

FINANCIAL PLANNING CONFIDENTIAL FACT FINDER



Client Name: _____

Spouse Name: _____

Advisor Name: _____

Rep Code: _____

Date: _____

Client Name: _____

Date: _____

Financial Advisor Information

Financial Advisor, please complete the following information for printing purposes:

Name: _____

Designations: _____

DBA: _____

Notes:

Green cells indicate required information that we need to complete a financial plan

Yellow cells indicates assumptions that will be used in the plan if the information has not been provided

***Please include a copy of the signed Schedule A**

Assumptions:

Inflation: **3% default** or custom _____

Probate: **1.5% default** or custom _____

Final Expenses: **\$20,000 default** or custom _____

State Income Tax Rate: _____ %

State Death Exemption Amount: \$ _____

Local Income Tax Rate: _____ %

Estate Tax Law: **Sunset default** or Fixed at year 20__ Levels

Income Tax Law: **Sunset default** or Fixed at year 20__ Levels

Special tax situations:

Specific Scenarios/What-If Illustrations:

Client Name: _____

Date: _____

Completing the Financial Planning Profile:

Understanding your needs and goals is a critical step in the financial planning process. It is important to gather as much complete and accurate information as possible to ensure your comprehensive financial plan is customized to pursue your individual financial situation.

To assist you in completing this profile, we suggest you gather the following personal and financial information.

☐ Copies of most recent Federal and State income tax returns

Company employee benefit information

☐ Social Security Benefit statements, if available

Assets (i.e., personal residence, business entities, real estate)

☐ Bank and investment statements

Liabilities (i.e. balances, rates and terms)

Retirement plan statements (i.e., IRA, 403B, Deferred Comp)

Living Expenses

Employee Equity Programs (stock options)

Business Arrangements

Insurance policies (i.e., Group, Individual, Disability, LTC)

Schedule of Gifts / Form 709 (Gift Tax Return)

Most recent payroll stubs
Trusts).

Copies of Estate Documents (i.e., Wills, Durable Powers,

Client: _____
Date: _____

Personal Information

Client #1 (First/Last) _____

Date of Birth: _____

Gender: Male: ☐ Female: ☐

Driver License # _____ Expiration _____

Legal Address: _____

Phone Number: _____

Business Employer: _____

Number of Years Employed: _____

Occupation: _____

Work Address: _____

Work Phone Number: _____

Marital Status: _____

Previous Marriages?: Yes: ☐ No: ☐

Citizenship: (U.S. Citizen, Resident Alien, Non-Resident Alien)

Client #2 (First/Last) _____

Date of Birth: _____

Gender: Male: ☐ Female: ☐

Driver License # _____ Expiration _____

Legal Address: _____

Phone Number: _____

Business Employer: _____

Number of Years Employed: _____

Occupation: _____

Works Address: _____

Work Phone Number: _____

Marital Status: _____

Previous Marriages?: Yes: ☐ No: ☐

Citizenship: (U.S. Citizen, Resident Alien, Non-Resident Alien)

Children/Grandchildren/Individuals/Entities

Name	Gender	Dependent Status (Y/N)	Date of Birth	Special Needs	Citizenship Status	Skip Person?	Married (Y/N)	# of Children

Health

Please describe any health issues that you or any family member(s) need to have considered in the financial plan.

Milestones

	Client #1	Client #2
Planned Semi - Retirement Year	_____	_____
Planned Retirement Year	_____	_____
Advanced Year	_____	_____

Assumption: Retirement Year will occur at beginning of year

Projections are based on assumptions provided by the advisor and are not guaranteed. Actual results may vary. The projected reports are hypothetical in nature and are for illustrative purposes only. Please consult your tax and/or legal advisor before implementing any tax or legal strategies.

