



The following data is strictly confidential. The information will be analyzed by one of financial planners and you may receive a personalized financial plan which will answer important questions listed on the cover. The written plan may also include recommendations or specific investments and other financial planning tools that you should consider to help you meet your family's needs and achieve your goals.

Instructions for purpose of identification. List the individual with the larger annual income as **Client A**. The individual with the lesser income, or a non-working spouse, should be listed as **Client B**. When entering figures use only dollar amounts. Do not enter cents. If you are unable to complete some sections, or have questions, write *please call* in the margin and your financial planner will consult with you prior to developing your financial plan.

1. PERSONAL DATA

Today's Date _____

| A. Personal Data: | First Name | M.I. | Last Name | Age | Sex | Birth Date | Social Sec. # |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------|-------------------|
| Client A | | | | | | | |
| Client B | | | | | | | |
| Dependents (See Planned Children below): | | | | | | | College Funding** |
| Oldest Child | | | | | | | |
| Child 2 | | | | | | | |
| Child 3 | | | | | | | |
| Child 4 | | | | | | | |
| Child 5 | | | | | | | |
| Other Dependent & Relationship | | | | | | | |
| Other Dependent & Relationship | | | | | | | |
| *PLANNED CHILDREN. If you plan to have children, or additional children, please write <i>planned</i> in the dependent space and indicate the approximate planned birth date. | | | | **COLLEGE FUNDING If you anticipate paying for your children's college education, write <i>yes</i> . You may specify an amount to educate in today's dollars. If you do not specify an amount, we will use the average state college figure. | | | |
| B. HOME ADDRESS | | | Home Phone () - | | | D. EMPLOYMENT DATA | |
| Street | | | | | | Client A: self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| City | | State | Zip | | Occupation: | | |
| Client A Business Phone () - | | | Employer: | | | _____ Years | |
| Client B Business Phone () - | | | Client A: self-employed? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| C. PRO. ADVISORS | | | Name/Firm | | Telephone | | |
| Accountant | | | () - | | Occupation: | | |
| Attorney | | | () - | | Employer: _____ Years | | |
| | | | Do you smoke cigarettes? Client A <input type="checkbox"/> Y <input type="checkbox"/> N Client B <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |

2. GOALS AND ASSUMPTIONS

The following information is necessary in order to develop a plan that, when implemented, will reflect your expectations for the future, meet your needs, and be consistent with your temperament, goals and objectives.

A. YOUR INVESTMENT ATTITUDE

Generally, people can afford to be more aggressive and assume risks while young, but should be more conservative when close to retirement.

Client A (circle one) 1 2 3 4 5 6 7 8 9 10
 Client B (circle one) 1 2 3 4 5 6 7 8 9 10

B. DESIRED INVESTMENT FEATURES

Rank the following from 1-4 in order of importance accordingly to your present situation, with 1 indicating the most important feature.

_____ Liquidity _____ Current Income _____ Growth _____ Tax-Advantage*

*Tax-Advantage - Refers to lowering your present income taxes through deferrals or deductions, creating tax-free income.

C. ASSUMED AVERAGE ANNUAL INFLATION RATE

(If other than 7%) _____ %

Since the early 1970's, we have experienced a sustained period of inflation, averaging over 7% per year since 1973. This has been an uncharacteristic period in our nation's history, yet sound financial planning dictates that we base today's plans on a figure that would properly prepare an individual for the future should we again experience high inflation. We will base our calculations on a 7% annual rate unless you specify a greater or lesser rate in the space above.

D. PLANNED RETIREMENT AGE _____

E. MONTHLY GROSS INCOME DESIRED AT RETIREMENT (Pre-Tax, in Today's Dollars) \$ _____

Carefully estimate what it would take to meet your basic living expense during retirement, and to fund your desired discretionary expenses, such as recreation and travel.

F. SOCIAL SECURITY Do you want to use Social Security as part of your retirement benefits? Y N

3. CASH BALANCES

Name of Institution: Also specify whether Bank, S&L, Credit Union, or Money Market Fund
 Type: Checking Account = CK; Passbook Savings = PS; Certificate of Deposits = CD; Money Market = MM

| Name of Institution | Type | \$ Current Balance | Interest Rate % | ADDITIONS | |
|---------------------|------|--------------------|-----------------|-----------|------------------|
| | | | | Period | \$ Amount/Period |
| | | | | | |
| | | | | | |
| | | | | | |

