

Coordinated Personal Financial Planning...

# FPAI

FINANCIAL PLANNING ASSOCIATES, INC

Carl D., Goodin, President

## Data Survey

Client Name:

Client Name:

Referred by:

Date of initial meeting:

Date of 1<sup>st</sup> planning meeting:

Date of 2<sup>nd</sup> planning meeting:

Date of 3<sup>rd</sup> planning meeting:



# Overview

This *Data Survey* is designed to help you gather the required information for your customized financial plan.

Please bring the source documents listed below, or photocopies of them to your planning meetings.

- Most recent statements from trust companies, brokers, investment companies, and banks. Cost basis information regarding your investment assets. Information concerning your business activities and assets, and direct participation programs. Information concerning minor children's assets.
- Mortgage and other loan information, including mortgage loan origination documents. Cost basis information regarding your home(s).
- Personal financial statement and spending plan, if available.
- All insurance policies, including disability income, long-term care, life, health/medical, homeowners, auto, personal liability, etc. Information regarding any activities, which could give rise to personal liability.
- Employee benefit information including booklets, statements, W-2 forms last tax year, TWO most recent pay stubs, and other information.
- Tax returns (Federal, State, Gift/Estate) for the most recent three years, plus current year expected information.
- Latest wills, powers of attorney, trust documents, divorce decrees/separation agreements, pre/post-nuptial agreements, and other estate planning information.
- Other relevant documentation

## What are your prioritized financial objectives?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## What are the problems?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## ***Additional Estate Planning Information...***

At client's death as of today what estate distribution is intended?

At spouse's death as of today what estate distribution is intended?

In the event of a surviving spouse's remarriage, is it important to guarantee that your children/grandchildren will not split the estate with a second husband/wife?

yes no

How important is it that you maximize the estate distributed to your heirs by minimizing the amount of death taxes paid?

very important moderately important not important

Generally, estate taxes must be paid in cash within nine months of date of death. Are there any assets, which you would not want to be sold in order to pay estate taxes due? yes no Which assets?

Do you have a Safe Deposit Box? no yes Location: \_\_\_\_\_

Has client or co-client ever filed a gift tax return? yes no Details: \_\_\_\_\_

Has client or co-client ever made a charitable bequest? yes no Details: \_\_\_\_\_

Is any charitable bequest contemplated? yes no Details: \_\_\_\_\_

Do client and co-client have a pre/post-nuptial agreement? Yes No Details: \_\_\_\_\_

Has client or spouse executed a general or special power of appointment? Yes No Details: \_\_\_\_\_

Does client or co-client serve in any fiduciary capacity? Yes No Details: \_\_\_\_\_

# Client Information

## Base Family

(co-client if different)

Last Name:		
Marital status (e.g., married, divorced, single):		
Former marriages: (Y/N, date terminated, etc.)		
Military service: (branch, dates, benefits, etc.)		
Number of dependents:		
Address:		
City:		
State:		
Country:		
Zip Code:		
Home phone number:		

## Basic

	Client	Co-client
Given Name:		
Gender:		
Date of Birth (mm/dd/yy):		
Social security number:		
Drivers license (number, issuing state):		
Passport information (number, issuing country):		
E-mail address:		
Business phone#:		
Fax #:		
Occupation:		
Duties:		
Employer:		
Employer address 1:		
Employer address 2:		
Employer address 3:		
Date of employment:		

Name of Child or Dependent	Gender	Date of Birth
1 <sup>st</sup> child:		
2 <sup>nd</sup> child:		
3 <sup>rd</sup> child:		
4 <sup>th</sup> child:		
5 <sup>th</sup> child:		
6 <sup>th</sup> child:		
1 <sup>st</sup> other dependent:		
2 <sup>nd</sup> other dependent:		

Name of Grandchild	Gender	Date of Birth	Parents
1 <sup>st</sup> grandchild:			
2 <sup>nd</sup> grandchild:			
3 <sup>rd</sup> grandchild:			
4 <sup>th</sup> grandchild:			
5 <sup>th</sup> grandchild:			
6 <sup>th</sup> grandchild:			
7 <sup>th</sup> grandchild:			
8 <sup>th</sup> grandchild:			
9 <sup>th</sup> grandchild:			
10 <sup>th</sup> grandchild:			
11 <sup>th</sup> grandchild:			

**Advisors**

Advisory Type <i>(Lawyer, Accountant, etc.)</i>	Full Name	Address	Business #

**Will Information**

	Client	Co-client
Is there a Will? <i>(yes or no)</i>		
On what date was the Will last updated?		
Where is the Will located? <i>(safety deposit box, etc.)</i>		

**Additional Information**

Does either spouse anticipate a change of employment?

Client's education/background:

Co-client's education/background:

Identify any health considerations affecting client, spouse, children, grandchildren, parents, or any dependent person(s).

<i>Name</i>	<i>Condition/considerations</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: Include information regarding special needs of handicapped children or other dependents, parents if their support will be provided by client or co-client, and information which affects the insurability of client, spouse, or any other person listed as dependent.

## ***Your investment perspectives...***

What is the best investment you have made?

Why?

What is the worst investment you have made?

Why?

The time-weighted return for your investment portfolio over the last five years has been \_\_\_\_% dollar-weighted \_\_\_\_%

Are there any investments you feel committed to? no yes

If yes, why?

Are there any insurance policies you feel committed to? no yes

If yes, why?

Do you plan to change your investment strategy?

When?

Why?

When will you sell your investment assets?

What is your first memory concerning money?

Head 1

Head 2

What lessons were you taught about money as a child?

Head 1

Head 2

Tell me about your experiences with financial services providers.

For long-term investing which portfolio characteristics would you prefer?

1. Very high *potential* total return (4-5 times inflation) with very high volatility.
2. High potential total return (3-4 times inflation) with high portfolio volatility.
3. Moderate potential total return (2-3 times inflation) with moderate portfolio volatility.
4. Low portfolio volatility with low potential total return (1-2 times inflation.)
5. Guaranteed total return approximately equal to inflation over time.

Good investment policy should manage which types of risk?

1. Market risk
2. Interest rate risk
3. Currency risk
4. Business/Financial risk
5. Purchase power risk

The purpose of Federal tax law includes which of the following:

1. Revenue-raising objectives.
2. Economic objectives.
3. Social objectives.

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

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

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

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## ***Financial Independence (Retirement) Planning / Lifestyle...***

Where will you live during your retirement?

What will you do during your retirement?

What will you own during your retirement?

What do you want to retire from?

What do you want to retire to?

What will be important to you during retirement?

What have you observed about other peoples' retirement?

# Assumptions / Notes

## Risk Profile

Model Portfolio (if applicable):	
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## Milestones

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

## Historical Data

### Unused Charity Deductions

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

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

### A.M.T. Carry forward Credit

Form 8801 from last year's taxes - A.M.T. Minimum Tax Credit Carry forward (last line of Part II):				
Form 6251 from last year's taxes - Alternative Minimum Tax payable (line 28):				
Schedule D	Line 23:	Line 19:	Line 23:	Line 32:
Schedule D Tax Worksheet	Line 4:	Line 7:	Line 9:	Line 20:
Net realized capital gains this year: (Identify assets, tax lots, holding periods, etc.)				
Other income tax items this year:				
Income tax items later years:				

### Capital Loss Carryovers

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

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

**Economic Factors**

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

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# Assets

## House & Mortgage

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

### House

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

### Mortgage

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

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

## Real Estate

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

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

### Additional Notes

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

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

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

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

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

**Annuity #1**

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

**Annuity #2**

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

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

Name <i>(identify investment)</i>	Ownership <i>(client, co-client)</i>	Type <i>(e.g., IRA, 401k, other)</i>	Market Value	Cost Basis	Qualified Basis <i>(if applicable)</i>	Rate of Return*	Standard Deviation <i>(if applicable)</i>

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

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

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

# Incomes

## Standard

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

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

## Social Security

Owner (client, co-client)	Eligible for Benefits (percentage)	Benefits Start Age	Years Worked to Date (if known)	Benefits Based on Average Annual Salary (if applicable)	Estimated Monthly Benefit (if not known leave blank)

### Applicable Benefits to be included in plan:

Retirement Benefits:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Survivor Benefits:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disability Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

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

**General**

	Pension 1	Pension 2	Pension 3
Owner <i>(client, co-client)</i> :			
Description:			
Linked Incomes <i>(income to which the pension applies)</i> :			
Pension Participation Date <i>(eligibility or enrollment date)</i> :			
Number of Years Average Salary:			
Pension Formula <i>(percent per year of service)</i> :			
Accrue Pension Credits while Disabled <i>(yes / no)</i> :			

**Benefit Calculation**

	Pension 1	Pension 2	Pension 3
Benefits Begin <i>(age, date, at retirement or when disabled)</i> :			
Percent Payable to Survivor <i>(if applicable)</i> :			
Benefit Reduction for Survivor Coverage <i>(if applicable)</i> :			
Benefit Indexing <i>(specify maximum indexing if applicable)</i> :			
Normal Retirement Age <i>(as specified by the pension plan)</i> :			
Qualifying Factor <i>(as specified by the pension plan)</i> :			
Percent Penalty for Early Retirement <i>(per year)</i> :			
Minimum Retirement Age for Unreduced Benefit:			



# Expenses

## Standard

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

Description	Member (client, co-client, child, other)	% Deduct (if applicable)	Amount and Frequency	Index Rate	Start Date	End Date	% While Retired*	% While Disabled *	%While Survivor *	% While in LTC*
Housing (rent)	Client									
	Co-client									
Electric svc	Client									
	Co-client									
Gas svc	Client									
	Co-client									
Water svc	Client									
	Co-client									
Waste svc	Client									
	Co-client									
Sewer svc	Client									
	Co-client									
Phone (landline)	Client									
	Co-client									
Cable/ISP	Client									
	Co-client									
Other utility	Client									
	Co-client									
Casualty / theft	Client									
	Co-client									
Other ins (liab.)	Client									
	Co-client									
Other ins (sched)	Client									
	Co-client									
Property tax	Client									
	Co-client									
Pers prop tax	Client									
	Co-client									
Finl plng fee	Client									
	Co-client									
Tax prep	Client									
	Co-client									

Description	Member (client, co-client, child, other)	% Deduct (if applicable)	Amount and Frequency	Index Rate	Start Date	End Date	% While Retired*	% While Disabled *	%While Survivor *	% While in LTC*
Groceries	Client									
	Co-client									
Clothing	Client									
	Co-client									
Cleaners	Co-client									
	Co-client									
Cell phone/ISP	Client									
	Co-client									
Auto maint.	Client									
	Co-client									
Auto lease	Client									
	Co-client									
Other vehicle	Client									
	Co-client									

Description	Member <small>(client, co-client, child, other)</small>	% Deduct <small>(if applicable)</small>	Amount and Frequency	Index Rate	Start Date	End Date	% While Retired*	% While Disabled *	%While Survivor *	% While in LTC*
Medical exp ins	Client									
	Co-client									
Medicare prem.	Client				Age 65					
	Co-client				Age 65					
Sec125 contr.	Client									
	Co-client									
Addl med exp.	Client									
	Co-client									
Dental prem/exp	Client									
	Co-client									
Vision ins, exp	Client									
	Co-client									
Charitble contrib	Client									
	Co-client									
Childcare exp.										

