

PERSONAL INFORMATION

Client 1

Client 2

1	Name						
2	Date of Birth	MONTH	DAY	YEAR	MONTH	DAY	YEAR
3	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F		<input type="checkbox"/> M	<input type="checkbox"/> F	
4	Soc. Sec. No.	--	--		--	--	
5	Address						
		CITY	STATE	ZIP			
6	Marital Status	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE	<input type="checkbox"/> WIDOW(ER)			

7 **Children/grandchildren** a. If you wish an education analysis, please make sure you enter child's name, a college start year and/or funds set aside. You can include any planned children and expected years of birth. b. In funds Set Aside column, enter current market values only. Example: If a zero coupon bond will mature to full face value at child's/grandchild's college start year, enter the bond's value today – not the face value. c. The assets listed here should **not** be included under Assets and Debts (Questions #'s 21-24). d. For grandchild, enter G in grandchild column.

Names	Gender (M/F)	Birthdate	Grandchild (G)	College Start Year	Funds Set Aside
					\$
					\$
					\$
					\$
					\$

EMPLOYMENT INFORMATION

Client 1

Client 2

8	Profession/Title						
	Employer						
	Years of service	YEARS			YEARS		
9	Business phone no.	()	EXT.		()	EXT.	
	Home phone no.	()			()		

RETIREMENT AND DISABILITY BENEFITS

Client 1

Client 2

10	Desired retirement age (If you are retired please enter current age. If Client 1 leaves the question blank, we will assume retirement at 65. If Client 2 leaves the question blank, we will assume retirement occurs at the same time Client 1 retires.)		
11	Are you eligible to receive Social Security in retirement? (If yes, we will estimate Social Security based on annual earnings in Question #26A and your desired retirement age.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Estimated monthly Social Security benefit: enter amount here and indicate the age at which the benefit begins. If age is left blank, we will assume this is an age 62 benefit and adjust it based on your desired retirement age.	\$ PER MO @ AGE	\$ PER MO @ AGE
12A	Employer-sponsored pension e.g., defined benefit plan (monthly amount at projected retirement age. Please indicate your age when plan benefits are to begin)	\$ PER MO @ AGE	\$ PER MO @ AGE
	Is this pension subject to a cost-of-living adjustment (COLA)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
12B	Monthly survivor benefit available this year. (If the above pension provides a death benefit for your surviving family, enter the monthly benefit here. Amount should not exceed pension in Question #12A. If the survivor benefit is a one-time payout, enter payment amount under "Life Insurance – From Employer", Question #18.)	\$ PER MO	\$ PER MO

RETIREMENT AND DISABILITY BENEFITS (CONTINUED)

13 Retirement assets (Include the total of employer and employee contributions in annual contribution columns.)

	Client 1		Client 2	
	Current Balance	Annual Contribution	Current Balance	Annual Contribution
IRA accounts	\$	\$ PER YR	\$	\$ PER YR
Keogh-type accounts	\$	\$ PER YR	\$	\$ PER YR
SEP accounts	\$	\$ PER YR	\$	\$ PER YR
Profit sharing [e.g., 401(k) or other defined contribution plans]	\$	\$ PER YR	\$	\$ PER YR
Employer-sponsored annuities (e.g., a TIAA-CREF annuity)	\$	\$ PER YR	\$	\$ PER YR

14 Current retirement asset allocation Estimate percentages to have your retirement assets included in the recommended asset allocation.

% Equities % Fixed Income % Cash

15 Desired retirement lifestyle (How much annual "spend-able" income **after taxes** would you need to support your desired retirement lifestyle as expressed in today's dollars? If you leave this blank, we will make an estimate based on your income, included in Question #26A.)

I / we would need \$

16 Long-term disability income coverage Do not include Social Security or any benefits that last less than 2 years.

Client 1 Client 2

\$ PER MO \$ PER MO

ESTATE INFORMATION

Since the following information impacts your estate, any question left blank is assumed to be NO or zero.

17 Do you have a will? Client 1 Client 2

YES NO YES NO

Does your will have a unified credit provision? (Sometimes referred to as a Bypass or A/B trust) Client 1 Client 2

YES NO YES NO

How long ago was your will drafted or updated?

Do you have a living trust? (A legal document established during your lifetime containing assets that will pass outside your will. This is not a Living Will.) Client 1 Client 2

YES NO YES NO

18 Life Insurance (face amounts) Exclude accidental death and second-to-die policies

	Client 1	Client 2
Amount provided by employer	\$	\$
Amount personally owned	\$	\$
Amount owned by others (i.e., Trust)	\$	\$
Cash value (Amount of equity built up in your whole or universal life policy.)	\$	\$

19 Desired survivor lifestyle (Excluding college costs, how much annual income **after taxes** in today's dollars would your survivors need to support their lifestyle? If you leave this blank, we will make an estimate based on your income included in Question #26A.)

