

Any good financial plan begins by clearly outlining your goals. In order for us to more clearly understand what is important to you, please rank the following in order of importance: (1) being most important and (3) being the least.

|                                     |                                  |   |
|-------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> College | <input type="checkbox"/> Other financial goal |
|-------------------------------------|----------------------------------|---|

## RETIREMENT

|   |  |
|---|--|
| At what age would you like to retire?   |  |
| Do you expect to continue working with your current employer until you retire?    |  |
| Do you expect to receive health insurance through your employer until retirement? |  |
| When did you last check your allocation in your retirement accounts?              |  |

## COLLEGE

| Type of college (mark one)          | What percentage of your child's college costs would you like to provide?           | %  |
|-------------------------------------|--|----|
| <input type="checkbox"/> Community  | What is the estimated cost for 1 year of school?                                   | \$ |
| <input type="checkbox"/> State      |  |    |
| <input type="checkbox"/> Private    | If you know the specific schools your child is considering, please list them here: |    |
| <input type="checkbox"/> Ivy League |  |    |

## OTHER INVESTMENT GOALS

|   |  |                      |  |
|---|--|----------------------|--|
| Saving for a home, starting a business, purchasing a car, family vacation, etc. |  |                      |  |
| Describe your goal:   |  |                      |  |
|   |  |                      |  |
| How much money will you need?   |  | \$                   |  |
| How much have you already saved?  |  | \$                   |  |
| How much are you currently saving for this goal each month?                     |  | \$                   |  |
| When will you need it?  |  |                      |  |
|   |  |                      |  |
| On a scale of 1-10 (10 being the highest), how would you scale the following?:  |  |                      |  |
| Your willingness to take risk   |  | Overcoming inflation |  |
| Your understanding of current tax laws  |  | Minimizing taxes     |  |
| Your desire to leave money to children  |  | Safety of principal  |  |
| Your level of investment knowledge  |  | Liquidity            |  |
| Your confidence in your retirement security                                     |  | Simplicity           |  |

Describe the major concerns you hope to address through financial planning:

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

| PERSONAL         |                      |                      |                          |                   |
|------------------|----------------------|----------------------|--------------------------|-------------------|
|                  | Full name            | Birthdate            | Age                      | Social Security # |
| Client           |                      |                      |                          |                   |
| Spouse           |                      |                      |                          |                   |
| Address          |                      |                      |                          |                   |
| Phone            | Home                 | Client cell          | Spouse cell              |                   |
|                  |                      |                      |                          |                   |
| Email            | Home                 | Client               | Spouse                   |                   |
|                  |                      |                      |                          |                   |
| Driver's license | Client # & Exp. Date | Spouse # & Exp. Date | Preferred contact method |                   |
|                  |                      |                      |                          |                   |

| EMPLOYMENT |                    |         |           |                |
|------------|--------------------|---------|-----------|----------------|
|            | Company/Occupation | Address | How long? | Annual Raise % |
| Client     |                    |         |           |                |
| Spouse     |                    |         |           |                |

| DEPENDENTS |           |           |     |              |          |
|------------|-----------|-----------|-----|--------------|----------|
|            | Full name | Birthdate | Age | Relationship | Comments |
| 1.         |           |           |     |              |          |
| 2.         |           |           |     |              |          |
| 3.         |           |           |     |              |          |
| 4.         |           |           |     |              |          |

| INCOME   |        |                     |                 |
|--|--------|---------------------|-----------------|
|  | Client | Spouse              |                 |
| Salary   | \$     | \$                  |                 |
| Other income (rental, business, etc.)  | \$     | \$                  |                 |
| Social Security estimate at full retirement age (FRA)  | \$     | \$                  |                 |
| If you <b>do not</b> have an estimate for Social Security, the best way to find this information is to sign up on the official Social Security website ( <a href="http://www.ssa.gov/myaccount/">www.ssa.gov/myaccount/</a> ). |        |                     |                 |
| Pension Plans  | Owner  | Pension Trigger Age | Projected Value |
| Plan Name  | Client | Monthly Amount @ 55 | \$              |
|  |        | Monthly Amount @ 60 | \$              |
|  |        | Monthly Amount @ 65 | \$              |
|  |        | Plan Name           | Spouse          |
|  |        | Monthly Amount @ 60 | \$              |
|  |        | Monthly Amount @ 65 | \$              |

