

RAYMOND JAMESTM
& ASSOCIATES, INC.
Member New York Stock Exchange/SIPC
You first.

NaviPlan Extended Fact Finder

Client Name:

Client Name:

Advisor Name:

Date (mm/dd/yy):



Overview

Thanks for the expression of your confidence in my work. Together we can develop a long-term financial plan that will help you prudently plan for the future. A financial plan identifies and prioritizes financial goals and then develops a prudent strategy to fund those goals taking into consideration taxation, market risk and natural risk. To this end I will need [copies](#) of the following information:

1. General Information

- i) Name and birth date of all family members
- ii) Social Security Numbers
- iii) Names and telephone numbers of:
 - a) CPA or tax advisor
 - b) Lawyer
 - c) Property casualty agent

2. Taxes

- a) 2007 or 2008 Tax Return
- b) Documentation on any outstanding loans
- c) Summary of Credit Card Debt and terms
- d) Terms of all outstanding mortgages
 - i) Date of loan origination
 - ii) Interest Rate
 - iii) Term
 - iv)
 - v) Amount of monthly payment
 - vi) Amount of monthly escrow

3. Market Risk

- a) Brokerage statements
- b) Stock dividend reinvestment statements
- c) Retirement plan benefit statements
- d) List and amounts of all securities held personally
- e) Last bank statements

4. Natural Risk

- a) Benefits book
- b) Last Benefits statements
- c) Copy of (first few description pages)
 - i) Life insurance policies (Just copy policy information, usually on first two pages)
 - ii) Schedule of any policy loans
 - iii) Disability Insurance policies
 - iv) Long Term Care insurance

- v) Health Insurance policies
- vi) Auto Insurance
- vii) Home Owners Insurance

- d) Last Social Security Benefit statement
- e) Wills and any supporting information
- f) Trust and any supporting information

BUDGET - Monthly & Annual

INCOME SOURCE	Monthly Amount		Annual Amount
Salary - Client	\$	x 12 = annual amou	\$
Salary - Spouse		"	
Investment Income-C			
Investment Income-S		"	
Interest Income-Client			
Interest Income-Spouse		"	
Dividend Income-Client			
Dividend Income-Spouse		"	
Social Security-Client			
Social Security-Spouse		"	
Pension/ Annuity-Client			
Pension/ Annuity-Spouse		"	
IRA Required Dist-Client			
IRA Required Dist-Client		"	
Other Income		"	
		"	
TOTAL INCOME	\$	x 12 = annual amou	\$

EXPENSES	Monthly Amount	Annual Amount
Auto Fuel	\$	x 12 = annual amou
Auto Payments		"
Auto Repairs		"
Bank Charges		"
Cable TV		"
Cash		"
Charity		"
Clothing		"
Dry Cleaning/Laundry		"
Dining Out		"
Dues		"
Entertainment		"
Furniture		"
Gifts/Christmas		"
Groceries		"

EXPENSES	Monthly Amount	Annual Amount
Cleaning, Child Care		x 12 = annual amou
Home Maintenance		"
Insurance-Auto		"
Insurance-Home		"
Insurance-Disability		"
Insurance-Life		"
Insurance-Health		"
Insurance-Umbrella		"
Insurance-Other		"
Interest Paid		
Investments		"
Lawn & Landscaping	\$	\$
Legal/Prof Fees		"

Medical/Dentist		"	
Misc.		"	
Personal Care/hair		"	
Postage		"	
Safety Deposit Box		"	
Subscriptions		"	
Tax-Property		"	
Tax-Other		"	
Tax Return Prep		"	
Telephone		"	
Utilities-Electricity		"	
Utilities-Gas		"	
Utilities-Water		"	
Vacations		"	
		"	
		"	
		"	
TOTAL EXPENSES	\$	x 12 = annual amou	\$

This *Fact Finder* is designed to help you gather the required information for your client's customized financial plan. The questionnaire's easy-to-follow format will allow you to enter your client's required personal data and financial details. These items are necessary for you to create a complete and thorough picture of your client's *current* and *future* financial situation.

