planning on Buying or Selling something anytime soon please tell us about it:

Trusts & Partnerships

Trusts & Partnerships

	(1)	(2)	(3)	(4)
Trust Name:				
Current Value:				
Income Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Remainder Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Date Established:				
Term expires at Death of <i>(Client, Spouse, Last to Die)</i> :				
Sprinkle Provision? <i>(Yes, No)</i> :	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"/>
Trust Cash Growth Rate <i>(Inflation, etc.)</i> :				
Grantor <i>(Client, spouse, Deceased)</i> :				
Trustee:				
Starts <i>(Retirement, at Death, Calendar Year, etc.)</i> :				

Trusts and Partnerships - Notes:

Wills

	Client	Spouse
Transfer Assets to Revocable Trust to Avoid Probate:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exclude Beneficiary Transfers from Unified Credit:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Bequests

	(1)	(2)	(3)	(4)	(5)
Bequest Name:					
Give <i>(dollar amount or %)</i> :					
Of <i>(Asset Name or Remaining Estate Value)</i> :					
Execute this bequest <i>(Always, If Spouse Survives, If Spouse Predeceases)</i> :					
Distribute Evenly Among All Recipients <i>(checked, unchecked)</i> :					
Recipient(s):					
Recipient Percent(ages):					

Planned Gifts

	(1)	(2)	(3)	(4)	(5)
Planned Gift Name:					
Use Maximum Annual Gift Tax Exclusion <i>(Yes, No)</i> :	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"/>
Type <i>(Dollar Amount or Percent of Asset)</i> :					
Dollar Amount or Percent:					
Gift Funded by:					
Indexed <i>(No Growth, Inflation, Other)</i> :					
Grantor <i>(Client, Spouse)</i> :					
Recipient:					
Exclusion Amount:					
Starts <i>(Retirement, at Death, Calendar Year, etc.)</i> :					
Ends <i>(Retirement, at Death, Calendar Year, etc.)</i> :					

Wills and Gifting - Notes:

Retirement/ Investment

Rate the importance of each item according to the following scale:

	Low	Med	High
Your retirement goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having all of your portfolios consolidated and analyzed to make sure your overall plan is on track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matching your risk tolerance to that of your investment portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against that of an index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against your plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative retirement methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing the taxes on your investment accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing techniques to save income tax and estate taxes on deferred money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asset protection in the result of serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting assets in the event that you require long term care in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving adequate income in the event of disability during your working years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your spouse in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generating a guaranteed retirement income stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your children in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estate

Rate the importance of each item according to the following scale:

	Low	Med	High
Distributing assets equally to your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your assets transferred to your children from creditors, divorce, and bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your insurance portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing different methods of meeting your estate tax liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable planning to your estate's planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing annually to charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifting to your children if it doesn't interfere with your financial independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for your grandchildren's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your current will structure to eliminate unnecessary taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your residence and/or vacation home from estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your estate in trust for your spouse in order to protect your children's inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Objectives

Client Defined

Rate the importance of each item according to the following scale:

	Low	Med	High
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Objectives - Notes:

Investment Experience

If you own a home, do you have more than 30% equity?

- No
- Yes

Which of the following best describes your current employment situation?

- Full-Time
- Part-Time
- Retired
- Unemployed

Have you invested in Equities?

- No
- Yes

Have you invested in Fixed Incomes?

- No
- Yes

Have you invested in Mutual Funds?

- No
- Yes

Have you invested in Options, Futures, or Derivatives?

- No
- Yes

How would you describe your level of investment knowledge?

- None
- Limited
- Good
- Extensive

Investment Experience

How much investment experience do you have?

- None
- Limited (1 to 3 years)
- Good (3 to 5 years)
- Extensive (> 5 years)

Do you have current income needs from this investment?

- Yes
- No

When will you begin to use the money from your goal?

- Less than two years
- Two to five years
- Five to ten years
- More than 10 years

Investment Experience - Notes:

SIGN HERE

Date: