

# **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 |                     |                     |
|                  | <b>Individual 1</b> | <b>Individual 2</b> |
| 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 |
|----------|-------------------|----------|----------|
| 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.) 401(k) Plans    6.) Profit Sharing Compensation
- 7.) Roth IRA    8.) Roth 401(k)    9.) SAR / SEP    10.) Simple    11.) ISA /403b (IRA or 401(k))

**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>&lt;&lt;Low</u> <u>High&gt;&gt;</u> |                       |                       |                       |                       |
|--------------------------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Reducing income taxes                | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Protection from inflation            | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Maximum investment growth potential  | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Current spendable income from assets | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Liquidity (convert assets to cash)   | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**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 <sup>st</sup> year of college | # of years | School type | Funds available now | Annual college cost | Monthly savings |
|--------------|---------------------------------|------------|-------------|---------------------|---------------------|-----------------|
|              |                                 |            |             | \$                  | \$                  | \$              |
|              |                                 |            |             | \$                  | \$                  | \$              |
|              |                                 |            |             | \$                  | \$                  | \$              |
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|              |                                 |            |             | \$                  | \$                  | \$              |
|              |                                 |            |             | \$                  | \$                  | \$              |
|              |                                 |            |             | \$                  | \$                  | \$              |

## 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:

- 1<sup>st</sup> 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):*

|                                       | Age | Tax report | Increase rate | Cash flow report | Disability report | Survivor report |
|---------------------------------------|-----|------------|---------------|------------------|-------------------|-----------------|
| <b>Individual 1 Salary and Wages:</b> |     | \$         | %             | \$               | \$                | \$              |
|                                       |     |            |               |                  |                   |                 |
|                                       |     |            |               |                  |                   |                 |
|                                       |     |            |               |                  |                   |                 |
|                                       |     |            |               |                  |                   |                 |
| <b>Individual 2 Salary and Wages:</b> |     | \$         | %             | \$               | \$                | \$              |
|                                       |     |            |               |                  |                   |                 |
|                                       |     |            |               |                  |                   |                 |
|                                       |     |            |               |                  |                   |                 |
|                                       |     |            |               |                  |                   |                 |
| <b>Individual 1 Self-Employment:</b>  |     | \$         | %             | \$               | \$                | \$              |
|                                       |     |            |               |                  |                   |                 |
|                                       |     |            |               |                  |                   |                 |
|                                       |     |            |               |                  |                   |                 |
|                                       |     |            |               |                  |                   |                 |
| <b>Individual 2 Self-Employment:</b>  |     | \$         | %             | \$               | \$                | \$              |
|                                       |     |            |               |                  |                   |                 |
|                                       |     |            |               |                  |                   |                 |
|                                       |     |            |               |                  |                   |                 |
|                                       |     |            |               |                  |                   |                 |

**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):***

|  | <b>Individual 1</b> | <b>Individual 2</b> |
|--|---------------------|---------------------|
| 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):***

|  | <b>Individual 1</b> | <b>Individual 2</b> |
|--|---------------------|---------------------|
| 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):***

| Pension plan                                 | Age | Monthly benefit | Increase rate | Increase amount |   |
|--|-----|-----------------|---------------|-----------------|---|
| <b>Individual 1 Pension 1</b><br>Name: _____ |     | \$              | %             | \$              | Pension State Tax Exempt? Yes ___ No ___    |
|  |     |                 |               |                 | Survivor benefit % _____                    |
|  |     |                 |               |                 | Survivor \$/mo prior to pension start _____ |
|  |     |                 |               |                 |   |
| <b>Individual 1 Pension 2</b><br>Name: _____ |     | \$              | %             | \$              | Pension State Tax Exempt? Yes ___ No ___    |
|  |     |                 |               |                 | Survivor benefit % _____                    |
|  |     |                 |               |                 | Survivor \$/mo prior to pension start _____ |
|  |     |                 |               |                 |   |
| <b>Individual 2 Pension 1</b><br>Name: _____ |     | \$              | %             | \$              | Pension State Tax Exempt? Yes ___ No ___    |
|  |     |                 |               |                 | Survivor benefit % _____                    |
|  |     |                 |               |                 | Survivor \$/mo prior to pension start _____ |
|  |     |                 |               |                 |   |
| <b>Individual 2 Pension 2</b><br>Name: _____ |     | \$              | %             | \$              | Pension State Tax Exempt? Yes ___ No ___    |
|  |     |                 |               |                 | Survivor benefit % _____                    |
|  |     |                 |               |                 | Survivor \$/mo prior to pension start _____ |
|  |     |                 |               |                 |   |

**Instructions:**

**Name** – Individual 1 and 2 can each enter two pension plans.

**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 at the new 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 and second row. If the increase will change at any age, enter the new increase rate on the appropriate row.

**Increase amount** – if the pension is going to increase a specific dollar amount, enter the dollar amount that the monthly benefit increases each year.



## Income Tax Data

*Tax Data (Annual amounts):*

|   | Age | Tax report | Cash flow report | Disability report |
|---|-----|------------|------------------|-------------------|
| <b>Schedule D Capital Gain or (Loss)</b>  |     | \$         | \$               | \$                |
|   |     |            |                  |                   |
|   |     |            |                  |                   |
| <b>Schedule E Passive Gain or (Loss)</b>  |     | \$         | \$               | \$                |
|   |     |            |                  |                   |
|   |     |            |                  |                   |
| <b>Federal Taxable Income or (Loss)</b>   |     | \$         | \$               | \$                |
|   |     |            |                  |                   |
|   |     |            |                  |                   |
| <b>Other Federal Tax or (Credit)</b>      |     | \$         | \$               | \$                |
|   |     |            |                  |                   |
|   |     |            |                  |                   |
| <b>State Taxable Income or (Loss)</b>     |     | \$         | \$               | \$                |
|   |     |            |                  |                   |
|   |     |            |                  |                   |
| <b>Other State Tax or (Credit)</b>        |     | \$         | \$               | \$                |
|   |     |            |                  |                   |
|   |     |            |                  |                   |
| <b>AMT preference items</b>               |     | \$         | \$               | \$                |
|   |     |            |                  |                   |
|   |     |            |                  |                   |
| <b>Other Taxable Income or (Loss)</b>     |     | \$         | \$               | \$                |
|   |     |            |                  |                   |
|   |     |            |                  |                   |
| <b>Other Non-Taxable Income or (Loss)</b> |     | \$         | \$               | \$                |
|   |     |            |                  |                   |
|   |     |            |                  |                   |

**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:***

|  | Age | Percent of gross income | and/or | Dollar amount | Annual rate of increase |
|--|-----|-------------------------|--------|---------------|-------------------------|
| <b>Charitable Contributions:</b>                 |     | %                       | and/or | \$            | %                       |
|  |     |                         |        |               |                         |
|  |     |                         |        |               |                         |
| <b>Medical Expenses:</b>                         |     | %                       | and/or | \$            | %                       |
|  |     |                         |        |               |                         |
|  |     |                         |        |               |                         |
| <b>Miscellaneous:</b>                            |     | %                       | and/or | \$            | %                       |
|  |     |                         |        |               |                         |
|  |     |                         |        |               |                         |
| <b>Other Deductible Interest:</b>                |     | %                       | and/or | \$            | %                       |
|  |     |                         |        |               |                         |
|  |     |                         |        |               |                         |
| <b>Other Tax:</b><br>(Non Property or State tax) |     | %                       | and/or | \$            | %                       |
|  |     |                         |        |               |                         |
|  |     |                         |        |               |                         |
| <b>Property Tax:</b>                             |     | %                       | and/or | \$            | %                       |
|  |     |                         |        |               |                         |
|  |     |                         |        |               |                         |

**Instructions:**

**Itemized deductions** Enter either a percentage of gross income and/or a dollar amount for all the itemized deductions for the current age and any future ages. 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 name | Insured | Beneficiary | Owner | Policy number | Annual premium amount | Policy face amount |
|-------------|--------------|---------|-------------|-------|---------------|-----------------------|--------------------|
|             |              |         |             |       |               | \$                    | \$                 |
|             |              |         |             |       |               | \$                    | \$                 |
|             |              |         |             |       |               | \$                    | \$                 |
|             |              |         |             |       |               | \$                    | \$                 |
|             |              |         |             |       |               | \$                    | \$                 |
|             |              |         |             |       |               | \$                    | \$                 |

## Permanent Life Insurance Policies:

| Description / company | Insured | Benef. | Owner | Policy number | Current loan | Period     | Annual premium | Policy face value | Cash value |
|-----------------------|---------|--------|-------|---------------|--------------|------------|----------------|-------------------|------------|
|                       |         |        |       |               | \$           | Now        | \$             | \$                | \$         |
|                       |         |        |       |               |              | Retirement | \$             | \$                | \$         |
|                       |         |        |       |               | \$           | Now        | \$             | \$                | \$         |
|                       |         |        |       |               |              | Retirement | \$             | \$                | \$         |
|                       |         |        |       |               | \$           | Now        | \$             | \$                | \$         |
|                       |         |        |       |               |              | Retirement | \$             | \$                | \$         |
|                       |         |        |       |               | \$           | Now        | \$             | \$                | \$         |
|                       |         |        |       |               |              | Retirement | \$             | \$                | \$         |
|                       |         |        |       |               | \$           | Now        | \$             | \$                | \$         |
|                       |         |        |       |               |              | Retirement | \$             | \$                | \$         |

### 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:*

|   | Age | Individual 1 | Age | Individual 2 |
|---|-----|--------------|-----|--------------|
| <b>Auto Insurance Premiums:</b>                             |     |              |     |              |
|   |     |              |     |              |
|   |     |              |     |              |
| <b>Disability Insurance Premiums:</b>                       |     |              |     |              |
|   |     |              |     |              |
|   |     |              |     |              |
| <b>Long Term Care Insurance Premiums:</b>                   |     |              |     |              |
|   |     |              |     |              |
|   |     |              |     |              |
| <b>Medical Insurance Premiums:</b>                          |     |              |     |              |
|   |     |              |     |              |
|   |     |              |     |              |
| <b>Homeowners, Property &amp; Casualty, Other Premiums:</b> |     |              |     |              |
|   |     |              |     |              |
|   |     |              |     |              |

*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:*

|  | <b>Individual 1</b> | <b>Individual 2</b> |
|--|---------------------|---------------------|
| 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):*

|   | <b>Individual 1</b> | <b>Individual 2</b> |
|---|---------------------|---------------------|
| 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:*

|                           | <b>Individual 1</b> | <b>Individual 2</b> |
|---------------------------|---------------------|---------------------|
| Tax rate on earned income | %                   | %                   |

## Estate

### *Estate Assumptions:*

**Check the box if you have any of the following:**

|                                   | <b>Individual 1</b>      | <b>Individual 2</b>      |
|-----------------------------------|--------------------------|--------------------------|
| 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"/> |