The following sources will provide you with most of this information:

- Tax returns (Form 1040)
- Pension statement from employer
- Social Security Statement
- All life insurance and disability insurance policies
- Latest investment statements from trust companies, brokers, investment companies and banks
- Budget of personal and living expenses
- Latest mortgage and other loan statements
- Latest will, power of attorney
- Other relevant documentation

Client Information

Base Family

	Client	Co-client
Last Name:		
Given Name:		
Gender:		
Tax Filing Status (e.g., married filing joint, single):		
Date of Birth (mm/dd/yy):		
Social Security Number (optional):		
Number of Dependents:		
Address:		
City:		
State:		
Country:		
Zip Code:		
Home Phone Number:		
Business Phone Number:		
Fax Number:		
Email Address:		

Dependents

Name of Child or Dependent	Dependent Of (Client, Co-client, Both or Other)	Gender	Date of Birth

Advisors

Advisory Type (Accountant, etc.)	Full Name	Address	Business #

Will Information

	Client	Co-client
Is there a Will? (yes or no):		
What date was the Will last updated on?:		
Where is the Will located? (safety deposit box, etc.):		

Estate Beneficiaries (Use this section to enter basic information about the beneficiaries of the estate. Dependents are automatically included as potential heirs.)

Beneficiary Name	Class (e.g., heir/charity/other):	GSTT Applicable for Client (yes / no)	GSTT Applicable for Co-client (yes / no)	50% Charity (applies to charitable beneficiary only) (yes / no)

Additional Notes (Use this section to enter any other Client information that you feel would be relevant to your client's financial plan.)

Assumptions

Risk Profile

Model Portfolio (if applicable):	
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Milestones

	Client	Co-client
Retirement Date (age or date) (mm /yy):		
Life Expectancy (age / year):		
Disabled (age or year) (if applicable):		
Long-Term Care (age or year) (if applicable):	Start: End:	Start: End:

Historical Data

Unused Charity Deductions

Years (previous 5 years)	50% Charities		Non-50% Charities	
	Non-Capital Gain Property (line 10)*	Capital Gain Property (line 19)*	Non-Capital Gain Property (line 16)*	Capital Gain Property (line 24)*

* Line references are from Table 4 of IRS publication 526.

A.M.T. Carryforward Credit

Form 8801 from last year's taxes - A.M.T. Minimum Tax Credit Carryforward <i>(last line of Part II):</i>				
Form 6251 from last year's taxes - Alternative Minimum Tax payable <i>(line 35):</i>				
Schedule D	Line 23:	Line 19:	Line 23:	Line 32:
Schedule D Tax Worksheet	Line 4:	Line 7:	Line 9:	Line 20:

Capital Loss Carryovers

Loss Type	Client		Co-client	
	Regular Tax	A.M.T.	Regular Tax	A.M.T.
Short-Term				
Long-Term				

Note: If there is no difference in the capital loss carryovers for A.M.T. purposes, enter the amount from the regular column in the A.M.T. column.

Economic Factors

Base Inflation Rate: % _____	Return on Surplus Fund: % __	Cost on Deficit Funds: % ____
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Additional Notes *(Use this section to enter any other Assumptions that you feel would be relevant to your client's financial plan.)*

Assets

House & Mortgage

(Non-income producing property only - income producing property is entered under Real Estate.)

House

Description	Purchase Amount	Ownership <i>(client, Co-client, joint, community property)</i>	Purchase Date	Market Value	Growth Rate

Mortgage

(Non-income producing property only - income producing property is entered under Real Estate.)

	Mortgage 1	Mortgage 2	Mortgage 3
Description (e.g., first mortgage on 123 Main St.):			
Original Principal:			
Ownership (client, Co-client, joint):			
Start Date:			
Interest Rate:			
Amortization (years):			
Payment Frequency (e.g., weekly, monthly):			
Outstanding Principal Amount (if available):			
Outstanding Principal Date (relates to above):			
Insured (life on mortgage. both or none):			
Insured (disability on mortgage. both or none):			

Real Estate

(Income producing property - use a separate sheet to enter additional information.)

	Real Estate 1	Real Estate 2	Real Estate 3
Name (identify property):			
Ownership (client, Co-client, joint, community property):			
Purchase Date:			
Purchase Amount:			
Market Value:			
Cost Basis:			
Property Growth Rate:			
Rental Income (monthly amount):			
Rental Expenses (monthly amount):			
Annual Rental Growth Rate (amount or percent):			

Additional Notes

(Use this section to enter any Real Estate information that you feel would be relevant to your client's financial plan.)