| MONTHLY INCOME                                       |        |
|--|--------|
| Item   | Amount |
| Client Salary (after-tax)                            | \$     |
| Spouse Salary (after-tax)                            | \$     |
| Other  | \$     |
| <b>Total Income</b>                                  | \$     |
| MONTHLY RETIREMENT SAVINGS                           |        |
| Item   | Amount |
| Client Savings (pre-tax)                             | \$     |
| Spouse Savings (pre-tax)                             | \$     |
| Cash Savings (checking & savings)                    | \$     |
| Other Investment Savings (for retirement)            | \$     |
| <b>Total Savings</b>                                 | \$     |
| MONTHLY RETIREMENT EXPENSES                          |        |
| Item   | Amount |
| Rent Mortgage  | \$     |
| Real Estate Taxes                                    | \$     |
| Homeowners Insurance                                 | \$     |
| Health Insurance Premiums                            | \$     |
| Healthcare (doctor's visits, prescriptions, etc.)    | \$     |
| Veterinary Expenses                                  | \$     |
| Auto Expenses (maintenance, gas, etc.)               | \$     |
| Car Lease Payment                                    | \$     |
| Auto Insurance                                       | \$     |
| Groceries  | \$     |
| Entertainment (hobbies, etc.)                        | \$     |
| Dining Out   | \$     |
| Student Loans  | \$     |
| Credit Card Payments                                 | \$     |
| Personal Care  | \$     |
| Vacations & Gifts                                    | \$     |
| Misc.  | \$     |
| Charitable Giving                                    | \$     |
| <b>Total Expenses:</b>                               | \$     |
| EXCESS/SHORTAGE                                      |        |
| <b>Total Income - Total Savings - Total Expenses</b> | \$     |

## CASH (CHECKING, SAVINGS, MONEY MARKETS, CD'S, ETC.)

| Asset Name | Value | Owner | Monthly Contributions |
|------------|-------|-------|-----------------------|
|            |       |       |                       |
|            |       |       |                       |
|            |       |       |                       |

## COLLEGE SAVINGS (529'S, UTMA'S, ETC.)

| Asset Name | Value | Owner | Monthly Contributions |
|------------|-------|-------|-----------------------|
|            |       |       |                       |
|            |       |       |                       |
|            |       |       |                       |

## INVESTMENT SAVINGS (AFTER-TAX)

| Asset Name | Value | Owner | Monthly Contributions |
|------------|-------|-------|-----------------------|
|            |       |       |                       |
|            |       |       |                       |
|            |       |       |                       |
|            |       |       |                       |

## RETIREMENT INVESTMENTS (401K, TSA, IRA, ROTH IRA, DEFERRED COMP)

| Asset Name | Value | Owner | Monthly Contributions (Employer/Employee) |
|------------|-------|-------|---|
|            |       |       |   |
|            |       |       |   |
|            |       |       |   |
|            |       |       |   |

## ANNUITIES (QUALIFIED & NON-QUALIFIED)

| Asset Name | Value | Owner | Tax Status | Monthly Contributions |
|------------|-------|-------|------------|-----------------------|
|            |       |       |            |                       |
|            |       |       |            |                       |

## REAL ESTATE

| Asset Name | Purchase Amount | Current Value | Annual Taxes | Mortgage (Y/N) |
|------------|-----------------|---------------|--------------|----------------|
|            |                 |               |              |                |
|            |                 |               |              |                |
|            |                 |               |              |                |

## MORTGAGES AND HOME EQUITY LOANS (HELOC'S)

| Associated Property | Current Balance | Monthly Payment | Term | Interest Rate & Origination Year |
|---------------------|-----------------|-----------------|------|----------------------------------|
|                     |                 |                 |      |                                  |
|                     |                 |                 |      |                                  |
|                     |                 |                 |      |                                  |

## LOANS (CREDIT CARDS, CAR LOANS, STUDENT LOANS)

| Associated Property | Current Balance | Monthly Payment | Term | Interest Rate & Origination Year |
|---------------------|-----------------|-----------------|------|----------------------------------|
|                     |                 |                 |      |                                  |
|                     |                 |                 |      |                                  |
|                     |                 |                 |      |                                  |

## LIFE INSURANCE POLICIES

| Policy Name | Purchase Date | Term | Annual Premium | Death Benefit |
|-------------|---------------|------|----------------|---------------|
|             |               |      |                |               |
|             |               |      |                |               |
|             |               |      |                |               |
|             |               |      |                |               |
|             |               |      |                |               |
|             |               |      |                |               |

## LIFE INSURANCE QUESTIONNAIRE

|  |  |
|--|--|
| If you were to die unexpectedly, what % of your family's monthly expenses would cease? |  |
| If you were to die unexpectedly, what % of your family's monthly income would cease?   |  |
| In the event of your death, would your spouse continue working or return to work?      |  |
| List any debts that you want to be paid off? (item & amount)                           |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Would you want College automatically funded for your children?                         |  |
| What % of your salary is covered by group disability coverage at work?                 |  |