Survivors would need a total of \$ Per year in today's dollars.

ASSET INFORMATION / EXCLUDING RETIREMENT PLAN ASSETS & UGMA / UTMA ASSETS

20 Ownership Below we ask you to list various assets. But first, please estimate the percentage of assets (and liabilities) owned by Client 1 and Client 2 separately and jointly. If you are married and leave all three lines blank, we will assume client 1 and client 2 own 100% of all assets jointly. Please use joint category for community property.

Client 1	%	+	Client 2	%	+	Joint	%	=100%
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	CURRENT VALUE		CURRENT VALUE
21 Personal Assets			
Primary Residence (Mkt Value)	\$ _____	Automobile(s) (Mkt Value)	\$ _____
Mortgage Balance	\$ (_____)	Auto Loan Balance	\$ (_____)
Home Equity Loan	\$ (_____)		
Secondary Residence (Not rental property)	\$ _____	Other Personal Property (Jewelry, furniture, appliances, clothing, etc.)	\$ _____
Mortgage Balance	\$ (_____)		

EXCLUDING RETIREMENT ASSETS, UGMA / UTMA ASSETS AND IRREVOCABLE TRUST ASSETS

Professionally managed accounts and living trust assets should be divided into appropriate categories.

22 Cash and Cash Equivalents			
Checking Accounts	\$ _____	Term Certificates (e.g., CDs)	\$ _____
Savings Accounts	\$ _____	Other (e.g., Credit Union Accts)	\$ _____
Money Market Accounts	\$ _____		

23 Securities			
Common & Preferred Stock	\$ _____	US Govt Issues/Funds/UITs	\$ _____
Stock Mutual Funds	\$ _____	Other Securities	\$ _____
Municipal Bonds/Funds/UITs	\$ _____	Margin Loan Balance	\$ (_____)

24 Other			
Net Rental Property (Mkt Value minus Mortgage Loan Bal)	\$ _____	Business Interests you own	\$ _____
Other Net Real Estate (Mkt Value minus Mortgage Loan Bal)	\$ _____	Other Investment Assets (not listed above)	\$ _____
Annuities (Excluding immediate annuities & employer sponsored annuities)	\$ _____	Employee Stock Option Bargain Element [Number of shares multiplied by (Current Mkt Value minus Exercise Price)]	\$ _____
Receivables (Notes/mortgages owed to you)	\$ _____	Other Debt (Include credit card debt and other debt not listed above)	\$ (_____)
Direct Investments (Limited Partnerships)	\$ _____	Future Inheritance (Estimated amount)	\$ _____

25 Do you have a Central Asset Management Account? (e.g., CMA/CBA) (If you leave this blank, we will assume you do not have one.)

YES NO

26A Sources of income List **annual** amounts you are **currently receiving**. "Salary and bonus" means taxable income shown on IRS Form W-2. If you leave the Dividends, Taxable interest and Tax-free income lines blank, not zero, we will assume certain returns on your assets.

	Client 1		Client 2	
Salary and bonus	\$	PER YR	\$	PER YR
Net self-employment	\$	PER YR	\$	PER YR
Pension	\$	PER YR	\$	PER YR
Social Security	\$	PER YR	\$	PER YR
Dividends	\$	PER YR	\$	PER YR
Taxable interest	\$	PER YR	\$	PER YR
Tax-free income	\$	PER YR	\$	PER YR
Other taxable income	\$	PER YR	\$	PER YR
<i>Please specify type Of other income:</i>	_____		_____	

If you entered an amount for Social Security income, check appropriate type: Retirement income Survivor income Disability income

26B Total itemized deductions (From IRS Form 1040 Schedule A, total before reductions. If left blank we will use the standard deduction.)

\$ _____

27 Annual Savings (Excluding retirement plan contributions, how much money do you plan to save annually?)

\$ _____

INVESTMENT INFORMATION

28 Investment risk Circle the number of the one statement that best describes your attitude toward investment risk.

Note: If you do not indicate an attitude toward investment risk, we will assume Moderate (Choice 3).

1. **Conservative** Safety of principal is the dominant concern. Risk should be kept to a minimum.
2. **Conservative to Moderate** Safety of principal is the primary concern, but a secondary goal is growth of capital. Some risk is acceptable in seeking to enhance returns.
3. **Moderate** Growth of capital and safety of principal are both important. Moderate risk is acceptable to increase growth opportunities.
4. **Moderate to Aggressive** Growth of capital is the primary concern, but a secondary goal is safety of principal. A fair amount of risk is acceptable to take advantage of potentially significant growth opportunities.
5. **Aggressive** Growth of capital is the dominant concern. High risk is acceptable in seeking superior returns.