

Liberty Financial Planning, Inc.

Independent Advice for Financial FreedomSM

Welcome to Liberty Financial Planning!

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

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

Asset Documents

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

Retirement Documents

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

Miscellaneous Documents

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

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

Steve Braun
Financial Adviser

1770 Walnut Ridge Circle / Canton, MI 48187
Phone: 734-844-8770 or 800-854-2841 / Fax: 734-844-8789
stevebraun@libertyfinancialplanning.com
www.LibertyFinancialPlanning.com

Contents and Instructions

Contents

Introduction & Key Documents	1
Contents and Instructions	2
Personal Information	3
Employment Information	4
Family Information	5
Health Information	7
Personal Values	8
Financial Values	9
Financial Goals	10
Asset Summary	11
Liabilities Summary	12
Bank Account Details	13
Retirement Account Details	14
Education Account Details	15
Other Investment Account Details	16
Miscellaneous Asset Details	17
Cashflow Information	18
Risk Profile	20
Investment Planning	22
Retirement Planning	23
Education Planning	25
Insurance Information	26
Estate Planning Information	27

Instructions

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

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

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

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

Steve Braun

at

734-844-8770 / 800-854-2841

or

stevebraun@libertyfinancialplanning.com

Personal Information

Client 1

Client 2

Name

Full Legal Name

First Middle Last

First Middle Last

but please call me...

Maiden Name (if applicable)

Who is the primary contact?

(Check One)

Home Address

Street Address

(If different than Client 1)

City, State, Zip Code

(If different than Client 1)

Communication

Home Phone (land line)

Home Cell/Mobile Phone

Home Fax

Home Email Address

Work Phone (land line)

Work Cell/Mobile Phone

Work Fax

Work Email Address

Date of Birth

mm/dd/year

mm/dd/year

Social Security Number

U.S. Citizen?

Yes No (Circle One)

Yes No (Circle One)

Marital Status

If married, wedding date:

mm/dd/year

mm/dd/year

Education Attained

HS Bachelors Masters Ph.D (Circle Highest)

HS Bachelors Masters Ph.D (Circle Highest)

Graduate of ...

Professional designations:

Are you a veteran?

Yes No (Circle One)

Yes No (Circle One)

Branch of service:

Dates of service:

mm/year to mm/year

mm/year to mm/year

Employment Information

Client 1

Client 2

Employer Name

Title/Job

Work/Office Location

City, State

City, State

Years of Service

Annual Wages/Salary

Are you eligible for a bonus?

Yes No (Circle One)

Yes No (Circle One)

Are you self-employed?

Yes No (Circle One)

Yes No (Circle One)

Do you have a side business?

Yes No (Circle One)

Yes No (Circle One)

Side Business Net Income

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

Insurance:

Client 1's Employer

Cost to You

Client 2's Employer

Cost to You

Accidental Death/Injury

Dental

Disability - short-term

Disability - long-term

Health/Medical

Life - for coverage on self

Life - for coverage on spouse

Life - for coverage on dependents

Long-Term Care

Retirement:

Pension

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

SEP/SIMPLE IRA, Keogh

Other Benefits:

ESOP/ESPP (or similar plan)

Stock Options

Health Savings Account

Medical Savings Account

Child-Care Savings Account

When is open enrollment?

Month of Year

Month of Year

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

Family Information

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

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

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

Client 1's Biological Family Background

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

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

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

Brothers: _____

Sisters: _____

Client 2's Biological Family Background

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

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

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

Brothers: _____

Sisters: _____

Family Information

Prior Family Relationships & Obligations

	Client 1		Client 2	
Has either client been married previously?	Yes	No	Yes	No
If yes, did the marriage(s) end by <u>death</u> or <u>divorce</u> ?				
Does either client <u>pay</u> alimony?	Yes	No	Yes	No
Does either client <u>receive</u> alimony?	Yes	No	Yes	No
Does either client have children from a previous marriage?	Yes	No	Yes	No
If yes, how many?				
What are their ages?				
Does either client <u>pay</u> child support?	Yes	No	Yes	No
Does either client <u>receive</u> child support?	Yes	No	Yes	No

Miscellaneous

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

If yes, please explain: _____

Do any of your children have health issues or special care needs that will impact you financially? Yes No

If yes, please explain: _____

Do you anticipate providing financial help to your parents , siblings , or grandparents at some point? Yes No

If yes, please explain: _____

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

Health Information

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

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

Biological Family's Health History

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

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

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

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

Personal Health History

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

List all that apply and when: _____

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

List all that apply and when: _____

List of Major Health Problems:

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

Personal Values

Please answer all of the questions below.

What do you like most about your job or career?

What do you like least about your job or career?

What do you look forward to about the future?

What is your biggest fear about the future?

How do you want to be remembered?

What causes are important to you?

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

Financial Values

Please answer all of the questions below.

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

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

How do those messages or lessons affect you today?

What are your major beliefs about money?

How do you feel about debt?

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

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

Financial Goals

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

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

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

Asset Summary

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

Liabilities Summary

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

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

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

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

Bank or Credit Union Account Details

Savings Accounts

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

Checking Accounts

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

Money Market Accounts

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

Certificates of Deposit - Non-Retirement

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

Certificates of Deposit - Retirement

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

Retirement Account Details

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

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

Employer Sponsored Plans:

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

Individual Retirement Arrangements (IRAs):

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

Education Account Details

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

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

Education Plans:

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

Other Investment Account Details

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

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

Brokerage/Mutual Fund Accounts:

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

Insurance Contracts:

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

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

Employer Benefits:

ESOP/ESPP Account

Health Savings Account

Stock Options (cash value if vested and exercised today)

Other

Precious Metals (i.e., physical assets)

Government Securities/Savings Bonds

Stock Certificates

Miscellaneous Asset Details

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

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

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

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

***Most Common Miscellaneous Assets**

Real Estate

- Raw land
- Real Estate or Rental property

Business Ownership

Collections

- Art, coins, stamps
- Collectibles

Cashflow Information

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

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

Cashflow Information

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

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

Risk Profile

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

1 = Most Accurate

2 = Very Accurate

3 = Fairly Accurate

4 = A Little Bit Accurate

5 = Not Accurate At All

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

Risk Profile

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

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

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

Check the one statement below that best describes you:

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

Check the one statement below that best describes you:

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

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

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

Investment Planning

Please answer all of the questions below.

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

Please provide further details. _____

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

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

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

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

How do you arrive at investment decisions? _____

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

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

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

If yes, please specify: _____

What is your attitude toward investment risk? _____

Retirement Planning

Please answer all of the questions below.

Healthcare

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

Medicare
Former Employer
Current Employer

Purchase Own Policy
Health Savings Account
Out-of-Pocket

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

Medicare
Former Employer
Current Employer

Purchase Own Policy
Health Savings Account
Out-of-Pocket

Activities & Quality of Life

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

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

Prioritizing Your Options

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

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

Employer Sponsored Retirement Plans

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

How does any employer matching contribution work? _____

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

How does any employer matching contribution work? _____

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

Education Planning

Please answer all of the questions below.

Primary and Secondary Education

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

If yes, for which dependents? _____

What is the expected cost each year? \$ _____

Higher Education

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

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

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

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

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

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

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

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

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

Insurance Information

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

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

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

MISCELLANEOUS

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

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

Estate Planning Information

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

Lifestyle

If Client 1 dies first:

What lifestyle changes would Client 2 need to make? _____

What debts would you want to have paid off? _____

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

If Client 2 dies first:

What lifestyle changes would Client 1 need to make? _____

What debts would you want to have paid off? _____

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

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

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

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

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

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