YOUR DATA, IN DETAIL

IN-DEPTH KNOWLEDGE IS A KEY TO A SOLID, COMPREHENSIVE FINANCIAL PLAN

	CLIENT		CO-CLIENT	
Full Name				
Gender	☐ Male	☐ Female	☐ Male	☐ Female
Date of Birth				
Marital Status	☐ Single ☐ Divorced ☐ Widowed	☐ Married ☐ Separated	☐ Single ☐ Divorced ☐ Widowed	☐ Married ☐ Separated
Email Address				
Employment Status:	☐ Retired ☐ Business Owner ☐ Not Currently Employed	☐ Employed ☐ Homemaker	☐ Retired ☐ Business Owner ☐ Not Currently Employed	☐ Employed ☐ Homemaker
Employment Income	$		$	
Other Pre-Retirement Income: *(Non-Investment)*	$		$	
Citizenship				
State of Residence				

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

NAME	DATE OF BIRTH	RELATIONSHIP
		☐ Child ☐ Grandchild ☐ Other Dependents ☐ Beneficiary/Donee ☐ Charity ☐ Trust
		☐ Child ☐ Grandchild ☐ Other Dependents ☐ Beneficiary/Donee ☐ Charity ☐ Trust
		☐ Child ☐ Grandchild ☐ Other Dependents ☐ Beneficiary/Donee ☐ Charity ☐ Trust
		☐ Child ☐ Grandchild ☐ Other Dependents ☐ Beneficiary/Donee ☐ Charity ☐ Trust

RAYMOND JAMES®

YOUR FINANCIAL GOALS

RETIREMENT GOAL

Goal Importance *(circle one)*

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

Age to retire: **Life expectancy:**

Retirement Living Expenses:

Enter living expenses for the following retirement periods:

Expense Period 1 — Client retired/Co-Client working	$	per	☐ Month	☐ Year
Expense Period 2 — Co-Client retired/Client working	$	per	☐ Month	☐ Year
Expense Period 3 — Client AND Co-Client retired	$	per	☐ Month	☐ Year
Expense Period 4 — Client alone	$	per	☐ Month	☐ Year
Expense Period 5 — Co-Client alone	$	per	☐ Month	☐ Year

Expenses that end during retirement *(e.g., mortgage, loan)*:

Description	Year Expense Will End	Amount (Current Dollars)			Inflate	
		$	☐ Month	☐ Year	☐ Yes	☐ No
		$	☐ Month	☐ Year	☐ Yes	☐ No
		$	☐ Month	☐ Year	☐ Yes	☐ No
		$	☐ Month	☐ Year	☐ Yes	☐ No

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

Will you change states in retirement? ☐ No ☐ Yes State where you will move:

When Will You Move? ☐ Client's Retirement ☐ Co-Client's Retirement OR Year ___________

COLLEGE GOAL

Child's name: **Year to Start:** **# of years of college:**

Goal Importance *(circle one)*

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

Cost Estimate: *(fill in A, B or C)*

A. My cost estimate: $ *(Annual Cost)*

B. Use an average cost:

☐ Public In-State (4-year) ☐ Public Out-of-State (4-year)

☐ Public In-State (2-year) ☐ Public Out-of-State (4-year)

☐ Private (4-year) ☐ Average All

C. Specific college: ☐ Undergraduate ☐ Graduate

State in which the college is located:

Include cost of the following: *(Check which to include)*

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

Have you prepaid for college using a 529 Prepaid Tuition Plan? ☐ No ☐ Yes

How many years of tuition and fees will be covered for this college?

Outside funding for college *(optional)*

Other funding sources during college: *(annual amounts)*

Scholarships: $ Student employment: $

Students loans: $ Gifts and other: $

Your own income: $ Your loans: $

Outside assets
(Assets not owned by you that will be used to pay for this college, not including UGMAs, UTMAs or 529 Plans)

1. Type of asset: Description:

Current value: $ Annual addition: $ Growth rate: %

2. Type of asset: Description:

Current value: $ Annual addition: $ Growth rate: %

Will this amount inflate? *(Note: the default rate is 6%)*

☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- %

Child's name: **Year to Start:** **# of years of college:**

Goal Importance *(circle one)*

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

Cost Estimate: *(fill in A, B or C)*

A. My cost estimate: $ *(Annual Cost)*

B. Use an average cost:

☐ Public In-State (4-year) ☐ Public Out-of-State (4-year)

☐ Public In-State (2-year) ☐ Public Out-of-State (4-year)

☐ Private (4-year) ☐ Average All

C. Specific college: ☐ Undergraduate ☐ Graduate

State in which the college is located:

Include cost of the following: *(Check which to include)*

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

Have you prepaid for college using a 529 Prepaid Tuition Plan? ☐ No ☐ Yes

How many years of tuition and fees will be covered for this college?

Outside funding for college *(optional)*

Other funding sources during college: *(annual amounts)*

Scholarships: $ Student employment: $

Students loans: $ Gifts and other: $

Your own income: $ Your loans: $

Outside assets
(Assets not owned by you that will be used to pay for this college, not including UGMAs, UTMAs or 529 Plans)

1. Type of asset: Description:

Current value: $ Annual addition: $ Growth rate: %

2. Type of asset: Description:

Current value: $ Annual addition: $ Growth rate: %

Will this amount inflate? *(Note: the default rate is 6%)*

☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- %

PRIVATE SCHOOL GOAL

Child's name: **Year to Start:** **# of years of college:**

Goal Importance *(circle one)*

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

Annual cost: $ *(today's dollars)*

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

Child's name: **Year to Start:** **# of years of college:**

Goal Importance *(circle one)*

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

Annual cost: $ *(today's dollars)*

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

Child's name: **Year to Start:** **# of years of college:**

Goal Importance *(circle one)*

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

Annual cost: $ *(today's dollars)*

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

FINANCIAL GOAL (Major Purchases, Weddings, Travel, New Home, etc.)

