

Confidential Financial Planning Questionnaire

Name _____

Date _____

Planner _____

Personal Information

Scenario Title (Example “Financial Plan”) _____

Names to be shown on cover _____

Marital Status: (check one) Single Married **Date Married:** _____

Names & Ages:

	Individual 1	Individual 2
First Name, Middle Initial		
Last Name		
Birth Date		
Retirement Age		
Life Expectancy Age		
Social Security Number		
Gender (Male/Female)		

Home Address:

Address		
City, State, Zip		
	Individual 1	Individual 2
Home Phone	() -	() -
Work Phone	() -	() -
Mobile Phone	() -	() -
Email Address		
Web Page		

Employment:

	Individual 1	Individual 2
Duties/Title		
Employer		
Work Address		
City, State, Zip		
Work Phone	() -	() -
Email		
Fax		

Retirement Account Worksheet (Tax Deductible Retirement Accounts and Roth IRA)

Instructions located on the "Asset and Retirement Account Worksheet Instructions" page.

Description	Group	Class	Type	Value	# of shares	\$ per share	Int/div rate	Personal additions	Company additions	Owner
				\$		\$	%	\$	\$	
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				\$		\$	%	\$	\$	
				\$		\$	%	\$	\$	
				\$		\$	%	\$	\$	
				\$		\$	%	\$	\$	

Asset and Retirement Account Worksheet Instructions

Description Enter the description of the investment account.

Group Enter the investment group from one of the following choices:

- | | | |
|--|--------------------------------|---|
| 1.) Annuity | 11.) Mutual Fund Balanced | 21.) Partnership – Equipment Lease |
| 2.) Bonds – Corporate | 12.) Mutual Fund International | 22.) Partnership – Other |
| 3.) Bonds – International | 13.) Mutual Fund Real Estate | 23.) Partnership – Research & Development |
| 4.) Bonds – Municipal | 14.) Mutual Fund Stock | 24.) Partnership – Real Estate |
| 5.) Certificate of Deposit | 15.) Other Personal Assets | 25.) Real Estate/REIT |
| 6.) Checking Account | 16.) Other Tax-Deferred/Free | 26.) Savings Account |
| 7.) Collectibles (gold, silver, coins) | 17.) Other/Business | 27.) Stocks – International |
| 8.) Ins. CV/SPWL/UnivLife | 18.) Personal Property | 28.) Stocks – Other Securities |
| 9.) Money Market | 19.) Partnership – Cable TV | |
| 10.) Mortgages & Notes | 20.) Partnership – Energy | |

Asset class Enter the CLASS ID for each asset as identified below.

Class ID	Class name	Class ID	Class ID	Class ID
Res	Reserves			
Inc	Income			
Gr/Inc	Growth and Income			
Gr	Growth			
AgGr	Aggressive growth			
Misc	Misc.			

Asset worksheet:

Type Enter the type of non-qualified plan from one of the following choices:

- 1.) None 2.) Taxable 3.) Equity/ Other 4.) Tax Deferred 5.) Tax Free

Retirement account worksheet:

Type Enter the type of retirement plan from one of the following choices:

- 1.) 457 Deferred 2.) IRA Account 3.) Keogh 4.) Other 5.) 401K Plans 6.) Profit Sharing Compensation
 7.) Roth IRA 8.) Roth 401k 9.) SAR / SEP 10.) Simple 11.) ISA /403b (IRA or 401K)

Current value Enter the current value of the investment.

of shares Enter the number of shares of the investment.

\$ per share Enter the price per share of the investment.

Cost basis (asset worksheet only) Enter the original amount the individual paid for the investment.

Interest/dividend rate Enter the average annual interest/dividend rate of the investment.

Appreciation rate (asset worksheet only) Enter the average annual appreciation rate of the investment.

Monthly additions:

Personal additions Enter the monthly additions to the asset account paid from personal funds.

Company adds (Retirement account worksheet only) Enter the monthly company additions to the qualified accounts.

Increase rate for monthly additions (rate adds) Enter an increase rate for the monthly additions to the assets.