Client: _____
Date: _____

Planning Objectives / Goals

Accumulation Goals:

Education Goals:

Retirement Goals:

Insurance Needs/Concerns:

Disability Income Needs/Concerns:

Long Term Care Needs/Concerns:

Estate Distribution Goals/Concerns:

Client: _____
Date: _____

Planning Objectives / Goals

Special Considerations:

Other Notes:

Client: _____
Date: _____

Objectives

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"/>

Business

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

Low Med High

Maintaining control of your business throughout your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eliminating the need to liquidate your business to pay estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner where it is sold to key employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a business planning concept to help you sell your business to key employees in an efficient manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing incentives to your key employees with non-stock compensation alternatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your key employees own stock in your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your business from the death of a key employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your key employees and their families from serious illness and disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your company from serious illness and disability of your employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key employees to the continued success of your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner that maintains family ownership and control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining family harmony after your estate has been settled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your spouse take an active/ownership role in the business plan after you pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a business planning concept that shows you how to gift/sell/bequest your business to your children/heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equalizing the inheritance for your children not active in the business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaving the business only to active children/heirs versus all children/heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your children/heirs active in the business with regards to the future success of your business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner where it is sold to a third party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your business' property and casualty coverage every two years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative sources for your existing line of credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing the efficiency of your existing long term debt structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying out a partner's interest in the event of his or her death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client: _____
Date: _____

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"/>

Investment Time Horizon

1. What is your age?

- ☐ 56 and over
- ☐ 46 - 55
- ☐ 36 - 45
- ☐ 20 - 35

2. What is your primary financial goal?

- ☐ Wealth preservation
- ☐ Retirement planning
- ☐ Wealth accumulation

3. What is the time frame for you to achieve your financial goals?

- ☐ 0 – 5 years
- ☐ 5 – 10 years
- ☐ 10 years or longer

Financial Goals

1. Which of the following best describes your financial goals?

- ☐ Preserving principal and earning a moderate amount of current income
- ☐ Generating a high amount of current income
- ☐ Generating some current income and growing assets over an extended time frame
- ☐ Growing assets substantially over an extended time frame

2. How do you expect your standard of living five years from now to compare to your standard of living today?

- ☐ Less than it is today
- ☐ The same as it is today
- ☐ Somewhat higher than it is today
- ☐ Substantially greater than it is today

3. Five years from today, you expect your portfolio value to be:

- ☐ Portfolio value is not my primary concern; I am more concerned with current income
- ☐ The same as or slightly more than it is today
- ☐ Greater than it is today
- ☐ Substantially greater than it is today

4. Generating current income from your portfolio is:

- ☐ A primary concern (only if you are about to retire)
- ☐ Not important

5. With the income generated from your portfolio, you plan to:

- ☐ Use it for living expenses
- ☐ Use some and reinvest some
- ☐ Reinvest all income

Client: _____
Date: _____

Risk Tolerance

1. You have just received a windfall of \$50,000. How would you invest it?

- ☐ I would invest in something that offered moderate current income and was very conservative
- ☐ I would invest in something that offered high current income with a moderate amount of risk
- ☐ I would invest in something that offered high total return (current income plus capital appreciation) with a moderately high amount of risk
- ☐ I would invest in something that offered substantial capital appreciation even though it has a high amount of risk

2. Which of the following statements would best describe your reaction if the value of your portfolio were to suddenly decline by 15%?

- ☐ I would be very concerned because I cannot accept fluctuations in the value of my portfolio
- ☐ If the amount of income I receive was unaffected, it would not bother me
- ☐ Although I invest for long-term growth, I would be concerned about even a temporary decline
- ☐ Because I invest for long-term growth, I would accept temporary fluctuations due to market influences

3. Which of the following investments would you feel most comfortable owning?

- ☐ Certificates of deposit
- ☐ U.S. Government securities
- ☐ Blue-chip stocks
- ☐ Stocks of new growth companies

4. Which of the following investments would you least like to own?

- ☐ Stocks of new growth companies
- ☐ Blue-chip stocks
- ☐ U.S. Government securities
- ☐ Certificates of deposit

5. Which of the following investments do you feel are the most ideal for your portfolio?

- ☐ Certificates of deposit
- ☐ U.S. Government securities
- ☐ Blue-chip stocks
- ☐ Stocks of new growth companies

6. How optimistic are you about the long-term prospects for the economy?

- ☐ Very pessimistic
- ☐ Unsure
- ☐ Somewhat optimistic
- ☐ Very optimistic

7. Which of the following best describes your attitude about investments outside the U.S.?

- ☐ Unsure
- ☐ I believe the U.S. economy and foreign markets are interdependent
- ☐ I believe overseas markets provide attractive investment opportunities

Additional Notes:

Client: _____
Date: _____

Personal Property/Real Estate

Specific Asset (Home, 2 nd Home, Rental Property, Building, Art, Jewelry, Etc)	Ownership/ Titling (JT, TIC, ETC)	Original Purchase Yr	Current Value	Future Sale Year	Cost Basis	Pre-Retire Growth Rate	Notes

Annual Growth Rate Assumptions:
Personal Property – 0%
Real Estate – 3%

*If you are planning to sell an asset you will need to indicate the cost basis and the year the asset is sold. If cost basis is left blank we will assume \$0

Liabilities / Mortgages

Type/Description	Ownership/ Titling (Jt, TIC, ETC)	Loan Start Year	Loan Term Left	Balance Remaining	Interest Rate	Loan Type P&I or I only	Additional Payments

Assumption: If you can only obtain the current mortgage balance we will assume a reasonable interest rate assumption and model a 30 year fixed mortgage. Please do not include taxes or insurance in mortgage payment.

Notes: _____

Client: _____
Date: _____

Cash / Non-Qualified Investments / Educational Accounts / Notes

Please do not list annuity contracts here!

Description:				
Institution Name:				
Ownership/Titling:				
Beneficiary/Minor:				
Current Value:	\$	\$	\$	\$
Cost Basis:	\$	\$	\$	\$
Annual Additions:	\$	\$	\$	\$
Equities:				
US Large Cap				
US Sm/Mid Cap				
International				
Fixed Income:				
Muni Bonds				
US Short Term				
US Long Term				
International				
Other:				
Cash				
REIT				
Other				
Pre Retire Growth Rate				
Post Retire Growth Rate				

Please remember to include all savings strategies.

Assumption: The assumed growth rate at retirement will be determined by their risk tolerance questionnaire.

Notes: _____

*Please indicate if there is a margin balance

Client: _____
Date: _____

Cash / Non-Qualified Investments / Education Accounts / Notes

Please do not list annuity contracts here!

Description:				
Institution Name:				
Ownership/Titling:				
Beneficiary/Minor:				
Current Value:	\$	\$	\$	\$
Cost Basis:	\$	\$	\$	\$
Annual Additions:	\$	\$	\$	\$
Equities:				
US Large Cap				
US Sm/Mid Cap				
International				
Fixed Income:				
Muni Bonds				
US Short Term				
US Long Term				
International				
Other:				
Cash				
REIT				
Other				
Pre Retire Growth Rate				
Post Retire Growth Rate				

Please remember to include all savings strategies.

Assumption: The assumed growth rate at retirement will be determined by their risk tolerance questionnaire.

Notes: _____

*Please indicate if there is a margin balance

Client: _____
Date: _____

**Qualified Retirement
(401(k), IRA, Roth IRA, Money Purchase, Profit Sharing, 403(b), SEP, Other)**

Please do not list annuity contracts here!

Type:				
Institution Name:				
Ownership/Titling:				
Current Value:	\$	\$	\$	\$
Cost Basis:	\$	\$	\$	\$
Additions:	\$	\$	\$	\$
Employee	\$	\$	\$	\$
Employer	\$	\$	\$	\$
Equities:				
US Large Cap				
US Sm/Mid Cap				
International				
Fixed Income:				
US Short Term				
US Long Term				
International				
Other:				
Cash				
REIT				
Other: (please indicate type)				
Beneficiary Name:				
Pre Retire Growth Rate		%	%	%
Post Retire Growth Rate		%	%	%
Deductible (Y/N)				

Assumption: The assumed growth rate at retirement will be determined by their risk tolerance questionnaire.

Notes: _____

***Please indicate if there is a loan**

Client: _____
Date: _____

**Qualified Retirement
(401(k), IRA, Roth IRA, Money Purchase, Profit Sharing, 403(b), SEP, Other)**

Please do not list annuity contracts here!

Type:				
Institution Name:				
Ownership/Titling:				
Current Value:	\$	\$	\$	\$
Cost Basis:	\$	\$	\$	\$
Additions:	\$	\$	\$	\$
Employee	\$	\$	\$	\$
Employer	\$	\$	\$	\$
Equities:				
US Large Cap				
US Sm/Mid Cap				
International				
Fixed Income:				
US Short Term				
US Long Term				
International				
Other:				
Cash				
REIT				
Other: (please indicate type)				
Beneficiary Name:				
Pre Retire Growth Rate	%	%	%	%
Post Retire Growth Rate	%	%	%	%
Deductible (Y/N)				

Assumption: The assumed growth rate at retirement will be determined by their risk tolerance questionnaire.