4. OTHER ASSETS

Type: Mutual Funds = MF; Stock = S; Corporate Bonds = CB; Government or Muni. Bonds = GB; Annuities = A; Real Estate Limited Partnerships or Trusts = RE; Oil & Gas Partnerships = OG; Other Tax Shelters = TS

| INVESTMENT | | Owner A or B | CURRENT | | ADDITIONS | |
|------------|------|--------------|---------|--------------------|-----------|------------------|
| NAME | TYPE | | Shares | \$ Estimated Value | Period | \$ Amount/Period |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

5. IRAs, 401Ks, ETC.

Type: Mutual Funds = MF; Stock = S; Corporate Bonds = CB; Government or Muni. Bonds = GB; Annuities = A; Real Estate Limited Partnerships or Trusts = RE; Oil & Gas Partnerships = OG; Other Tax Shelters = TS Plan: IRA = I; SEP = SEP; 401K = K

| INVESTMENT | | Plan I or K | Owner A or B | CURRENT | | ADDITIONS | |
|------------|------|-------------|--------------|---------|--------------------|-----------|------------------|
| NAME | TYPE | | | Shares | \$ Estimated Value | Period | \$ Amount/Period |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

6. EMPLOYER SPONSORED RETIREMENT PLANS

| Plan Type | \$ Current Value (lump sum) | \$ Monthly Benefits Expected (if know) | \$ Current Death Benefit (to beneficiary) | ADDITIONS | |
|---------------------------|-----------------------------|----------------------------------------|-------------------------------------------|-----------|------------------|
| | | | | Period | \$ Amount/Period |
| Pension (Client A) | | | | | |
| Pension (Client B) | | | | | |
| TSA (Client A) | | | | | |
| TSA (Client B) | | | | | |
| Profit Sharing (Client A) | | | | | |
| Profit Sharing (Client B) | | | | | |

7. REAL ESTATE PORTFOLIO DETAIL

| Type of Property | Owner A/B & % | \$ Market Value | \$ Mortgage Value | \$ Monthly Pymt. (Price & Int.) | Interest Rate % | \$ Equity | \$ Property Taxes |
|------------------------------------|---------------|-----------------|-------------------|---------------------------------|-----------------|-----------|-------------------|
| 1. Home (1st Mortgage) | | | | | | | |
| Home (2nd Mortgage) | | | | | | | |
| 2. Recreation Property* | | | | | | | |
| Investments or Rental Properties** | | | | | | | |

*Indicate if a balloon payment will be paid and due date.
 **Do not enter here any property taxes in the calculations of Net Rental Income in the Income Data Section.

8. BUSINESS ASSETS

| | Description | Owner A/B & % | \$ Present Value/Balance | \$ Net Annual Income/Payments | Loan Rate % |
|------------------|-------------|---------------|--------------------------|-------------------------------|-------------|
| Business | | | | | |
| Tangible Assets* | | | | | |
| Money Owed You | | | | | |

*Tangible Assets Investment items not considered as personal property, such as gold and silver bullion or coins, investment quality diamonds, and other collectibles.

9. INCOME SOURCES

| A. Present Income (Pre-tax) | \$ Client A | \$ Client B | B. Anticipated Income | 20 ____ | 20 ____ |
|-----------------------------------------------------|-------------|-------------|------------------------------------------------------|-----------|-----------|
| 1. Salary/Wages and Bonus | | | 13. Combined Salary & Bonus (Client A & B) | | |
| 2. Net Income from Self-Employment | | | 14. Combined Self-Employment (Client A & B) | | |
| 3. Interest Income | | | 15. Interest Income | | |
| 4. Dividends | | | 16. Dividends | | |
| 5. Capital Gains (sale of stock, real estate, etc.) | | | 17. Capital Gains (sale of stock, real estate, etc.) | | |
| 6. Net Rental Income (excluding depreciation) | | | 18. Net Rental Income (excluding depreciation) | | |
| 7. Trusts | | | 19. Trusts | | |
| 8. Social Security Benefits | | | 20. Social Security Benefits | | |
| 9. IRA/401K/KEOUGH Distributions/Withdrawals | | | 21. IRA/401K/KEOUGH Distributions/Withdrawals | | |
| 10. Pensions/Military Retirement | | | 22. Pensions/Military Retirement | | |
| 11. Other (Money Owed You, Etc.) | | | 23. Other (Money Owed You, Etc.) | | |
| 12. Total Present Income | \$ | \$ | 24. Total Present Income | \$ | \$ |

10. INCOME TAX DATA

A. Filing Status (check one) Married Single Head of Household Married/Separately

| B. Estimated Taxable Income (Current Year) | Section | \$ Amount |
|------------------------------------------------------------------------|---------|-----------|
| 1. Total Present Income (from above) | 9 | \$ |
| 2. Non-taxable Income (e.g., Social Security, exempt interests, etc.) | | () |
| 3. 401K / SEP Deduction | | () |
| 4. Other Adjustments | | () |
| 5. Modified Adjusted Gross Income (Line 1 minus Lines 2,3 & 4) | | \$ |
| 6. IRA Deductions and Standardized Itemized Deductions | | () |
| 7. Exemptions | | () |
| 8. Family Net Taxable Income (Line 5 minus Lines 6 & 7) | | \$ |