Owner Enter the account owner of the investment from one of the following choices:

- 1.) Individual 1 2.) Individual 2 3.) Irrev. Trust 4.) Joint 5.) Rev. Trust (Ind. 1) 6.) Rev. Trust (Ind. 2) 7.) Rev. Trust (Joint)

Residence

	Residence #1	Residence #2
Current Residence Market Value	\$	\$
Original Cost + Improvements (Less Prior Deferred Gain)	\$	\$
Appreciation Rate	%	%

Sale of the Residence(s):	Residence #1	Residence #2
Individual 1's Age at Sale		
Sales Costs (Percent of Sale Price)	\$	\$
Cost of Replacement Home to Finance	\$	\$
New Mortgage (% of Replacement Home to Finance)	%	%
Interest Rate on New Mortgage Loan	%	%
Number of Years for the New Loan		

Instructions:

Current Market Value – enter the current value of the house(s). If more than one house, enter the second house in column #2.

Original Cost + Improvements – enter the original cost you paid for the house, plus the costs of improvements to the house since you purchased it.

Appreciation Rate – enter the anticipated appreciation rate on the house(s).

Individual 1's Age at Sale – enter the Individual 1's age, if you intend to purchase another house at a future age.

Sales Costs (Percent of Sale Price) – enter the sales costs as a percentage of the market value at the time of sale. For example, real estate broker commission or advertising costs. Generally 6% to 10%.

Cost of Replacement Home (Today's dollars) – enter the estimated cost of the new house in today's dollars.

New Mortgage (% of Replacement Home to Finance) – enter the new mortgage amount as a percentage of the price of the new house. For example, 80% - indicating a 20% down payment.

Interest Rate on New Mortgage Loan – enter the assumed interest rate of the mortgage loan on the new house.

Number of Years for the New Loan – enter the number of years on the mortgage loan. For example, 15 or 30 years.

Objective and Resource Information

Risk Tolerance Level: _____

Choose one of the following risk levels:

1. Very Conservative
2. Conservative
3. Moderate
4. Aggressive
5. Very Aggressive

Note: If you are not sure of your risk tolerance level, fill out the following Risk Test.

Risk Test:

Check the boxes next to the statements that most accurately reflect your attitudes about investing.

- I am more concerned about protecting my assets than about growth.
- I prefer the ease of mutual funds to the uncertainty of trying to pick winning stocks.
- Professional advisors and mutual funds may achieve higher growth than I can.
- I am comfortable with investments that promise slow, long term appreciation and growth.
- I don't brood over bad investment decisions I've made.
- I don't like surprises.
- I am optimistic about my financial future.
- My immediate concern is for income rather than opportunities.
- I am a risk taker.
- I make investment decisions comfortably and quickly.
- I like predictability and routine in my daily life.
- I usually pick the tried and true, the slow, safe but sure investments.
- I need to focus my investment efforts on reserve funds and insurance rather than growth.
- I prefer predictable, steady returns on my investments even if the return is low.

Financial Objectives:

	<u><<Low</u> <u>High>></u>				
Reducing income taxes	O	O	O	O	O
Protection from inflation	O	O	O	O	O
Maximum investment growth potential	O	O	O	O	O
Current spendable income from assets	O	O	O	O	O
Liquidity (convert assets to cash)	O	O	O	O	O

Note: Place a mark in the circle closely representing the financial objective for each of the above statements.

Dependent Children

Children & Ages:

First, middle Initial, last name	Social Security number	Birth date	Dependent until age

Education:

Percent of college costs parents plan to pay. _____%

Inflation rate for education expenses. _____%

Rate of return, after tax of education funds. _____%

Check to deduct education expenses from retirement funds.

Child's name	1 st year of college	# of years	School type	Funds available now	Annual college cost	Monthly savings
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

For All Children:

Percent of college costs parents plan to pay. _____%

Inflation rate for education expenses. _____%

Rate of return, after tax of education funds. _____%

Check to deduct education expenses from retirement funds.

Instructions:

1st year of college Enter the calendar year the child will begin college.

School type Select the type of school from one of these choices: 1.) Public 2.) Private

of years Enter the number of years the child will be attending college.

Annual college cost Enter the amount of the annual college costs in today's dollars.

Funds available now Enter the present value of the funds available now for college.

Monthly savings Enter the monthly savings amount to be entered into the college fund.

