



MONEYGUIDEPRO™

DETAILED QUESTIONNAIRE

Personal and Confidential

Long-Form

Financial Questionnaire

MILESTONES

FINANCIAL PLANNING, LLC

wealth management • investment solutions
life planning



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www.milestonesfp.com

Financial Advisor: *Johanna Fox Turner, CPA, CFP[®], RLP[®]*

Date: _____

Checklist of documents we need. **We can scan originals and return to you same day for your convenience:**

- Most recent Personal Financial Statement, if available
- Last two years' business and personal income tax returns (n/a for current Johanna Fox, CPA clients)
- Last three months of bank statements, including check copies
- Retirement Plan documents (pensions)
- Beneficiary designation pages for all retirement plans and life insurance policies
- Current mutual fund or brokerage statements (including tax-sheltered investments such as IRA, 401(k), etc.)
- Endorsement pages for insurance policies
- K-1s for Partnerships
- Most recent pay stubs
- Most recent Social Security benefits statement
- Most recent statement for projected retirement benefits (teacher retirement, defined benefit, etc)
- Do you have an emergency fund? ___ Y | ___ N | If 'yes', what is the current balance? _____
What is the amount of your savings goal? _____
- Do you have any other savings accounts designated for special purposes? ___ Y | ___ N
If 'yes', please give details: _____
- Copy of any closely-held business documents (ex: buy-sell agreement)
- Copy of your wills and any trusts
- Copy of living will
- Copy of any Powers of Attorney
- Copy of any Health Care Proxies
- Copy of any Marital Agreements
- Copy of any budget(s) you currently use
- Loan histories for any debt. (Call your bank for copies and they will know what you need.)
- Most recent 4 months of bank statements**
- _____

Financial Background and Goals

These questions help us understand your overall financial condition and concerns. If you have additional comments or questions, please feel free to express them. In addition, we would like to reiterate here that we hold the material presented in this questionnaire in the highest confidence, and will not divulge ANY of it to anyone without your expressed permission.

1. Are you currently living on your wages or do you also depend upon investment income? _____

2. Are you living on your current income or spending more than is coming in? _____

3. To what extent are your family members and others who depend on you for support capable of dealing with financial affairs? _____

4. Do you have concerns about health – either yours, your children’s or your parents’? _____

5. Have you and/or your spouse lived in a community property state since your marriage?

Spouse A: _____ | Spouse B: _____

6. What are your career goals and time frame? _____

7. Describe something of your philosophy as an investor. For example, do you try to time your investments with the business or stock market cycles? Do you use leverage? Do you follow a policy of diversification? What are your general investment goals?

8a. Are you satisfied with your current investment advisor’s performance? If not, why not? _____

8b. How often do you meet with your investment advisor? _____

Financial Background and Goals

9a. Do you understand how your current retirement/pension plans operate? _____

9b. Are you satisfied with the current allocations within your plan(s)? _____

9c. If not, why not? _____

9d. Do you plan to continue to contribute at the current level? _____

10. When was the last time you had your will reviewed? _____

11. Who handles the finances in your household? ___ Client A | ___ Client B | ___ Handled jointly | Who reviews your bank statements? How often? _____

12. Have you ever filed for bankruptcy? ___ Client A | ___ Client B

13. Do you own or anticipate that you will inherit any collectibles? ___ Client A | ___ Client B | If yes, please give details and include in asset listings above: _____

14. What are your plans for caring for parents or other relatives who are or may become dependent upon you in the future? _____

15. What questions or concerns would you like us to concentrate on in developing a Financial Life Plan for you? _____

Financial Background and Goals

15. This section is for any additional comments or questions you may have: _____

Signature(s) of party or parties filling out this form:

Client A

Date: _____

Client B

Date: _____

Financial Background and Goals

Personal Information

	Client A	Client B
Full Name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	____ / ____ / ____	____ / ____ / ____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Email Address	_____	_____
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employment Income	\$ _____	\$ _____
Other Pre-Retirement Income <i>(non investment)</i>	\$ _____	\$ _____
Citizenship	_____	_____
Address	_____	

Enter children, grandchildren, other dependents or any other person whom you will give a Gift, designate as a Beneficiary or assign ownership of an insurance policy. Note: Date of Birth is required only for children and other dependents.

Name	Date of Birth	Relationship
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust

Financial Background and Goals

Retirement Goals

Goal Importance (circle one)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Ideal Age to Retire: _____ Client A _____ Client B

Acceptable Age to Retire _____ Client A _____ Client B

Estimated Life Expectancy: _____ Client A _____ Client B

Retirement Living Expense:

Enter Ideal Living Expense

Use the following amounts for the Retirement periods:

- Expense Period 1: Client A retired/Client B working \$ _____ Month Year
- Expense Period 2: Client A working/Client B retired \$ _____ Month Year
- Expense Period 3: Both retired \$ _____ Month Year
- Expense Period 4: Client A is alone \$ _____ Month Year
- Expense Period 5: Client B is alone \$ _____ Month Year

Enter Acceptable Living Expense

Use the following amounts for the Retirement periods:

- Expense Period 1: Client A retired/Client B working \$ _____ Month Year
- Expense Period 2: Client A working/Client B retired \$ _____ Month Year
- Expense Period 3: Both retired \$ _____ Month Year
- Expense Period 4: Client A is alone \$ _____ Month Year
- Expense Period 5: Client B is alone \$ _____ Month Year

Adjustments to Living Expense Amounts

Description	Year Ex- pense Will End	Amount (Current Dollars)	Inflate
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No

Will you move to another state? No Yes | Where?: _____

When Will You Move? Client A Retirement Client B Retirement **OR** Year _____

Financial Background and Goals

College Goals

Name: _____ Year to Start: _____ # of Years of College: _____

Goal Importance (circle one)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Cost Estimate: [Fill in A, B, or C]

A. My ideal cost estimate \$ _____ (Annual Cost)
 My acceptable cost estimate \$ _____ (Annual Cost)

B. IDEAL situation (non-specific): Use an average cost: Average All - \$19,180
 4-year: Public In-State - \$14,927 Public Out-Of-State - \$22,768 Private - \$30,210
 2-year: Public In-State - \$11,350 Public Out-Of-State - \$15,657 Private - \$18,088

My acceptable cost estimate \$ _____ (Annual Cost)

C. Specific College: _____ Undergraduate Graduate

State in which the college is located: _____

Include: (Check which to include)

Tuition Out-of-State fees Room & Board Books & Supplies Other Costs

My acceptable cost estimate \$ _____ (Annual Cost)

529 Prepaid Tuition Plan

How many years of Tuition and Fees will be covered for this college? _____

My acceptable cost estimate \$ _____ (Annual Cost)

Outside Funding for College (Optional)

Other Funding Sources During College: (Annual Amounts)