C. Total Taxes Paid Last Year: Federal \$ _____ State \$ _____ FICA \$ _____

11. INSURANCE

| Insurance Company Name | Type | Insured A or B | Beneficiary A, B Other | \$ Face Amount | \$ Cash Value | \$ Loans Against | Loan Int. Rate % | Annual Premium |
|------------------------|------------|----------------|------------------------|----------------|---------------|------------------|------------------|----------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Group Term | Client A | | | | | | |
| | Group Term | Client B | | | | | | |

After you have completed the above summary, fill out the insurance Policy Receipt Form. When you return this data form, enclose your Life & Disability Insurance policies and any other policies you would like your planner to review in the envelope provided. It will be very difficult for your planner to accurately analyze your insurance program without these policies.

12. DETAIL OF ASSETS

The Sec Column indicates which Detail Section has the information needed to complete this line.
EPRR% is the Estimated Pre-Tax Rate of Return in percent. However, if you are unsure of a number (such as Rate of Return), you may estimate it and your planner may provide the amount for you.

| A. ASSETS | Sec | \$ Current Value/Balance | EPRR% | 15. Pension, Profit Sharing, TSA Value/Balance | 6 | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|-------|----------------------------------------------------|-----|--|-----------------|
| 1. Checking Account | 3 | | | 16. IRA, SEP | 5 | | |
| 2. Savings Accounts (Banks, S&L, Credit Union) | 3 | | | 17. 401K | 5 | | |
| 3. Money Market Fund (taxable) | 3 | | | 18. Tax Shelters & Limited Partnerships | 4 | | |
| 4. Total Cash (add lines 1, 2 & 3) | \$ | | | 19. Tax Shelters & Limited Partnerships | 7 | | |
| 5. Home (market value) | 7 | | | 20. Money Owed You | 8 | | |
| 6. Personal Property | | | | 21. Other Assets | 8 | | |
| 7. Personal Assets (add lines 4,5 & 6) | \$ | | | 22. Investment Assets (ADD Lines 8 thru 22) | \$ | | |
| 8. Certificates of Deposits | 3 | | | 22. Investment Assets (ADD Lines 7 & 22) | \$ | | |
| 9. Life Insurance Cash Value | 11 | | | B. LIABILITIES | Sec | | Current Balance |
| 10. Annuities | 4 | | | 24. Home Mortgage (balance) | 7 | | |
| 11. Stocks | 4 | | | 25. Long-term Loans (3 years or more) | | | |
| 12. Bonds (Corp. & Gov.) | 4 | | | 26. Short-term Debts (under 3 years) | | | |
| 13. Mutual Funds | 4 | | | 27. Personal Liabilities (LINE 24, 25 & 26) | \$ | | |
| 14. Tangible Assets (investments) | 8 | | | 28. Real Estate Mort. (other than home) | 7 | | |
| *NOTE: Line 6 includes home furnishings, autos, boats, etc. Antiques, heirlooms, jewelry, silver place settings, stamp collection, etc. that you do not want to sell, and should be considered personal items. Investment items, such as gold and silver bullion or coins, investments quality diamonds, and other collectibles, should be included in the Tangible Assets figure, Line 14) | | | | 29. Loan Against Insurance Cash Value | 11 | | |
| | | | | 30. Loans or Debts Secured by Investments | 4 | | |
| | | | | 31. Investment Liabilities (ADD Lines 28, 29 & 30) | \$ | | |
| | | | | 32. Total Liabilities (Lines 27 & 31) | \$ | | |

13. MONTHLY CASHFLOW

The Sec Column indicates which Detail Section has the information needed to complete this line.
NOTE: If some costs occur in periods other than monthly, first calculate the amount paid yearly. Then divide by 12.