Earned Income (Annually):

Individual 1 Salary:

Age	Inc. Rate	Tax Report	Cash Flow Report	Disability Report	Survivor Report
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$

Individual 1 Self Employment:

Age	Inc. Rate	Tax Report	Cash Flow Report	Disability Report	Survivor Report
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$

Are wages exempt from FICA tax? Check if yes:

Individual 2 Salary:

Age	Inc. Rate	Tax Report	Cash Flow Report	Disability Report	Survivor Report
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$

Individual 2 Self Employment:

Age	Inc. Rate	Tax Report	Cash Flow Report	Disability Report	Survivor Report
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$

Are wages exempt from FICA tax? Check if yes:

Instructions:

Age: enter in the first row the current age. If the salary amount will change at a future age, then enter that age in the next row. If there will be additional changes in future years, continue to enter the new age on the next line.

Increase rate: enter in the first row the current increase rate to be used on the salary amount. If the salary amount changes, but the increase rate stays the same, enter the same increase rate. If the rate of increase will change up or down in a later year, then enter the new increase rate at the appropriate age.

Tax report: Amounts in this column will be used on the Income Tax report. This may be the same or different than the amounts used in the Cash Flow, Disability, or Survivor reports.

Cash flow report: Amounts entered here will be shown as available to spend in the Cash Flow report. These amounts may be different than the amounts shown in the Tax Report column. For example, if interest and/or dividends are being reinvested, you may NOT want show these amounts as available in the Cash Flow Report column.

Disability report: Represents income available in the event of disability. Individual 1's salary will be available if Individual 2 is disabled. Individual 2's salary would be available if Individual 1 is disabled.

Survivor report: Amounts entered here represent income available in a survivor situation. The amount of Individual 1's salary if Individual 1 survives Individual 2. Individual 2's salary would be available if Individual 2 is the survivor.

Retirement Social Security Benefits (Monthly):

	Individual 1	Individual 2
Are you qualified to receive SS benefits? (Yes/No)		
Age to start retirement SS benefits (62-70)		
Percent of computed SS benefits to show on report	%	%
Actual amount of expected SS benefits (today's \$ / month)	\$	\$
Social Security benefit increase rate (SS COLA)	%	%

Instructions:

Percent of benefits to show: If your SS benefits will be less than might be expected based on your current earnings, the report will use a reduced benefit amount. Make a note here to indicate that the benefits might be reduced.

Actual amount expected: If you have your Social Security statement you may enter the benefit amount shown on the statement here. This amount will override any calculated estimate.

SS benefit increase rate: Enter the assumed rate that you think the SS benefits will increase, or leave blank and your advisor will provide a default estimate.

Survivor Social Security Benefits (Monthly):

	Individual 1	Individual 2
Actual/Estimated benefit with 2 or more children at home	\$	\$
Actual/Estimated benefit with 1 child at home	\$	\$
Actual/Estimated Survivor retirement benefit	\$	\$
Age to start survivor SS benefits (60+)		

Instructions:

Survivor SS benefits: This section is used only if you are currently receiving SS survivor benefits or if you believe the survivor benefit you might receive will be different than a computed amount based on the earned income for the deceased spouse. In most cases this section may be ignored.

Pension (Monthly Amounts):

Individual 1

Plan Name: _____

Pension State Tax Exempt? Yes No

Age	Monthly benefit	Increase Percent	Increase Amount
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$

Survivor benefit % _____

Survivor \$/mo prior to pension start _____

Plan Name: _____

Pension State Tax Exempt? Yes No

Age	Monthly benefit	Increase Percent	Increase Amount
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$

Survivor benefit % _____

Survivor \$/mo prior to pension start _____

Individual 2

Plan Name: _____

Pension State Tax Exempt? Yes No

Age	Monthly benefit	Increase Percent	Increase Amount
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$

Survivor benefit % _____

Survivor \$/mo prior to pension start _____

Plan Name: _____

Pension State Tax Exempt? Yes No

Age	Monthly benefit	Increase Percent	Increase Amount
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$

Survivor benefit % _____

Survivor \$/mo prior to pension start _____

Instructions:

Age – enter in the first row the age when the pension will start. If the pension amount will change in the future, enter the age when the change will occur in the next row.

Pension Amount Per Year – enter in the first row the current pension amount. If the pension amount will change at a future age, then enter that new pension amount in the row directly below the current pension amount. If the pension amount will have additional changes in future years, continue to enter the new pension amounts for the corresponding age. If the pension will continue until life expectancy (with only inflation increases) leave the additional lines blank.

