

Liberty Financial Planning, Inc.

Independent Advice for Financial FreedomSM

Welcome to Liberty Financial Planning!

You expect excellence from Liberty and we intend to deliver a solid financial plan to help you achieve your financial goals. Your plan, however, can only be as good as the information that goes into it. That's why we take time to get to know you, your particular circumstances, and your financial priorities and goals. It's also why we've developed this extensive *Client Questionnaire*.

Early in the financial planning process we will identify which parts of the attached *Client Questionnaire* you should complete. In addition, you will need to prepare complete copies of the appropriate key documents listed below. Be sure to provide the most recent information available and include all supporting information as requested.

Asset Documents

- Savings, Checking, CD, and money market statements for your bank/credit union accounts
- Regular/non-retirement brokerage and mutual fund account statements (*including cost basis*)
- Employer sponsored retirement plan account statements for all 401k, 403b, 457, SEP IRA, SIMPLE IRA, ESOP, ESPP, and profit sharing plan, *including a list of all available investment options within each plan and complete details about any employer matching contributions*
- Account statements for all Traditional, Roth, and Inherited IRA accounts
- Annuity contracts/policies and account statements (*immediate or variable*)
- Education account statements for all 529 QTP, Coverdell ESA, custodial, and pre-paid tuition plans

Retirement Documents

- Annual Social Security statement
- Social Security benefits statement if you already receive any form of Social Security benefits
- Pension plan documents, statements, and calculation formulas or details
- Healthcare benefits you are eligible to receive in retirement from a current or former employer

Miscellaneous Documents

- Most recent federal and state tax returns (*including all attached schedules and W-2s*)
- Most recent paycheck stubs (*one month's worth*)
- Household budget (*if available*)
- Insurance policies and statements/bills (*auto, disability, home, life, long-term care, etc.*)
- Loan documents and statements/bills (*auto, credit card, education, home, etc.*)
- Employer benefits information (*including open enrollment options and associated costs*)
- Trust agreements and applicable trust account statements

Please send the *Client Questionnaire*, along with all document copies, to the address listed below. **Keep a copy of the Client Questionnaire and related documents for your records.** I appreciate your business and look forward to working with you.

Steve Braun
Financial Adviser

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Contents and Instructions

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Instructions

The *Client Questionnaire* is very important. Complete and accurate answers are crucial to understanding your current financial situation and goals so that the appropriate financial advice or services can be rendered.

Devote the proper time to each question and give serious thought to your answers.

Provide as much information as possible with the appropriate amount of detail.

If you have any questions about the *Client Questionnaire*, please contact:

Steve Braun

at

734-844-8770

or

stevebraun@libertyfinancialplanning.com

Personal Information

Client 1

Client 2

Name

Full Legal Name

First Middle Last

First Middle Last

but please call me...

Maiden Name (if applicable)

Who is the primary contact?

(Check One)

Home Address

Street Address

(If different than Client 1)

City, State, Zip Code

(If different than Client 1)

Communication

Home Phone (land line)

Home Cell/Mobile Phone

Home Fax

Home Email Address

Work Phone (land line)

Work Cell/Mobile Phone

Work Fax

Work Email Address

Date of Birth

mm/dd/year

mm/dd/year

Social Security Number

U.S. Citizen?

Yes No (Circle One)

Yes No (Circle One)

Marital Status

If married, wedding date:

mm/dd/year

mm/dd/year

Education Attained

HS Bachelors Masters PhD (Circle Highest)

HS Bachelors Masters PhD (Circle Highest)

Graduate of ...

Professional designations:

Are you a veteran?

Yes No (Circle One)

Yes No (Circle One)

Branch of service:

Dates of service:

mm/year to mm/year

mm/year to mm/year

Employment Information

Client 1

Client 2

Employer Name

Title/Job

Work/Office Location

City, State

City, State

Years of Service

Annual Wages/Salary

Are you eligible for a bonus?

Yes No (Circle One)

Yes No (Circle One)

Are you self-employed?

Yes No (Circle One)

Yes No (Circle One)

Do you have a side business?

Yes No (Circle One)

Yes No (Circle One)

Side Business Net Income

Employer Benefits - Please check each benefit you receive from your employer. This includes any benefits provided automatically by your employer and those in which you choose to participate.

Insurance:

Client 1's Employer

Cost to You

Client 2's Employer

Cost to You

Accidental Death/Injury

Dental

Disability - short-term

Disability - long-term

Health/Medical

Life - for coverage on self

Life - for coverage on spouse

Life - for coverage on dependents

Long-Term Care

Retirement:

Pension

401-k/403-b/457 (or similar plan)

SEP/SIMPLE IRA, Keogh

Other Benefits:

ESOP/ESPP (or similar plan)

Stock Options

Health Savings Account

Medical Savings Account

Child-Care Savings Account

When is open enrollment?

Month of Year

Month of Year

What employment changes do you expect in the next few years?

Family Information

List Your Adult/Minor Children or Other Non-Spouse Dependents

| <u>Full Legal Name</u> | <u>Social Security*</u> | <u>Relationship</u> | <u>Date of Birth</u> | <u>Resides in... City & State</u> | <u>Dependent?</u> | |
|------------------------|-------------------------|---------------------|----------------------|---|-------------------|----|
| | | | | | Yes | No |
| _____ | _____ | _____ | _____ | _____ | Yes | No |
| _____ | _____ | _____ | _____ | _____ | Yes | No |
| _____ | _____ | _____ | _____ | _____ | Yes | No |
| _____ | _____ | _____ | _____ | _____ | Yes | No |
| _____ | _____ | _____ | _____ | _____ | Yes | No |
| _____ | _____ | _____ | _____ | _____ | Yes | No |
| _____ | _____ | _____ | _____ | _____ | Yes | No |
| _____ | _____ | _____ | _____ | _____ | Yes | No |

* Only required for dependent children if I will be preparing your taxes or completing any account forms.

Client 1's Biological Family Background

| <u>First & Last Name</u> | <u>Relationship</u> | <u>Year of Birth</u> | <u>Resides in... City & State</u> | <u>Still Living?</u> | | <u>Year Died</u> | |
|--|---------------------|----------------------|---|----------------------------|-------|------------------|------------|
| | | | | Yes | No >> | | |
| _____ | Father | _____ | _____ | Yes | No >> | _____ | |
| _____ | Mother | _____ | _____ | Yes | No >> | _____ | |
| Are your parents still together as a couple? | | Yes | No | If no, due to... | Death | Divorce | Separation |
| Has your father remarried? | | Yes | No | Has your mother remarried? | Yes | No | |

List all siblings by first name and year of birth; circle any that have passed away.

For example: Joe (1958) Bill (1961) Bob (1964)

Brothers:

Sisters:

Client 2's Biological Family Background

| <u>First & Last Name</u> | <u>Relationship</u> | <u>Year of Birth</u> | <u>Resides in... City & State</u> | <u>Still Living?</u> | | <u>Year Died</u> | |
|--|---------------------|----------------------|---|----------------------------|-------|------------------|------------|
| | | | | Yes | No >> | | |
| _____ | Father | _____ | _____ | Yes | No >> | _____ | |
| _____ | Mother | _____ | _____ | Yes | No >> | _____ | |
| Are your parents still together as a couple? | | Yes | No | If no, due to... | Death | Divorce | Separation |
| Has your father remarried? | | Yes | No | Has your mother remarried? | Yes | No | |

List all siblings by first name and year of birth; circle any that have passed away.

For example: Joe (1958) Bill (1961) Bob (1964)

Brothers:

Sisters:

Family Information

Prior Family Relationships & Obligations

Client 1

Client 2

Has either client been married previously?

Yes No

Yes No

If yes, did the marriage(s) end by death or divorce?

Does either client pay alimony?

Yes No

Yes No

Does either client receive alimony?

Yes No

Yes No

Does either client have children from a previous marriage?

Yes No

Yes No

If yes, how many?

What are their ages?

Does either client pay child support?

Yes No

Yes No

Does either client receive child support?

Yes No

Yes No

Miscellaneous

Are you planning to have children in the future? Yes No

If yes, please explain:

Do any of your children have health issues or special care needs that will impact you financially?

Yes No

If yes, please explain:

Do you anticipate providing financial help to your parents, siblings, or grandparents at some point?

Yes No

If yes, please explain:

Please describe any other family information or dynamics that will impact your financial situation.

Health Information

This information is necessary for evaluating appropriate insurance policies and coverage amounts.

| | Client 1 | | Client 2 |
|--|---|--|---|
| Rate your overall health: | Excellent Good Fair Poor | | Excellent Good Fair Poor |
| What is your height? | | | |
| What is your weight? | | | |
| Your smoking history is: | <input type="checkbox"/> Never smoked <input type="checkbox"/> Quit _____ years ago <input type="checkbox"/> Current user of _____ cigarettes/day | | <input type="checkbox"/> Never smoked <input type="checkbox"/> Quit _____ years ago <input type="checkbox"/> Current user of _____ cigarettes/day |
| Your blood pressure is: | High Normal Low Don't Know | | High Normal Low Don't Know |
| Do you take blood pressure medication? | Yes No | | Yes No |
| Your cholesterol is: | High Normal Low Don't Know | | High Normal Low Don't Know |
| Do you take cholesterol medication? | Yes No | | Yes No |

Biological Family's Health History

Have any of the following persons been ***diagnosed*** with cancer or cardiovascular problems ***before age 60***?

| | Cancer | Cardio | | Cancer | Cardio |
|---------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Biological father | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Biological mother | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Biological siblings | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

Have any of the following persons ***died*** from cancer or cardiovascular problems ***before age 60***?

| | Cancer | Cardio | | Cancer | Cardio |
|---------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Biological father | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Biological mother | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Biological siblings | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

Personal Health History

Has Client 1 ever had any major health problems? Yes No (see below for comprehensive listing)

List all that apply and when: _____

Has Client 2 ever had any major health problems? Yes No (see below for comprehensive listing)

List all that apply and when: _____

List of Major Health Problems:

Alcoholism, Alzheimer's, Anxiety/ADD/ADHD or Depression, Artery Disease, Asthma, Cancer (skin), Cancer (non-skin), Colitis or Ileitis, COPD, Crohn's Disease, Diabetes, Drug Abuse or Addiction, Emphysema, Epilepsy, Gastric/Peptic Ulcers, Heart Disease or Abnormal EKG, Hepatitis or Liver Disease, HIV, Kidney Disease, Leukemia, Melanoma, Mental Illness, Mitral Valve Prolapse, Multiple Sclerosis, Parkinson's Disease, Prostate Cancer, Recurrent Kidney Stones, Rheumatoid Arthritis, Sleep Apnea, Stroke, Vascular Disease.