Description:

Goal Importance: *(circle one)*

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

Year of goal: **Cost:** $ ☐ Month ☐ Year

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

Is this goal recurring? ☐ No ☐ Yes **How often will it occur:** Every year(s)

When will it end? ☐ Client's Retirement ☐ Co-Client's Retirement ☐ End of Client's Plan ☐ End of Co-Client's Plan ☐ End of Plan OR ☐ Total Occurrences:

Description:

Goal Importance: *(circle one)*

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

Year of goal: **Cost:** $ ☐ Month ☐ Year

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

Is this goal recurring? ☐ No ☐ Yes **How often will it occur:** Every year(s)

When will it end? ☐ Client's Retirement ☐ Co-Client's Retirement ☐ End of Client's Plan ☐ End of Co-Client's Plan ☐ End of Plan OR ☐ Total Occurrences:

Description:

Goal Importance: *(circle one)*

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

Year of goal: **Cost:** $ ☐ Month ☐ Year

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

Is this goal recurring? ☐ No ☐ Yes **How often will it occur:** Every year(s)

When will it end? ☐ Client's Retirement ☐ Co-Client's Retirement ☐ End of Client's Plan ☐ End of Co-Client's Plan ☐ End of Plan OR ☐ Total Occurrences:

GIFT OR DONATION

Description:

Importance: *(circle one)*

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

Who is the donor?

Who will receive this gift?

Year you plan to give this gift or donation?

Amount of gift or donation? $ per ☐ Month ☐ Year

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

Is this goal recurring? ☐ No ☐ Yes **How often will it occur:** Every year(s)

When will it end? ☐ Client's Retirement ☐ Co-Client's Retirement ☐ End of Client's Plan ☐ End of Co-Client's Plan ☐ End of Plan OR ☐ Total Occurrences:

Description:

Importance: *(circle one)*

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

Who is the donor?

Who will receive this gift?

Year you plan to give this gift or donation?

Amount of gift or donation? $ per ☐ Month ☐ Year

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

Is this goal recurring? ☐ No ☐ Yes **How often will it occur:** Every year(s)

When will it end? ☐ Client's Retirement ☐ Co-Client's Retirement ☐ End of Client's Plan ☐ End of Co-Client's Plan ☐ End of Plan OR ☐ Total Occurrences:

LEAVE BEQUEST

Description/Recipient:

Importance: *(circle one)*

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

Who will receive this gift?

When will the bequest be made: ☐ End of Client's Plan ☐ End of Co-Client's Plan

Amount of bequest: $ *(today's dollars)*

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

Description/Recipient:

Importance: *(circle one)*

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

Who will receive this gift?

When will the bequest be made: ☐ End of Client's Plan ☐ End of Co-Client's Plan

Amount of bequest: $ *(today's dollars)*

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

WILLINGNESS TO ADJUST PREFERENCES

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

☐ Not at All ☐ Slightly Willing ☐ Somewhat Willing ☐ Very Willing

2. In what order do you prefer to retire?

☐ Both retire in the same year ☐ Either can retire first
☐ Client can retire first ☐ Co-Client can retire first

3. If you had to save more, what is the maximum extra amount you could save annually to meet your goals? This amount is above and beyond the total additions you are already making to investment assets.

$

4. How willing are you to save more money?

☐ Slightly Willing ☐ Somewhat Willing ☐ Very Willing

5. When considering all of the goals you have classified as **NEEDS**, how willing are you to reduce your goal amounts from the target?

☐ Slightly Willing ☐ Somewhat Willing ☐ Very Willing

6. When considering all of the goals you have classified as **WANTS**, how willing are you to reduce your goal amounts from the target?

☐ Slightly Willing ☐ Somewhat Willing ☐ Very Willing

RETIREMENT INCOME

<table>
<tr><th colspan="4">Social Security</th></tr>
<tr><th colspan="4">When will you begin taking Social Security?</th></tr>
<tr><td>CLIENT</td><td>☐ Full Retirement Age (FRA)
☐ As early as possible
☐ Retirement
☐ Age ____
☐ I am ineligible for Social Security benefits</td><td>CO-CLIENT</td><td>☐ Full Retirement Age (FRA)
☐ As early as possible
☐ Retirement
☐ Age ____
☐ I am ineligible for Social Security benefits</td></tr>
<tr><th colspan="4">Do you plan to use a strategy to maximize Social Security? If yes check the applicable option.</th></tr>
<tr><td>CLIENT</td><td>☐ File and Suspend
☐ Restricted Application</td><td>CO-CLIENT</td><td>☐ File and Suspend
☐ Restricted Application</td></tr>
<tr><th colspan="4">Select one option for the benefit amount:</th></tr>
<tr><td>CLIENT</td><td>☐ Use this amount: $_______
☐ Month ☐ Year (pre-tax, current dollars)
☐ Use the planner estimate (based on current employment income)
☐ Estimate the benefit using my Primary Insurance Amount: $ __________</td><td>CO-CLIENT</td><td>☐ Use this amount: $_______
☐ Month ☐ Year (pre-tax, current dollars)
☐ Use the planner estimate (based on current employment income)
☐ Estimate the benefit using my Primary Insurance Amount: $ __________</td></tr>
<tr><th colspan="4">Assign – How to Use: (choose one)</th></tr>
<tr><td>CLIENT</td><td>☐ Fund All Goals
☐ Earmark to One Goal:</td><td>CO-CLIENT</td><td>☐ Fund All Goals
☐ Earmark to One Goal:</td></tr>
<tr><th colspan="4">Pension</th></tr>
<tr><td colspan="2">Whose pension: ☐ Client ☐ Co-Client</td><td colspan="2">Whose pension: ☐ Client ☐ Co-Client</td></tr>
<tr><td colspan="2">Description:</td><td colspan="2">Description:</td></tr>
<tr><td colspan="2">Income begins: ☐ Client's Retirement
☐ Co-Client's Retirement ☐ Receiving Now ☐ Year____</td><td colspan="2">Income begins: ☐ Client's Retirement
☐ Co-Client's Retirement ☐ Receiving Now ☐ Year____</td></tr>
<tr><td colspan="2">Amount of benefit (estimate of pre-tax future value):
$_______________per ☐ Month ☐ Year</td><td colspan="2">Amount of benefit (estimate of pre-tax future value):
$_______________per ☐ Month ☐ Year</td></tr>
<tr><td colspan="2">Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate
☐ Yes, Base Inflation Rate +/- _______________%
(Note: Inflation will begin in the year payments begin.)</td><td colspan="2">Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate
☐ Yes, Base Inflation Rate +/- _______________%
(Note: Inflation will begin in the year payments begin.)</td></tr>
<tr><td colspan="2">Survivor benefit: ___________________________________</td><td colspan="2">Survivor benefit: ___________________________________</td></tr>
<tr><td colspan="2">Assign – How to Use: (choose one)
☐ Fund All Goals
☐ Earmark to One Goal: ___________</td><td colspan="2">Assign – How to Use: (choose one)
☐ Fund All Goals
☐ Earmark to One Goal: ___________</td></tr>
</table>