Increase Rate (inflation rate) – enter in the first row the current increase rate to be used on the pension amount. If the pension amount changes, but the increase (inflation) rate stays the same, enter the same increase rate in the first row and on the second row. If the increase will change at any age, enter the new increase rate on the appropriate row.

Income Tax Data

Schedule D Capital Gain / (Loss):

Age	Tax Report	Cash Flow Report	Disability Report
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Schedule E Passive Gain / (Loss):

Age	Tax Report	Cash Flow Report	Disability Report
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Federal Taxable Income / (Loss):

Age	Tax Report	Cash Flow Report	Disability Report
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Other Federal Tax / (Credit):

Age	Tax Report	Cash Flow Report	Disability Report
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

State Taxable Income / (Loss):

Age	Tax Report	Cash Flow Report	Disability Report
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Other State Tax / (Credit):

Age	Tax Report	Cash Flow Report	Disability Report
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

AMT preference items:

Age	Tax Report	Cash Flow Report	Disability Report
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Other Taxable Income / (Loss):

Age	Tax Report	Cash Flow Report	Disability Report
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Other Non Taxable Income / (Loss):

Age	Tax Report	Cash Flow Report	Disability Report
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Instructions:

Tax report Enter taxable amounts for each category. Amounts in this column will be used on the Income Tax report. This may be the same or different than the amounts used in the Cash Flow, Disability, or Retirement reports.

Cash flow report Amounts entered here will be shown as available to spend in the Cash Flow report. These amounts may be different than the amounts shown in the Tax Report column. For example, if interest and/or dividends are being reinvested, you may NOT want show these amounts as available in the Cash Flow Report column.

Disability report Represents income available in the event of disability. Individual 1’s salary will be available if Individual 2 is disabled. Individual 2’s salary would be available if Individual 1 is disabled.

Increase (decrease) federal / State taxable income: If it is anticipated that the amount of taxable income you will report will be greater or less than the sum of the earned income, interest, etc. shown above, enter an amount (positive or negative) to be used to increase or decrease the calculated income. For example, if you have “phantom income” from a partnership or an amount that will need to be included because of an audit of a prior year tax return.

Other Federal / State tax or credit: If you will have additional taxes or credits (not including the amounts calculated from the above information), enter the estimated amounts here.

AMT preference items: If you have AMT preference income to report (other than that calculated from the data above) enter an estimated amount here.

Filing Status Options:

Tax Filing Status (Check one) Single: _____ Married: _____ Head of Household: _____

Number of regular exemptions _____

Number of individuals over age 64 or blind _____

Other Adjustments (Golden Years Only):

Self employment medical insurance premiums (total amount) \$ _____ % _____

Alimony – Payable to Age _____ Amount/Increase Rate \$ _____ % _____

Itemized Deductions:

Charitable Contributions:

Age	Percent of Gross Income	and/or	Dollar Amount	Annual rate of Increase
	%	and/or	\$	%
	%	and/or	\$	%
	%	and/or	\$	%
	%	and/or	\$	%

Misc. Itemized Deductions:

Age	Percent of Gross Income	and/or	Dollar Amount	Annual rate of Increase
	%	and/or	\$	%
	%	and/or	\$	%
	%	and/or	\$	%
	%	and/or	\$	%

Other Tax (Not Property or State Tax):

Age	Percent of Gross Income	and/or	Dollar Amount	Annual rate of Increase
	%	and/or	\$	%
	%	and/or	\$	%
	%	and/or	\$	%
	%	and/or	\$	%

Property Tax (as % of market value):

Age	Percent of Gross Income	and/or	Dollar Amount	Annual rate of Increase
	%	and/or	\$	%
	%	and/or	\$	%
	%	and/or	\$	%
	%	and/or	\$	%

Medical Expenses:

Age	Percent of Gross Income	and/or	Dollar Amount	Annual rate of Increase
	%	and/or	\$	%
	%	and/or	\$	%
	%	and/or	\$	%
	%	and/or	\$	%

Instructions:

Itemized Deductions Enter either a percentage of gross income or dollar amount for all the itemized deductions for the current year or a combination of both. If both are entered, the report will combine the amounts on the tax report. Enter an annual percentage increase rate if the deduction amount will increase each year. An example of an Other Tax (Not Property or State) could be an Annual Auto License Tax for some states.