Notes: _____

***Please indicate if there is a loan**

Client: _____
Date: _____

Annuities (Fixed/Variable)

Description				
Ownership				
Type (Qualified/NonQualified)				
Cost Basis	\$	\$	\$	\$
Total Value	\$	\$	\$	\$
Equities				
US LC				
US Sm/Mid Cap				
International				
Fixed Income				
Muni				
US Short Term				
US Long Term				
International				
Other				
Cash				
REIT				
Other				
Pre-Retirement Rate of Return	%	%	%	%
Retirement Rate of Return	%	%	%	%
Payout Begins (Yr, Retirement, Death, Age, 1 st Death)				
Annuitization Type (Life, Term Certain)				
Based on Life (Client, Spouse, Jt)				
Term (yrs)				
Beneficiary				

Assumption: The assumed growth rate at retirement will be determined by their risk tolerance questionnaire.

Notes: _____

Client: _____
Date: _____

Non-Qualified Deferred Compensation

Description/Owner				
Current Value	\$	\$	\$	\$
Annual Employee Contributions	\$	\$	\$	\$
Annual Employer Contributions	\$	\$	\$	\$
Contributions Start Year				
Contributions End Year				
Pre Retire Growth Rate	%	%	%	%
Post Retire Growth Rate	%	%	%	%
Distribution Election <small>(Lump, 5, 10, 15yrs)</small>				
Beneficiaries				

Assumption: Lump sum payout in the year immediately following retirement

Stock Options / Grants

You must provide all grant summaries and vesting schedules for options to be included in the plan

Asset Name: _____ Ticker: _____

Growth Rate: _____ Assumed Growth Rate if Left Blank=0%

Vest at Death? _____ (Yes / No) Owner: _____

Strategy	ISO	NQ	Restricted Shares
Buy Strategy:			
As soon as possible			
As late as possible			
Sell Strategy			
As soon as possible			
As soon as possible, as qualified			
Hold # of years:			
Never:			

Notes: _____

***Please indicate if shares were sold.**

***Please note that we will not forecast or illustrate future options**

Client: _____
Date: _____

Income: Salary/Bonus

Name:				
Annual Amount:	\$	\$	\$	\$
Indexed at (No Growth, Inflation, etc):	%	%	%	%
Owner (Client, Spouse, Jt):				
Starts (Retirement, Death, Calendar Yr, etc):				
Ends (Calendar Year, Retirement, Death, Duration):				

Other Income: Business / RE / Inheritance / Misc.

Name/Type:				
Annual Amount:	\$	\$	\$	\$
Indexed at (No Growth, Inflation, etc):	%	%	%	%
Start Indexing (Immediately, At Start Yr):				
Tax Treatment				
Owner (Client, Spouse, Jt):				
Guaranteed? (Yes / No):				
Starts (Retirement, Death, Calendar Yr, etc):				
Ends (Calendar Year, Retirement, Death, Duration):				

Defined Benefit/Pension Plans

Client #1		Client #2/Spouse	
Annual Benefit	\$ _____	Annual Benefit	\$ _____
Starting Age or Yr of Benefit	_____	Starting Age or Yr of Benefit	_____
Survivor Benefit	\$ _____	Survivor Benefit	\$ _____
Benefit Inflation Rate	_____ %	Benefit Inflation Rate	_____ %
Lump Sum Alternative	\$ _____	Lump Sum Alternative	\$ _____
Assumption: 50% survivor benefit – 0% inflation rate – no lump sum alternative			
*Please provide specific pension benefit options if available.			