| A. Savings & Investments | Sec | \$ Monthly | B. Taxes | Sec | \$ Monthly | D. Standard of Living | \$ Monthly |
|------------------------------------------------------------------------------------------------------------|-----|------------|---------------------------------------------------------|-----|------------|--------------------------------------------------------------|------------|
| 1. Savings Account | | | 10. Federal Income Taxes (estimated for current year) | | | 23. Housing-Mortgage payments (principal & interest) or rent | |
| 2. Money Market Fund | | | 11. State Income Taxes (estimated current year) | | | 24. Auto/Trans. (gas, maint., payments) | |
| 3. IRA | | | 12. FICA - Social Security (estimated for current year) | | | 25. Debt Repayment (credit cards, other loans) | |
| 4. 401K | | | 13. Property Taxes (personal residences) | 7 | | 26. Food (Home or Work) | |
| 5. Pension Plans, TSA | | | 14. Other _____ | | | 27. Medical/Dental (uninsured or no-ins.) | |
| 6. Mutual Funds | | | 15. Total Taxes | \$ | | 28. Entertainment/Recreation | |
| 7. Stocks, Bonds, etc. | | | C. Insurance | Sec | \$ Monthly | 29. Education | |
| 8. Other _____ | | | 16. Life Insurance | 11 | | 30. Charity, Gifts | |
| 9. Total Savings & inv. | \$ | | 17. Disability Insurance | 15 | | 31. Clothing | |
| Are you currently following a systemic savings plan? <input type="checkbox"/> Y <input type="checkbox"/> N | | | 18. Health/Dental Insurance | | | 32. Vacation | |
| If so, what are your monthly contributions? \$ _____ | | | 19. Homeowner's/ Renter's Insurance | | | 33. Home Maintenance/ Furnishings | |
| | | | 20. Auto Insurance | | | 34. Utilities & Misc. (phone, newspaper, etc.) | |
| | | | 21. Other _____ | | | 35. Unreimbursed Employee Benefits | |
| | | | 22. Total Insurance | \$ | | 36. Other _____ | |
| | | | | | | 37. Total Standard/Living | |

14. BUDGET NEEDS IF REQUIRED

In today's economy the death of either spouse can cause considerable financial hardship. Therefore, it is important that you project needs for an individual or spouse and family in the event of either spouse's death. Use today's dollars.

| A. IMMEDIATE CASH REQUIREMENTS (In the event that either spouse dies today) | Section | NEEDS OF CLIENT B (If Client A dies) | NEEDS OF CLIENT A (If Client B dies) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------|-----------------------------------------|
| 1. Financial Expenses & Cash Reserve (The amount needed for Funeral Services and Burial, and to pay current bills for 3 months) | | | |
| 2. Home Mortgage If there is mortgage insurance on either or both spouses, or if you wish to completely pay off any mortgage upon the death of either spouse, list the amount here. Otherwise, consider the monthly payment as part of the surviving spouse's monthly income needs below. | | | |
| 3. Long-term Loans 3 Years or more (auto, boat, etc.) that you wish to pay-off immediately. | | | |
| 4. Short-term Loans Under 3 years (credit cards, etc.) that you wish to pay-off immediately. | | | |
| B. INCOME & EXPENSES | | | |
| 1. For Surviving Spouses & Children Until Youngest Reaches Age 16 (Families without dependent children, or with no plans for children, use these lines. Your figures will represent monthly income requirements now) | | | |
| Monthly Expenses | | | |
| Monthly Earned Income | | | |
| 3. For Surviving Spouse During Retirement | | | |
| Monthly Expenses | | | |
| Monthly Earned Income - for example, from part-time work (Do not include anticipated income from Social Security of investments) | | | |

15. DISABILITY REQUIREMENTS

A. Standard of Living If you become disabled today, how much of your monthly income Would you need to replace in order to maintain your family's standard of living? Client A \$ _____
Client B \$ _____

| B. EXISTING COVERAGE | Insurance Company | Monthly Benefits | Waiting Periods | MAX Benefit Period | \$ Annual Premium |
|----------------------------|-------------------|------------------|-----------------|--------------------|-------------------|
| Through Employer, Client A | | | | | |
| Through Employer, Client B | | | | | |
| Personally, Client A | | | | | |
| Personally, Client B | | | | | |

16. WILL INFORMATION

| | Client A | Client B |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Do you have a current will? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| When did you last review your will? | | |
| Type of will (check one): | <input type="checkbox"/> Simple, All to Surviving Spouse <input type="checkbox"/> Two-part Marital Deduction | <input type="checkbox"/> Simple, All to Surviving Spouse <input type="checkbox"/> Two-part Marital Deduction |
| If you have another trust describe: | | |

17. OTHER GOALS AND NEEDS

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. Amount, if any (in today's dollars) for your estimate at your natural life expectancy. | \$ _____ |
| 2. The goal of financial planning and investing is not simply to help you achieve financial independence at retirement. In many cases, a financial planner can design a program for you, which takes into account special considerations or needs other than retirement income. List any short or long terms goals or needs you may have which will affect your finances (e.g. new home purchases, travel, healthcare/medical, business). Designate short-term (within 5 years) or long-term (more than 5 years). Indicates special interests in specific investments you may want us to consider when analyzing your needs and developing your plan. | |