Part-Time Employment

Whose income: ☐ Client ☐ Co-Client	Whose income: ☐ Client ☐ Co-Client
Description:	Description:
Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year____	Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year____
Number of years: ________________________________ Income amount (pre-tax, today's dollars): $______________per ☐ Month ☐ Year	Number of years: ________________________________ Income amount (pre-tax, today's dollars): $______________per ☐ Month ☐ Year
Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- ______________% (Note: Inflation will begin in the year payments begin.)	Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- ______________% (Note: Inflation will begin in the year payments begin.)
Assign – How to Use: (choose one) ☐ Fund All Goals ☐ Earmark to One Goal: __________	Assign – How to Use: (choose one) ☐ Fund All Goals ☐ Earmark to One Goal: __________

Annuity Income

Whose income: ☐ Client ☐ Co-Client	Description:
Description:	☐ **Joint Life** Income Guaranty: ☐ Period Certain
Year annuity payments start:	☐ Lifetime Only ☐ Installment Refund ☐ Cash Refund
Amount of annuity payments (pre-tax, future value): $________________per ☐ Month ☐ Year	If Period Certain, enter years:________________ Income to Co-Client________________%
Income growth rate:__________% Exclusion ratio_______%	☐ **Single Life** Income Guaranty: ☐ Period Certain ☐ Lifetime Only ☐ Installment Refund ☐ Cash Refund
Assign – How to Use: (choose one) ☐ Fund All Goals ☐ Earmark to One Goal: __________	If Period Certain, enter years:________________ Income to Co-Client________________% ☐ **Specific Period** Enter years: ________________

Rental Property Income

Whose income: ☐ Client ☐ Co-Client	Description:
Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year ___________	Income ends: ☐ End of Client's Plan ☐ End of Co-Client's Plan ☐ End of Plan ☐ Year ___________
Amount of net rental income (pre-tax rental income less expenses): $______________ ☐ Month ☐ Year	
Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/-_____________________%	Assign – How to Use: (choose one) ☐ Fund All Goals ☐ Earmark to One Goal: __________

Other Retirement Income

Whose income: ☐ Client ☐ Co-Client	Description:
Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year ___________	Income ends: ☐ End of Client's Plan ☐ End of Co-Client's Plan ☐ End of Plan ☐ Year ___________
Amount of income (pre-tax rental income less expenses): $______________ ☐ Month ☐ Year	Is this income tax-free? ☐ No ☐ Yes
Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/-_____________________%	Assign – How to Use: (choose one) ☐ Fund All Goals ☐ Earmark to One Goal: __________

Other Retirement Income

Whose income: ☐ Client ☐ Co-Client	Description:
Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year ____________	Income ends: ☐ End of Client's Plan ☐ End of Co-Client's Plan ☐ End of Plan ☐ Year ____________
Amount of income (pre-tax rental income less expenses): $______________ ☐ Month ☐ Year	Is this income tax-free? ☐ No ☐ Yes
Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/-________________________%	Assign – How to Use: (choose one) ☐ Fund All Goals ☐ Earmark to One Goal: ___________
Whose income: ☐ Client ☐ Co-Client	Description:
Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year ____________	Income ends: ☐ End of Client's Plan ☐ End of Co-Client's Plan ☐ End of Plan ☐ Year ____________
Amount of income (pre-tax rental income less expenses): $______________ ☐ Month ☐ Year	Is this income tax-free? ☐ No ☐ Yes
Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/-________________________%	Assign – How to Use: (choose one) ☐ Fund All Goals ☐ Earmark to One Goal: ___________

Other Irrevocable Trust Income

Whose income: ☐ Client ☐ Co-Client	Description:
Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year ____________	Income ends: ☐ End of Client's Plan ☐ End of Co-Client's Plan ☐ End of Plan ☐ Year ____________
Amount of income (pre-tax rental income less expenses): $______________ ☐ Month ☐ Year	Is this income tax-free? ☐ No ☐ Yes
Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/-________________________%	Assign – How to Use: (choose one) ☐ Fund All Goals ☐ Earmark to One Goal: ___________
Whose income: ☐ Client ☐ Co-Client	Description:
Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year ____________	Income ends: ☐ End of Client's Plan ☐ End of Co-Client's Plan ☐ End of Plan ☐ Year ____________
Amount of income (pre-tax rental income less expenses): $______________ ☐ Month ☐ Year	Is this income tax-free? ☐ No ☐ Yes
Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/-________________________%	Assign – How to Use: (choose one) ☐ Fund All Goals ☐ Earmark to One Goal: ___________

YOUR INVESTMENTS AND OTHER ASSETS

401(K) PLANS

Description:

Whose plan? ☐Client ☐Co-Client | Current total value: $

Current Roth value: $ | After-tax value (non-Roth): $

Assign – How to Use: *(check one)*

☐Fund All Goals | ☐Earmark to One or More Goals:

☐Not Used in Plan | ☐Leave to Estate

Income

Total income from this employer: $

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

Your contributions:

Pre-tax contributions: Enter % of annual income % or ☐Assume max contribution each year

After-tax contributions (non-Roth): % | Roth contributions: %

Roth contributions: $ | Year contributions begin:

Contributions end: ☐Client's Retirement ☐Co-Client's Retirement ☐Year:

Employer contributions If your employer matches your contributions, complete this section.

Employer will match this % of your contribution: % | Up until your contribution reaches this %: %

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

Up until your contribution reaches this %: %

Employer contributions limit

Maximum annual dollar limit: $

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

401(K) PLANS (cont.)

Additional employer contributions - Profit sharing

If your employer makes contributions in addition to those above, enter them here.
Only enter those contributions you are confident you will actually receive.

☐ Contribution as a % of income: %

☐ Contributions as dollar amount: $ Grow annually by %

Contributions End: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

EMPLOYER SPONSORED PLANS

Type of plan: Description:

Whose plan? ☐ Client ☐ Co-Client Current total value: $

Current Roth value: $ After-tax value (non-Roth): $

Assign – How to Use: *(check one)*

☐ Fund All Goals ☐ Earmark to One or More Goals:

☐ Not Used in Plan ☐ Leave to Estate

Income

Total income from this employer: $

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

Your contributions:

Pre-tax contributions: Enter % of annual income % or ☐ Assume max contribution each year

After-tax contributions (non-Roth): % Roth contributions: %

Roth contributions: $ Year contributions begin:

Contributions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Employer contributions If your employer matches your contributions, complete this section.