Percent of Gross Income: A percent entered in this column will be used to compute a deduction based on your gross income for the year. For example, if you enter 3% in this column for medical expenses and your gross income is \$40,000 annually then we will compute your medical expenses at \$1,200.

Dollar amount / Increase rate: Use this column to indicate specific dollar amounts and increase rates. For example if you give \$500 each year to the Boy Scouts with no increases anticipated enter \$500 / 0% in the charitable row. If you have miscellaneous deductions of about \$2,000 and they increase at 3% per year, enter \$2,000 / 3.0%

Property tax: This row asks for the property tax stated as a percent of the property value, not gross income. You may divide the property tax by the market value of the home to determine this rate.

Insurance Information

Term/Group Life Insurance Policies:

Description: _____
Company: _____
Insured: _____
Beneficiary: _____
Owner: _____
Policy Number: _____

Description: _____
Company: _____
Insured: _____
Beneficiary: _____
Owner: _____
Policy Number: _____

Description: _____
Company: _____
Insured: _____
Beneficiary: _____
Owner: _____
Policy Number: _____

Annual		
Age	Premium	Face Value
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Annual		
Age	Premium	Face Value
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Annual		
Age	Premium	Face Value
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Description: _____
Company: _____
Insured: _____
Beneficiary: _____
Owner: _____
Policy Number: _____

Description: _____
Company: _____
Insured: _____
Beneficiary: _____
Owner: _____
Policy Number: _____

Description: _____
Company: _____
Insured: _____
Beneficiary: _____
Owner: _____
Policy Number: _____

Annual		
Age	Premium	Face Value
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Annual		
Age	Premium	Face Value
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Annual		
Age	Premium	Face Value
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Instructions:

Company Name Enter the name of the company carrying the insurance. For example, Lincoln National.

Description Enter a description of this type of policy. For example, Protection Plus.

Insured This field represents the person insured by the policy. Two choices: Individual 1 or Individual 2.

Annual Premium Amount Enter the annual premium amount for the policy.

Policy Face Amount Current amount of insurance that will be paid upon the death of the insured.

Permanent Life Insurance Policies:

Description: _____
Company: _____
Insured: _____
Beneficiary: _____
Owner: _____
Policy Number: _____
Description: _____

Description: _____
Company: _____
Insured: _____
Beneficiary: _____
Owner: _____
Policy Number: _____
Description: _____

Description: _____
Company: _____
Insured: _____
Beneficiary: _____
Owner: _____
Policy Number: _____
Description: _____

Age	Annual Premium	Face Value	Cash Value
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Age	Annual Premium	Face Value	Cash Value
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Age	Annual Premium	Face Value	Cash Value
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Description: _____
Company: _____
Insured: _____
Beneficiary: _____
Owner: _____
Policy Number: _____
Description: _____

Description: _____
Company: _____
Insured: _____
Beneficiary: _____
Owner: _____
Policy Number: _____
Description: _____

Description: _____
Company: _____
Insured: _____
Beneficiary: _____
Owner: _____
Policy Number: _____
Description: _____

Age	Annual Premium	Face Value	Cash Value
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Age	Annual Premium	Face Value	Cash Value
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Age	Annual Premium	Face Value	Cash Value
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Instructions:

Company Name Enter the name of the company carrying the insurance. For example, Lincoln National.

Description Enter a description of this type of policy. For example, Protection Plus.

Insured This field represents the person insured by the policy. Two choices: Individual 1 or Individual 2.

Annual Premium Amount Enter the annual premium amount for the policy.

Policy Face Amount Current amount of insurance that will be paid upon the death of the insured.

Cash Value Now Enter the full amount of cash value here. You can generally get the amount from the policy table of values. If the value is not shown at the current age or you do not have the actual policy, then you may need to estimate the value now. Do not deduct any loans against the policy.

Cash Value at Age 65 Used in the retirement projections to determine cash available. If an individual retires substantially earlier than age 65, enter the amount of cash value at the individual's retirement age (or an estimate of the cash value.)

Present Loan Amount Enter the dollar amount borrowed against this policy.