Business Entities (Income producing property - use a separate sheet to enter additional information.)

	Business Entity 1	Business Entity 2	Business Entity 3
Name (identify property):			
Type (LLC, Partnership, S Corporation, C Corporation)			
Ownership (client, Co-client, joint, community property):			
Purchase Date:			
Purchase Amount:			
Unit Value:			
# of Units:			
Market Value:			
Cost Basis:			
AMT Basis:			
Growth Rate:			
Income Activity for C Corporations:			
Annual Dividend per Unit:			
Frequency (annual, semi-annual, quarterly or monthly):			
Income Activity for LLC, Partnerships, and S Corporations:			
Income:			
Expenses:			
Distributions:			
AMT Adjustments:			
Frequency (annual, semi-annual, quarterly or monthly):			
Indexed for inflation by:			

Additional Notes (Use this section to enter any Business Entity information that you feel would be relevant to your client's financial plan.)

Deferred Annuities (Use a separate sheet to enter additional annuities.)

Annuity #1

Name :	Type : <i>(e.g., Amount Certain, Term Certain, Life Income, etc.)</i>
Ownership :	Annuitant(s) : Client <input type="checkbox"/> Co-client <input type="checkbox"/>
Joint <input type="checkbox"/> First to Die <input type="checkbox"/> Last to Die <input type="checkbox"/> Percent to Survivor : __	Beneficiary :
Issue Date : Account type : General <input type="checkbox"/> Separate <input type="checkbox"/>	Initial Premium \$: Cost Basis \$: _____
Balance or Market Value \$:	Annuitization Start Date :
Type of Annuitization :	Payment Frequency : Guaranteed Number of Years : _____

Annuity #2

Name :	Type : <i>(e.g., Amount Certain, Term Certain, Life Income, etc.)</i>
Ownership :	Annuitant(s) : Client <input type="checkbox"/> Co-client <input type="checkbox"/>
Joint <input type="checkbox"/> First to Die <input type="checkbox"/> Last to Die <input type="checkbox"/> Percent to Survivor : __	Beneficiary :
Issue Date : Account type : General <input type="checkbox"/> Separate <input type="checkbox"/>	Initial Premium \$: Cost Basis \$: _____
Balance or Market Value \$:	Annuitization Start Date :
Type of Annuitization :	Payment Frequency : Guaranteed Number of Years : _____

Qualified (Use a separate sheet to enter additional assets.)

Name <i>(identify investment)</i>	Ownership <i>(client, Co-client)</i>	Type <i>(e.g., IRA, 401k, other)</i>	Purchase Date	Qualified Basis <i>(if applicable)</i>	Market Value	Rate of Return*	Beneficiary	
							Primary	Contingent

* Return rates are assigned by default. To change the rates select the override feature.

*Dividend income that does not qualify for the rate reduction should be entered as interest income.

Personal Use Assets (Enter as a Lifestyle asset under the **Detailed** tab.)

	Asset 1	Asset 2	Asset 3	Asset 4
Name:				
Ownership <i>(client, Co-client, joint, community property)</i> :				
Type <i>(personal use property, collectibles, residence)</i> :				
Purchase Date:				
Purchase Amount:				
Growth Rate:				
Market Value:				

Incomes

Standard

Description	Member (client, Co-client)	Amount (annual)	Index Rate	Applicable Period (while working, while retired, during LTC, both, other - e.g., Jan. 2000 - Dec 15 2002)	% While Retired*	% While Disabled*	% While Survivor*	% While in LTC
Employment Salary:								
Employment Salary:								
Employment Bonus:								
Taxable Benefits:								
Net Self-employed earned:								
Net Self-employed commission:								
Professional Fees:								
Tax-Free Income:								
Royalty Income Received:								
Alimony Payments Received:								

* The **Percent While Retired**, **Percent While Disabled**, and **Percent While Survivor** designations allow you to specify the percentage of **Pre-retirement** incomes the client will receive during each of these life stages.

Social Security

(Please enter family members who may be eligible dependents for Social Security Disability and Survivor benefits in the *Eligible Dependents* Section below.)

Eligible Dependents

Dependent of (Client/Co-client)	Dependent(s) (Name)	Relationship

Estimate Benefit

(Please provide a copy of your Social Security Statement to enter your monthly benefits in the Estimate Benefit section below.)

Monthly Benefits from Social Security Statement						
Benefit For (Client/Co-client)	At Full Retirement	*Include Benefit (Yes/No)	At Disability	*Include Benefit (Yes/No)	Surviving Spouse at Full Retirement	*Include Benefit (Yes/No)

(Note: The exact details of earnings history from your Social Security Statement can be entered directly in the Earnings History dialog in the Social Security section of NaviPlan using the Benefit Formula method.)

* Choose whether to include *Retirement*, *Disability* and *Survivor* benefits as part of your Financial Plan.

Additional Notes (Use this section to enter any other Income information that you feel would be relevant to your client's financial plan.)

Defined Benefit Pensions

Please choose either the *Estimate Benefit* or *Benefit Formula* option below to complete applicable Pension information.

(Attach pension statements or obtain information from the client's company pension administrator. The calculations may be overridden and the pension benefits may be entered under the **Benefit Payments** tab.)

Estimate Benefit

	Pension 1	Pension 2	Pension 3
Owner: (Client/Co-client)			
Benefits (% of final salary or estimated amount):			
Benefits Begin (age, date, at retirement or when disabled):			
Percent Payable to Survivor (If applicable):			
Benefit Indexing:			
Linked Incomes (income to which the pension applies):			

Benefit Formula

(Attach pension statements or obtain information from the client's company pension administrator. The calculations may be overridden and the pension benefits may be entered under the **Benefit Payments** tab.)

	Pension 1	Pension 2	Pension 3
Owner (client, Co-client):			
Description:			
Linked Incomes (income to which the pension applies):			
Pension Participation Date (eligibility or enrollment date):			
Number of Years Average Salary:			
Pension Formula (percent per year of service):			
Accrue Pension Credits while Disabled (yes / no):			
Benefits Begin (age, date, at retirement or when disabled):			
Percent Payable to Survivor (If applicable):			
Benefit Reduction for Survivor Coverage (if applicable):			
Benefit Indexing (specify maximum indexing if applicable):			
Normal Retirement Age (as specified by the pension plan):			
Percent Penalty for Early Retirement (per year):			
Minimum Retirement Age for Unreduced Benefit:			

Expenses

Standard (If you share your common lifestyle expenses, just enter the total for one person.)

Periodic (Expenses may be combined or broken down into sub-categories.)

Description	Member (Client, Co-client or Joint)	% Deduct (if applicable)	Amount and Frequency	Index Rate	Start Date	End Date	% While Retired*	% While Disabled	% While Survivor	% While in LTC*
Housing										
Food										
Transportation										
Entertainment										
Personal										
Alimony Expenses										
Rental Estate & Property Taxes										
Medical										

* The **Percent While Retired**, **Percent While Disabled**, **Percent While Survivor**, and **Percent While in LTC** designations allow you to specify the percentage of **Pre-retirement** expenses the client will receive during each of these life stages.

Semi-Regular

Expense Description	Member (Client, Co-client or Joint)	% Deduct (if applicable)	Annual Amount	Frequency (specify in years)	Index Rate	Start Date	End Date	% While Retired*	% While Disabled*	% While Survivor*	% While in LTC*

* The **Percent While Retired**, **Percent While Disabled**, **Percent While Survivor**, and **Percent While in LTC** designations allow you to specify the percentage of **Pre-retirement** expenses the client will receive during each of these life stages.

Lump Sum

Expense Description	Member (Client, Co-client or Joint)	Percent Deductible (if applicable)	Amount	Index Rate	Date Effective

Education (Education expenses should only be entered in this tab if specific assets are designated to cover them. If an education expense is to be funded from cash flow, enter it under the **Standard** tab.)

