



Fact Finder

Client Name

Spouse Name

Advisor Name

Date

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Family Information

The Fact Finder will assist you in gathering your client's personal and financial information.

Client

Name (First/Last)			
Address Line 1:			
Address Line 2:			
City:		State:	
Zip:			
Date of Birth:		Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Marital Status: <i>(single, married, separated, divorced, domestic partnership, widow, widower)</i>		Previous Marriages?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Citizenship: <i>(U.S. Citizen, Resident Alien, Non-Resident Alien)</i>			
Tax Mode: <i>(Form 1040, Flat Tax)</i>			
Flat Tax Rate:			
# of Tax Exemptions:			
Core Cash Account Growth Rate:			
Home Phone:			
Cell Phone:			
Spouse Cell Phone:			
Fax:			
E-mail:			

Spouse

Name (First/Last)			
Date of Birth:		Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
		Previous Marriages?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Citizenship: <i>(U.S. Citizen, Resident Alien, Non-Resident Alien)</i>			

Employment – Client

Employer Name			
Employer Address Line 1:			
Employer Address Line 2:			
City:		State:	
Zip:			
Work Phone:			
Work Fax:			
Work Email Address:			
Title/Position:			
Years Employed:			
Previous Employer:			

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Family Information

Previous Title/Position:	
Years Employed (Previous):	

Employment – Spouse

Employer Name			
Employer Address Line 1:			
Employer Address Line 2:			
City:		State:	
Zip:			
Work Phone:			
Work Fax:			
Work Email Address:			
Title/Position:			
Years Employed:			
Previous Employer:			
Previous Title/Position:			
Years Employed (Previous):			

Children

First Name	Last Name	Date of Birth	Gender	Special Needs? (Yes / No)	Marital Status (single, married, separated, divorced, domestic partnership, widow, widower)	From Previous Marriage? (Yes / No)	Citizenship (U.S. Citizen, Resident Alien, Non-Resident Alien)	Flat Tax Rate	Core Cash Account Growth Rate

Grandchildren

First Name	Last Name	Date of Birth	Gender	Special Needs? (Yes / No)	Marital Status (single, married, separated, divorced, domestic partnership, widow, widower)	Citizenship (U.S. Citizen, Resident Alien, Non-Resident Alien)	Flat Tax Rate	Core Cash Account Growth Rate

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Assumptions

Model Portfolios

Provide the following Growth Rate

Model Portfolio	Client Growth Rate:	Default Growth Rate:
Inflation:		
Income with Capital Preservation:		
Income with Moderate Growth:		
Growth with Income:		
Growth:		
Aggressive Growth:		

Miscellaneous

Retirement and Death

	Client		Spouse
Semi-Retirement Age:		Semi-Retirement Age:	
Retirement Age:		Retirement Age:	
Advanced Age:		Advanced Age:	
Assumed age of Death:		Assumed age of Death:	
Probate Rate:		Probate Rate:	
Final Expenses:		Final Expenses:	

Illustrate Reports With Split Death? (Yes / No):	
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Tax Rates

Tax Laws

Estate Tax Law:	Sunset Provision <input type="checkbox"/>	Fixed at 2009 Levels <input type="checkbox"/>
Income Tax Law:	Sunset Provision <input type="checkbox"/>	Fixed at 2010 Levels <input type="checkbox"/>

State and Local Taxes

State Income Tax Rate:		%
Local Tax Rate:		%
Use State Death Tax Schedule? (Yes, No):		
Client's State Death Tax Rate:		%
Spouse's State Death Tax Rate:		%
Additional State Death Tax Amount:		
State Death Tax Exemption Amount:		

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Assumptions

Other Rates

Heirs Income Tax Rate (IRD):		%
IRC Sec. 7520:		%
Present Value Discount		%
Default Income Tax Rate for Entities:		%

Intestacy

Is State of Residence a Community Property State? <i>(Yes, No)</i> :		
Percent of Estate to Spouse:		%
1st Dollar Amount of Estate to Spouse:		
Percent of Community Property to Spouse:		%

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Property

Real Estate

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Address 1:				
Address 2:				
City:				
State:				
Zip:				
Property Type: <i>(Residence, Non-Residence)</i>				
Purchase Year:				
Purchase Amount:				
Current Value:				
Tax Basis:				
Pre-Retire Gross Growth:				
Post-Retire Gross Growth:				
Owner: <i>(Client, Spouse, Joint, etc.)</i>				

