

**CONFIDENTIAL
INFORMATION**

LIFETIME PLANNING WORKSHEET

Client Name

Date

Client Name

Date

Please complete the following information for all financial planning requests:

To the best of my knowledge, the information provided in this questionnaire is true and correct and reflects an accurate picture of my current financial situation. Should any material changes occur prior to the preparation of my financial plan, I will advise my Representative immediately.

I further acknowledge that the results of my financial plan may provide both general and specific recommendations. As my circumstances change, some of the recommendations made within this plan may no longer be appropriate and I should review my situation periodically.

SIGNATURE

DATE

SIGNATURE

DATE

The information contained in this questionnaire will be held in the strictest confidence and only be used by our staff to provide you with suitable money management and investment strategies.

This information will not be shared without consent.

A. Learning More About You

In order to advise you better, it would be helpful to get some personal and background information about your situation.

Preliminary Information - Marital Status - Married__ Single__ Separated__ Divorced__ Other_____

Date of Birth **Social Security #** **Annual Income** **Occupation/Employer**

Client - A _____/_____/_____

Client - B _____/_____/_____

Address _____ Home Phone _____

Business Phone _____

Children/Dependents (Including Parents) **Relationship** **Date of Birth** **Dependent?**

_____/_____/_____ __ Yes __ No

_____/_____/_____ __ Yes __ No

_____/_____/_____ __ Yes __ No

U.S. citizen ? CL-A yes/no CL-B yes/no What country? _____ U.S. Resident? __ Non U.S. Resident? __

B. Your Financial Goals

The following information will allow us to better understand your situation and provide suitable investment recommendations.

1. Tell me about your short and long-term financial goals.

Short-Term: _____

Long-Term: _____

2. What is the most important investment concern? In other words, what do you want your money to do for you?

Increase Current Income College Education for Children Estate for Family

Future Retirement Income Steady Long-term Growth Reduce Taxes

Have you made arrangements for long-term care needs? _____

Other: _____

3. Do you presently work with any financial advisors? (ie. Attorney, CPA, Broker, Financial Planner) __Yes __No

If yes, list: _____

4. What types of investments have you made in the past?

CDs/Savings Mutual Funds Annuities Stocks Bonds Other (Indicate Type) _____

5. Do you have a particular dollar amount or investment that you plan to make today or in the near future?

C. Your Financial Status

1. What are your current monthly expenses? _____ Are you currently using all of your income? __Yes __No

Amount you would be able to save monthly? _____

2. Are you self employed? __Yes __No Estimated value of your business \$ _____

Who owns the business? Client -A __ % Client -B __ % Joint __ % Other __ %, _____

Do you have a pension plan? Yes / No If yes, describe it: _____ How many employees? _____

Will you sell your business at: CL-A: Retirement __Yes __No Disability __Yes __No Death __Yes __No

CL-B: Retirement __Yes __No Disability __Yes __No Death __Yes __No

List current debts (Mortgage balance listed with Real Estate Section on Page 4)

<u>Name</u>	<u>Outstanding Balance</u>	<u>Name</u>	<u>Outstanding Balance</u>
Credit _____	_____	Auto _____	_____
Cards _____	_____	Loans _____	_____
_____	_____	_____	_____
_____	_____	Other _____	_____

D. Your Investments and Savings

A complete listing of your assets, will help me to determine if your investments are meeting your needs. (If statements are included, do not list assets below to avoid duplication.)