Social Security

	Client		Client #2/Spouse	
Are you or will you be eligible for social security benefits?	Yes	No	Yes	No
If yes, would you like social security benefits included in your plan?	Yes	No	Yes	No
Expected Benefit (if know) or final salary (last year of employment yr)?	\$ _____		\$ _____	
Age benefit benefits	_____ Age		_____ Age	
<u>If known, please indicate:</u>				
Annual Disability Benefit:	\$ _____		\$ _____	
Annual Surviving Child Benefit:	\$ _____		\$ _____	

**We will use the client's Full Retirement Age (FRM) if left blank.
Benefits will be indexed at 2% annually. Indicate if otherwise.**

Client: _____
Date: _____

Summary of Expenses

Housing	Monthly	Annually
Rent/Mortgage		\$
Homeowners Insurance		\$
Property Taxes		\$
Maintenance and Repairs		\$
Cleaning/Yard		\$
Utilities		\$
Electric/Gas		\$
Cable TV		\$
Telephone		\$
Water/Sewer		\$
Garbage		\$
Cell (Bus. Exp)		\$
Other		\$

Transportation	Annually
Car Payment	\$
Fuel	\$
Car Insurance	\$
Taxes/Registration	\$
Repairs and Maintenance	\$
Other	\$
Other	\$

Living Expenses	Annually
Groceries	\$
Childcare	\$
Child Support/Alimony	\$
Clothing	\$
Education	\$
Medical/Dental	\$
Other	\$
Other	\$

Debt	Annually
Home Equity	\$
Credit Card	\$
Student Loan	\$
Personal LOC	\$
	\$

Income	Annually
Salary – Client #1	\$
Salary – Client #2	\$
Other-	\$
Other-	\$

Discretionary Expenses	Monthly	Annually
Charity		\$
Personal Care		\$
Club Dues		\$
Dining Out		\$
Gifts		\$
Pets		\$
Recreation		\$
Subscriptions		\$
Vacation		\$
Other		\$
Other		\$

Taxes	Annually
Federal Taxes	\$
Spouse Federal Taxes	\$
Client State Income Taxes	\$
Spouse State Income Taxes	\$
Client Local Taxes	\$
Spouse Local Taxes	\$
Other	\$
Other	\$

Savings	Annually
Retirement	\$
Deferred Compensation	\$
Other	\$
Other	\$

Insurance	Annually
Life Insurance	\$
Life Insurance	\$
Client Disability Insurance	\$
Spouse Disability Insurance	\$
Health, Vision, FSA	\$
Long-term Care Insurance	\$
Other	\$
Group Critical Illness, LTD, LI	\$

Living Expense Summary	Annually
Total Income	\$
Total Expenses	\$
Net Difference	\$

Client: _____
Date: _____

Estimated Annual Expenses

	Current	Retirement	Survivor	Inflation
Lifestyle*	\$	\$	\$	%
Education (other than college)	\$	\$	\$	%
Real Estate & Property Taxes	\$	\$	\$	%
Gifts to Charity	\$	\$	\$	%
Gifts to Children (Annual Exclusion)	\$	\$	\$	%
Gifts to Grandchildren (Annual Exclusion)	\$	\$	\$	%
Gifts to Others (Annual Exclusion)	\$	\$	\$	%
Other :	\$	\$	\$	%
Other:	\$	\$	\$	%

*Amount you plan to spend annually, excluding college costs, liabilities, savings strategies and premium payments

Assumption: 100% for at Retirement and Survivor Needs if left blank

Assumption: Inflation will be equal to 3% if left blank

College Education

Name of Child / Grandchild	Present Value Annual Cost	Name of College / University	Yr Education Costs Begin	Duration (# of Years)

Assumption: \$35,000 per yr unless provided. College duration is 4 years and inflation rate is 6%.

Assumption: We will assume education expenses are part of cash flow unless otherwise noted below

Do you want to illustrate college education expenses in cash flow projects or as a separate goal? Yes/No/Both

Please indicate all assets available to fund college education expenses (example: 529/grandparents/cash flow)

Client: _____
Date: _____

Business Interests

	Business #1	Business #2	Business #3
Business Name:			
Base Value:			
Pre Retire Growth Rate:			
Post Retire Growth Rate:			
Tax Basis:			
Owner: (Client, Spouse, Jt, etc):			
Business Type (Sole Proprietorship, Partnership, S, C, LLC, etc)			
Pass Thru Loss? (Y/N)			
Income Distribution & Amt (Fixed, Income, None)			
Distribution Amount:			
Additional Expenses:			
Additional Expenses Indexed At			

Related Questions

	Business #1	Business #2	Business #3
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 (Retain with Family, Sell to Employees, Sell to 3rd Party, Liquidate, Unsure)			
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 (If applicable)**:	\$ _____	\$ _____	\$ _____

***Please include Buy/Sell Agreement if applicable**

****Please provide insurance information if applicable**

Business Interests – Notes:

Assumption: Cost basis is needed if there are plans to sell in the future. We will assume \$0 if not indicated.