Personal Values

Please answer all of the questions below.

What do you like most about your job or career?

What do you like least about your job or career?

What do you look forward to about the future?

What is your biggest fear about the future?

How do you want to be remembered?

What causes are important to you?

What religion or life philosophy do you follow and how does that impact your financial decision-making?

Financial Values

Please answer all of the questions below.

What is your first memory of money and what did you learn from it?

What messages or lessons about money did you receive from your parents?

How do those messages or lessons affect you today?

What are your major beliefs about money?

How do you feel about debt?

How do you feel about budgeting or setting limits on spending?

If applicable, do Client 1 and Client 2 see eye-to-eye when it comes to money?

Financial Goals

Defining goals is the most important part of the financial planning process. It is impossible to make appropriate plans and measure achievement without written goals. The following list includes many common goals but not all of them may apply to your situation. Ignore goals that do not apply to you; add others as needed.

Rank each relevant goal in order of importance in the left column (1 being most important). Then check the appropriate box in the right columns for the time frame to accomplish each goal.

| Rank | Financial Goals | Time Horizon to <u>Accomplish</u> Each Goal | | | | If known, how much money is needed to meet your goal? |
|------|---|---|--------------------|----------------------|--------------------|---|
| | | Immediate < 1 year | Short 1-5 years | Medium 5-15 years | Long 15 + years | |
| | Start or increase a cash emergency fund | | | | | |
| | Get out of debt | | | | | |
| | Develop a budget/cashflow plan | | | | | |
| | Pay education expenses for a family member | | | | | |
| | Secure a comfortable retirement | | | | | |
| | Provide for self/family in the event of <i>disability</i> | | | | | |
| | Provide for family in the event of my/our <i>death</i> | | | | | |
| | Provide for elderly relatives/special needs child | | | | | |
| | Develop a comprehensive estate plan for me/us | | | | | |
| | Buy a new home | | | | | |
| | Buy a vacation or retirement property | | | | | |
| | Buy/lease a new/used car or truck | | | | | |
| | Purchase an RV, PWC, boat, trailer, etc. | | | | | |
| | Remodel kitchen, bathroom, basement, etc. | | | | | |
| | Take a major vacation | | | | | |
| | Start or buy a business or income property | | | | | |
| | Pay for a wedding | | | | | |
| | Increase charitable contributions | | | | | |
| | Allow spouse to stay home with children | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Asset Summary

| | Client 1 Owned | Client 2 Owned | Jointly Owned |
|---|-----------------------|-----------------------|----------------------|
| | Current Value | Current Value | Current Value |
| Cash/Cash Equivalents | | | |
| Bank Savings Account | | | |
| Bank Checking Account | | | |
| Money-Market Account | | | |
| Certificates of Deposit | | | |
| Personal Property | | | |
| Primary Residence | | | |
| Vacation Property | | | |
| Automobiles | | | |
| Boat/RV/Trailer | | | |
| Retirement Accounts | | | |
| Traditional IRA | | | n/a |
| Roth IRA | | | n/a |
| Inherited IRA (Traditional or Roth) | | | n/a |
| SEP/SIMPLE IRA | | | n/a |
| 401(k)/403(b)/457 Employer Plans | | | n/a |
| Employer Pension (cash value) | | | n/a |
| Deferred Compensation Plans | | | n/a |
| Other: _____ | | | n/a |
| Education Accounts | | | |
| 529 College Savings Plans | | | n/a |
| Coverdell ESAs | | | n/a |
| Child Custodial Accounts | | | n/a |
| Pre-Paid Tuition Plans | | | n/a |
| Non-Retirement/Education Investments | | | |
| Brokerage/Mutual Fund Accounts | | | |
| Corporate Bonds | | | |
| Government Securities/Savings Bonds | | | |
| Life Insurance (<i>cash value</i>) | | | |
| Variable Annuities (<i>surrender value</i>) | | | |
| Loans To Others | | | |
| ESOP/ESPP Accounts | | | |
| Health Savings Accounts | | | |
| Real Estate/Rental Property | | | |
| Stock Options (cash value) | | | |
| Precious Metals | | | |
| Business Ownership Interest | | | |
| Miscellaneous Assets | | | |
| Personal Belongings (best estimate) | | | |
| Other: _____ | | | |
| Other: _____ | | | |

Liabilities Summary

| | Client 1 Owes | Client 2 Owes | Jointly Owes |
|--|-----------------|-----------------|-----------------|
| | Current Balance | Current Balance | Current Balance |
| Unpaid Bills (amounts you are <i>behind</i> only) | | | |
| Income Taxes | | | |
| Property Taxes | | | |
| Mortgage or Rent | | | |
| Insurance Premiums | | | |
| Utilities (electric/gas/phone/water) | | | |
| Credit Cards | | | |
| Personal Loans | | | |
| Automobile(s) | | | |
| Boat/RV/Trailer | | | |
| Education | | | |
| Loans from 401(k), etc. | | | |
| Loans from Insurance | | | |
| Margin Loans | | | |
| Other Installment Loans | | | |
| Loans from Others | | | |
| Other: _____ | | | |
| Mortgages | | | |
| Primary Residence | | | |
| Home Equity | | | |
| Vacation Property | | | |
| Real Estate/Rental Property | | | |
| Other Liabilities | | | |
| Legal Judgments | | | |
| Alimony/Child Support | | | |

Debt Details - Please provide details for the above information as noted below.

| <u>Revolving Debt (credit cards, etc.)</u> | <u>Int. Rate</u> | <u>Current Balance</u> | <u>Required Min. Monthly Payment</u> | <u>Next Due Date</u> |
|--|------------------|------------------------|--------------------------------------|----------------------|
|--|------------------|------------------------|--------------------------------------|----------------------|

| <u>Installment Debt (home, car, etc.)</u> | <u>Term</u> | <u>Loan Date</u> | <u>Int. Rate</u> | <u>Monthly Payment</u> | <u>Current Balance</u> | <u>Original Balance</u> |
|---|-------------|------------------|------------------|------------------------|------------------------|-------------------------|
|---|-------------|------------------|------------------|------------------------|------------------------|-------------------------|

Bank or Credit Union Account Details

Savings Accounts

| | <u>Bank or Credit Union Institution Name</u> | <u>Account Owner (Client 1, Client 2, Joint)</u> | <u>Interest Rate</u> | <u>Balance Amount</u> | <u>Date of Balance</u> | <u>Required Min. Balance</u> |
|----|--|--|--------------------------|---------------------------|----------------------------|----------------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ | _____ |

Checking Accounts

| | <u>Bank or Credit Union Institution Name</u> | <u>Account Owner (Client 1, Client 2, Joint)</u> | <u>Interest Rate</u> | <u>Balance Amount</u> | <u>Date of Balance</u> | <u>Required Min. Balance</u> |
|----|--|--|--------------------------|---------------------------|----------------------------|----------------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ | _____ |

Money Market Accounts

| | <u>Bank or Credit Union Institution Name</u> | <u>Account Owner (Client 1, Client 2, Joint)</u> | <u>Interest Rate</u> | <u>Balance Amount</u> | <u>Date of Balance</u> | <u>Required Min. Balance</u> |
|----|--|--|--------------------------|---------------------------|----------------------------|----------------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ | _____ |

Certificates of Deposit - Non-Retirement

| | <u>Bank or Credit Union Institution Name</u> | <u>Account Owner (Client 1, Client 2, Joint)</u> | <u>Interest Rate</u> | <u>Balance Amount</u> | <u>Maturity Date</u> | <u>Length of CD Term</u> |
|----|--|--|--------------------------|---------------------------|--------------------------|------------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ | _____ |

Certificates of Deposit - Retirement

| | <u>Bank or Credit Union Institution Name</u> | <u>Account Owner (Client 1 or Client 2)</u> | <u>Interest Rate</u> | <u>Balance Amount</u> | <u>Maturity Date</u> | <u>Length of CD Term</u> |
|----|--|---|--------------------------|---------------------------|--------------------------|------------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ | _____ |

Retirement Account Details

| | <u>Custodian Firm Name</u> | <u>Plan/Account Type*</u> | <u>Account Owner</u> <small>(Client 1 or Client 2)</small> | <u>Balance</u> <u>Amount</u> | <u>Date of</u> <u>Balance</u> |
|-----|----------------------------|---------------------------|---|---------------------------------|----------------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ | _____ |
| 11. | _____ | _____ | _____ | _____ | _____ |
| 12. | _____ | _____ | _____ | _____ | _____ |
| 13. | _____ | _____ | _____ | _____ | _____ |
| 14. | _____ | _____ | _____ | _____ | _____ |
| 15. | _____ | _____ | _____ | _____ | _____ |
| 16. | _____ | _____ | _____ | _____ | _____ |
| 17. | _____ | _____ | _____ | _____ | _____ |
| 18. | _____ | _____ | _____ | _____ | _____ |
| 19. | _____ | _____ | _____ | _____ | _____ |
| 20. | _____ | _____ | _____ | _____ | _____ |

***Most Common Retirement Plans or Account Types**

Employer Sponsored Plans:

- SEP IRA
- SIMPLE IRA
- 401k Plan
- Roth 401k Plan
- 403b Plan
- Roth 403b Plan
- 457 Plan
- Profit Sharing Plan
- Deferred Compensation Plan

Individual Retirement Arrangements (IRAs):

- Traditional IRA (includes deductible and non-deductible contributions)
- Inherited Traditional IRA
- Roth IRA
- Inherited Roth IRA

Education Account Details

| | <u>Custodian Firm Name</u> | <u>Plan/Account Type*</u> | <u>Account Control</u> <small>(Client 1 or Client 2)</small> | <u>For Which</u> <u>Child?</u> | <u>Balance</u> <u>Amount</u> | <u>Date of</u> <u>Balance</u> |
|-----|----------------------------|---------------------------|---|-----------------------------------|---------------------------------|----------------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ | _____ | _____ |
| 11. | _____ | _____ | _____ | _____ | _____ | _____ |
| 12. | _____ | _____ | _____ | _____ | _____ | _____ |
| 13. | _____ | _____ | _____ | _____ | _____ | _____ |
| 14. | _____ | _____ | _____ | _____ | _____ | _____ |
| 15. | _____ | _____ | _____ | _____ | _____ | _____ |
| 16. | _____ | _____ | _____ | _____ | _____ | _____ |
| 17. | _____ | _____ | _____ | _____ | _____ | _____ |
| 18. | _____ | _____ | _____ | _____ | _____ | _____ |
| 19. | _____ | _____ | _____ | _____ | _____ | _____ |
| 20. | _____ | _____ | _____ | _____ | _____ | _____ |
| 21. | _____ | _____ | _____ | _____ | _____ | _____ |
| 22. | _____ | _____ | _____ | _____ | _____ | _____ |
| 23. | _____ | _____ | _____ | _____ | _____ | _____ |
| 24. | _____ | _____ | _____ | _____ | _____ | _____ |
| 25. | _____ | _____ | _____ | _____ | _____ | _____ |

***Most Common Education Plans or Account Types**

Education Plans:

- 529 QTP or College Savings Plan
- Coverdell Education Savings Account or ESA
- Child Custodial Account (UGMA or UTMA)
- Pre-Paid Tuition Plan

Other Investment Account Details

| | <u>Custodian Firm Name</u> | <u>Plan/Account Type*</u> | <u>Account Control</u> (Client 1, Client 2, Joint) | <u>Balance</u> <u>Amount</u> | <u>Date of</u> <u>Balance</u> |
|-----|----------------------------|---------------------------|---|---------------------------------|----------------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ | _____ |
| 11. | _____ | _____ | _____ | _____ | _____ |
| 12. | _____ | _____ | _____ | _____ | _____ |
| 13. | _____ | _____ | _____ | _____ | _____ |
| 14. | _____ | _____ | _____ | _____ | _____ |
| 15. | _____ | _____ | _____ | _____ | _____ |
| 16. | _____ | _____ | _____ | _____ | _____ |
| 17. | _____ | _____ | _____ | _____ | _____ |
| 18. | _____ | _____ | _____ | _____ | _____ |
| 19. | _____ | _____ | _____ | _____ | _____ |
| 20. | _____ | _____ | _____ | _____ | _____ |

***Most Common Non-Retirement/Non-Education Accounts or Investments**

Brokerage/Mutual Fund Accounts:

Taxable Investment Account (a.k.a, non-retirement brokerage or mutual fund account)

Insurance Contracts:

Life Insurance (give the cash value if cashed in today, not the death benefit amount)

Variable Annuity (give the surrender value if cashed in today, not the death benefit amount)

Employer Benefits:

ESOP/ESPP Account

Health Savings Account

Stock Options (cash value if vested and exercised today)

Other

Precious Metals (i.e., physical assets)

Government Securities/Savings Bonds

Stock Certificates

Miscellaneous Asset Details

Please provide the following details for each vehicle you own (not lease)

| | Automobile/Truck/RV/Boat/Trailer <small>(Description: Year, Make, Model)</small> | Ownership <small>(Client 1, Client 2, Joint)</small> | Market <u>Value</u> | Date of <u>Valuation</u> |
|-----|---|---|------------------------|-----------------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ |

Please provide the following details for each miscellaneous asset* you own

| | <u>Miscellaneous Asset* Description & Location</u> | Account Control <small>(Client 1, Client 2, Joint)</small> | Asset <u>Value</u> | Date of <u>Valuation</u> |
|-----|--|---|-----------------------|-----------------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ |

***Most Common Miscellaneous Assets**

Real Estate

- Raw land
- Real Estate or Rental property

Business Ownership

Collections

- Art, coins, stamps
- Collectibles

Cashflow Information

Provide annual amounts for each applicable category. Add categories as needed.

| | \$ Amount | | \$ Amount |
|-------------------------------|-----------|---|-----------|
| Gross Income | | Charitable Contributions | |
| Salary - Client 1 | | Religious Organizations | |
| Salary - Client 2 | | Public Institutions | |
| Profit Sharing/Bonus | | Other Organizations | |
| Interest | | | |
| Dividends | | Debt or Lease Payments | |
| Capital Gains | | Credit Card: minimum payment | |
| Self-Employment | | Credit Card: extra payment | |
| Business/Partnership | | Education: regular payment | |
| Social Security - Client 1 | | Education: extra payment | |
| Social Security - Client 2 | | Home Mortgage: P&I only | |
| Pension - Client 1 | | Home Mortgage: extra payment | |
| Pension - Client 2 | | Property Rent | |
| Fixed Annuity - Client 1 | | Vehicle Loan: regular payment | |
| Fixed Annuity - Client 2 | | Vehicle Loan: extra payment | |
| Retirement Accounts | | Vehicle Lease | |
| Insurance Proceeds | | Other: _____ | |
| Other: _____ | | Other: _____ | |
| Taxes | | Groceries (Food/Toiletries/Cleaners) | |
| Primary Residence | | | |
| Vacation Property | | Insurance | |
| Auto/Truck | | Accidental Death/Injury | |
| Boat/RV/Trailer/PWC | | Automobile | |
| | | Dental | |
| Savings | | Disability - Client 1 | |
| Education: 529 Plan | | Disability - Client 2 | |
| Education: Coverdell ESP | | Health/Medical | |
| Education: Custodial Accounts | | Life - Client 1 | |
| Emergency Fund | | Life - Client 2 | |
| Retirement: Taxable Accounts | | Liability | |
| Retirement: 401k/403b/457 | | Long-Term Care - Client 1 | |
| Retirement: SEP/SIMPLE IRA | | Long-Term Care - Client 2 | |
| Retirement: Traditional IRA | | Property: Primary Residence | |
| Retirement: Roth IRA | | Property: Other | |
| Retirement: Pension | | Vision | |
| Variable Annuity | | | |
| Other: Major Home Projects | | Other Employee Benefits | |
| Other: Vehicle Replacement | | Health Savings Account | |
| Other: Major Purchase | | Medical Savings Account | |
| Other: Major Vacation | | Dependent Care Account | |

Cashflow Information

Provide annual amounts for each applicable category. Add categories as needed.

| | \$ Amount | | \$ Amount |
|----------------------------------|-----------|----------------------|-----------|
| Utilities | | Miscellaneous | |
| Cable/Satellite | | Other: _____ | |
| Electric | | Other: _____ | |
| Natural Gas | | Other: _____ | |
| Fuel Oil | | Other: _____ | |
| LPG/Propane | | Other: _____ | |
| Land Phone | | Other: _____ | |
| Cell Phone | | Other: _____ | |
| Internet Service | | Other: _____ | |
| Sanitation | | Other: _____ | |
| Water/Sewer | | Other: _____ | |
| Automobile | | Other: _____ | |
| Gasoline | | Other: _____ | |
| Maintenance/Repairs | | Other: _____ | |
| Miscellaneous | | Other: _____ | |
| Association Dues | | Other: _____ | |
| Books/Music/Video | | Other: _____ | |
| Clothing | | Other: _____ | |
| Dining Out | | Other: _____ | |
| Education: Primary & Secondary | | Other: _____ | |
| Education: College | | Other: _____ | |
| Education: Professional Dev. | | Other: _____ | |
| Entertainment | | Other: _____ | |
| Gifts: Christmas | | Other: _____ | |
| Gifts: All Other Occasions | | Other: _____ | |
| Hobbies/Recreation | | Other: _____ | |
| Home Maintenance | | Other: _____ | |
| Household Items | | Other: _____ | |
| Medical/Dental/Rx: Out-of-Pocket | | Other: _____ | |
| Personal Care | | Other: _____ | |
| Pet Care | | Other: _____ | |
| Subscriptions | | Other: _____ | |
| Tools or Small Appliances | | Other: _____ | |
| Toys/Games for Children | | Other: _____ | |
| Union Dues | | Other: _____ | |
| Vacations | | Other: _____ | |
| Other: Cash for Client 1 | | Other: _____ | |
| Other: Cash for Client 2 | | Other: _____ | |

Risk Profile

Using a scale from 1 to 5, indicate how accurately the following statements reflect your attitudes, feelings, or beliefs. There are no wrong answers!

1 = Most Accurate

2 = Very Accurate

3 = Fairly Accurate

4 = A Little Bit Accurate

5 = Not Accurate At All

- _____ I am comfortable making investment decisions.
- _____ I do not second-guess my investments once I make a decision.
- _____ I consider myself a high-risk investor.
- _____ Safety of principal is most important to me in investing my money.
- _____ I invest for quick returns.
- _____ I am very pessimistic about the future of the economy.
- _____ I make investment decisions quickly.
- _____ I just can't seem to forget my bad investment decisions.
- _____ I am very knowledgeable about investment matters.
- _____ Whenever I hear about a great investment, I am tempted to make a change in my portfolio to get in on the action.
- _____ I get uncomfortable when making investment decisions.
- _____ I often wonder if I've made the right decision after making an investment.
- _____ I consider myself a moderate or average risk investor.
- _____ High growth (or, a high return) is most important to me in investing my money.
- _____ I invest for long-term growth and appreciation.
- _____ I am very optimistic about my financial future.
- _____ I agonize over investment decisions before reaching a conclusion.
- _____ I don't dwell on my bad investment decisions.
- _____ I am clueless about investment matters.
- _____ I start to worry about my financial future when the stock market and my investments are in a decline.
- _____ I consider myself a conservative investor.
- _____ Diversification of investment risk is most important to me in investing my money.
- _____ Safety of principal is more important to me than growth or higher returns.

Risk Profile

Answer the questions below according to the instructions for each. Again, there are no wrong answers!

Check the one statement that best describes your comfort level with balancing investment risks and rewards:

- I prefer a low risk, predictable, and consistent return on my investments from year to year, even if that return is low over the long-term.
- I am willing to accept a high-risk, unpredictable, and inconsistent return on my investments from year to year, if there is potential (no guarantees) for high returns over the long-term.
- I prefer a moderate risk, "middle of the road" investing approach with some unpredictable and inconsistent return on my investments from year to year if there is potential (no guarantees) for average returns over the long-term.

Check the one statement below that best describes you:

- I check my investments daily.
- I check my investments on a regular basis. Specify how often _____.
- I check my investments only when I get a statement from the investment company.
- I hardly ever check my investments and rarely read my statements from the investment company.

Check the one statement below that best describes you:

- I consider myself a "buy and hold" investor through thick and thin.
- I consider myself a mild trader -- trying to get "out" when the market declines and "in" when it's up according to its "normal" long-term cyclical trends.
- I consider myself a frequent trader -- getting in/out of the market or individual securities whenever a good opportunity presents itself on a daily, weekly, or monthly basis.

Everyone is happy when their investments go up. The following questions, however, deal with your emotions when your investments go down or when you have a chunk of your portfolio in high-risk (i.e., volatile) investments. We need to know your limits so that we can make appropriate investment recommendations.