Growth/Appreciation - Variable Annuities (list sub accounts), Stock Mutual Funds (Balanced, Blue Chip, Growth), Stocks

Name/Description	Owner*	Symbol	# Shares/ Units	Cost Basis	Yield	Current Value	IRA or Qual. Plan	Annual Contribution

Income - Variable Annuities (list sub accounts), Bond Mutual Funds (U.S. Government, Corporate, Tax-Exempt), Fixed Annuities, Bonds, and Notes Receivable

Name/Description	Owner*	Maturity Date	# Shares/ Units	Cost Basis	Yield	Current Value	IRA or Qual. Plan	Annual Contribution

Safety/Stability - Checking, Savings, Money Markets, CD's, Fixed Annuities, T-Bills, Notes (less than 5 year maturities)

Name/Description	Owner*	Maturity date	# Shares/ Units	Cost Basis	Yield	Current Value	IRA or Qual. Plan	Annual Contribution

Suggested Allocation— To be completed after review of allocation analysis and objectives

	CURRENT		SUGGESTED		CHANGES	
	Amount	Percent	Amount	Percent	Amount	Percent
Growth	\$	%	\$	%	\$	%
Income	\$	%	\$	%	\$	%
Safety	\$	%	\$	%	\$	%
Totals:	\$	100%	\$	100%		

D. Your Investments and Savings (continued)

Real Estate

*If residence is sold at retirement, amount of money available for investing? \$ _____ *If asset is retained, net income will be used as a resource

Name/Description	Owner	Current Value	Cost Basis	Mortgage	Net Annual Income	At Retirement		At Death	
						Sell *	Retain	Sell *	Retain
Residence**									
Vacation Home									
Rental Property									

Insurance

**Whole Life (WL), Term (T), Universal Life (UL), Variable Life (VAR), Joint/Last Survivor (JTL), Disability (DES), Long Term Care (LTC)

Owner	Insured	Beneficiary	Face Amount	Cash Value	Policy Type**	Current Loans	Insurance Co.

Personal Property

Owner

Current Market Value

Personal Property	Owner	Current Market Value
Autos		
Furniture		
Jewelry		
Collections		

INVESTOR ALLOCATION PROFILE

- | | | | | | |
|---|--------------------------------|-----------|--|--------------------------------|-----------|
| 1. What is your age range? | 30's 40's 50's 60's 70's | 5 4 3 2 1 | 6. How important is inflation protection? | very important — not important | 5 4 3 2 1 |
| 2. How important is it to avoid risk? | not important — very important | 5 4 3 2 1 | 7. How important is it to accumulate assets for retirement or estate planning? | very important — not important | 5 4 3 2 1 |
| 3. What is your percentage of debt to total assets? | Low — high | 5 4 3 2 1 | 8. How important is instant liquidity? | very important — not important | 1 2 3 4 5 |
| 4. How important is long term growth of principle? | very important — not important | 5 4 3 2 1 | 9. How would short term fluctuations of your principal affect you? | very important — not important | 1 2 3 4 5 |
| 5. How important is a high rate of return? | very important — not important | 5 4 3 2 1 | 10. How important are current dividends and interest to you? | very important — not important | 1 2 3 4 5 |

This analysis will illustrate how your assets are currently positioned and compare them to your stated allocation. It will provide you with suggested investments (if appropriate) to help you accomplish your goals. If you have substantial individual equity holdings, a security review may be requested.

Score 1. ___ 2. ___ 3. ___ 4. ___ 5. ___ 6. ___ 7. ___ 8. ___ 9. ___ 10. ___ Total Score _____

Allocation Score - Very Conservative 10-19, Moderately Conservative 20-29, Moderate 30-39, Moderately Aggressive 40-45, Very Aggressive 46-50
 (FIG, FI, BC, AG) (80, 20, 0, 0) (30, 45, 25, 0) (25, 35, 40, 0) (20, 25, 40, 15) (10, 20, 40, 30)

FIG - Fixed Income Guaranteed, FI - Fixed Income Long Term, BC - Equities Blue Chip, AG - Aggressive Equities

EDUCATION PLANNING

This analysis will illustrate the savings needed annually and in a lump sum, to fund a specific education goal.

Comparison of two educational institutions requested*? _____

Children or Grandchildren (Please circle one) **If unknown, please indicate public or private and we will estimate.*

Comments: _____

Childs Name	Year Child Enters College	Existing Assets	Target Annual College Cost*	# Years of College

RETIREMENT PLANNING

This analysis will help you plan for a future retirement goal or help you maintain a comfortable retirement. If planning for a future goal, the illustration shows you the steps needed to attain your retirement objectives. If you are currently retired, this analysis will determine if your assets will be sufficient to maintain your standard of living.