Miscellaneous Insurance Premiums:

Auto Insurance Premiums:

Age	Individual 1	Individual 2
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Disability Insurance Premiums:

Age	Individual 1	Age	Individual 2
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Long Term Care Insurance Premiums:

Age	Individual 1	Age	Individual 2
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Medical Insurance Premiums:

Age	Individual 1	Age	Individual 2
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Homeowners, Property & Casualty, Other Premiums:

Age	Individual 1	Age	Individual 2
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Disability / Long Term Care Insurance:

	Individual 1	Individual 2
Disability Insurance Monthly Benefit – Short Term	\$	\$
Disability Insurance Monthly Benefit – Long Term	\$	\$
Company Disability Benefits per Month – Short Term	\$	\$
Company Disability Benefits per Month – Long Term	\$	\$
Percent of Company Benefits that are Taxable (0-100%)	%	%
Do you have Long Term Care Insurance (Yes/No)		

Proposed Long Term Care (LTC):*

Premium Per Year	\$
Benefits Per Day	\$
Benefits Payable to Age	\$
Cost Per Month	\$
Number of Months of Care	

*This LTC section is for use by your financial advisor.

Personal Expenses

	<u>Current amount</u>		<u>Percent to be used for:</u>		
	Monthly*	Annual	Retirement	Disability	Survivor
Rent/lease Payment (not mortgage)					
Food and household incidentals					
Groceries					
Household Supplies					
Eating Out					
Utilities, Telephone					
Gas / Electric					
Water / Trash					
Phone					
Auto operating and maintenance					
Gas / Oil					
Repair					
Parking Tolls					
Child Expenses					
School Expenses					
Lunch Money					
Special Events					
Baby Sit / Day Care					
Gifts / Birthday					
Holidays					
Domestic Help					
Clothing					
Laundry / Cleaning					
Property Improvements & Upkeep					
Home Furnishings					
Childs Support					
Alimony					
Entertainment					
Vacations					
Hobbies					
Memberships / Dues					
Pet Expenses					
Books / Subscriptions					
Cable TV					
Supplies					
Miscellaneous					

***Monthly/Annual** – you may enter a monthly amount, annual amount, or both amounts. For example, if your auto operating expenses average \$150 per month, but you expect to spend another \$500 per year in repairs, you would enter the \$150 in the “Monthly” column and the \$500 in the “Annual” column.

Percentage of expenses used for: Retirement, Disability, and Survivor percentages – if the monthly expense amounts will be different in these three categories, then enter the percentage difference amount here. For example, if all expense amounts will decrease by 20% then enter 80% in the appropriate column(s).

Note: If you don’t want to fill out the personal expense items above, enter a lump sum amount in the Income Needed per Month in the “Miscellaneous” row. Do NOT include insurance premiums, taxes or debt payments. These will be gathered from other areas.

Financial Goals

(Specific items where you wish to compute the amount of immediate capital needed or the monthly deposits needed to fund a future expense.)

Description	Year needed	Amount needed	Inflation rate
		\$	%
		\$	%
		\$	%
		\$	%

Anticipated rate of return on funds accumulated for goals: _____%

Include Financial Goals in Retirement Capital Estimate report: _____ (Yes/No)

Survivor Information

Immediate Survivor Cash Needs:

	Individual 1	Individual 2
Final expenses (burial, medical, etc.)	\$	\$
Emergency funds, reserves	\$	\$
Other Survivor cash needed (charitable gift, etc.)	\$	\$

Should the "Other Survivor cash needed" shown above be included as a reduction to the estate assets on the Estate tax report? __Yes __No

Capital Consumption / Retention Option (Survivor and Retirement):

	Individual 1	Individual 2
Amount of capital to be retained at life expectancy	\$	\$

If you wish to have a specific amount of capital left to your ultimate heirs, enter the amount above. Otherwise the survivor capital needed will be computed with the assumption that all capital will be consumed by life expectancy.

Tax Rate on Survivor Earned Income:

	Individual 1	Individual 2
Tax rate on earned income	%	%

Estate

Estate Assumptions:

Check the box if you have any of the following:	Individual 1	Individual 2
Will	<input type="checkbox"/>	<input type="checkbox"/>
Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Marital Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Credit Shelter Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Qtip Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Irrevocable Life Insurance Trust	<input type="checkbox"/>	<input type="checkbox"/>
Durable General Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Generation Skip Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Joint Revocable Trust	<input type="checkbox"/>	<input type="checkbox"/>
Testamentary Trust	<input type="checkbox"/>	<input type="checkbox"/>