Member (For whom the expense is incurred)	Type (e.g., Tuition fees, room and board)	Description (e.g., Billy's College Fund)	Amount and Frequency	Index Rate	Start Age (When student begins education)	Years (Number of years expense will be incurred)	Linked Assets (Asset(s) used to fund this expense)

Major Purchase (Major Purchase expenses should only be entered in this tab if specific assets are designated to cover them. If a major purchase expense is to be funded from cash flow, enter it under the **Standard** tab.)

Description (e.g., Wedding)	Future Growth Rate	Member (For whom the expense is incurred)	Amount	Indexed by (%)	Transaction Date	Funding Assets (Asset(s) used to fund this expense)

Emergency Fund (The Emergency Fund expense is intended to meet short-term cash flow needs. A general guide should replace three months of employment income)

Target Amount (Number of months expenses or specific \$ amount)	Type of Asset to Fund Goal (Typically short term investments)	Current Savings Amount	Savings Frequency	Index Rate	Savings Start Date	Savings End Date

Liabilities

Detailed (Use a separate sheet to enter additional liabilities)

	Liability 1	Liability 2	Liability 3	Liability 4	Liability 5
Description:					
Owner (client, Co-client, joint):					
Payoff Option at Death: (i.e. Transfer to Survivor, Payoff at First Death, Insured for Life)					
Disability Insured (yes / no):					
Amortization Period (or end date):					
Start Date:					
Principal Amount:					
Principal Date (as of):					
Payment Type (e.g., interest only, PI):					
Payment Frequency (e.g., weekly, monthly):					
Interest Rate:					

Additional Notes (Use this section to enter any other Insurance information that you feel would be relevant to your client's financial plan.)

Insurance

Death Benefit Reinvestment Settings (Indicate how to invest the proceeds received from a life insurance policy.)

Which investment vehicle would you like to use when investing Life Insurance proceeds?:
(e.g., Mutual Funds, Stocks, Bonds)

What rate of return do you expect the invested Life Insurance proceeds to earn?:

Enter each asset type's **aggregate** value as of the start of the year. Break down each asset's expected return rate based on its return component - e.g., if a Mutual Fund asset is earning 2% **Interest**, 2% **Dividends**, 4% **Capital Gains** and 4% **Deferred Growth**, you would enter **2-I, 2-D, 4-CG, 4-DG**.

Life Insurance (Use a separate sheet to enter additional policies.)

	Policy 1	Policy 2	Policy 3
Description:			
Premium Payer (e.g., client, Co-client, joint, or other):			
Type (e.g., term, universal):			
Insured (e.g., client, Co-client, joint 1st to die, other):			
Effective Date:			
Policy Owner (e.g., client, Co-client, joint, or other):			
Beneficiary (e.g., client, Co-client, joint 1st to die, other):			
Premium Frequency (e.g., monthly):			
Premiums*:			
Death Benefit*:			
Coverage Ceases (age or date):			
Cash Surrender Value*:			

* If the Death Benefits, Premiums, or CSVs are not level, attach the appropriate schedules.

Additional Notes (Use this section to enter any other Insurance information that you feel would be relevant to your client's financial plan.)

Disability Insurance

(Use a separate sheet to enter additional policies.)

	Policy 1	Policy 2	Policy 3
Description (group LTD, group STD, individual disability):			
Insured Member:			
Owner:			
Effective Date:			
Monthly Benefit:			
Taxable (yes / no):			
Index for Benefit Amount:			
Waiting Period:			
Benefit Paid Until (years or age):			
Monthly Premium:			
Index Rate for Premium Amount:			

Additional Notes (Use this section to enter any other Insurance information that you feel would be relevant to your client's financial plan.)

Long-Term Care Insurance

(Use a separate sheet to enter additional policies.)

Long-Term Care Expenses

Member	Expense Type (medical, lifestyle, etc)	Daily Amount	Frequency	Indexed by Inflation	Number of years applicable	End Date
Client						
Co-client						

	Policy 1	Policy 2	Policy 3
Description:			
Insured Member:			
Effective Date:			
Tax Qualified (Yes or No):			
Daily Benefit:			
Per Diem Plan (Yes or No):			
Frequency (daily, monthly, etc.):			
Index for Benefit Amount During Long-Term Care:			
Index for Benefit Amount Before Long-Term Care:			
Waiting Period:			
Benefit Paid Until (years or age):			
Monthly Premium:			
Premium Payer:			
Index Rate for Premium Amount:			
Premiums Cease (date or age):			

Additional Notes (Use this section to enter any other Long Term Care Insurance information that you feel would be relevant to your client's financial plan.)

Estate Planning

Use this section to tell us about estate planning strategies that the client already employs, or that you will suggest as part of the financial plan. Use the back of this sheet to enter additional information.

General

Additional Fees and Taxes (Use this section to enter any additional fees that may be calculated on the estate at disposition.)

State Death Tax Rate (% or \$)		Probate Fee Rate (% or \$)		Administration Fee Rate (% or \$)	
Client	Co-client	Client	Co-client	Client	Co-client

Historical Data (Use this section to enter information about historical estate taxes.)

	Client	Co-client
Taxable Lifetime Gifts:		
Gift Taxes Already Paid:		
Lifetime GSTT Exemption Used:		

Additional Notes (Use this section to enter any other Insurance information that you feel would be relevant to your client's financial plan.)

Funded Trusts

(Use this section to enter basic information regarding any Trusts that have been previously funded. Please provide a copy of Trust documents.)

	Trust 1	Trust 2	Trust 3	Trust 4	Trust 5
Trust Type (i.e. Irrevocable):					
Created On:					
Grantor (if applicable):					
Start of Year Cost Basis:					
Start of Year Market Value:					
Return Rate:					
Trust Tax Rate:					
Income Beneficiaries (Name and %):					
Remainder Beneficiaries (Name and %):					

Note: If there are details that are not specified above (i.e. Trust term, GSTT Inclusion Ratios) attach Trust documents. Include any Credit Shelter Trusts, Marital Trusts or QTIPs that were created as a result of a former spouses death.

Family Limited Partnership Information (Use this section to enter basic information regarding any Family Limited Partnership that the client has established.)

General

	Trust 1	Trust 2	Trust 3
FLP Name:			
Date Created:			
Marketability Discount:			
Minority Interest Discount:			
Market Value:			
Cost Basis:			
Return Rates:			

Partner

	Partnership 1	Partnership 2	Partnership 3
Partners:			
Partner Type (general, limited, or both):			

Income Distributions

	Distribution 1	Distribution 2	Distribution 3	Distribution 4
Income Distribution Amount:				
Frequency (annual, monthly or lump sum):				
Index Rate:				
Start Date:				
End Date:				

Gifting

	Gift 1	Gift 2	Gift 3	Gift 4
Gift By (gift from limited partnership interest):				
Gift To (beneficiary):				
Frequency (annually or lump sum)				
Amount (Dollar amount or Maximum Annual Gift Exclusion):				
Index Rate:				
Start Date:				
End Date:				

Gifting History (Use this section to enter estate gifting information.)

	Gift 1	Gift 2	Gift 3	Gift 4	Gift 5
Description:					
Beneficiary Name:					
Growth Rate (on property given to beneficiary):					
Tax Rate:					
Net After Tax Growth:					
Prior Gifts From Client Including Growth (cash & asset gifts):					
Prior Gifts From Co-client Including Growth (cash & asset gifts):					
Prior Bequests From Client, Including Growth:					
Prior Bequests From Co-client, Including Growth:					

Gifting: Current Strategies

	Gift 1	Gift 2	Gift 3	Gift 4	Gift 5
Description:					
Gifting Strategy (i.e. Cash gift, Asset gift)					
Amount:					
Applicable Period:					
Beneficiary Name:					

Estate Expenses (Use this section to enter information about expenses for the decedent.)

	Expense 1	Expense 2	Expense 3	Expense 4
Owner (client, Co-client, first to die, second to die):				
Expense Name (eg Burial):				
Amount:				
Index To Inflation (yes / no):				

Will Information

Family Member (Client/Co-client)	Cash Bequests (Yes/No)	Asset Bequests (Yes/No)	Credit Shelter Trusts (Yes/No)	Marital Trust (Yes/No)	Living Trust (Yes/No)	QTIP Trust (Yes/No)	Other Testamentary Trusts (Yes/No)

Additional Notes Use this section to enter any other Estate Planning information that you feel would be relevant to your client's financial plan.