1. What is the maximum percentage *decline* in the value of your total investment portfolio that you could *emotionally tolerate* in any..... one-year period? _____ %
five-year period? _____ %
ten-year period? _____ %
2. What is the maximum percentage of your total investment portfolio that you are willing to place in *above-average* or *high-risk* investments? _____ % (Note - This doesn't mean we will necessarily recommend that you do this.)
3. What one thing are you most likely to do if you suddenly realize your investments have lost 20% of their value over the past three months?
 - Blame my financial adviser, hire an attorney to sue him or her, and take my business elsewhere.
 - Chalk it up to "the market" and wait for it to rebound.
 - Sell everything I have remaining so my money will be safe and sound.
 - Invest even more because the prices on my investments have come way down.

Investment Planning

Please answer all of the questions below.

Are you satisfied with your current investment results? Yes No Not Sure

Please provide further details. _____

What positive investment experiences have you had and how did they come about? _____

What disappointing investment experiences have you had and how did they happen? _____

What guidelines or rules do you attempt to follow in order to manage your investments, and how did you learn these guidelines? _____

Why did you choose the current investments in your portfolio(s)? _____

How do you arrive at investment decisions? _____

What is most important to you in investing your money? _____

Are there any investments you would rule out for yourself? _____

Are there any investments you would prefer over others? Yes No

If yes, please specify: _____

What is your attitude toward investment risk? _____

Retirement Planning

Please answer all of the questions below.

Retirement Age & Life Expectancy

Client 1 Age Client 2 Age

If everything goes right for you, what is the earliest you would like to retire? _____

If nothing goes right for you, what is the latest you would be willing to retire? _____

At this point in life, when do you realistically plan or expect to retire? _____

Given your health and family history, how long do you expect to live? _____

Retirement Expenses

Will you be paying for college expenses for any dependents during your retirement? Yes No Maybe

Will you be supporting minor or adult children during your retirement? Yes No Maybe

Will your house be paid for prior to your retirement? Yes No
If no, in what year do you plan to have it paid off? _____

Will you keep your current home? Yes No If no, will you be downsizing? Yes No

Where do you plan to retire (state of primary residence)? _____

Do you expect other large debts to pay off while in retirement? Yes No
If yes, how much debt and when do you expect to pay it off? _____

Retirement Income Sources

(Circle all that apply)

What will be your income sources in retirement? Social Security Small Business
Pensions Income Property
Part-Time Work/Consulting Retirement Accounts

Do you expect to sell a business or property and use those proceeds for your retirement? Yes No
If yes, how much do you expect to receive and when? _____

What is more important to you (check one):

- Guaranteed income for the rest of your life even though it loses ground to inflation (i.e., your purchasing power declines with each passing year), OR
- Income that may not last for the rest of your life but does not lose ground to inflation.

What percentage of your income do you want to be "guaranteed" no matter how long you live? _____ %

Retirement Lifestyle Expectations

Imagine that you are retired today (i.e., the kids are gone -- or aren't, the house is paid for -- or isn't, etc.) and now you get to do the things you looked forward to during your working years. How much pre-tax income will you need in order to enjoy the following lifestyles? (Express your answer in today's dollars. Don't try to project into the future.)

Pre-Tax Income in Today's \$

Survival Lifestyle (just enough to cover the essentials) \$ _____ per year

Moderate Lifestyle (enough to have fun but nothing extravagant) \$ _____ per year

Prosperous Lifestyle (enough to live extremely well but within certain limits) \$ _____ per year

What lifestyle income do you realistically expect in retirement? \$ _____ per year

Retirement Planning

Please answer all of the questions below.

Healthcare

Who will provide your health insurance in retirement before you reach age 65? (Circle all that apply) >>>

Medicare
Former Employer
Current Employer

Purchase Own Policy
Health Savings Account
Out-of-Pocket

Who will provide your health insurance in retirement after you reach age 65? (Circle all that apply) >>>

Medicare
Former Employer
Current Employer

Purchase Own Policy
Health Savings Account
Out-of-Pocket

Activities & Quality of Life

Describe your idea of "retirement" (What will you do with your time? What activities or hobbies will you pursue? Where are you likely to travel and how often?) _____

How do you see your life unfolding through your 60's, 70's, 80's, and beyond? _____

Prioritizing Your Options

Rank from 1 to 3 the steps you would be most willing to take in order to make your retirement plan successful, with 1 the highest and 3 the lowest. Also, complete each statement by filling in the blanks within each sentence.

- _____ Save an *additional* _____ % of my gross income each year until I retire.
- _____ Work an *extra* _____ years beyond my desired retirement age.
- _____ Spend \$_____ *less* each year once I retire.

Employer Sponsored Retirement Plans

What percentage of Client 1's pay is contributed to an employer's retirement plan (401-/403-b/457, etc.)? _____ %

How does any employer matching contribution work? _____

What percentage of Client 2's pay is contributed to an employer's retirement plan (401-/403-b/457, etc.)? _____ %

How does any employer matching contribution work? _____

| | <u>Client 1</u> | | <u>Client 2</u> | |
|--|-----------------|----|-----------------|----|
| | Yes | No | Yes | No |
| If self-employed, have you set up a retirement plan for your business? | | | | |
| If yes,... What kind of plan did you set up? | | | | |
| How much do you contribute each year? | \$ | | \$ | |

Education Planning

Please answer all of the questions below.