Mortgages

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Mortgage Name:				
Institution Name:				
Institution Website Address:				
Loan Type <i>(Mortgage, Home Equity Loan):</i>				
Property Name:				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
as of Date <i>(Current Balance):</i>				
Interest Rate:				
Loan Term (Years):				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually):</i>				
Repayment Type <i>(Principal and Interest, Interest Only):</i>				
Payment:				
Balloon Period (years):				
Is Interest Deductible? <i>(Yes / No)</i>				

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Investments

Investments: Taxable

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Current Value:					
Tax Basis:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Realization Model: <i>(By Portfolio/Growth Rate, Tax-Free Income, Income Only, Enhanced Income, Growth & Income, Growth, Aggressive)</i>					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					
% is Qualified Dividends:					
% is Investment Income subject to Ordinary Income Tax:					
% is Capital Gains (short or long term):					
% is Non-Taxable:					
% Turned over Annually:					
% Distributed Annually:					

Investments: Cash

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Asset Type <i>(Cash, CDs, T-Bills, Checking, Savings, Money Market, Cash Management Account)</i>					
Current Value:					
Tax Basis:					
Pre-Retire Gross Growth:					

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Investments

	(1)	(2)	(3)	(4)	(5)
Post-Retire Gross Growth:					
Is this Asset Tax Free? <i>(Yes / No):</i>					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					

Investments: Qualified Retirement

(401(k), IRA, Money Purchase, Profit Sharing, 403(b), Pension, SEP, Other)

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Type <i>(401(k), IRA, Money Purchase, Profit Sharing, 403(b), Pension, SEP, Other)</i>					
Current Value:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Owner: <i>(Client, Spouse)</i>					
Beneficiary:					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					
Contributions based on <i>(All Earned Income, Client/Spouse Salary, etc.):</i>					

Employee Contributions (For 401(k) or 403(b))

Type: <i>(None, Percent of Salary, Fixed Amount, Maximum)</i>	
Percent:	
Annual Dollar Amount:	

Employer Contributions (For 401(k), Money Purchase, Profit Sharing, 403(b), or SEP)

Type: <i>(None, Percent of Salary, Match Percent, Fixed Amount, Maximum)</i>	
Employer Percent Match of Employee Contribution:	
Maximum Employer Contribution Percent of Employee Salary:	
Annual Dollar Amount:	

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Investments

Investments: Roth IRAs

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Current Value:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Owner: <i>(Client, Spouse)</i>					
Beneficiary:					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					

Investments: 529 Plans

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Current Value:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Grantor:					
Beneficiary:					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					

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Investments

Stock Options / Grants

Asset Name:	Institution Name	Institution Website Address	Ticker Symbol	Current Stock Price	Growth Rate	Vest at Death? <small>(Yes / No)</small>	Owner	Cash Account	Exclude from Planning? <small>(Yes / No)</small>

Strategy ISO NQ Restricted Shares

Buy Strategy:

As soon as possible			
As late as possible			

Sell Strategy

As soon as possible			
As soon as possible, as qualified			
Hold # of years:			
Never:			

Grants

	(1)	(2)	(3)	(4)	(5)
Grant Number:					
Grant Date:					
Grant Type <small>(NQ, ISO, DQ, Restricted, Restricted 83(b))</small> :					
Shares Granted:					
Exercise Price:					
Exercise Price Discount:					
FMV at Purchase <small>(Restricted / Restricted, 83(b) only)</small>					
First Vest Date:					
Vesting Frequency <small>(Monthly, Quarterly, Semi-Annually, Annually)</small>					
Vesting Periods:					
Expiration Date:					
Shares Sold:					

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Investments

Option Lots (1)

	(1)	(2)	(3)	(4)	(5)
Date Purchased:					
Shares Purchased:					
FMV per share at Purchase:					
Shares Sold? (Yes/No):					
Sale Price:					
Date Sold:					

Option Lots (2)

	(1)	(2)	(3)	(4)	(5)
Date Purchased:					
Shares Purchased:					
FMV per share at Purchase:					
Shares Sold? (Yes/No):					
Sale Price:					
Date Sold:					

Option Lots (3)

	(1)	(2)	(3)	(4)	(5)
Date Purchased:					
Shares Purchased:					
FMV per share at Purchase:					
Shares Sold? (Yes/No):					
Sale Price:					
Date Sold:					

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Investments

Investments: Annuities

Fixed / Variable

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website:					
Asset Type <i>(Fixed / Variable)</i> :					
Type of Funds <i>(Qualified, NQ, Tax Free)</i> :					
Current Value:					
Tax Basis:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
Beneficiary:					
Payout Begins <i>(Retirement, at Death, Calendar Year, etc.)</i> :					
Based on the Lifetime of <i>(Client, Spouse, Survivorship)</i> :					
Guaranteed Years of Payout:					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					

