Personal Information

Your Name: ______________________ Date of Birth: ____________

Occupation/Job Title: ______________________ Social Security #: ____________

Driver's License # and State: ______________________ Expiration Date: ____________

Spouse's Name: ______________________ Date of Birth: ____________

Occupation/Job Title: ______________________ Social Security #: ____________

Driver's License # and State: ______________________ Expiration Date: ____________

Address: ____

City: ______________________ State: ____________ Zip: ____________

Home Phone #: ______________________ Business Phone #: ______________________

Banking Reference (where savings/checking accounts are located): ______________________

Children/Dependents

Name	Date of Birth	Social Security #	Dependent: Yes or No

Goals

Desired Annual Income Goal at Retirement: $____________

Desired Annual Income to Survivor: $____________

Your Expected Retirement Age: ____________

Your Spouse's Expected Retirement Age: ____________

Assumptions

Annual After-Tax Rate of Return on Investments: ____________ %

Annual Inflation Rate: ____________ %

How assets and liabilities are registered or held — whether it is in your name, your spouse's name or jointly held — impacts your financial future. For this analysis, please provide the value of assets in the manner in which they are currently registered. In the future, ask your investment broker and/or accountant if there is a better way to register/hold these items.

Asset Ownership	Joint	You	Spouse
Checking and Savings			
Money Markets			
Certificates of Deposit			
Stocks and Stock Funds			
Tax-Exempt Bonds and Bond Funds			
Annuities			
Real Estate - Incoming Producing (Y or N)			
Personal Residence			
Personal Property			
IRAs			
Retirement Plan Accounts			
Other Personal Assets			
Other Personal Assets			
Other Personal Assets			
TOTALS			

Please do not duplicate assets held in IRAs, retirement plan accounts or cash value of life insurance in other asset caterories above.

Liabilities	Joint	You	Spouse
Credit Card Debt			
Personal Loans			
Other Short-Term Debt			
Home Mortgage			
Real Estate Mortgage			
Auto Loans			
Business Loans			
Other Long-Term Debt			
TOTALS			

Please do not include policy loans of life insurance in other liability categories above.

Cash Flow Summary

Annual Cash Inflows		Current Year	Next Year
Gross Salary	You		
	Spouse		
Retirement Plans	You		
	Spouse		
IRA Withdrawals	You		
	Spouse		
Social Security	You		
	Spouse		
Dividends			
Taxable Interest			
Tax-Exempt Interest			
Capital Gains			
Rent, Royalties & Partnerships			
Other			
	TOTALS		

Annual Cash Outflows	Current Year	Next Year
Home Mortgage		
Rent		
Utilities/Food		
Travel/Entertainment		
Personal/Auto Loan		
Auto/Homeowner's Insurance		
Life Insurance		
Medical Insurance		
State Income Taxes		
Federal Income Taxes		
Real Estate Taxes		
FICA Taxes		
IRA Contribution		
401(k) Contribution		
Other Retirement Contributions		
Charitable Contributions		
Medical Expenses		
Alimony		
Other (Education, etc.)		
TOTALS		

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Life Insurance Summary

Policies Owned By You	Policy #1	Policy #2	Policy #3	Policy #4
Insurance Company				
Beneficiary				
Death Benefit				
Annual Premium				
Cash Value				
Policy Loans				
Policy Type	Please check the appropriate box.			
Group Term				
Term				
Whole Life				
Universal Life				
Long Term Care				
Survivorship				

Policies Owned By Spouse	Policy #1	Policy #2	Policy #3	Policy #4
Insurance Company				
Beneficiary				
Death Benefit				
Annual Premium				
Cash Value				
Policy Loans				
Policy Type	Please check the appropriate box.			
Group Term				
Term				
Whole Life				
Universal Life				
Long Term Care				
Survivorship				

Financial Planning Objectives

Rank the following according to your level of concern – please circle.

	Not Concerned									Very Concerned
Reducing Current Income Taxes	1	2	3	4	5	6	7	8	9	10
Hedging Against Inflation	1	2	3	4	5	6	7	8	9	10
Accumulating Retirement Capital	1	2	3	4	5	6	7	8	9	10
Increasing Current Income	1	2	3	4	5	6	7	8	9	10
Liquidity	1	2	3	4	5	6	7	8	9	10
Safety of Principal	1	2	3	4	5	6	7	8	9	10
Estate Planning	1	2	3	4	5	6	7	8	9	10
Professional Management	1	2	3	4	5	6	7	8	9	10
Working Part-Time Upon Retirement	1	2	3	4	5	6	7	8	9	10
Starting a Business Upon Retirement	1	2	3	4	5	6	7	8	9	10
Traveling at Retirement	1	2	3	4	5	6	7	8	9	10
Relocating at Retirement	1	2	3	4	5	6	7	8	9	10
College Funding	1	2	3	4	5	6	7	8	9	10
Long Term Care Insurance	1	2	3	4	5	6	7	8	9	10
Insurance Protection	1	2	3	4	5	6	7	8	9	10

Other Concerns: ____

____

____

____

Estate Planning Information

Please check the appropriate response.

Provisions of Will

____ Simple (All to Spouse)

____ Part to Spouse, Part to Children

____ Part to Spouse, Part in Trust for ____________

____ Part to Children, Part in Trust for ____________

____ Charitable

____ All to Children

____ All in Trust for ____________

____ Other ____________

Date of Will: ____________

Name of Executor: ____________

Type of Trust

____ Revocable Living

____ Irrevocable

____ Life Insurance

____ Charitable

____ Testamentary

____ Marital and/or Credit Shelter

____ QTIP

Name of Trustee: ____________

Date of Trust: ____________

Do you intend to make a gift? ____________ To Whom? ____________

Value? ____________ When? ____________

Asset to be Gifted (Cash, Property, Security, etc.) ____________

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The information needed to complete this page can be obtained from your most recent distribution statement or from your Employee Benefits Department. *For accuracy, we suggest you use this section only when you are nearing retirement.*

Retirement Information

	Plan 1	Plan 2
Plan Type*		
Participant		
Date of Expected Distribution		

*Select from one of the following plan names: Thrift Plan, Savings Plan, 401(k) Plan, Profit Sharing Plan, Money Purchase Plan, Defined Benefit Plan, 403(b) Plan.

Pension Benefits Information

You	
Spouse	

Other Information

Annual Earned Income Anticipated After Retirement
(Do not include pension or Social Security.)

You ____________

Spouse ____________

Annual Social Security Benefit
(Estimate will be provided if you do not know.)

You ____________

Spouse ____________

Annual Contributions to Retirement Plans
(Please include both employer and employee contributions.)

IRA ____________

401(k) or 403(b) ____________

Other ____________

Mission Statement

"Our mission is to provide our clients with solid, timely information and direction that will give them the best opportunity for financial success. Most importantly, our objective is to establish a trusted, long-term relationship with our clients."

Date ____________ Signature ____________________________