Scholarships: \$ _____ Student Employment: \$ _____

Student Loans: \$ _____ Gifts and Other: \$ _____

Your own income: \$ _____ Your Loans: \$ _____

Outside Assets (Assets not owned by you that will be used to pay for this college, not including UGMA's, UTMA's, or 529 Plans)

1. Type of Asset: _____ Description: _____
 Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %

2. Type of Asset: _____ Description: _____
 Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %

(Note: the default rate is 6%)

Financial Background and Goals

College Goals

Name: _____ Year to Start: _____ # of Years of College: _____

Goal Importance (circle one)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Cost Estimate: *[Fill in A, B, or C]*

A. My ideal cost estimate \$ _____ *(Annual Cost)*
 My acceptable cost estimate \$ _____ *(Annual Cost)*

B. IDEAL situation (non-specific): Use an average cost: Average All - \$19,180
 4-year: Public In-State - \$14,927 Public Out-Of-State - \$22,768 Private - \$30,210
 2-year: Public In-State - \$11,350 Public Out-Of-State - \$15,657 Private - \$18,088

My acceptable cost estimate \$ _____ *(Annual Cost)*

C. Specific College: _____ Undergraduate Graduate

State in which the college is located: _____

Include: *(Check which to include)*

Tuition Out-of-State fees Room & Board Books & Supplies Other Costs

My acceptable cost estimate \$ _____ *(Annual Cost)*

529 Prepaid Tuition Plan

How many years of Tuition and Fees will be covered for this college? _____

My acceptable cost estimate \$ _____ *(Annual Cost)*

Outside Funding for College *(Optional)*

Other Funding Sources During College: *(Annual Amounts)*

Scholarships: \$ _____ Student Employment: \$ _____

Student Loans: \$ _____ Gifts and Other: \$ _____

Your own income: \$ _____ Your Loans: \$ _____

Outside Assets *(Assets not owned by you that will be used to pay for this college, not including UGMA's, UTMA's, or 529 Plans)*

3. Type of Asset: _____ Description: _____

Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %

4. Type of Asset: _____ Description: _____

Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %

(Note: the default rate is 6%)

Financial Background and Goals

Private School Goals

Name: _____ Year to Start: _____ # of Years of School: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Annual cost Ideal: \$ _____ (today's dollars)

Acceptable \$ _____ (today's dollars)

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Name: _____ Year to Start: _____ # of Years of School: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Annual cost Ideal: \$ _____ (today's dollars)

Acceptable \$ _____ (today's dollars)

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Name: _____ Year to Start: _____ # of Years of School: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Annual cost Ideal: \$ _____ (today's dollars)

Acceptable \$ _____ (today's dollars)

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Financial Background and Goals

Financial Goals – (Major Purchases, Weddings, Travel, New Home, etc.)

Description: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Year of Goal: _____

Cost: Ideal \$ _____ Month Year

Acceptable \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Is this goal recurring? No Yes

How often will it occur: Every _____ year(s)

When will it end: Client A Retires Client B Retires End of Client A's Plan

End of Client B's Plan OR Total Occurrences: _____

Description: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Year of Goal: _____

Cost: Ideal \$ _____ Month Year

Acceptable \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Is this goal recurring? No Yes

How often will it occur: Every _____ year(s)

When will it end: Client A Retires Client B Retires End of Client A's Plan

End of Client B's Plan OR Total Occurrences: _____

Description: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Year of Goal: _____

Cost: Ideal \$ _____ Month Year

Acceptable \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Is this goal recurring? No Yes

How often will it occur: Every _____ year(s)

When will it end: Client A Retires Client B Retires End of Client A's Plan

End of Client B's Plan OR Total Occurrences: _____

Financial Background and Goals

Gift or Donation

Description: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Who is the donor? _____

Who will receive this gift? _____ Year you plan to give this gift or donation: _____

Amount of Gift or Donation: Ideal \$ _____ Month Year

Acceptable: \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Is this gift recurring? No Yes

How often will it occur: Every _____ year(s)

When will it end: Client A Retires | Client B Retires | End of Client A's Plan

End of Client B's Plan **OR** Total Occurrences: _____

Description: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Who is the donor? _____

Who will receive this gift? _____ Year you plan to give this gift or donation: _____

Amount of Gift or Donation: Ideal \$ _____ Month Year

Acceptable: \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Is this gift recurring? No Yes

How often will it occur: Every _____ year(s)

When will it end: Client A Retires | Client B Retires | End of Client A's Plan

End of Client B's Plan **OR** Total Occurrences: _____

Financial Background and Goals

Leave Bequest

Description/Recipient: _____

Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Who will receive this gift? _____

When will the Bequest be made: End of Client A's Plan End of Client B's Plan

Amount of Bequest: Ideal \$ _____ (today's dollars)

Acceptable \$ _____ (today's dollars)

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Description/Recipient: _____

Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Who will receive this gift? _____

When will the Bequest be made: End of Client A's Plan End of Client B's Plan

Amount of Bequest: Ideal \$ _____ (today's dollars)

Acceptable \$ _____ (today's dollars)

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Risk Tolerance Questionnaire

Investment Attitude Risk Questionnaire

Check the box next to the number in answer to each of the six risk tolerance questions below. These answers will help select your Asset Allocation Target Portfolio.

1. How important is capital preservation?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

2. How important is growth?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

3. How important is low volatility?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

4. How important is inflation protection?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

5. How important is current cash flow?

Not at all

Moderately important

Very important

1 2 3 4 5 6 7 8 9

6. How much risk are you willing to take to achieve a higher return?

Not at all

A Moderate amount

A lot

1 2 3 4 5 6 7 8 9

What Average Annual Rate of Return* do you want to earn on your portfolio to reach your financial goals?

(Enter a number between 5% and 14%.)

Average Annual Rate of Return* You Want: _____ %

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

Retirement Income

Social Security – Client A

Age to Begin Taking Social Security _____

Select One Option:

- Use this amount: \$_____ Month Year (*pre-tax, current dollars*)
- Use the Planner Estimate (*based on current employment income*)
- Use this percentage of the Planner Estimate: 75% 50% 25% 0%
- I am ineligible for Social Security Benefits

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
- Fund All Goals

Social Security – Client B

Age to Begin Taking Social Security _____

Select One Option:

- Use this amount: \$_____ Month Year (*pre-tax, current dollars*)
- Use the Planner Estimate (*based on current employment income*)
- Use this percentage of the Planner Estimate: 75% 50% 25% 0%
- I am ineligible for Social Security Benefits

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
- Fund All Goals

Retirement Income

Pension

Whose Pension: Client A Client B Description: _____

Income Begins: Client A Retires Client B Retires Receiving Now Year _____

Amount of Benefit (*estimate of pre-tax future value*): \$_____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

(Note: Inflation will begin in the year payments start.)