Investments: Deferred Compensation

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Current Value:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Owner: <i>(Client, Spouse)</i>					
Beneficiary:					
Under Our Management?: <i>(Yes / No)</i>					

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Business Interests

	(1)	(2)	(3)
Business Name:			
Base Value:			
Pre-Retire Gross Growth:			
Post-Retire Gross Growth:			
Tax Basis:			
Owner: <i>(Client, Spouse, Joint, etc.)</i>			
Business Type <i>(Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp):</i>			
Income Distribution <i>(None, Fixed Amount, Income):</i>			
Distribution Amount:			
Distribution (% of Income):			
Related Questions			
Client active in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse active in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
# of Children Active in the Business:			
Future Plans for Business <i>(Retain with Family, Sell to Employees, Sell to 3rd Party, Liquidate, Unsure)</i>			
Relatives active in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shareholder, Partnership or Operating Agreement?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does current agreement permit gifting?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Buy / Sell Agreement among owners?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Buy / Sell Agreement funded with life insurance?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much coverage <i>(If applicable):</i>			

Business Interests – Notes:

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Insurance

Life Insurance

	(1)	(2)	(3)	(4)
Policy Name:				
Policy Number:				
Institution Name:				
Institution Website Address:				
Purchase Date:				
Policy Type <i>(Whole Life, VWL, Term, UL, VUL, Group, Other):</i>				
Term Ends at Retirement <i>(Group Life Only) (Yes / No):</i>				
Term (years) <i>(Term Life Only):</i>				
Insured <i>(Client, Spouse, Survivorship etc.):</i>				
Owner <i>(Client, Spouse, Joint, etc.):</i>				
Beneficiary <i>(Client, Spouse, Survivorship, etc.):</i>				
Under Our Management?: <i>(Yes / No)</i>				
Exclude from Planning?: <i>(Yes / No)</i>				
Current Death Benefit:				
Current Cash Value:				
Basis:				
Cash Value Growth Rate:				
Annual Premium:				
Premium Term <i>(Years):</i>				
Premium Payer <i>(Client, Spouse, Joint, etc.):</i>				
Exclusion Amount:				
Proceeds Reinvested at:				
Proceeds Realization Model:				

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Insurance

Long Term Care

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Institution Name:			
Institution Website Address:			
Purchase Date:			
Insured <i>(Client, Spouse, Joint)</i> :			
Benefit Amount:			
Period for Benefit Amount <i>(Annually, Quarterly, Monthly, Weekly, Daily)</i> :			
Owner <i>(Client, Spouse, Joint)</i> :			
Annual Premium:			
Premium Term (Years):			
Premium Payer <i>(Client, Spouse, Joint)</i> :			
Elimination Period <i>(0,20, 30, 45, 50, 60, 90, 100, 120, 180 Days, 1 Year)</i> :			
Benefit Period <i>(2, 3, 4, 5, 6, 7, 10 Years, Lifetime)</i> :			
COLA % <i>(No Growth, Inflation, Custom)</i> :			
Benefit is Taxable? (Yes / No):			

Disability

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Institution Name:			
Institution Website Address:			
Purchase Date:			
Policy Type <i>(Group Short Term, Group Long Term, Personal Short Term, Personal Long Term, Other)</i> :			
Term Ends at Retirement <i>(Yes / No)</i> :			
Insured <i>(Client, Spouse)</i> :			
Benefit Type <i>(Fixed Amount, Percent Of Salary)</i> :			
Benefit Amount:			
Period for Benefit Amount <i>(Annually, Quarterly, Monthly, Weekly, Daily)</i> :			
Benefit Percent:			
Reduce by Social Security Disability <i>(Yes / No)</i> :			

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Insurance

	(1)	(2)	(3)
Owner <i>(Client, Spouse, Joint)</i> :			
Annual Premium:			
Premium Term <i>(Years)</i> :			
Premium Payer <i>(Client, Spouse, Joint)</i> :			
Elimination Period <i>(0, 7, 14, 30, 60, 90, 180 Days, 1 Year, 2 Years)</i> :			
Benefit Period <i>(90, 180 Days, # Years, Age, Life)</i> :			
COLA <i>(No Growth, Inflation, Custom)</i> :			
Own Occupation <i>(Yes / No)</i> :			
Benefit is Taxable? <i>(Yes / No)</i> :			

Business Disability

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Institution Name:			
Institution Website Address:			
Purchase Date:			
Business:			
Policy Type <i>(Overhead Expense, Business Reducing Term, Disability Buy-Out)</i> :			
Term Ends at Retirement <i>(Yes / No)</i> :			
Insured <i>(Client, Spouse)</i> :			
Benefit Amount:			
Period for Benefit Amount <i>(Annually, Quarterly, Monthly, Weekly, Daily)</i> :			
Lump Sum Benefit (DBO Only):			
Owner <i>(Client, Spouse, Joint)</i> :			
Annual Premium:			
Premium Term <i>(Years)</i> :			
Premium Payer <i>(Client, Spouse, Joint)</i> :			
Elimination Period <i>(30, 60, 90, 360, 540, 720 Days)</i> :			
Benefit Period <i>(1, 2, 3, 12, 24, 35 Months)</i> :			
COLA <i>(No Growth, Inflation, Custom)</i> :			
Benefit is Taxable? <i>(Yes / No)</i> :			

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Insurance

Property/Casualty

	(1)	(2)	(3)
Policy Name:			
Institution Name:			
Institution Website Address:			
Policy Type (Auto, Homeowners, Umbrella, Flood, Rental, Condo, Boat, Other):			
Policy Number:			
Purchase Date:			
Renewal Date:			
Annual Premium:			
Indexed at (No Growth, Inflation, etc.):			
Premium Term (Years):			
Insured Asset:			
Owner (Client, Spouse, Joint, Default Charity, etc.):			

Medical

	(1)	(2)	(3)
Policy Name:			
Institution Name:			
Institution Website Address:			
Group Health Plan Sponsor:			
Policy Number:			
Policy Type (Primary, Other):			
Purchase Date:			
Plan Type (Individual, Family):			
Deductible Amount:			
Annual Premium:			
Indexed at (No Growth, Inflation, etc.):			
Premium Term (Years):			
Owner (Client, Spouse, Joint, Default Charity, etc.):			

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Liabilities

Mortgages

.....see Property → Real Estate

Loans

	(1)	(2)	(3)	(4)
Loan Name:				
Institution Name:				
Institution Website Address:				
Loan Type <i>(Auto, Personal, Business, LOC, Student Loan, Credit Card, Debt Consolidation, Other)</i>				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
Balance as of date:				
Owner <i>(Client, Spouse, Joint, etc.)</i> :				
Interest Rate:				
Number of Payments:				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually)</i> :				
Repayment Type <i>(Principal and Interest, Interest Only)</i> :				
Payment:				
Balloon Period (years):				
Interest Deductible? <i>(Yes / No)</i> :				
Loan Collateralized? <i>(Yes / No)</i> :				
Paid off at Death of <i>(Client, Spouse, First to Die)</i> :				

Liabilities - Notes:

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Income

Salary & Bonus

	(1)	(2)	(3)	(4)
Salary / Bonus Name:				
Annual Amount:				
Indexed at <i>(No Growth, Inflation, etc.)</i> :				
Start Indexing <i>(Immediately, At Start Year)</i> :				
Owner <i>(Client, Spouse, Joint)</i> :				
Destination Account:				
Guaranteed? <i>(Yes / No)</i> :				
Starts <i>(Retirement, at Death, Calendar Year, etc.)</i> :				
Ends <i>(Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration)</i> :				

Social Security

	Client	Spouse
Benefit Is <i>(Not Included (No benefits), Estimated from Income, Man ually Specified)</i> :		
Benefit Begins at Age:		
Indexed at <i>(No Growth, Inflation, etc.)</i> :		
Start Indexing <i>(Immediately, At Start Year)</i> :		
Annual Retirement Benefit:		
Annual Disability Benefit:		
Annual Surviving Child Benefit:		
Years Employed:		
Last Year Employed:		
Highest Salary Earned:		

Deferred Income

	(1)	(2)	(3)	(4)
Deferred Income Name:				
Type <i>(Pension, Deferred Comp, Other Deferred)</i> :				
Annual Amount:				
Indexed at <i>(No Growth, Inflation, etc.)</i> :				
Start Indexing <i>(Immediately, At Start Year)</i> :				
Owner <i>(Client, Spouse, Joint)</i> :				

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Income

	(1)	(2)	(3)	(4)
Destination Account:				
Non-Taxable? (Yes/No):				
Starts (Retirement, at Death, Calendar Year, etc.):				
Ends (Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration.):				

Immediate Annuities

	(1)	(2)	(3)	(4)
Immediate Annuity Name:				
Annual Payments:				
Exclusion Ratio:				
Basis:				
Owner (Client, Spouse, Joint, etc.):				
Destination Account:				
Purchase Date:				
Based on Lifetime Of (Client, Spouse, Survivorship):				
Guaranteed Years of Payout:				