Employer will match this % of your contribution: % Up until your contribution reaches this %: %

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

Up until your contribution reaches this %: %

Employer contributions limit

Maximum annual dollar limit: $

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

Additional employer contributions - Profit sharing If your employer makes contributions in addition to those above, enter them here.

☐ Contribution as a % of income: % Only enter those contributions you are confident you will actually receive.

☐ Contributions as dollar amount: $ Grow annually by %

Contributions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

TRADITIONAL IRAS

Who is the owner: ☐ Client ☐ Co-Client	Description:
Current value: $	After-tax value: $
Assign – How to Use: *(check one)*	
☐ Fund All Goals	☐ Earmark to One or More Goals:
☐ Not Used in Plan	☐ Leave to Estate
Annual additions: *(check one)*	
Pre-tax: ☐ Additions: $ Inflate? ☐ No ☐ Yes	☐ Maximum contribution each year
After-tax: ☐ Additions: $	☐ Maximum contribution each year
Year additions begin:	
Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:	
Who is the owner: ☐ Client ☐ Co-Client	Description:
Current value: $	After-tax value: $
Assign – How to Use: *(check one)*	
☐ Fund All Goals	☐ Earmark to One or More Goals:
☐ Not Used in Plan	☐ Leave to Estate
Annual additions: *(check one)*	
Pre-tax: ☐ Additions: $ Inflate? ☐ No ☐ Yes	☐ Maximum contribution each year
After-tax: ☐ Additions: $	☐ Maximum contribution each year
Year additions begin:	
Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:	
Who is the owner: ☐ Client ☐ Co-Client	Description:
Current value: $	After-tax value: $
Assign – How to Use: *(check one)*	
☐ Fund All Goals	☐ Earmark to One or More Goals:
☐ Not Used in Plan	☐ Leave to Estate
Annual additions: *(check one)*	
Pre-tax: ☐ Additions: $ Inflate? ☐ No ☐ Yes	☐ Maximum contribution each year
After-tax: ☐ Additions: $	☐ Maximum contribution each year
Year additions begin:	
Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:	

TRADITIONAL IRAS (cont.)

Who is the owner: ☐ Client ☐ Co-Client	Description:
Current value: $	After-tax value: $
Assign – How to Use: *(check one)*	
☐ Fund All Goals	☐ Earmark to One or More Goals:
☐ Not Used in Plan	☐ Leave to Estate
Annual additions: *(check one)*	
Pre-tax: ☐ Additions: $ Inflate? ☐ No ☐ Yes	☐ Maximum contribution each year
After-tax: ☐ Additions: $	☐ Maximum contribution each year
Year additions begin:	
Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:	

SEPP IRA – 72(t)

Who is the owner: ☐ Client ☐ Co-Client	Description:
Ticker symbol:	Units:
Current value: $	After-tax value: $
Assign – How to Use: *(check one)*	
☐ Fund All Goals	☐ Earmark to One or More Goals:
☐ Not Used in Plan	☐ Leave to Estate
72(t) distributions:	
Annual distribution amount: $	Year distribution began:
Who is the owner: ☐ Client ☐ Co-Client	Description:
Ticker symbol:	Units:
Current value: $	After-tax value: $
Assign – How to Use: *(check one)*	
☐ Fund All Goals	☐ Earmark to One or More Goals:
☐ Not Used in Plan	☐ Leave to Estate
72(t) distributions:	
Annual distribution amount: $	Year distribution began:

ROTH IRAS

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: $

After-tax value: $

Assign – How to Use: *(check one)*

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: *(check one)*

Pre-tax: ☐ Additions: $ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-tax: ☐ Additions: $

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: $

After-tax value: $

Assign – How to Use: *(check one)*

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: *(check one)*

Pre-tax: ☐ Additions: $ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-tax: ☐ Additions: $

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

COVERDELL ACCOUNTS (ESA)

Who is the owner: ☐ Custodial

Description:

Current value: $

Assign – How to Use: *(check one)*

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: *(check one)*

Additions: $ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

COVERDELL ACCOUNTS (ESA) (cont.)

Who is the owner: ☐Custodial | Description:

Current value: $

Assign – How to Use: *(check one)*

☐Fund All Goals | ☐Earmark to One or More Goals:

☐Not Used in Plan | ☐Leave to Estate

Annual additions: *(check one)*

Additions: $ | Inflate? ☐No ☐Yes | ☐Maximum contribution each year

Year additions begin:

Year additions end: ☐Client's Retirement ☐Co-Client's Retirement ☐Year:

529 SAVINGS PLAN

Who is the owner: ☐Client ☐Co-Client | Description:

Beneficiaries/Percentage:

Estate % | Other: – %

Co-Client % | Other: – %

Current value: $ | Is this asset subject to state taxes? ☐No ☐Yes

Assign – How to Use: *(check one)*

☐Fund All Goals | ☐Earmark to One or More Goals:

☐Not Used in Plan | ☐Leave to Estate

Annual additions: *(check one)*

Additions: $ | Inflate? ☐No ☐Yes | Year additions begin:

Year additions end: ☐Client's Retirement ☐Co-Client's Retirement ☐Year:

Who is the owner: ☐Client ☐Co-Client | Description:

Beneficiaries/Percentage:

Estate % | Other: – %

Co-Client % | Other: – %

Current value: $ | Is this asset subject to state taxes? ☐No ☐Yes

Assign – How to Use: *(check one)*

☐Fund All Goals | ☐Earmark to One or More Goals:

☐Not Used in Plan | ☐Leave to Estate

Annual additions: *(check one)*

Additions: $ | Inflate? ☐No ☐Yes | Year additions begin:

Year additions end: ☐Client's Retirement ☐Co-Client's Retirement ☐Year:

ANNUITIES

Who is the owner: ☐ Client ☐ Co-Client	Description:
Current value: $	Cost basis: $
Assign – How to Use: *(check one)*	
☐ Fund All Goals	☐ Earmark to One or More Goals:
☐ Not Used in Plan	☐ Leave to Estate
Annual additions: *(check one)*	
☐ Additions: $ Inflate? ☐ No ☐ Yes	Year additions begin:
Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:	
Who is the owner: ☐ Client ☐ Co-Client	Description:
Current value: $	Cost basis: $
Assign – How to Use: *(check one)*	
☐ Fund All Goals	☐ Earmark to One or More Goals:
☐ Not Used in Plan	☐ Leave to Estate
Annual additions: *(check one)*	
☐ Additions: $ Inflate? ☐ No ☐ Yes	Year additions begin:
Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:	
Who is the owner: ☐ Client ☐ Co-Client	Description:
Current value: $	Cost basis: $
Assign – How to Use: *(check one)*	
☐ Fund All Goals	☐ Earmark to One or More Goals:
☐ Not Used in Plan	☐ Leave to Estate
Annual additions: *(check one)*	
☐ Additions: $ Inflate? ☐ No ☐ Yes	Year additions begin:
Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:	

CASH VALUE LIFE: VARIABLE LIFE

Who is the owner: ☐ Client ☐ Co-Client Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Name or Description:

Beneficiaries: Estate % Co-Client %

Other: – % Other: – %

Other: – % Other: – %

Current value: $

Cost basis: $ Insurance amount: $

Assign – How to Use: *(check one)*

☐ Fund All Goals ☐ Earmark to One or More Goals:

☐ Not Used in Plan ☐ Leave to Estate

Annual additions: *(check one)*

Pre-tax: ☐ Additions: $ Inflate? ☐ No ☐ Yes ☐ Maximum contribution each year

After-tax: ☐ Additions: $ Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Who is the owner: ☐ Client ☐ Co-Client Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Name or Description:

Beneficiaries: Estate % Co-Client %

Other: – % Other: – %

Other: – % Other: – %

Current value: $

Cost basis: $ Insurance amount: $

Assign – How to Use: *(check one)*

☐ Fund All Goals ☐ Earmark to One or More Goals:

☐ Not Used in Plan ☐ Leave to Estate

Annual additions: *(check one)*

Pre-tax: ☐ Additions: $ Inflate? ☐ No ☐ Yes ☐ Maximum contribution each year

After-tax: ☐ Additions: $ Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

OTHER TAX-DEFERRED

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: $

Cost basis: $

Assign – How to Use: *(check one)*

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: *(check one)*

☐ Additions: $ Inflate? ☐ No ☐ Yes

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

U.S. SAVINGS BOND

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: $

Cost basis: $

Assign – How to Use: *(check one)*

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: *(check one)*

☐ Additions: $ Inflate? ☐ No ☐ Yes

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

TAXABLE

Who is the owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Co-Client

Description:

Ticker symbol:

Units:

Current value: $

Cost basis: $

Assign – How to Use: *(check one)*

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: *(check one)*

☐ Additions: $ Inflate? ☐ No ☐ Yes

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

TAXABLE (cont.)

Who is the owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Co-Client

Description:

Ticker symbol: Units:

Current value: $ Cost basis: $

Assign – How to Use: *(check one)*

☐ Fund All Goals ☐ Earmark to One or More Goals:

☐ Not Used in Plan ☐ Leave to Estate

Annual additions: *(check one)*

☐ Additions: $ Inflate? ☐ No ☐ Yes Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

TAX-FREE

Who is the owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Co-Client

Description:

Ticker symbol: Units:

Current value: $ Cost basis: $

Is this asset subject to state taxes? ☐ No ☐ Yes

Assign – How to Use: *(check one)*

☐ Fund All Goals ☐ Earmark to One or More Goals:

☐ Not Used in Plan ☐ Leave to Estate

Annual additions: *(check one)*

☐ Additions: $ Inflate? ☐ No ☐ Yes Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

TAX-FREE (cont.)

Who is the owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Co-Client

Description:

Ticker symbol: | Units:

Current value: $ | Cost basis: $

Is this asset subject to state taxes? ☐ No ☐ Yes

Assign – How to Use: *(check one)*

☐ Fund All Goals | ☐ Earmark to One or More Goals:

☐ Not Used in Plan | ☐ Leave to Estate

Annual additions: *(check one)*

☐ Additions: $ Inflate? ☐ No ☐ Yes Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

PERSONAL AND BUSINESS ASSETS (Homes, Vehicles, Personal Property, Business Assets, Real Estate, etc.)

Owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Co-Client

Description: | Current value: $

Will the value of this asset increase each year? ☐ No ☐ Yes: %

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

Year to sell: | Future value (after tax) Low: $

Future value (after tax) Expected: $ | Future value (after tax) High: $

Assign – How to Use: *(check one)*

☐ Fund All Goals | ☐ Earmark to One or More Goals:

☐ Not Used in Plan | ☐ Leave to Estate

Owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Co-Client

Description: | Current value: $

Will the value of this asset increase each year? ☐ No ☐ Yes: %

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

Year to sell: | Future value (after tax) Low: $

Future value (after tax) Expected: $ | Future value (after tax) High: $

Assign – How to Use: *(check one)*

☐ Fund All Goals | ☐ Earmark to One or More Goals:

☐ Not Used in Plan | ☐ Leave to Estate

PERSONAL AND BUSINESS ASSETS (cont.)

Owner: ☐Client ☐Co-Client ☐Joint ☐Custodial

If Joint, what kind? ☐Survivorship ☐Common ☐Entirety ☐Community Property

☐Other w/ Client ☐Other w/ Co-Client

Description:	Current value: $

Will the value of this asset increase each year? ☐No ☐Yes: %

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

Year to sell:	Future value (after tax) Low: $
Future value (after tax) Expected: $	Future value (after tax) High: $

Assign – How to Use: *(check one)*

☐Fund All Goals	☐Earmark to One or More Goals:
☐Not Used in Plan	☐Leave to Estate

PENSION - LUMP SUM DISTRIBUTION

Who is the owner: ☐Client ☐Co-Client	Description:
Current value: $	Year of distribution:
Value of distribution $	Value is: *(check one)* ☐Pre-tax ☐After-tax

Assign – How to Use: *(check one)*

☐Fund All Goals	☐Earmark to One or More Goals:
☐Not Used in Plan	☐Leave to Estate

DEFERRED COMPENSATION *(Receiving Now)*

Who is the owner: ☐Client ☐Co-Client	Description:

Current value *(today's dollars)*: $

Distribution period

Number of years:	Annual payment (pre-tax): $

Assign – How to Use: *(check one)*

☐Fund All Goals	☐Earmark to One or More Goals:
☐Not Used in Plan	☐Leave to Estate