Annual Retirement Income Needed \$ _____ Estimated Inflation rate _____ %

Client A

Client B

Retirement Age (current age if retired)

Include Social Security Benefits? Yes No

Yes No

Current Social Security Benefit \$ _____

\$ _____

(If left blank, benefits estimated based on Annual income for pre-retirees.)

Monthly

Monthly

Pension Income Amount and COLA% \$ _____ Annual/ _____ %

\$ _____ Annual/ _____ %

Age Pension Income will begin _____

Other Income Benefits and COLA% \$ _____ / _____ %

\$ _____ / _____ %

Comments: _____

ESTATE REVIEW (\$675,000 in net wealth suggested)

This analysis will illustrate if you have a federal estate tax problem. It will provide estate planning considerations that should be discussed in detail with a qualified estate tax attorney.

Do you have a will? Yes No If yes, describe (or attach a copy). _____

Do you have a trust? Yes No If yes, describe (or attach a copy). _____

Do you have a living will? Yes No If yes, who has Durable Power of Attorney? _____

Total outstanding liabilities? \$ _____ (Include mortgages and other debts previously listed.)

Are you currently gifting or have you done any gifting recently? Yes No Explain: _____

Are you interested in making charitable gifts? Yes No

Comments: _____

LIFE INSURANCE NEEDS ANALYSIS

This illustration will help you determine the proper amount of life insurance to provide your family support in the event income or resources are reduced due to death of a primary provider.

Do you currently have long-term care insurance? Yes No Do you currently have disability insurance? Yes No

RESOURCES NEEDED

Replace current income? Yes No If no, state total household income needs before retirement: \$ _____

CL-A Survives

CL-B Survives

Income Needed After Retirement \$ _____

\$ _____

Target Retirement Age _____

Final Expenses (Funeral, Medical) \$ _____

\$ _____

Emergency Fund \$ _____

\$ _____

RESOURCES AVAILABLE

Will you continue to work? Yes No

Yes No

Will non-working spouse return to work? Yes No

Yes No

Annual Income

Annual Income

Additional income sources (I.e., pension, alimony, rent, etc.)

Describe _____ \$ _____

\$ _____

Describe _____ \$ _____

\$ _____

If your primary residence will be sold,

Please indicate replacement cost \$ _____

\$ _____

Additional Information (For Insurance Purposes)

CL-A

CL-B

1. Smoker/Tobacco use last three years? Yes No

Yes No

What type and when did you last use? _____

2. General health? Perfect Good Fair Poor

Perfect Good Fair Poor

3. Any adverse health conditions/current medications? _____

Retirement Expenses Worksheet

	Amount	x	Payments/Year	=	Annual Expense
Home Mortgage	\$ _____	x	_____	=	\$ _____
Property Taxes	\$ _____	x	_____	=	\$ _____
Utilities	\$ _____	x	_____	=	\$ _____
Other Housing Expenses	\$ _____	x	_____	=	\$ _____
Auto Expenses	\$ _____	x	_____	=	\$ _____
Life and Health Insurance	\$ _____	x	_____	=	\$ _____
Long Term Care	\$ _____	x	_____	=	\$ _____
Food	\$ _____	x	_____	=	\$ _____
Clothing/Grooming	\$ _____	x	_____	=	\$ _____
Child Care	\$ _____	x	_____	=	\$ _____
Travel/Entertainment	\$ _____	x	_____	=	\$ _____
Family/Charitable Gifts	\$ _____	x	_____	=	\$ _____
Loan Repayment	\$ _____	x	_____	=	\$ _____
Income Taxes	\$ _____	x	_____	=	\$ _____
Social Security Taxes	\$ _____	x	_____	=	\$ _____
Other Expenses	\$ _____	x	_____	=	\$ _____
Additions to Savings	\$ _____	x	_____	=	\$ _____

TOTAL \$ _____

% Of Current Combined Income: _____%