Survivor Benefit: _____%

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
 Fund All Goals
-

Whose Pension: Client A Client B Description: _____

Income Begins: Client A Retires Client B Retires Receiving Now Year _____

Amount of Benefit (*estimate of pre-tax future value*): \$_____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

(Note: Inflation will begin in the year payments start.)

Survivor Benefit: _____%

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
 Fund All Goals

Retirement Income

Part-Time Employment

Whose Income: Client A Client B Description: _____

Income Begins: Client A Retires Client B Retires Receiving Now Year _____

Number of Years: _____

Income When Work Begins (*pre-tax, today's dollars*): \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

Earmark to One Goal: _____

Fund All Goals

Whose Income: Client A Client B Description: _____

Income Begins: Client A Retires Client B Retires Receiving Now Year _____

Number of Years: _____

Income When Work Begins (*pre-tax, today's dollars*): \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

Earmark to One Goal: _____

Fund All Goals

Annuity Income

Whose Annuity: Client A Client B Description: _____

Year annuity payments start: _____

Value at Annuitization: \$ _____ Cost Basis: \$ _____

Amount of annuity payments (*pre-tax, future value*): \$ _____ Month Year

Income Growth Rate: _____% Exclusion Ratio: _____%

Annuity Type (*Choose one option*)

Joint Life

Income Guaranty: Period Certain Lifetime Only Installment Refund Cash Refund

If Period Certain, enter years: _____

Income to Survivor _____%

Single Life

Income Guaranty: Period Certain Lifetime Only Installment Refund Cash Refund

If Period Certain, enter years: _____

Specific Period Enter years: _____

Assign – How to Use: (choose one)

Earmark to One Goal: _____

Fund All Goals

Retirement Income

Rental Property Income

Property Description: _____ Whose Income: Client A Client B Joint
Income Begins: Client A Retires Client B Retires Receiving Now Year _____
Income Ends: End of Client A's Plan End of Client B's Plan End of Plan Year _____
Amount of Net Rental Income (*pre-tax rental income less expenses*): \$ _____ Month Year
Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %
Projected annual financial needs for this property: _____
Assign – How to Use: (choose one)
 Earmark to One Goal: _____
 Fund All Goals

Property Description: _____ Whose Income: Client A Client B Joint
Income Begins: Client A Retires Client B Retires Receiving Now Year _____
Income Ends: End of Client A's Plan End of Client B's Plan End of Plan Year _____
Amount of Net Rental Income (*pre-tax rental income less expenses*): \$ _____ Month Year
Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %
Projected annual financial needs for this property: _____
Assign – How to Use: (choose one)
 Earmark to One Goal: _____
 Fund All Goals

Property Description: _____ Whose Income: Client A Client B Joint
Income Begins: Client A Retires Client B Retires Receiving Now Year _____
Income Ends: End of Client A's Plan End of Client B's Plan End of Plan Year _____
Amount of Net Rental Income (*pre-tax rental income less expenses*): \$ _____ Month Year
Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %
Projected annual financial needs for this property: _____
Assign – How to Use: (choose one)
 Earmark to One Goal: _____
 Fund All Goals

Property Description: _____ Whose Income: Client A Client B Joint
Income Begins: Client A Retires Client B Retires Receiving Now Year _____
Income Ends: End of Client A's Plan End of Client B's Plan End of Plan Year _____
Amount of Net Rental Income (*pre-tax rental income less expenses*): \$ _____ Month Year
Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %
Projected annual financial needs for this property: _____
Assign – How to Use: (choose one)
 Earmark to One Goal: _____
 Fund All Goals

Retirement Income

Other Retirement Income

Whose Income: Client A Client B Description: _____

Income Begins: Client A Retires Client B Retires Receiving Now Year _____

Income Ends: End of Client A's Plan End of Client B's Plan End of Plan Year _____

Amount of Income (*pre-tax, today's dollars*): \$_____ Month Year

Is this income tax-free? No Yes

Will this amount Inflation? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
 - Fund All Goals
-

Whose Income: Client A Client B Description: _____

Income Begins: Client A Retires Client B Retires Receiving Now Year _____

Income Ends: End of Client A's Plan End of Client B's Plan End of Plan Year _____

Amount of Income (*pre-tax, today's dollars*): \$_____ Month Year

Is this income tax-free? No Yes

Will this amount Inflation? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
 - Fund All Goals
-

Whose Income: Client A Client B Description: _____

Income Begins: Client A Retires Client B Retires Receiving Now Year _____

Income Ends: End of Client A's Plan End of Client B's Plan End of Plan Year _____

Amount of Income (*pre-tax, today's dollars*): \$_____ Month Year

Is this income tax-free? No Yes

Will this amount Inflation? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
 - Fund All Goals
-

Whose Income: Client A Client B Description: _____

Income Begins: Client A Retires Client B Retires Receiving Now Year _____

Income Ends: End of Client A's Plan End of Client B's Plan End of Plan Year _____

Amount of Income (*pre-tax, today's dollars*): \$_____ Month Year

Is this income tax-free? No Yes

Will this amount Inflation? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
 - Fund All Goals
-

Retirement Income

Trust Income

Whose Income: Client A Client B Description: _____

Income Begins: Client A Retires Client B Retires Receiving Now Year _____

Income Ends: End of Client A's Plan End of Client B's Plan End of Plan Year _____

Amount of Income (*pre-tax, today's dollars*): \$_____ Month Year

Is this income tax-free? No Yes

Will this Amount Inflate? No Yes, at the Base Inflation Rate Yes, at the Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

Earmark to One Goal: _____

Fund All Goals

Type of Trust: Irrevocable Other Description: _____ Not sure

Please provide a copy of the Trust Document if you would like for us to assess for trust and/or estate plans

Whose Income: Client A Client B Description: _____

Income Begins: Client A Retires Client B Retires Receiving Now Year _____

Income Ends: End of Client A's Plan End of Client B's Plan End of Plan Year _____

Amount of Income (*pre-tax, today's dollars*): \$_____ Month Year

Is this income tax-free? No Yes

Will this Amount Inflate? No Yes, at the Base Inflation Rate Yes, at the Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

Earmark to One Goal: _____

Fund All Goals

Type of Trust: Irrevocable Other Description: _____ Not sure

Please provide a copy of the Trust Document if you would like for us to assess for trust and/or estate plans

Investment Assets

Employer-Sponsored Retirement Plans

Type of Plan: _____

Whose Plan: Client A Client B

Description: _____

Current Total Value: \$ _____ After Tax Value: \$ _____

Please provide a copy of your most recent investment statement for this account

Please provide a copy of your Plan Document for this account

Assign – How to Use: (Check one)

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals

Leave to Estate

Not Used in Plan

Income

Total Income from this employer: \$ _____

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Your contributions:

Pre-tax contributions: Enter % of annual income _____% or Assume Max Contribution Each Yr

After-tax contributions _____%

Year Contributions Begin: _____

Contributions End: Client A Retires Client B Retires Year _____

Employer Contributions

If your Employer matches your contributions, complete this section.