Primary and Secondary Education

Do you expect to pay primary or secondary private school education expenses for any dependents? Yes No

If yes, for which dependents? _____

What is the expected cost each year? \$ _____

Higher Education

Do you expect to pay higher education expenses for any dependents? Yes No

If yes, list each dependent, the years attending college, the total cost, and percent of total cost you plan to pay.

| First Name | The Year College... | | Total Cost In Today's Dollars | Percentage You Will Pay |
|------------|---------------------|-------|----------------------------------|----------------------------|
| | Begins | Ends | | |
| 1. _____ | _____ | _____ | \$ _____ | _____ % |
| 2. _____ | _____ | _____ | \$ _____ | _____ % |
| 3. _____ | _____ | _____ | \$ _____ | _____ % |
| 4. _____ | _____ | _____ | \$ _____ | _____ % |
| 5. _____ | _____ | _____ | \$ _____ | _____ % |
| 6. _____ | _____ | _____ | \$ _____ | _____ % |
| 7. _____ | _____ | _____ | \$ _____ | _____ % |
| 8. _____ | _____ | _____ | \$ _____ | _____ % |

Some people know exactly where their children will attend college while others aren't sure if their children will even want to attend. No matter where you are on that scale, please answer the following questions as best as you can for each dependent.

| First Name | If known... Name of College | Location of College | | | Type of College | | |
|------------|--------------------------------|--------------------------|----|--------------------------|--------------------------|----|--------------------------|
| | | In-State | or | Out-of-State | Public | or | Private |
| 1. _____ | _____ | <input type="checkbox"/> | or | <input type="checkbox"/> | <input type="checkbox"/> | or | <input type="checkbox"/> |
| 2. _____ | _____ | <input type="checkbox"/> | or | <input type="checkbox"/> | <input type="checkbox"/> | or | <input type="checkbox"/> |
| 3. _____ | _____ | <input type="checkbox"/> | or | <input type="checkbox"/> | <input type="checkbox"/> | or | <input type="checkbox"/> |
| 4. _____ | _____ | <input type="checkbox"/> | or | <input type="checkbox"/> | <input type="checkbox"/> | or | <input type="checkbox"/> |
| 5. _____ | _____ | <input type="checkbox"/> | or | <input type="checkbox"/> | <input type="checkbox"/> | or | <input type="checkbox"/> |
| 6. _____ | _____ | <input type="checkbox"/> | or | <input type="checkbox"/> | <input type="checkbox"/> | or | <input type="checkbox"/> |
| 7. _____ | _____ | <input type="checkbox"/> | or | <input type="checkbox"/> | <input type="checkbox"/> | or | <input type="checkbox"/> |
| 8. _____ | _____ | <input type="checkbox"/> | or | <input type="checkbox"/> | <input type="checkbox"/> | or | <input type="checkbox"/> |

How much can you realistically afford to save each year toward education costs? \$ _____

How much are you currently saving each year toward education costs? \$ _____

Are you expecting any assistance with education costs from your dependents' other relatives? Yes No

If yes, please specify from whom and how much: _____

Insurance Information

For each type of insurance, indicate who provides the policy (employer or you) and who is covered by the policy.

You may have multiple policies for each type of insurance. Leave blank if coverage is not applicable to you.

| | Insurance is provided through: | | | | Who is covered by this policy? | | | Coverage Amount |
|--|---|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------|
| | <i>Employer Policy</i> or <i>Own Policy</i> | | | | Client 1 | Client 2 | Children | |
| | Client 1 | Client 2 | Client 1 | Client 2 | Client 1 | Client 2 | Children | |
| | (check only <u>one</u> for each policy) | | | | (check <u>all</u> that apply for each policy) | | | |
| <u>LIFE & HEALTH</u> | | | | | | | | |
| AD&D | | | | | | | | |
| Policy 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Policy 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Policy 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Dental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Disability | | | | | | | | |
| Policy 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Policy 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Health | | | | | | | | |
| Policy 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Policy 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Life | | | | | | | | |
| Policy 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Policy 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Policy 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Policy 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Long-Term Care | | | | | | | | |
| Policy 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Policy 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <u>PROPERTY & LIABILITY</u> | | | | | | | | |
| Auto | | | | | | | | |
| Vehicle 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Vehicle 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Vehicle 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Homeowners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Professional Liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Umbrella Liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

MISCELLANEOUS

Have you ever been turned down for an insurance policy? Yes No (circle one)

If yes, please indicate policy type (life, health, etc.) for which you were turned down and reasons: _____

Estate Planning Information

| | Client 1 | | | | Client 2 | | | |
|--------------------------|--------------------------|--------------------------|--------------|---------------|--------------------------|--------------------------|--------------|---------------|
| | Yes | No | Date Drafted | State Drafted | Yes | No | Date Drafted | State Drafted |
| Documents | | | | | | | | |
| Will | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Living Will | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Power of Attorney: | | | | | | | | |
| Financial Durable | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Medical Durable | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Trust (list type below): | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | |

Lifestyle

If Client 1 dies first:

What lifestyle changes would Client 2 need to make? _____

What debts would you want to have paid off? _____

How much pre-tax income would Client 1's survivors need? _____

If Client 2 dies first:

What lifestyle changes would Client 1 need to make? _____

What debts would you want to have paid off? _____

How much pre-tax income would Client 2's survivors need? _____

Does Client 1 or Client 2 anticipate leaving an inheritance? Yes No

If yes, please specify what, total value, and to whom: _____

Does Client 1 or Client 2 anticipate receiving an inheritance? Yes No

If yes, please specify what, total value, from whom, and expected year (if known): _____

This page provides a simple overview of your current estate plan. It is only intended to help us determine your estate planning needs. Detailed estate planning work will require additional information. We will contact you for that information when appropriate.