Who is the owner: ☐Client ☐Co-Client	Description:

Current value *(today's dollars)*: $

Distribution period

Number of years:	Annual payment (pre-tax): $

Assign – How to Use: *(check one)*

☐Fund All Goals	☐Earmark to One or More Goals:
☐Not Used in Plan	☐Leave to Estate

DEFERRED COMPENSATION *(Future)*

Who is the owner: ☐ Client ☐ Co-Client | Description:

Current value *(today's dollars)*: $

Contributions

Amount – Select method | ☐ None

☐ Percentage of income – Annual Income: $ | Grow Annually by: %

% Contribution:

☐ Dollar amount – $ | Grow Annually by: %

Period | Start year:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Value at start of distribution | Rate of return during accumulation: %

Year distributions begin: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Distribution period

Number of years: | Annual payment (pre-tax): $

Annual distribution | Rate of return during distribution: %

Assign – How to Use: *(check one)*

☐ Fund All Goals | ☐ Earmark to One or More Goals:

☐ Not Used in Plan | ☐ Leave to Estate

Who is the owner: ☐ Client ☐ Co-Client | Description:

Current value *(today's dollars)*: $

Contributions

Amount – Select method | ☐ None

☐ Percentage of income – Annual Income: $ | Grow Annually by: %

% Contribution:

☐ Dollar amount – $ | Grow Annually by: %

Period | Start year:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Value at start of distribution | Rate of return during accumulation: %

Year distributions begin: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Distribution period

Number of years: | Annual payment (pre-tax): $

Annual distribution | Rate of return during distribution: %

Assign – How to Use: *(check one)*

☐ Fund All Goals | ☐ Earmark to One or More Goals:

☐ Not Used in Plan | ☐ Leave to Estate

INSURANCE ASSETS – CASH VALUE *(Universal/Variable/Whole/Other)*

Owner: ☐Client ☐Co-Client Insured: ☐Client ☐Co-Client ☐1st to Die ☐2nd to Die

Description:

Current cash value *(before tax – today's dollars)*: $

Average annual growth rate *(excluding cost of insurance)*:

Beneficiaries & Death Benefit

Beneficiaries: Estate % Co-Client %

Other: – % Other: – %

Other: – % Other: – %

Death benefit amount: Premium amount: $ every:

How long will premiums be paid? ☐Until insured dies ☐Until policy terminates ☐For this number of years:

When will this policy terminate? ☐When insured dies ☐Year:

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

Year of withdrawal:

Future cash value of policy *(before tax – future dollars)*: $ Tax-free withdrawal: $

Assign – How to Use: *(check one)*

☐Fund All Goals ☐Earmark to One or More Goals:

☐Not Used in Plan ☐Leave to Estate

Owner: ☐Client ☐Co-Client Insured: ☐Client ☐Co-Client ☐1st to Die ☐2nd to Die

Description:

Current cash value *(before tax – today's dollars)*: $

Average annual growth rate *(excluding cost of insurance)*:

Beneficiaries & Death Benefit

Beneficiaries: Estate % Co-Client %

Other: – % Other: – %

Other: – % Other: – %

Death benefit amount: Premium amount: $ every:

How long will premiums be paid? ☐Until insured dies ☐Until policy terminates ☐For this number of years:

When will this policy terminate? ☐When insured dies ☐Year:

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

Year of withdrawal:

Future cash value of policy *(before tax – future dollars)*: $ Tax-free withdrawal: $

Assign – How to Use: *(check one)*

☐Fund All Goals ☐Earmark to One or More Goals:

☐Not Used in Plan ☐Leave to Estate

529 SAVINGS PLAN

Owner: ☐Client ☐Co-Client	Description:
Current value: $	Annual growth rate:
Do you intend to sell this asset to help fund your goals? ☐No ☐Yes (If Yes, complete the remaining items)	
Year to sell:	Future value (after tax) Low: $
Future value (after tax) Expected: $	Future value (after tax) High: $
Assign – How to Use: *(check one)*	
☐Fund All Goals	☐Earmark to One or More Goals:
☐Not Used in Plan	☐Leave to Estate
Owner: ☐Client ☐Co-Client	Description:
Current value: $	Annual growth rate:
Do you intend to sell this asset to help fund your goals? ☐No ☐Yes (If Yes, complete the remaining items)	
Year to sell:	Future value (after tax) Low: $
Future value (after tax) Expected: $	Future value (after tax) High: $
Assign – How to Use: *(check one)*	
☐Fund All Goals	☐Earmark to One or More Goals:
☐Not Used in Plan	☐Leave to Estate

FUTURE ASSETS *Cash (Inheritance, Gift, Settlement, etc.)*

Owner: ☐Client ☐Co-Client ☐Joint ☐Custodial	
If Joint, what kind? ☐Survivorship ☐Common ☐Entirety ☐Community Property	
☐Other w/ Client ☐Other w/ Co-Client	
Description:	
Year to receive:	Future value (after tax) Low: $
Future value (after tax) Expected: $	Future value (after tax) High: $
Assign – How to Use: *(check one)*	
☐Fund All Goals	☐Earmark to One or More Goals:
☐Not Used in Plan	☐Leave to Estate
Owner: ☐Client ☐Co-Client ☐Joint ☐Custodial	
If Joint, what kind? ☐Survivorship ☐Common ☐Entirety ☐Community Property	
☐Other w/ Client ☐Other w/ Co-Client	
Description:	
Year to receive:	Future value (after tax) Low: $
Future value (after tax) Expected: $	Future value (after tax) High: $
Assign – How to Use: *(check one)*	
☐Fund All Goals	☐Earmark to One or More Goals:
☐Not Used in Plan	☐Leave to Estate