Employer will match this % of your contribution: _____%

Up until your contribution reaches this %: _____%

Then your employer will match this % of your contribution: _____%

Up until your total contribution reaches this %: _____%

Employer Contributions Limit

Maximum annual dollar limit: _____%

Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.

Additional Employer Contributions - Profit Sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: _____%

Contributions as dollar amount: \$ _____ Grow annually by _____%

Contributions End: Client A Retires Client B Retires Year _____

Investment Assets

Employer-Sponsored Retirement Plans

Type of Plan: _____

Whose Plan: Client A Client B

Description: _____

Current Total Value: \$ _____ After Tax Value: \$ _____

Please provide a copy of your most recent investment statement for this account

Please provide a copy of your Plan Document for this account

Assign – How to Use: *(Check one)*

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals

Leave to Estate

Not Used in Plan

Income

Total Income from this employer: \$ _____

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Your contributions:

Pre-tax contributions: Enter % of annual income _____% or Assume Max Contribution Each Yr

After-tax contributions _____%

Year Contributions Begin: _____

Contributions End: Client A Retires Client B Retires Year _____

Employer Contributions

If your Employer matches your contributions, complete this section.

Employer will match this % of your contribution: _____%

Up until your contribution reaches this %: _____%

Then your employer will match this % of your contribution: _____%

Up until your total contribution reaches this %: _____%

Employer Contributions Limit

Maximum annual dollar limit: _____%

Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.

Additional Employer Contributions - Profit Sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: _____%

Contributions as dollar amount: \$ _____ Grow annually by _____%

Contributions End: Client A Retires Client B Retires Year _____

Investment Assets

Traditional IRAs

Who is the owner: Client A Client B

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____ Inflation? No Yes

Maximum contribution each year

After-Tax: Additions: \$ _____

Maximum contribution each year

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

Please provide a copy of your most recent investment statement for this account

Who is the owner: Client A Client B

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____ Inflation? No Yes

Maximum contribution each year

After-Tax: Additions: \$ _____

Maximum contribution each year

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

Please provide a copy of your most recent investment statement for this account

Investment Assets

Traditional IRAs

Who is the owner: Client A Client B

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____ Inflation? No Yes
 Maximum contribution each year

After-Tax: Additions: \$ _____
 Maximum contribution each year

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

Please provide a copy of your most recent investment statement for this account

Who is the owner: Client A Client B

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____ Inflation? No Yes
 Maximum contribution each year

After-Tax: Additions: \$ _____
 Maximum contribution each year

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

Please provide a copy of your most recent investment statement for this account

Investment Assets

SEPP IRAs

Who is the owner: Client A Client B Description: _____

Please provide a copy of your most recent investment statement for this account

Current Value: \$ _____ After Tax Value: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

72(t) Qualified Early Distributions from your SEPP account

Annual Distribution Amount: \$ _____ Year Distribution Began: _____

Who is the owner: Client A Client B Description: _____

Please provide a copy of your most recent investment statement for this account

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

72(t) Qualified Early Distributions from your SEPP account

Annual Distribution Amount: \$ _____ Year Distribution Began: _____

Investment Assets

Roth IRAs

Who is the owner: Client A Client B

Description: _____

Current Value: \$ _____

Assign – How to Use: *(Check one)*

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals Leave to Estate Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____ Inflation? No Yes

Maximum contribution each year

After-Tax: Additions: \$ _____

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

Please provide a copy of your most recent investment statement for this account

Who is the owner: Client A Client B

Description: _____

Current Value: \$ _____

Assign – How to Use: *(Check one)*

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals Leave to Estate Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____ Inflation? No Yes

Maximum contribution each year

After-Tax: Additions: \$ _____

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

Please provide a copy of your most recent investment statement for this account

Who is the owner: Client A Client B

Description: _____

Current Value: \$ _____

Assign – How to Use: *(Check one)*

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals Leave to Estate Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____ Inflation? No Yes

Maximum contribution each year

After-Tax: Additions: \$ _____

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

Please provide a copy of your most recent investment statement for this account

Investment Assets

Coverdell Accounts (Education Savings Accounts)

Who is the owner: Custodial Other: _____

Current Value: \$ _____ State plan under which operated _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Maximum contribution each year

Year Additions Begin _____

Year Additions End: Client A Retires Client B Retires Year _____

Please provide a copy of your most recent investment statement for this account

Who is the owner: Custodial Other: _____

Current Value: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Maximum contribution each year

Year Additions Begin _____

Year Additions End: Client A Retires Client B Retires Year _____

Please provide a copy of your most recent investment statement for this account

Investment Assets

529 Savings Plans

Who is the owner: Client A Client B Description: _____

Beneficiaries/Percentage

Estate ___% Other - _____ ___% Other - _____ ___%
Surviving Spouse ___% Other - _____ ___% Other - _____ ___%

Current Value: \$ _____ Is this asset subject to state taxes? No Yes

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

State plan under which operated _____

Please provide a copy of your most recent investment statement for this account

Who is the owner: Client A Client B Description: _____

Beneficiaries/Percentage

Estate ___% Other - _____ ___% Other - _____ ___%
Surviving Spouse ___% Other - _____ ___% Other - _____ ___%

Current Value: \$ _____ Is this asset subject to state taxes? No Yes

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

State plan under which operated _____

Please provide a copy of your most recent investment statement for this account

Investment Assets

Annuities

Who is the owner: Client A Client B Description: _____

Current Value: \$ _____ Cost Basis: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
 Earmark to Multiple Goals: _____
 Fund All Goals Leave to Estate Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

- Please provide a copy of your most recent investment statement for this account
 Please provide a copy of your Plan Document for this account
-

Who is the owner: Client A Client B Description: _____

Current Value: \$ _____ Cost Basis: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
 Earmark to Multiple Goals: _____
 Fund All Goals Leave to Estate Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

- Please provide a copy of your most recent investment statement for this account
 Please provide a copy of your Plan Document for this account
-

Who is the owner: Client A Client B Description: _____

Current Value: \$ _____ Cost Basis: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
 Earmark to Multiple Goals: _____
 Fund All Goals Leave to Estate Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

- Please provide a copy of your most recent investment statement for this account
 Please provide a copy of your Plan Document for this account

Investment Assets

Other Tax-Deferred Accounts

Who is the owner: Client A Client B Description: _____

Current Value: \$ _____ Cost Basis: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
 Earmark to Multiple Goals: _____
 Fund All Goals Leave to Estate Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

Please provide a copy of your most recent statement for this account

U.S. Savings Bonds

Please provide a copy of each saving bond and/or statement and answer the below for each bond group

Who is the owner: Client A Client B Description: _____

Current Value: \$ _____ Cost Basis: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
 Earmark to Multiple Goals: _____
 Fund All Goals Leave to Estate Not Used in Plan

Future Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

Investment Assets

Taxable Accounts

Who is the owner: Client A Client B Joint Custodial Other _____

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/Client A Other w/Client B

Description: _____

Please provide a copy of your most recent statement for this account

Assign – How to Use: *(Check one)*

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals Leave to Estate Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

Who is the owner: Client A Client B Joint Custodial Other _____

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/Client A Other w/Client B

Description: _____

Please provide a copy of your most recent statement for this account

Assign – How to Use: *(Check one)*

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals Leave to Estate Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

Who is the owner: Client A Client B Joint Custodial Other _____

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/Client A Other w/Client B

Description: _____

Please provide a copy of your most recent statement for this account

Assign – How to Use: *(Check one)*

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals Leave to Estate Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

Investment Assets

Tax-Free

Who is the owner: Client A Client B Joint Custodial Other _____

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/Client A Other w/Client B

Description: _____

Please provide a copy of your most recent statement for this account

Is this account subject to state taxes? No Yes

Assign – How to Use: (Check one)

- Earmark to One Goal: _____
 Earmark to Multiple Goals: _____
 Fund All Goals Leave to Estate Not Used in Plan

Annual Additions: (Check one)

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

Who is the owner: Client A Client B Joint Custodial Other _____

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/Client A Other w/Client B

Description: _____

Please provide a copy of your most recent statement for this account

Is this account subject to state taxes? No Yes

Assign – How to Use: (Check one)

- Earmark to One Goal: _____
 Earmark to Multiple Goals: _____
 Fund All Goals Leave to Estate Not Used in Plan

Annual Additions: (Check one)

Additions: \$ _____ Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client A Retires Client B Retires Year _____

Stock Options Plan

Do you participate in any type of Stock Options Plan with your employer(s)? No Yes

Who is the owner: Client A Client B

If Yes, please provide a copy of your Plan Document and any other relevant data for this plan

Restricted Stock Plan

Do you have a Restricted Stock Plan with your employer(s)? No Yes

Who is the owner: Client A Client B

If Yes, please provide a copy of your Plan Document and any other relevant data for this plan

Preferences

Willingness to Adjust Preferences

1. How willing are you to retire later than your ideal retirement age?

- Client A Slightly willing
 Somewhat willing
 Very Willing

- Client B Slightly willing
 Somewhat willing
 Very Willing

2. What is your planned order of retirement?

- Both retire in the same year
 Either can retire first
 Client A can retire first
 Client B can retire first

3. What is the maximum extra amount you could save annually, if necessary, to meet your goals.

Total of additions you are already making to investment assets. \$ _____

Total of additions you are willing to add to investment assets. \$ _____

4. How willing are you to save more money?

- Slightly willing
 Somewhat willing
 Very Willing

5. When considering all of the goals you have classified as **NEEDS**, how willing are you to reduce your Goal Amounts from the Ideal?

- Slightly willing
 Somewhat willing
 Very Willing

6. When considering all of the goals you have classified as **WANTS**, how willing are you to reduce your Goal Amounts from the Ideal?

- Slightly willing
 Somewhat willing
 Very Willing

7. When considering all of the goals you have classified as **WISHES**, how willing are you to reduce your Goal Amounts from the Ideal?

- Slightly willing
 Somewhat willing
 Very Willing

Other Assets

Personal and Business Assets *(Homes, Vehicles, Personal Property, Business Assets, Real Estate, etc.)*

Description: _____ Current Value: \$ _____

Owner: Client A Client B Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/Client A Other w/Client B

Will the value of this asset increase each year? _____%

Do you intend to sell this asset to help fund your Goals? No Yes *(If Yes, complete the remaining items)*

Year to Sell _____ Future Value *(after-tax)* \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals Leave to Estate Not Used in Plan

Description: _____ Current Value: \$ _____

Owner: Client A Client B Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/Client A Other w/Client B

Will the value of this asset increase each year? _____%

Do you intend to sell this asset to help fund your Goals? No Yes *(If Yes, complete the remaining items)*

Year to Sell _____ Future Value *(after-tax)* \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals Leave to Estate Not Used in Plan

Description: _____ Current Value: \$ _____

Owner: Client A Client B Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/Client A Other w/Client B

Will the value of this asset increase each year? _____%

Do you intend to sell this asset to help fund your Goals? No Yes *(If Yes, complete the remaining items)*

Year to Sell _____ Future Value *(after-tax)* \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals Leave to Estate Not Used in Plan

Description: _____ Current Value: \$ _____

Owner: Client A Client B Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/Client A Other w/Client B

Will the value of this asset increase each year? _____%

Do you intend to sell this asset to help fund your Goals? No Yes *(If Yes, complete the remaining items)*

Year to Sell _____ Future Value *(after-tax)* \$ _____

Other Assets

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
 Earmark to Multiple Goals: _____
 Fund All Goals Leave to Estate Not Used in Plan

Pension - Lump Sum Distribution

Owner: Client A Client B Description: _____

Current Value: \$ _____

Year of Distribution: _____

Value of Distribution \$ _____

Value is: *(Check one)* Pre-tax After-tax

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
 Earmark to Multiple Goals: _____
 Fund All Goals Leave to Estate Not Used in Plan

Please provide a copy of your Plan Document and any other relevant data for this plan

Deferred Compensation (Receiving Now)

Owner: Client A Client B Description: _____

Current Value *(today's dollars)*: \$ _____

Distribution Period

Number of Years: _____

Annual Payment *(pre-tax)* \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
 Earmark to Multiple Goals: _____
 Fund All Goals Leave to Estate Not Used in Plan

Please provide a copy of your Plan Document and any other relevant data for this plan

Owner: Client A Client B Description: _____

Current Value *(today's dollars)*: \$ _____

Distribution Period

Number of Years: _____

Annual Payment *(pre-tax)* \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
 Earmark to Multiple Goals: _____
 Fund All Goals Leave to Estate Not Used in Plan

Please provide a copy of your Plan Document and any other relevant data for this plan

Owner: Client A Client B Description: _____

Current Value *(today's dollars)*: \$ _____

Distribution Period

Number of Years: _____

Annual Payment *(pre-tax)* \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
 Earmark to Multiple Goals: _____
 Fund All Goals Leave to Estate Not Used in Plan

Please provide a copy of your Plan Document and any other relevant data for this plan

Other Assets

Deferred Compensation (Future)

Owner: Client A Client B

Description: _____

Current Value (today's dollars): \$ _____

Contributions

Amount – Select Method

None

Percentage of Income Annual Income: \$ _____ Grow Annually by: _____ %
% Contribution: _____

Dollar Amount \$ _____ Grow Annually by: _____ %

Period

Start Year: _____

Year Additions End: Client A Retires Client B Retires Year _____

Please provide a copy of your Plan Document and any other relevant data for this plan

Assign – How to Use: (Check one)

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals Leave to Estate Not Used in Plan

Owner: Client A Client B

Description: _____

Current Value (today's dollars): \$ _____

Contributions

Amount – Select Method

None

Percentage of Income Annual Income: \$ _____ Grow Annually by: _____ %
% Contribution: _____

Dollar Amount \$ _____ Grow Annually by: _____ %

Period

Start Year: _____

Year Additions End: Client A Retires Client B Retires Year _____

Please provide a copy of your Plan Document and any other relevant data for this plan

Assign – How to Use: (Check one)

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals Leave to Estate Not Used in Plan

Other Assets

Insurance Assets – Cash Value *(Universal/Variable/Whole/Other)*

Owner: Client A Client B Insured: Client A Client B 1st to Die 2nd to Die

Description: _____

Beneficiaries & Death Benefit

Estate ___% Other - _____ ___% Other - _____ ___%
Surviving Spouse ___% Other - _____ ___% Other - _____ ___%

Please provide a copy of your most recent statement for this account and a copy of your policy

When will this policy terminate?

When insured dies **OR** Year _____

Do you intend to sell this asset to help fund your Goals? No Yes *(If Yes, complete the remaining items)*

Withdrawal Year: _____ Amount of Withdrawal: \$ _____ Tax-free withdrawal: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
 - Earmark to Multiple Goals: _____
 - Fund All Goals Leave to Estate Not Used in Plan
-

Owner: Client A Client B Insured: Client A Client B 1st to Die 2nd to Die

Description: _____

Beneficiaries & Death Benefit

Estate ___% Other - _____ ___% Other - _____ ___%
Surviving Spouse ___% Other - _____ ___% Other - _____ ___%

Please provide a copy of your most recent statement for this account and a copy of your policy

When will this policy terminate?

When insured dies **OR** Year _____

Do you intend to sell this asset to help fund your Goals? No Yes *(If Yes, complete the remaining items)*

Withdrawal Year: _____ Amount of Withdrawal: \$ _____ Tax-free withdrawal: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
 - Earmark to Multiple Goals: _____
 - Fund All Goals Leave to Estate Not Used in Plan
-

Owner: Client A Client B Insured: Client A Client B 1st to Die 2nd to Die

Description: _____

Beneficiaries & Death Benefit

Estate ___% Other - _____ ___% Other - _____ ___%
Surviving Spouse ___% Other - _____ ___% Other - _____ ___%

Please provide a copy of your most recent statement for this account and a copy of your policy

When will this policy terminate?

When insured dies **OR** Year _____

Do you intend to sell this asset to help fund your Goals? No Yes *(If Yes, complete the remaining items)*

Withdrawal Year: _____ Amount of Withdrawal: \$ _____ Tax-free withdrawal: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals Leave to Estate Not Used in Plan

Other Assets

529 Prepaid College Tuition Plans

Owner: Client A Client B Description: _____

Current Value: \$ _____ Annual Growth Rate: _____

Please provide a copy of your most recent statement for this account and a copy of your plan

Future contributions to this plan: _____ per _____ until _____

Plan for the specific state(s) of _____

Assign – How to Use: *(Check one)*

Earmark to One Child (name): _____

Earmark to Multiple Children: _____

Leave to Estate Not Used in Plan

Owner: Client A Client B Description: _____

Current Value: \$ _____ Annual Growth Rate: _____

Please provide a copy of your most recent statement for this account and a copy of your plan

Future contributions to this plan: _____ per _____ until _____

Plan for the specific state(s) of _____

Assign – How to Use: *(Check one)*

Earmark to One Child (name): _____

Earmark to Multiple Children: _____

Leave to Estate Not Used in Plan

Future Assets *(Inheritance, Gift, Settlement, etc.)*

Owner: Client A Client B Joint

If Joint, what kind? Survivorship Common Entirety Community Property

Other w/Client A Other w/Client B

Description: _____

Year Expect to Receive: _____ Future Value *(after tax)* \$ _____

Assign – How to Use: *(Check one)*

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals Leave to Estate Not Used in Plan

Owner: Client A Client B Joint

If Joint, what kind? Survivorship Common Entirety Community Property

Other w/Client A Other w/Client B

Description: _____

Year Expect to Receive: _____ Future Value *(after tax)* \$ _____

Assign – How to Use: *(Check one)*

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals Leave to Estate Not Used in Plan

Liabilities

Cash Value Life Policies owned by the Clients

Investment Asset (Variable Life)Owner: Client A Client BInsured: Client A Client B 1st to Die 2nd to Die

Name or Description: _____

Beneficiaries & Death Benefit

Estate	___%	Other - _____	___%	Other - _____	___%
Surviving Spouse	___%	Other - _____	___%	Other - _____	___%

Current Value: \$ _____ Insurance Amount: \$ _____

 Please provide a copy of your most recent statement for this account Please provide a copy of your policy**Assign – How to Use:** (Check one) Earmark to One Goal: _____ Earmark to Multiple Goals: _____ Fund All Goals Leave to Estate Not Used in Plan**Investment Asset (Variable Life)**Owner: Client A Client BInsured: Client A Client B 1st to Die 2nd to Die

Name or Description: _____

Beneficiaries & Death Benefit

Estate	___%	Other - _____	___%	Other - _____	___%
Surviving Spouse	___%	Other - _____	___%	Other - _____	___%

Current Value: \$ _____ Insurance Amount: \$ _____

 Please provide a copy of your most recent statement for this account Please provide a copy of your policy**Assign – How to Use:** (Check one) Earmark to One Goal: _____ Earmark to Multiple Goals: _____ Fund All Goals Leave to Estate Not Used in Plan**Investment Asset (Variable Life)**Owner: Client A Client BInsured: Client A Client B 1st to Die 2nd to Die

Name or Description: _____

Beneficiaries & Death Benefit

Estate	___%	Other - _____	___%	Other - _____	___%
Surviving Spouse	___%	Other - _____	___%	Other - _____	___%

Current Value: \$ _____ Insurance Amount: \$ _____

 Please provide a copy of your most recent statement for this account Please provide a copy of your policy**Assign – How to Use:** (Check one) Earmark to One Goal: _____ Earmark to Multiple Goals: _____ Fund All Goals Leave to Estate Not Used in Plan

Liabilities

Other Asset (Universal/Variable/Whole Life/Other Life)

Owner: Client A Client B

Insured: Client A Client B 1st to Die 2nd to Die

Description: _____ Current Cash Value: \$ _____ (before tax - today's dollars)

Average Annual Growth Rate: _____ (excluding cost of insurance)

Beneficiaries/Percentage

Estate _____% Other - _____% Other - _____%

Surviving Spouse _____% Other - _____% Other - _____%

Death Benefit Amount: _____ Premium Amount: \$ _____ every _____

How long will premiums be paid?

Until insured dies Until policy terminates For this Number of Years _____

When will this policy terminate?

When insured dies **OR** Year _____

Do you intend to sell this asset to help fund your Goals? No Yes (If Yes, complete the remaining items)

Year of Withdrawal: _____

Amount of Withdrawal: \$ _____ (Before tax - future dollars) Tax-free withdrawal: \$ _____

Assign - How to Use: (Check one)

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals Leave to Estate Not Used in Plan

Please provide a copy of your most recent statement for this account

Please provide a copy of your policy

Other Asset (Universal/Variable/Whole Life/Other Life)

Owner: Client A Client B

Insured: Client A Client B 1st to Die 2nd to Die

Description: _____ Current Cash Value: \$ _____ (before tax - today's dollars)

Average Annual Growth Rate: _____ (excluding cost of insurance)

Beneficiaries/Percentage

Estate _____% Other - _____% Other - _____%

Surviving Spouse _____% Other - _____% Other - _____%

Death Benefit Amount: _____ Premium Amount: \$ _____ every _____

How long will premiums be paid?

Until insured dies Until policy terminates For this Number of Years _____

When will this policy terminate?

When insured dies **OR** Year _____

Do you intend to sell this asset to help fund your Goals? No Yes (If Yes, complete the remaining items)

Year of Withdrawal: _____

Amount of Withdrawal: \$ _____ (Before tax - future dollars) Tax-free withdrawal: \$ _____

Assign - How to Use: (Check one)

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals Leave to Estate Not Used in Plan

Please provide a copy of your most recent statement for this account

Please provide a copy of your policy

Liabilities

Cash Value Life Policies owned by Trust or Other Person or Entity

- In lieu of the below, you may provide a copy of your most recent statement for these accounts, and
 A copy of your policies

Cash Value Life (Universal/Variable/Whole Life/Other)

Owner: Irrevocable Trust Other Person or Entity

Insured: Client A Client B 1st to Die 2nd to Die

Description/Company: _____ Current Cash Value: \$ _____ (before tax - today's dollars)

Beneficiaries/Percentage

Estate _____% Other - _____% Other - _____%
Surviving Spouse _____% Other - _____% Other - _____%

Death Benefit (deduct policy loans): _____ Premium Amount: \$ _____ every _____

How long will premiums be paid? Until insured dies Until policy terminates For this Number of Yrs _____

When will this policy terminate? When insured dies **OR** Year _____

If ownership is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: Client A Client B

Non-Cash Value Life Policies – All Owners

- In lieu of the below, you may provide a copy of your most recent statement for these accounts, and
 A copy of your policies

Non-Cash Value Life (Term Life)

Owner: Client A Client B Irrevocable Trust Other Person or Entity

Insured: Client A Client B 1st to Die 2nd to Die

Description/Company: _____

Beneficiaries/Percentage

Estate _____% Other - _____% Other - _____%
Surviving Spouse _____% Other - _____% Other - _____%

Death Benefit Amount: _____ Premium Amount: \$ _____ every _____

How long will premiums be paid? Until insured dies Until policy terminates For this Number of Yrs _____

When will this policy terminate? When insured dies **OR** Year _____

If ownership is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: Client A Client B

Non-Cash Value Life (Group Term/Other)

Owner: Client A Client B Irrevocable Trust Other Person or Entity

Insured: Client A Client B

Description/Company: _____

Beneficiaries/Percentage

Estate _____% Other - _____% Other - _____%
Surviving Spouse _____% Other - _____% Other - _____%

Death Benefit Amount: _____

When will this policy terminate? When insured dies **OR** Year _____

If ownership is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: Client A Client B

Liabilities

Non-Cash Value Life Policies – All Owners

- In lieu of the below, you may provide a copy of your most recent statement for these accounts, and
 A copy of your policies

Non-Cash Value Life (Group Term/Other)

Owner: Client A Client B Irrevocable Trust Other Person or Entity

Insured: Client A Client B

Description/Company: _____

Beneficiaries/Percentage

Estate	____%	Other - _____	____%	Other - _____	____%
Surviving Spouse	____%	Other - _____	____%	Other - _____	____%

Death Benefit Amount: _____

When will this policy terminate? When insured dies **OR** Year _____

If ownership is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: Client A Client B

- Please provide a copy of your most recent statement for this account
 Please provide a copy of your policy
-

Other Insurance Policies

- In lieu of the below, you may provide a copy of your most recent statement for these accounts, and
 A copy of your policies

Disability (Group/Personal/Other)

Insured: Client A Client B Description/Co: _____

Premium Amount: \$_____ every _____ Tax Status: Pre-Tax After-Tax

Monthly Benefit Amount: \$_____

- Please provide a copy of your most recent statement for this account
 Please provide a copy of your policy
-

Disability (Group/Personal/Other)

Insured: Client A Client B Description/Co: _____

Premium Amount: \$_____ every _____ Tax Status: Pre-Tax After-Tax

Monthly Benefit Amount: \$_____

- Please provide a copy of your most recent statement for this account
 Please provide a copy of your policy
-

Disability (Group/Personal/Other)

Insured: Client A Client B Description/Co: _____

Premium Amount: \$_____ every _____ Tax Status: Pre-Tax After-Tax

Monthly Benefit Amount: \$_____

- Please provide a copy of your most recent statement for this account
 Please provide a copy of your policy

Liabilities

Other Insurance Policies

Long Term Care (Home Care Only/Nursing Home Care/Other)

Insured: _____ Description/Co: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year
Benefit Period: (Check # of years or Lifetime) 1 2 3 4 5 6 7 8 9 10 Lifetime
Daily Benefit Amount: \$ _____ Elimination Period: _____ days
 Please provide a copy of your most recent statement for this account
 Please provide a copy of your policy

Long Term Care (Home Care Only/Nursing Home Care/Other)

Insured: _____ Description/Co: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year
Benefit Period: (Check # of years or Lifetime) 1 2 3 4 5 6 7 8 9 10 Lifetime
Daily Benefit Amount: \$ _____ Elimination Period: _____ days
 Please provide a copy of your most recent statement for this account
 Please provide a copy of your policy

Medicare Supplement Insurance Policies

Insured: _____ Description/Co: _____
Type: (Check one) A B C D E F G H I J Other
Premium Amount: \$ _____ per Month Quarter Six Months Year
 Please provide a copy of your most recent statement for this account
 Please provide a copy of your policy

Insured: _____ Description/Co: _____
Type: (Check one) A B C D E F G H I J Other
Premium Amount: \$ _____ per Month Quarter Six Months Year
 Please provide a copy of your most recent statement for this account
 Please provide a copy of your policy

Property & Casualty Insurance Policies (Auto, Homeowners, Umbrella/Other)

- In lieu of the below, you may provide a copy of your most recent statement for these accounts, and
 A copy of your policies

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Liabilities

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Liabilities -- Summary Input

(Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)

In lieu of the below, you may provide a copy of your most recent statement for these accounts, and

A copy of your loan documents

Description: _____

Whose debt? Client A Client B Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client A Client B Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client A Client B Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client A Client B Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client A Client B Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client A Client B Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client A Client B Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client A Client B Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Description: _____

Whose debt? Client A Client B Joint

If Joint, What kind? _____

Outstanding balance: \$ _____

Monthly Payment: \$ _____

Liabilities

Liabilities - Detailed Input

(Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)

- In lieu of the below, you may provide a copy of your most recent statement for these accounts, and
 A copy of your loan documents

Description: _____

Whose debt? Client A Client B Joint

If Joint, What kind? _____

Lender: _____

Outstanding balance: \$ _____

Initial Loan Amount: \$ _____

Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? Client A Client B Joint

If Joint, What kind? _____

Lender: _____

Outstanding balance: \$ _____

Initial Loan Amount: \$ _____

Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? Client A Client B Joint

If Joint, What kind? _____

Lender: _____

Outstanding balance: \$ _____

Initial Loan Amount: \$ _____

Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? Client A Client B Joint

If Joint, What kind? _____

Lender: _____

Outstanding balance: \$ _____

Initial Loan Amount: \$ _____

Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? Client A Client B Joint

If Joint, What kind? _____

Lender: _____

Outstanding balance: \$ _____

Initial Loan Amount: \$ _____

Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Insurance Needs Analysis

Life Insurance Needs Analysis

If Client A Dies

\$ _____
\$ _____

**Existing Life Insurance to Include
Additional Death Benefit**

If Client B Dies

\$ _____
\$ _____

Amounts to be Paid at Death

\$ _____
\$ _____
\$ _____
\$ _____

Liabilities
Final Expenses
Bequests
Other Payments

\$ _____
\$ _____
\$ _____
\$ _____

Living Expenses for Survivors

\$ _____

Current Annual Amount (after tax)
Cover Expense until Partner is this Age

\$ _____

\$ _____

Future Annual Amount (after tax)
Cover Expense until Partner is this Age (*Life Expectancy*)

\$ _____

Financial Goals

If you die, there might be Goals in your Plan that you won't want to fund. Deleting these would reduce the amount of Life Insurance you need. List any goals that you wouldn't want to fund if your partner died.

Sell Other Assets

If Client A Dies
\$ _____

Enter the total after-tax amount of Personal and Business Assets that would be sold at death.

If Client B Dies
\$ _____

Other Income

\$ _____
 No Yes

From Now Until Retirement

Annual Other Income Amount
(current dollars, pre tax)
Will this amount inflate?

\$ _____
 No Yes

After Retirement

Check the types of your Retirement Income that would continue at your death.

Pension Annuity Income Rental Income Royalties Other

Partner's Employment

If your partner is not currently employed and would seek employment if you died, enter the following: Start Year: _____ Stop Year: _____

Annual Income: \$ _____ Inflate? No Yes

Dependents

List any dependents that would NOT be eligible for Social Security Survivor benefits:

Insurance Needs Analysis

Disability Needs Analysis for Client A

Do you want to include Social Security Disability Benefits in the analysis? No Yes

Partner Employment

If your partner isn't currently employed and would seek employment if you were disabled, enter the following:

Start Year: _____ Stop Year: _____ Annual Income: \$ _____ Inflate? No Yes

Income

Enter any income you would continue to receive if you were disabled.

(Do not include your partner's employment income.)

Start Year: _____ Stop Year: _____ Annual Income: \$ _____ Inflate? No Yes

Income Needed – (Select One Option)

A: Enter the pre-tax amount you would need if you were disabled.

Time Period	Monthly Amount
Year 1, Month1	\$ _____
Year 1, Months 2-3	\$ _____
Year 1, Months 4-5	\$ _____
Year 1, Months 6-12	\$ _____
Year 2	\$ _____
Year 3-5	\$ _____
Year 6 to Age 65	\$ _____

B: Use a Percentage of Income Needed: _____%

Disability Needs Analysis for Client B

Do you want to include Social Security Disability Benefits in the analysis? No Yes

Partner Employment

If your partner isn't currently employed and would seek employment if you were disabled, enter the following:

Start Year: _____ Stop Year: _____ Annual Income: \$ _____ Inflate? No Yes

Income

Enter any income you would continue to receive if you were disabled.

(Do not include your partner's employment income.)

Start Year: _____ Stop Year: _____ Annual Income: \$ _____ Inflate? No Yes

Income Needed – (Select One Option)

A: Enter the pre-tax amount you would need if you were disabled.

Time Period	Monthly Amount
Year 1, Month1	\$ _____
Year 1, Months 2-3	\$ _____
Year 1, Months 4-5	\$ _____
Year 1, Months 6-12	\$ _____
Year 2	\$ _____
Year 3-5	\$ _____
Year 6 to Age 65	\$ _____

B: Use a Percentage of Income Needed: _____%

Insurance Needs Analysis

Long-Term Care Needs Analysis

	Client A	Client B
Cost of Long-Term Care		
Type of Long-Term Care	<input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Home Care – 4hr/day <input type="checkbox"/> Home Care – 8hr/day <input type="checkbox"/> Home Care – 12hr/day	<input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Home Care – 4hr/day <input type="checkbox"/> Home Care – 8hr/day <input type="checkbox"/> Home Care – 12hr/day
Inflation Rate for LTC Expenses	_____%	_____%
Long-Term Care Period		
Age at which care is needed	_____	_____
Number of years of LTC	_____	_____
Expense Adjustments		
Reduce expenses during Care Period by this amount each year:	\$ _____	\$ _____

Estate Analysis

Estate Documents

	Client A	Client B
Have a will	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Includes Bypass Trust	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date Last Re-viewed/Updated	_____	_____
Medical Directive	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Power of Attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

- Please provide a copy of each partner's most recently updated will
- Please provide a copy of any trust documents that will take effect at either partner's death

Budget

I prefer to enter BUDGET information into the software myself (this will cut the cost of your plan and will allow you to be more involved with financial process)

Personal and Family Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Alimony		
Bank Charges		
Books/Magazine		
Business Expense		
Care for Parent/Other		
Cash - Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care		
Child Support		
Child Tutor		
Clothing – Client A		
Clothing – Client B		
Clothing - Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare - Dental		
Healthcare - Medical		
Healthcare - Prescription		
Healthcare - Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Public Transportation		
Recreation		
Self Improvement		
Student Loan Payment		
Vacation/Travel		
Other		

Personal Insurance Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Disability for Client A		
Disability for Client B		
Life for Client A		
Life for Client B		
LTC for Client A		
LTC for Client B		
Medical for Client A		
Medical for Client B		
Umbrella Liability		
Other		

Taxes

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Client A FICA		
Client A Medicare		
Client B FICA		
Client B Medicare		
Federal Income		
State Income		
Local Income		
Other		

Income

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Employment		
Other		

Budget

Home Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	At Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	At Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	At Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Budget

Home Expenses (2nd home)

Description: _____

Category	Monthly Budget Amount	
	Current	At Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	At Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	At Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		