Other Income

	(1)	(2)	(3)	(4)
Other Income Name:				
Type (Business Distribution, Partnership Distribution, Real Estate, Trust, Other):				
Tax Treatment (Earned Income, Capital Gains, Qualified Dividends, Investment Ordinary Income, Non-Taxable):				
Annual Amount:				
Indexed at (No Growth, Inflation, etc.):				
Start Indexing (Immediately, At Start Year):				
Owner (Client, Spouse, Joint, etc.):				
Destination Account:				
Guaranteed? (Yes/No):				
Starts (Retirement, at Death, Calendar Year, etc.):				
Ends (Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration.):				

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Expenses

Living Expenses

Current Expenses:	
Semi-Retirement Expenses:	
Retirement Expenses:	
Advanced Years Expenses:	
Add Liabilities to Expenses? <i>(Liabilities Already Included in Expenses, Automatically Add Liabilities to Expenses)</i> :	

Living Expense in Event of Death:

Client's Death:	
Spouse's Death:	

Expense Items Will Grow at <i>(No Growth, Inflation, etc.)</i> :	
--	--

- or -

Living Expenses – Worksheet

Description	Type <i>(Basic, Medical, Property Taxes, Discretionary, etc.)</i>	Required? <i>(Yes / No)</i>	Current Amount	Semi-Retirement Amount	Retirement Amount	Advanced Years Amount	Custom Growth Rate

Living Expenses - Liquidation Priority

Asset Name	Current Priority	Semi-Retirement Priority	Retirement Priority	Advanced Years Priority

(Priorities can be set for each time period listed. The default priority for each asset will be 1 (highest priority). To prevent an asset from being liquidated, enter an "x" in the Priority box provided.)

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Expenses

Education

Expense Name	Education For	Annual Amount	Indexed At <small>(No Growth, Inflation, Other)</small>	Start Indexing <small>(Immediately, At Start Year)</small>	Starts	Ends	Occurs Every x Years	Treat as <small>(Planned Expense or Goal to Save For)</small>

Education - Worksheet

State	University / Institution Name	Annual Tuition Expense	Annual Book Expense	Annual Room & Board Expense	Other Annual Expenses

Education - Liquidation Priority

Asset Name	Priority

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Buy/Sell Transactions

Buy / Sell Transactions

	(1)	(2)	(3)	(4)
Transaction Name:				
OCCURS (Calendar Year, Client or Spouse Age, Client or Spouse Retirement, Client or Spouse Death, At First Death):				

Assets to Sell:

	(1)	(2)	(3)	(4)
Asset Being Sold:				
Percent of Asset to Sell (Must be 100% for Real Estate):				
Sell Asset for (Projected Amount, Specific Amount):				
Sale Price:				
Tax Basis:				
Qualifies for Home Sale Gain Exclusion? (Complete for Real Estate):				
Variable Transaction Costs % of Sale Price:				
Fixed Transaction Costs:				
Index Price & Costs at:				

Assets to Buy / Loans (Real Estate):

Details	(1)	(2)	(3)	(4)
Property Name:				
Property Type (Residence, Non-residence):				
Current Value:				
Pre-Retire Gross Growth:				
Post Retire Gross Growth:				
Owner (Client, Spouse, Joint, etc.):				
State:				

Costs	(1)	(2)	(3)	(4)
Variable Transaction Costs % of Purchase Price:				
Fixed Transaction Costs:				
Index Purchase Price & Costs at:				

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Buy/Sell Transactions

Assets to Buy / Loans (Personal Property):

Details	(1)	(2)	(3)	(4)
Asset Name:				
Current Value:				
Pre-Retire Gross Growth:				
Post Retire Gross Growth:				
Owner <i>(Client, Spouse, Joint, etc.)</i> :				

Costs	(1)	(2)	(3)	(4)
Variable Transaction Costs % of Purchase Price:				
Fixed Transaction Costs:				
Index Purchase Price & Costs at:				

Assets to Buy / Loans (Business):

Details	(1)	(2)	(3)	(4)
Business Name:				
Base Value:				
Pre-Retire Gross Growth:				
Post Retire Gross Growth:				
Tax Basis:				
Owner:				
Business Type <i>(Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp)</i> :				
Income Distribution <i>(Fixed Amount, Income)</i> :				
Distribution Amount:				
Distribution (% of Income):				

Costs	(1)	(2)	(3)	(4)
Variable Transaction Costs % of Purchase Price:				
Fixed Transaction Costs:				
Index Purchase Price & Costs at:				

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Buy/Sell Transactions

Assets to Buy / Loans (Note Receivable):

	(1)	(2)	(3)	(4)
Note Name:				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
Current Tax Basis:				
Balance as of Date:				
Owner (Client, Spouse, Joint, etc.):				
Interest Rate:				
Number of Payments:				
Payment Frequency (Monthly, Quarterly, Semi-Annually, Annually):				
Repayment Type (Principal and Interest, Interest Only with Balloon):				
Estimated Payment:				

Assets to Buy / Loans (Mortgages):

Details	(1)	(2)	(3)	(4)
Mortgage Name:				
Institution Name:				
Institution Website Address:				
Loan Type (Mortgage, Home Equity Loan):				
Property Name:				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
Balance as of Date:				
Interest Rate:				
Loan Term (years):				
Balloon Period (years):				
Estimated Balloon Payment:				
Payment Frequency (Monthly, Quarterly, Semi-Annually, Annually):				
Repayment Type (Principal and Interest, Interest Only):				
Payment:				
Is Interest Deductible? (Yes, No):				
Insured for Life? (Yes, No):				

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Buy/Sell Transactions

Details	(1)	(2)	(3)	(4)
Paid at Death of? <i>(Client, Spouse, First to Die)</i> :				

Costs	(1)	(2)	(3)	(4)
Variable Transaction Costs % of Purchase Price:				
Fixed Transaction Costs:				
Index Purchase Price & Costs at:				

Assets to Buy / Loans (Loans):

Details	(1)	(2)	(3)	(4)
Loan Name:				
Institution Name:				
Institution Website Address:				
Loan Type <i>(Automobile, Personal, Business, Line of Credit, Student Loan, Credit Card, Debt Consolidation, Other)</i> :				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
Balance as of Date:				
Owner <i>(Client, Spouse, Joint, etc.)</i> :				
Interest Rate:				
Number of Payments:				
Balloon Period (years):				
Estimated Balloon Payment:				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually)</i> :				
Repayment Type <i>(Principal and Interest, Interest Only)</i> :				
Payment:				
Is Interest Deductible? <i>(Yes, No)</i> :				
Is Loan Collateralized? <i>(Yes, No)</i> :				
Paid at Death of? <i>(Client, Spouse, First to Die)</i> :				

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Buy/Sell Transactions

Costs	(1)	(2)	(3)	(4)
Variable Transaction Costs % of Purchase Price:				
Fixed Transaction Costs:				
Index Purchase Price & Costs at:				

Deficit Account:

	(1)	(2)	(3)	(4)
In the event of a shortage of funding , draw additional funds from:				

Surplus Account:

	(1)	(2)	(3)	(4)
In the event of an excess of funding , deposit excess funds into:				

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Trusts and Partnerships

Trusts & Partnerships

QTIPs

	(1)	(2)	(3)	(4)
QTIP Name:				
Date Established:				
Current Value:				
Grantor <i>(Client, Spouse)</i> :				
Income Beneficiary:				
Remainder Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Default Investment Rate <i>(Inflation, etc.)</i> :				
Assets Owned:				

ILITs

	(1)	(2)	(3)	(4)
ILIT Name:				
Date Established:				
Payout Type <i>(None, Fixed Amount, Percentage, Income)</i> :				
Annuity Amount:				
Payout Rate:				
Current Value:				
Income Beneficiary <i>(Client, Spouse, Children, Grandchildren, Charity, etc.)</i> :				
Remainder Beneficiary <i>(Client, Spouse, Children, Grandchildren, Charity, etc.)</i> :				
Term (Years):				
Term expires at Death of <i>(Client, Spouse, Last to Die)</i> :				
Assets Owned:				

FLPs

	(1)	(2)	(3)	(4)
FLP Name:				
Date Established:				
Current Value:				
Owner:				
Discount %:				

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Trusts and Partnerships

	(1)	(2)	(3)	(4)
Default Investment Rate <i>(Inflation, etc.)</i> :				
Payout Type <i>(None, Fixed Amount, Percentage, Income)</i> :				
Annuity Amount:				
Payout Rate:				
Starts <i>(Retirement, at Death, Calendar Year, etc.)</i> :				
Ends <i>(Retirement, at Death, Calendar Year, etc.)</i> :				
Assets Owned:				

QPRTs

	(1)	(2)	(3)	(4)
QPRT Name:				
Residence:				
Date Established:				
Retained Interest:				
Remainder Interest:				
Grantor <i>(Client, Spouse, Joint)</i> :				
Remainder Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Term (Years):				
With Reversion <i>(Yes / No)</i> :				
Override IRC Rate:				

GRTs

	(1)	(2)	(3)	(4)
GRT Name:				
Date Established:				
Payout Type <i>(Fixed Amount, Percentage)</i> :				
Annuity Amount:				
Payout Rate:				
Current Value:				
Income Interest:				
Remainder Interest:				
Grantor <i>(Client, Spouse, Joint)</i> :				
Income Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				

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Trusts and Partnerships

	(1)	(2)	(3)	(4)
Remainder Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Term (Maximum Years):				
Term expires at death of <i>(Client, Spouse, Last to Die)</i> :				
With Reversion <i>(Yes / No)</i> :				
Default Investment Rate <i>(Inflation, etc.)</i> :				
Override IRC Rate:				
Assets Owned:				

IDGTs

	(1)	(2)	(3)	(4)
IDGT Name:				
Date Established:				
Current Value:				
Income Beneficiary <i>(Client, Spouse, Children, Grandchildren, Charity, etc.)</i> :				
Remainder Beneficiary <i>(Client, Spouse, Children, Grandchildren, Charity, etc.)</i> :				
Term <i>(Years)</i> :				
Term expires at death of <i>(Client, Spouse, Last to Die)</i> :				
Default Investment Rate <i>(Inflation, etc.)</i> :				
Payout Type <i>(None, Fixed Amount, Percentage, Income)</i> :				
Annuity Amount:				
Payout Rate:				
Starts <i>(Retirement, at Death, Calendar Year, etc.)</i> :				
Ends <i>(Retirement, at Death, Calendar Year, etc.)</i> :				
Assets Owned:				

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Trusts and Partnerships

CRTs / CLTs

	(1)	(2)	(3)	(4)
CRT / CLT Name:				
Date Established:				
Payout Type <i>(Fixed Amount, Percentage)</i> :				
Annuity Amount:				
Payout Rate:				
Current Value:				
Income Interest:				
Remainder Interest:				
Grantor <i>(Client, Spouse, Joint)</i> :				
Income Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Remainder Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Term (Maximum Years):				
Term expires at death of <i>(Client, Spouse, Last to Die)</i> :				
Default Investment Rate <i>(Inflation, etc.)</i> :				
Override IRC Rate:				
Assets Owned:				

CSTs

	Client	Spouse
CST Name:		
Income Beneficiary <i>(Client, Spouse, etc.)</i> :		
Remainder Beneficiary <i>(Client, Spouse, etc.)</i> :		
Term (years):		
Term expires at death of <i>(Client, Spouse, Last to Die)</i> :		
Default Investment Rate <i>(Inflation, etc.)</i> :		
Payout Type <i>(Fixed Amount, Percentage)</i> :		
Annuity Amount:		
Payout Rate:		

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Trusts and Partnerships

Revocable Trusts

	(1)	(2)	(3)	(4)
Revocable Trust Name:				
Date Established:				
Current Value:				
Grantor <i>(Client, Spouse, Joint)</i> :				
Assets Owned:				

Irrevocable Trusts

	(1)	(2)	(3)	(4)
Irrevocable Trust Name:				
Date Established:				
Current Value:				
Income Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Remainder Beneficiary <i>(Children, Grandchildren, Charity, etc.)</i> :				
Term (Years):				
Term expires at Death of <i>(Client, Spouse, Last to Die)</i> :				
Default Investment Rate <i>(Inflation, etc.)</i> :				
Override IRC Rate:				
Payout Type <i>(None, Fixed Amount, Percentage, Income)</i> :				
Annuity Amount:				
Payout Rate:				
Starts <i>(Retirement, at Death, Calendar Year, etc.)</i> :				
Ends <i>(Retirement, at Death, Calendar Year, etc.)</i> :				
Assets Owned:				

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Wills and Gifting

Wills

	Client	Spouse
Transfer Assets to Revocable Trust to Avoid Probate:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exclude Beneficiary Transfers from Unified Credit:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Bequests

	(1)	(2)	(3)	(4)	(5)
Bequest Name:					
Give (dollar amount or %):					
Of (Asset Name or Remaining Estate Value):					
Execute this bequest (Always, If Spouse Survives, If Spouse Predeceases):					
Distribute Evenly Among All Recipients (checked, unchecked):					
Recipient(s):					
Recipient Percent(ages):					

Past Gifting

	Client	Spouse
Post-1976 Taxable Gifts:		
Federal Gift Tax Paid on post-1976 Taxable Gifts:		

Planned Gifts

	(1)	(2)	(3)	(4)	(5)
Planned Gift Name:					
Type (Dollar Amount or Percent of Asset)					
Dollar Amount or Percent					
Gift Funded by:					
Indexed (No Growth, Inflation, Other)					
Recipient:					
Exclusion Amount:					
Starts (Retirement, at Death, Calendar Year, etc.):					
Ends (Retirement, at Death, Calendar Year, etc.):					

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Objectives

Retirement/ Investment

Rate the importance of each item according to the following scale:

	Low	Med	High
Your retirement goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having all of your portfolios consolidated and analyzed to make sure your overall plan is on track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matching your risk tolerance to that of your investment portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against that of an index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against your plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative retirement methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing the taxes on your investment accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing techniques to save income tax and estate taxes on deferred money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asset protection in the result of serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting assets in the event that you require long term care in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving adequate income in the event of disability during your working years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your spouse in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generating a guaranteed retirement income stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your children in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estate

Rate the importance of each item according to the following scale:

	Low	Med	High
Distributing assets equally to your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your assets transferred to your children from creditors, divorce, and bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your insurance portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing different methods of meeting your estate tax liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable planning to your estate's planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing annually to charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifting to your children if it doesn't interfere with your financial independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for your grandchildren's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your current will structure to eliminate unnecessary taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your residence and/or vacation home from estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your estate in trust for your spouse in order to protect your children's inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Objectives

Business

Rate the importance of each item according to the following scale:

	Low	Med	High
Maintaining control of your business throughout your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eliminating the need to liquidate your business to pay estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner where it is sold to key employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a business planning concept to help you sell your business to key employees in an efficient manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing incentives to your key employees with non-stock compensation alternatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your key employees own stock in your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your business from the death of a key employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your key employees and their families from serious illness and disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your company from serious illness and disability of your employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key employees to the continued success of your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner that maintains family ownership and control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining family harmony after your estate has been settled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your spouse take an active/ownership role in the business plan after you pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a business planning concept that shows you how to gift/sell/bequest your business to your children/heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equalizing the inheritance for your children not active in the business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaving the business only to active children/heirs versus all children/heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your children/heirs active in the business with regards to the future success of your business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner where it is sold to a third party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your business' property and casualty coverages every two years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative sources for your existing line of credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing the efficiency of your existing long term debt structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying out a partner's interest in the event of his or her death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Defined

Rate the importance of each item according to the following scale:

	Low	Med	High
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Risk Tolerance Questionnaire

Investment Time Horizon

1. What is your age?

- 56 and over
- 46 - 55
- 36 - 45
- 20 - 35

2. What is your primary financial goal?

- Wealth preservation
- Retirement planning
- Wealth accumulation

3. What is the time frame for you to achieve your financial goals?

- 0 – 5 years
- 5 – 10 years
- 10 years or longer

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Risk Tolerance Questionnaire

Financial Goals

1. Which of the following best describes your financial goals?

- Preserving principal and earning a moderate amount of current income
- Generating a high amount of current income
- Generating some current income and growing assets over an extended time frame
- Growing assets substantially over an extended time frame

2. How do you expect your standard of living five years from now to compare to your standard of living today?

- Less than it is today
- The same as it is today
- Somewhat higher than it is today
- Substantially greater than it is today

3. Five years from today, you expect your portfolio value to be:

- Portfolio value is not my primary concern; I am more concerned with current income
- The same as or slightly more than it is today
- Greater than it is today
- Substantially greater than it is today

4. Generating current income from your portfolio is:

- A primary concern (only if you are about to retire)
- Not important

5. With the income generated from your portfolio, you plan to:

- Use it for living expenses
- Use some and reinvest some
- Reinvest all income

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Risk Tolerance Questionnaire

Risk Tolerance

1. You have just received a windfall of \$50,000. How would you invest it?

- I would invest in something that offered moderate current income and was very conservative
- I would invest in something that offered high current income with a moderate amount of risk
- I would invest in something that offered high total return (current income plus capital appreciation) with a moderately high amount of risk
- I would invest in something that offered substantial capital appreciation even though it has a high amount of risk

2. Which of the following statements would best describe your reaction if the value of your portfolio were to suddenly decline by 15%?

- I would be very concerned because I cannot accept fluctuations in the value of my portfolio
- If the amount of income I receive was unaffected, it would not bother me
- Although I invest for long-term growth, I would be concerned about even a temporary decline
- Because I invest for long-term growth, I would accept temporary fluctuations due to market influences

3. Which of the following investments would you feel most comfortable owning?

- Certificates of deposit
- U.S. Government securities
- Blue-chip stocks
- Stocks of new growth companies

4. Which of the following investments would you least like to own?

- Stocks of new growth companies
- Blue-chip stocks
- U.S. Government securities
- Certificates of deposit

5. Which of the following investments do you feel are the most ideal for your portfolio?

- Certificates of deposit
- U.S. Government securities
- Blue-chip stocks
- Stocks of new growth companies

Projections are based on assumptions provided by the advisor/representative, and are not guaranteed. Actual results will vary, perhaps to a significant degree. The projected reports are hypothetical in nature and for illustrative purposes only. Consult your tax and/or legal advisor before implementing any tax or legal strategies.