YOUR STOCK OPTIONS

STOCK OPTIONS PLAN

Who is the owner: ☐ Client ☐ Co-Client

Stock Name: ______________________

Market Price: $ ______________________

Last Update: ______________________

Do all options vest at death? ☐ No ☐ Yes

VESTING SCHEDULE

Name	% VESTED BY YEAR									
	1	2	3	4	5	6	7	8	9	10

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: ______________________

Grant name: ______________________

Options granted: ______________________

Options already exercised: ______________________

Expiration date: ______________________

Grant price: ______________________

Select vesting schedule: ______________________

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: ______________________

Grant name: ______________________

Options granted: ______________________

Options already exercised: ______________________

Expiration date: ______________________

Grant price: ______________________

Select vesting schedule: ______________________

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: ______________________

Grant name: ______________________

Options granted: ______________________

Options already exercised: ______________________

Expiration date: ______________________

Grant price: ______________________

Select vesting schedule: ______________________

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: ______________________

Grant name: ______________________

Options granted: ______________________

Options already exercised: ______________________

Expiration date: ______________________

Grant price: ______________________

Select vesting schedule: ______________________

STOCK OPTIONS PLAN

Who is the owner: ☐ Client ☐ Co-Client

Stock Name: ______________________________

Market Price: $ ______________________________

Last Update: ______________________________

Do all options vest at death? ☐ No ☐ Yes

VESTING SCHEDULE

Name	% VESTED BY YEAR									
	1	2	3	4	5	6	7	8	9	10

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: ______________________________

Grant name: ______________________________

Options granted: ______________________________

Options already exercised: ______________________________

Expiration date: ______________________________

Grant price: ______________________________

Select vesting schedule: ______________________________

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: ______________________________

Grant name: ______________________________

Options granted: ______________________________

Options already exercised: ______________________________

Expiration date: ______________________________

Grant price: ______________________________

Select vesting schedule: ______________________________

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: ______________________________

Grant name: ______________________________

Options granted: ______________________________

Options already exercised: ______________________________

Expiration date: ______________________________

Grant price: ______________________________

Select vesting schedule: ______________________________

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: ______________________________

Grant name: ______________________________

Options granted: ______________________________

Options already exercised: ______________________________

Expiration date: ______________________________

Grant price: ______________________________

Select vesting schedule: ______________________________

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: ______________________________

Grant name: ______________________________

Options granted: ______________________________

Options already exercised: ______________________________

Expiration date: ______________________________

Grant price: ______________________________

Select vesting schedule: ______________________________

STOCK OPTIONS PLAN

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: __________

Grant name: __________

Options granted: __________

Options already exercised: __________

Expiration date: __________

Grant price: __________

Select vesting schedule: __________

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: __________

Grant name: __________

Options granted: __________

Options already exercised: __________

Expiration date: __________

Grant price: __________

Select vesting schedule: __________

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: __________

Grant name: __________

Options granted: __________

Options already exercised: __________

Expiration date: __________

Grant price: __________

Select vesting schedule: __________

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: __________

Grant name: __________

Options granted: __________

Options already exercised: __________

Expiration date: __________

Grant price: __________

Select vesting schedule: __________

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: __________

Grant name: __________

Options granted: __________

Options already exercised: __________

Expiration date: __________

Grant price: __________

Select vesting schedule: __________

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: __________

Grant name: __________

Options granted: __________

Options already exercised: __________

Expiration date: __________

Grant price: __________

Select vesting schedule: __________

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: __________

Grant name: __________

Options granted: __________

Options already exercised: __________

Expiration date: __________

Grant price: __________

Select vesting schedule: __________

Stock Options - Cash Receipt Schedule: As an alternative to letting the program calculate the future value of Stock Options, enter the after-tax, future cash amount(s) below.

Stock Options

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Who is the owner: ☐ Client ☐ Co-Client

Ticker: ____________________

Stock Name: ____________________

Market Price: $ ____________________

Last Update: ____________________

Do all options vest at death? ☐ No ☐ Yes

VESTING SCHEDULE

Name	% VESTED BY YEAR									
	1	2	3	4	5	6	7	8	9	10

Restricted Stock Grant

Grant date: ____________________ Grant name: ____________________

Shares granted: ____________________ Vesting Schedule: ____________________

Restricted Stock Grant

Grant date: ____________________ Grant name: ____________________

Shares granted: ____________________ Vesting Schedule: ____________________

Restricted Stock Grant

Grant date: ____________________ Grant name: ____________________

Shares granted: ____________________ Vesting Schedule: ____________________

Restricted Stock Grant

Grant date: ____________________ Grant name: ____________________

Shares granted: ____________________ Vesting Schedule: ____________________

Restricted Stock Grant

Grant date: ____________________ Grant name: ____________________

Shares granted: ____________________ Vesting Schedule: ____________________

Restricted Stock Grant

Grant date: ____________________ Grant name: ____________________

Shares granted: ____________________ Vesting Schedule: ____________________

Restricted Stock Grant

Grant date: ____________________ Grant name: ____________________

Shares granted: ____________________ Vesting Schedule: ____________________

Restricted Options - Cash Receipt Schedule: As an alternative to letting the program calculate the future value of Restricted Stock, enter the after-tax, future cash amount(s) below.

Restricted Stock Grants

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

Name of grant: ____________________ Future value *(after tax)* Low: $ ____________
Year cash received: ____________________ Future value *(after tax)* Expected: $ ____________
Future value *(after tax)* High: $ ____________

YOUR INSURANCE POLICIES AND ESTATE DOCUMENTS

CASH VALUE LIFE POLICIES OWNED BY THE CLIENT OR CO-CLIENT

Investment Asset *(Variable Life)*

Owner: ☐ Client ☐ Co-Client Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Name or Description:

Beneficiaries & Death Benefit

Estate % Other - % Other - %

Co-Client % Other - % Other - %

Current Value: $ Cost Basis: $

Insurance Amount: $

Assign – How to Use: *(check one)*

☐ Fund All Goals ☐ Earmark to One or More Goals:

☐ Not Used in Plan ☐ Leave to Estate

Annual additions: *(check one)*

Pre-tax: ☐Additions: $ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-Tax: ☐Additions: $

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

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

Owner: ☐ Client ☐ Co-Client Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Description: Current cash value: $ *(before tax - today's dollars)*

Average annual growth rate: *(excluding cost of insurance)*

CASH VALUE LIFE POLICIES OWNED BY THE CLIENT OR CO-CLIENT

Beneficiaries & Death Benefit

Estate % Other - % Other - %

Co-Client % Other - % Other - %

Death benefit amount: $ Premium amount: $ every:

How long will premiums be paid? ☐ Until insured dies ☐ Until policy terminates ☐ For this number of years:

When will this policy terminate? ☐ When insured dies ☐ Year:

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

Year of withdrawal:

Amount of withdrawal: $ *(before tax - future dollars)* Tax-free withdrawal: $

Assign – How to Use: *(check one)*

☐ Fund All Goals ☐ Earmark to One or More Goals:

☐ Not Used in Plan ☐ Leave to Estate

Cash Value Life *(Universal|Variable|Whole Life|Other)*

Owner: ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Description/ Company: Current cash value: $ *(before tax - today's dollars)*

Beneficiaries & Death Benefit

Estate % Other - % Other - %

Co-Client % Other - % Other - %

Death benefit amount *(deduct policy loans)* : $ Premium amount: $ every:

How long will premiums be paid? ☐ Until insured dies ☐ Until policy terminates ☐ For this number of years:

When will this policy terminate? ☐ When insured dies ☐ Year:

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

Select the original owner of the policy: ☐ Client ☐ Co-Client

NON-CASH VALUE LIFE POLICIES - ALL OWNERS

Non-Cash Value Life *(Term Life)*

Owner: ☐ Client ☐ Co-Client ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Description/Company:

Beneficiaries & Death Benefit

Estate % Other - % Other - %

Co-Client % Other - % Other - %

Death benefit amount: $ Premium amount: $ every:

How long will premiums be paid? ☐ Until insured dies ☐ Until policy terminates ☐ For this number of years:

When will this policy terminate? ☐ When insured dies ☐ Year:

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

Select the original owner of the policy: ☐ Client ☐ Co-Client

Non-Cash Value Life *(Group Term/Other)*

Owner: ☐ Client ☐ Co-Client ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Co-Client

Description/Company:

Beneficiaries & Death Benefit

Estate % Other - % Other - %

Co-Client % Other - % Other - %

Death benefit amount:

When will this policy terminate? ☐ When insured dies ☐ Year:

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

Select the original owner of the policy: ☐ Client ☐ Co-Client

Non-Cash Value Life *(Group Term/Other)*

Owner: ☐ Client ☐ Co-Client ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Co-Client

Description/Company:

NON-CASH VALUE LIFE POLICIES - ALL OWNERS

Beneficiaries & Death Benefit

Estate % Other - % Other - %

Co-Client % Other - % Other - %

Death benefit amount: $

When will this policy terminate? ☐ When insured dies ☐ Year:

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

Select the original owner of the policy: ☐ Client ☐ Co-Client

OTHER INSURANCE POLICIES

Disability *(Group/Personal/Other)*

Insured: ☐ Client ☐ Co-Client Description/Company:

Premium amount: $ every Tax Status: ☐ Pre-Tax ☐ After-Tax

Monthly benefit amount: $ Elimination period: ☐ Months ☐ Years

Benefit period (select one) ☐ Period of Time per ☐ Until this age:

Inflation option (check one) ☐ None ☐ Simple ☐ Compounded

If you selected Simple or Compounded, enter rate: %

Insured: ☐ Client ☐ Co-Client Description/Company:

Premium amount: $ every Tax Status: ☐ Pre-Tax ☐ After-Tax

Monthly benefit amount: $ Elimination period: ☐ Months ☐ Years

Benefit period (select one) ☐ Period of Time per ☐ Until this age:

Inflation option (check one) ☐ None ☐ Simple ☐ Compounded

If you selected Simple or Compounded, enter rate: %

Long Term Care *(Home Care Only | Nursing Home Care | Other)*

Insured: Description/Company:

Premium amount: $ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Benefit period: *(check # of years or Lifetime)* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Lifetime

OTHER INSURANCE POLICIES

Daily benefit amount: $ Elimination period: days

Inflation option *(check one)* ☐ None ☐ Simple ☐ Compounded

If you selected Simple or Compounded, enter rate: %

Insured: Description/Company:

Premium amount: $ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Benefit period: *(check # of years or Lifetime)* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Lifetime

Daily benefit amount: $ Elimination period: days

Inflation option (check one) ☐ None ☐ Simple ☐ Compounded

If you selected Simple or Compounded, enter rate: %

Medicare Supplement Insurance Policies

Insured: Description/Company:

Type: *(check one)* ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ Other

Premium amount: $ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Insured: Description/Company:

Type: *(check one)* ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ Other

Premium amount: $ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

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

Description/Company: Policy expiration date:

Premium amount: $ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Description/Company: Policy expiration date:

Premium amount: $ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Description/Company: Policy expiration date:

OTHER INSURANCE POLICIES

Premium amount: $	per ☐ Month ☐ Quarter ☐ Six Months ☐ Year
Description/Company:	Policy expiration date:
Premium amount: $	per ☐ Month ☐ Quarter ☐ Six Months ☐ Year
Description/Company:	Policy expiration date:
Premium amount: $	per ☐ Month ☐ Quarter ☐ Six Months ☐ Year
Description/Company:	Policy expiration date:
Premium amount: $	per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

ESTATE DOCUMENTS

	Client	**Co-Client**	
Will	☐ No ☐ Yes	☐ No ☐ Yes	
Includes Bypass Trust	☐ No ☐ Yes		
Date Last Reviewed			
Medical Directive	☐ No ☐ Yes	☐ No ☐ Yes	
Power of Attorney	☐ No ☐ Yes	☐ No ☐ Yes	

YOUR DEBT AND OTHER LIABILITIES

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

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint If Joint, what kind? :

Outstanding balance: $ Monthly payment: $

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint If Joint, what kind? :

Outstanding balance: $ Monthly payment: $

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint If Joint, what kind? :

Outstanding balance: $ Monthly payment: $

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint If Joint, what kind? :

Outstanding balance: $ Monthly payment: $

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint If Joint, what kind? :

Outstanding balance: $ Monthly payment: $

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint If Joint, what kind? :

Outstanding balance: $ Monthly payment: $

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint If Joint, what kind? :

Outstanding balance: $ Monthly payment: $

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

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/Client ☐ Other w/Co-Client

Lender: Outstanding Balance: $

Initial Loan Amount: Outstanding Balance: $ Term:

Interest Rate: Monthly Payment: $ OR Date to Pay in Full:

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/Client ☐ Other w/Co-Client

Lender: Outstanding Balance: $

Initial Loan Amount: Outstanding Balance: $ Term:

Interest Rate: Monthly Payment: $ OR Date to Pay in Full:

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/Client ☐ Other w/Co-Client

Lender: Outstanding Balance: $

Initial Loan Amount: Outstanding Balance: $ Term:

Interest Rate: Monthly Payment: $ OR Date to Pay in Full:

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/Client ☐ Other w/Co-Client

Lender: Outstanding Balance: $

Initial Loan Amount: Outstanding Balance: $ Term:

Interest Rate: Monthly Payment: $ OR Date to Pay in Full:
