

Developing Your Financial Future

Client confidential information



Distribution

Youth

100 People
Age 25

By Age 65*:

- 16 Dead
- 66 Dependent
- 18 Financially Independent

Accumulation

Foundation

A SOUND FINANCIAL STRATEGY CAN ADD MORE TO YOUR NET WORTH THAN A LIFETIME OF WORK.

FOUNDATION

- Live Within Your Means
- Emergency Reserves
- Insurance Plan
- Systematic Savings

ACCUMULATION

- Increase Savings
- Minimize Taxes
- Update Insurance Needs

DISTRIBUTION

- Maintain Purchasing Power
- Preserve Capital
- Long-Term Care
- Estate Planning

Date _____

What Concerns You The Most?

There are a number of different areas to consider when planning for your future financial security. Most financial experts recommend planning for your needs in the event of death or disability first. In any case, it is important to prioritize your needs and implement a plan of action to meet your financial goals.

Please rank the following areas in order of importance from 1 to 8

- Needs in the Event of Death** – Examine the financial impact of a death, including immediate cash needs and continuing income needs.
- College Funding** – Examine the cost of college and alternative methods of funding.
- Retirement** – Examine how your current retirement planning compares to your objectives.
- Asset Allocation** – Examine your current asset allocation in relation to your risk tolerance.
- Disability Income/Critical Illness** – Examine the financial impact of a disability or critical illness on your income.
- Long-Term Care** – Examine the devastating impact long-term care costs can have on your financial situation.
- Accumulation Goals** – Examine and plan for the cost to accomplish major financial goals such as an emergency fund, new home, business, etc.
- Estate Planning** – Examine your plan for minimizing potential estate taxes.

Personal Information

Client A

Client B

First Name _____

Middle Name _____

Last Name _____

Date of Birth _____ / _____ / _____

Social Security number _____

Are you married? Yes No

Street Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Dependent Information

Child's Name _____ Date of Birth _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

Are there any special considerations that will need to be addressed with your dependents? _____

Do you believe any other family members will become dependent on you in the future? _____

What do you like to do in your free time? _____

Client A

Client B

Employer _____

Occupation _____

Work Phone (_____) _____

What are your specific responsibilities? _____

How long have you been at your current employer? _____

Financial Information

Client A

Client B

Annual Employment Income \$ _____

(For other sources of income, enter the details in the **Other Sources of Income** section.)

Do you contribute to Social Security? Yes No Yes No

Do you get a raise each year? If so, generally how much? _____ What are your career plans? _____

Are you active in any associations, charities or alumni organizations? _____

Needs in the Event of Death

The death of a wage earner can have a significant impact on household income. Financial experts recommend that every financial plan include an analysis of needs in the event of a death. Financial experts generally recommend 70% of current income be available for a family's continuing income needs while there are children at home, and 50% thereafter.

In the event of a death, what percentage of income should be provided for your family's continuing income needs?

With children at home _____ % No children at home _____ % Provide income for how long? _____ years or Lifetime

In the event of a death, should your children's education be funded? Yes No (If yes, complete College Funding section below.)

Current Life Insurance

Name of Insured/Owner	Beneficiary	Insurance Benefit	Insurance Company	Annual Premium	Cash Value Balance	Type*
_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	\$ _____	_____

*Insurance types include: Group, Term, Whole Life, Universal Life, Variable, and other.

How much would you like to provide for the following expenses?

- Final expenses (funeral and medical expenses) _____
- Pay off mortgage or money for rent _____
- Pay off other debts _____
- An emergency reserve _____

College Funding

What are your feelings about providing funds for your children's college education? _____

Have you started any savings plans for college funding? If so, what types? _____

Is there anyone else (grandparents, relatives, etc.) who may want to significantly contribute to providing financially for college education funding? _____

With the ever increasing cost of college, it's important to begin planning as soon as possible.

Child's Name	School	Annual Cost (in today's dollars)*	Years to Attend	Percent you will provide
_____	_____	\$ _____	_____	_____ %
_____	_____	\$ _____	_____	_____ %
_____	_____	\$ _____	_____	_____ %
_____	_____	\$ _____	_____	_____ %

*Includes tuition and fees, room and board, and books and supplies.

Education Savings

Enter any savings already accumulated for your children's college education.

Total Saved to Date \$ _____

Monthly Savings Amount \$ _____

Average Rate of Return _____ %

2002-2003

Average Annual College Costs

Source: The College Board, Trends in College Pricing.

Current Annual Costs

Public College	\$10,449
Private College	\$25,838

Average Annual Increases

Last ten years Private Colleges	5.3%
Last ten years Public Colleges	4.9%

Retirement

Many people underestimate the amount of money they will need to enjoy a comfortable retirement. Today's average retiree has a life expectancy of 20 or more years. In order to have enough money to maintain a comfortable lifestyle during retirement, planning should begin as soon as possible.

	Client A	Client B
At what age do you plan to retire?	_____	_____
Does your employer offer any retirement plans into which contributions can be made, such as 401(k)s or SIMPLE IRAs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of your income are you putting into your retirement plan?	_____	
How do you invest your money within your retirement plans?	_____	
Why did you pick those investments?	_____	
How do you feel about your investments' performance?	_____	
What percentage of your pre-retirement income should be provided during retirement?	_____ %	_____ %
Financial experts generally recommend 70% to 80% of pre-retirement income.		