Client: _____
 Date: _____

Life Insurance

Policy Name:				
Policy Number:				
Institution Name:				
Purchase Date:				
Policy Type (<i>Whole Life, UL, VUL, Group, Term</i>):				
Term (years)				
Insured (<i>Client, spouse, 2nd to Die etc</i>):				
Owner (<i>Client, spouse, jt, etc</i>):				
Beneficiary (<i>Client, spouse, child, trust etc</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>):				
Proceeds Reinvested at:				

Assumption: Life insurance proceeds will be reinvested at death according to the risk tolerance questionnaire.

Disability

Policy Name:				
Policy Number:				
Institution Name:				
Purchase Date:				
Policy Type (<i>Group Short Term, Group Long Term, Persona Short Term or Personal Long Term</i>):				
Term Ends at Retirement (<i>Yes / No</i>):				
Insured (<i>Client/Spouse</i>):				
Benefit Amount:				
Period for Benefit Amount (<i>Annually, Quarterly, Monthly, Weekly, Daily</i>):				
Benefit Percent:				
Reduce by Social Security Disability (<i>Yes/No</i>) :				
Annual Premium				

Client: _____
Date: _____

Long Term Care Insurance

Owner	Company Name	Purchase Date	Annual Benefit	Elimination Period	Benefit Period	Annual Premium	Premium Term (Yrs)	Cost of Living Adj. (COLA)	Taxable (Y/N)
Client #1									
Client #2									

***Please provide copies of all estate planning documents**

Wills

	Client	Spouse
Name		
Date Established		
Pour Over Will(Y/N)		
Transfer Assets to Revocable Trust to Avoid Probate		

Revocable Trust

	Client	Spouse
Name		
Date Established		
A/B/C		
Funded/Unfunded		

***Please indicate which assets are owned by the trust in the investment section**

Miscellaneous Estate Documents

	Client	Spouse
Durable General Power of Attorney (Y/N)		
Health Care Proxy (Y/N)		
Living Will (Y/N)		
Beneficiary of another person's trust?		

ILITs

ILIT Name			
Date Established			
Current Value			
Income Beneficiary			
Remainder Beneficiary			
Term (Yrs)			
Term Expires at Death			
Crummey Powers (Y/N)			
Assets Owned			

***Please indicate policies under insurance section.**

Projections are based on assumptions provided by the advisor and are not guaranteed. Actual results may vary. The projected reports are hypothetical in nature and are for illustrative purposes only. Please consult your tax and/or legal advisor before implementing any tax or legal strategies.

Client: _____
Date: _____

FLPs

FLP Name:			
Date Established:			
Current Value:			
Owner:			
Discount %:			
Default Investment Rate:			
Payout Type (None, Fixed, %, Income):			
Annuity Amount:			
Payout Rate:			
Starts (Retire, Death, Yr):			
Ends (Retire, Death, Yr):			
Assets Owned:			

CRTs / CLTs

CRT / CLT Name:			
Date Established:			
Payout Type (Fixed Amount/%):			
Annuity Amount:			
Payout Rate:			
Current Value:			
Income Interest:			
Remainder Interest:			
Grantor (Client, Spouse, JT):			
Income Beneficiary (Children, Grandchildren, Charity etc):			
Remainder Beneficiary (Children, Grandchildren, Charity etc):			
Term (Maximum Years):			
Term expires at death of (Client, Spouse, Last to Die):			
Default Investment Rate (Inflation etc):			
Assets Owned:			

Other Trusts: _____

Please provide copies of all trust documents!

Client: _____
Date: _____

Additional Questions:

Do the clients own property outside the US? Please explain _____

Please list any prior residence during current marriage. _____

Please describe any previous marriages that should be considered _____

Have the clients filed a gift tax return in the past? _____

If so, please provide copies of the latest gift tax return. _____

GST Exemption used _____

Special Bequest _____

Planned Gifts _____

Additional Notes: _____