Other Tax

Misc. Credits & Deductions

Owner	Description	Miscellaneous Deductions		Miscellaneous Credits		Applicable To (federal, state or both)
		Above the Line	Below the Line	Refundable	Non-refundable	

Additional Notes (Use this section to enter any Other Tax information that you feel would be relevant to your client's financial plan.)

Strategies

Use this section to tell us about any planning strategies that you are currently applying (e.g., regular savings to an investment, additional payments toward a loan's principal, etc). Use a separate sheet to enter additional strategies.

Savings (Use the following section to list **Savings** plans that are currently in place.)

Regular (Savings made on a regular, periodic basis.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Asset Name:				
*Maximize Contributions (Yes/No):				
Contribution Amount:				
Frequency (e.g., monthly, weekly):				
Index Rate:				
Savings Period (while I'm working, while I'm retired, both, until LTC, other - e.g., Jan. 1990 - Dec 2025):				

Lump Sum (Savings made in one or more lump sums.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Asset Name:				
*Maximize Contributions (Yes/No):				
Amount:				
Index Rate:				
When is this Transaction Applicable? (upon retirement, upon disability, upon death, other - e.g., Jan. 15, 2003):				

*Applies only to IRA accounts

Surplus (Savings put toward an asset using surplus cash at year-end.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Asset Name:				
Percent Of Surplus (e.g., half or 50%):				
Savings Period (while I'm working, until age 71, other - e.g., Jan 1, 1995 to Dec 31, 2011):				

Employer-Sponsored Pensions (Savings put into plans that are established by the employer.)

	Plan 1	Plan 2	Plan 3	Plan 4
Asset Name:				
Maximize Qualified Plan Contributions (Yes/No):				
Employee Pre-tax Amount:				
Employee Post-tax Amount:				
Employer Amount:				
Frequency (e.g., monthly, weekly):				
Index Rate:				
Savings Period (while I'm working, until age 71, other - e.g., Jan 1, 1995 to Dec 31, 2011):				

Additional Notes (Use this section to enter any Strategy information that you feel would be relevant to your client's financial plan.)

Debt Reduction (Use the following section to list **Debt Reduction** plans in which your client is already taking part.)

Regular (Any payments made directly toward the principal of an existing loan.

(These are over and above the required payments that are automatically defined for the liability.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Liability Name:				
Amount:				
Frequency (e.g., monthly, weekly):				
Index Rate:				
Payment Period (while I'm working, while I'm retired, both, other - e.g., Jan. 1990 - Dec 2011):				

Lump Sum (Payments made in one or more lump sums toward the principal of an existing loan.

These are over and above the required payments that are automatically defined for the liability.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Liability Name:				
Amount:				
Index Rate:				
Payment Date (upon retirement, upon disability, upon death, other - e.g., Jan. 15, 2003):				

Surplus (Savings put toward the principal of an existing loan using surplus cash at year-end.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Liability Name:				
Percent Of Surplus (e.g., half or 50%):				
Payment Period (while I'm working, until age 71, other - e.g., Jan 1, 1995 to Dec 31, 2011):				

Redemptions (Use the following section to list asset **Redemption** plans which your client has already established.)

Regular (Any redemptions from an asset made on a periodic basis.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Asset Name:				
Amount:				
Frequency (e.g., monthly, weekly):				
Index Rate:				
Redemption Period (while I'm working, while I'm retired, both, other - e.g., Jan. 1990 - Dec 2011):				

Additional Notes (Use this section to enter any Strategy information that you feel would be relevant to your client's financial plan.)

Lump Sum (Redemptions from an asset in one or more lump sums.)

	Plan 1	Plan 2	Plan 3	Plan 4
Asset Name:				
Amount:				
Index Rate:				
Redemption Date (fixed date, or upon retirement, disability or death):				

Complete Regular (Redemptions from an asset that will completely deplete it at the end of a defined period.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Asset Name:				
Frequency Of Sells (e.g., annually, monthly):				
Index Rate:				
Redemption Period (while I'm retired, other - e.g., Jan. 1990 - Dec 2011):				

Transfers (The transfer of funds from one asset to another.)

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Source Asset:				
Destination Asset:				
Amount:				
Transaction Date (fixed date, or upon retirement, disability, or death):				