Retirement Plans

Enter either the totals for your retirement plans including IRAs, 401(k)s, variable annuities, etc., in the shaded area, or list the details of the individual accounts below. List defined benefit pension plans in the Other Sources of Income section below.

Account Owner	Account Name	Amount	Monthly Savings	Company Match	Rate of Return
_____	_____	\$ _____	\$ _____	\$ _____	_____ %
_____	_____	\$ _____	\$ _____	\$ _____	_____ %
_____	_____	\$ _____	\$ _____	\$ _____	_____ %
_____	_____	\$ _____	\$ _____	\$ _____	_____ %
Totals		\$ _____	\$ _____	\$ _____	_____ %

Accumulation Goals

Let's talk about some of the other financial goals you may have in addition to saving for college and retirement.

Do you have financial objectives that you want to accomplish in the next three years? _____

Do you have any financial objectives that you want to achieve in the next four to 10 years? _____

Do you have any long-term financial objectives that you would like to accomplish? _____

Assets

Enter either the totals for your assets in the shaded area or list the details of the individual accounts below. Include savings, checking, CDs, money market accounts, stocks, bonds, mutual funds, real estate (other than your residence), etc. Do not include assets earmarked for education needs or retirement plans such as 401(k)s and IRAs.

Asset Owner	Asset Name	Amount	Monthly Savings	Rate of Return
_____	_____	\$ _____	\$ _____	_____ %
_____	_____	\$ _____	\$ _____	_____ %
_____	_____	\$ _____	\$ _____	_____ %
_____	_____	\$ _____	\$ _____	_____ %
_____	_____	\$ _____	\$ _____	_____ %
_____	_____	\$ _____	\$ _____	_____ %
Totals		\$ _____	\$ _____	_____ %

What is the purpose of each of these investments? _____

How do you feel about the performance of these investments? _____

Are you satisfied with the amount of money you have saved to date? _____

How do you feel about the long-term negative effects that taxes and inflation have on your ability to build wealth? _____

On a scale of 1 to 10, (1=low risk, 10=high risk) how much of a risk taker are you when it comes to your investments? _____

Liabilities

Enter your current liabilities.

	Amount	Monthly Payment	Final Payment Due	Interest Rate
<input type="checkbox"/> Mortgage Balance or <input type="checkbox"/> Monthly Rent	\$ _____	\$ _____	_____	_____ %
Other Liabilities				
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %

Other Sources of Income

Enter other sources of income received today or expected in the future. Include alimony, child support, net rental income, defined benefit pension plans, fixed annuities, part-time income during retirement, etc. For a lump sum like an inheritance, enter a total amount.

Name	Description	Amount	Monthly Amount	Lump Sum	Today's Value	Future Value	Begins at Age	Ends at Age	Annual Increase	Is income available to survivors?	
										Yes	No
_____	_____	\$ _____	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	_____	_____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	\$ _____	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	_____	_____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	\$ _____	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	_____	_____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	

Disability Income/Critical Illness

A disability or critical illness can have a devastating impact on the family's financial plans. Enter the information regarding your family's needs in the event of a disability or critical illness.

How long could you live on your financial reserves if you became disabled tomorrow? _____

Whom do you know that has had cancer, a heart attack or a stroke? _____

What financial impact would a critical illness, such as cancer, a heart attack or a stroke have on you and your family? _____

Do you own a critical illness policy? If so, what is the coverage amount and premium? _____

	Client A	Client B
What percent of your current income do you want to replace?	_____ %	_____ %
(Financial experts generally recommend 60% to 70%.)		

Existing Long-Term Disability Insurance

Enter your Total Monthly Benefit for Long-Term Disability coverage or enter the details below.

	Client A	Client B				
Total Monthly Benefit	\$ _____	\$ _____				
Name of Insured	Insurance Company	Monthly Benefit	Group or Personal	Annual Premium	Waiting Period	Benefit Period
_____	_____	\$ _____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	\$ _____	_____	_____

Long-Term Care

Long-term care expenses can have a devastating impact on a financial situation. Having sufficient insurance coverage can help assure there is enough money for adequate care.

How long would your savings last if you were faced with paying several thousand dollars per month for home health care or nursing home care for you or your spouse? _____

Enter your estimated monthly long-term care costs (in today's dollars) \$ _____ (The U.S. average is \$3,000 to \$6,500.)

Existing Long-Term Care Coverage

Name of Insured	Company	Daily Benefit	Annual Premium	Elimination Period (Days)	Benefit Period (Years)
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

Estate Planning

A proper estate plan will ensure that you can preserve your legacy for your family, business or charitable foundation.

Do you have a will or trust? _____

Do you have an attorney? _____

Do you have an accountant? _____

Do you have any other financial advisors? _____

How would you like your estate to be distributed when you die? _____

How would your spouse like his/her estate to be distributed when they die? _____

Do you or your spouse plan to pass on money/assets to a charity when you die? If yes, explain. _____

Health Information

When was your last physical exam? _____

What were the results? _____

Are you taking any medications? _____

Have you used nicotine or tobacco products in any form in the last 12 months? _____

Have you had any hospitalizations or surgeries in the last 10 years? _____

Do you participate in any dangerous activities? _____

Are there any other health considerations concerning you or your family that we should be aware of? _____

Budget Determination

Experts tell us that we need to save between 10% and 20% of our income to accomplish our financial objectives. What percentage of your monthly income are you willing to commit to your financial goals?