Description	Member (client, co-client, child, other)	% Deduct (if applicable)	Amount and Frequency	Index Rate	Start Date	End Date	% While Retired*	% While Disabled *	%While Survivor *	% While in LTC*
Allowances	Client									
	Co-client									
Gifts, presents	Client									
	Co-client									
Club dues	Client									
	Co-client									
Meals out	Client									
	Co-client									
Entertainment	Client									
	Co-client									
Cmptr, sftwr, etc	Client									
	Co-client									
Subscriptns, svcs	Client									
	Co-client									
Pets	Client									
	Co-client									



Description	Member (client, co-client, child, other)	% Deduct (if applicable)	Amount and Frequency	Index Rate	Start Date	End Date	% While Retired*	% While Disabled *	%While Survivor *	% While in LTC*
Edu tuition	Client									
Edu lifestyle	Client									
Edu room/board	Client									
Edu supplies	Client									
Edu tuition	Co-client									
Edu lifestyle	Co-client									
Edu room/board	Co-client									
Edu supplies	Co-client									
Edu tuition										
Edu lifestyle										
Edu room/board										
Edu supplies										
Edu tuition										
Edu lifestyle										
Edu room/board										
Edu supplies										
Edu tuition										
Edu lifestyle										
Edu room/board										
Edu supplies										
Edu tuition										
Edu lifestyle										
Edu room/board										
Edu supplies										
Lessons, etc.	Client Co-client									
Miscellaneous	Client Co-client									

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

**Semi-Regular**

<b>Expense Description</b>	<b>Member <i>(client or co-client)</i></b>	<b>% Deduct. <i>(if applicable)</i></b>	<b>Annual Amount</b>	<b>Frequency <i>(specify in years)</i></b>	<b>Index Rate</b>	<b>Start Date</b>	<b>End Date</b>	<b>% While Retired*</b>	<b>% While Disabled*</b>	<b>% While Survivor*</b>	<b>% While in LTC*</b>
Home maint.**											
Roof	Client										
	Co-client										
Paint exterior	Client										
	Co-client										
Paint interior	Client										
	Co-client										
Siding	Client										
	Co-client										
Carpeting	Client										
	Co-client										
Heating	Client										
	Co-client										
Cooling	Client										
	Co-client										
Refrigerator	Client										
	Co-client										
Stove, etc.	Client										
	Co-client										
Other	Client										
	Co-client										
Auto Purchase	Client										
	Co-client										
Vacation	Client										
	Co-client										

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

\*\* Ex: Replace roof, siding, painting, replace carpeting, appliances, etc.

**Lump Sum**

<b>Expense Description</b>	<b>Member</b> <i>(Client or Co-Client)</i>	<b>Percent Deductible</b> <i>(if applicable)</i>	<b>Amount</b>	<b>Index Rate</b>	<b>Date Effective</b>
Special Vacation, etc.					

**Education** *(Education expenses should only be entered in this tab if specific assets are designated to cover them.)*

*If an education expense is to be funded from cash flow, enter it under the **Standard** tab.)*

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

**Major Purchase** *(Major Purchase expenses should only be entered in this tab if specific assets are designated to cover them.)*

*If a major purchase expense is to be funded from cash flow, enter it under the **Standard** tab.)*

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

**Emergency Fund** *(The Emergency Fund expense is intended to meet short-term cash flow needs.)*

*A general guide should replace three months of employment income)*

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

# Liabilities

**Detailed** (Use a separate sheet to enter additional liabilities)

	Liability 1	Liability 2	Liability 3	Liability 4	Liability 5
Description:					
Owner (client, co-client, joint):					
Life Insured (yes / no):					
Disability Insured (yes / no):					
Amortization Period (or end date):					
Start Date:					
Principal Amount:					
Principal Date (as of):					
Payment Type (e.g., interest only, PI):					
Payment Frequency (e.g., weekly, monthly):					
Interest Rate:					

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

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# Insurance

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

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

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

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

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

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

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

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

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**Disability Insurance**

(Use a separate sheet to enter additional policies.)

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

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

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## Long-Term Care Insurance

(Use a separate sheet to enter additional policies.)

### Long-Term Care Expenses

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

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

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

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## Homeowners, Auto, Liability Insurance

(Use a separate sheet to enter additional policies.)

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

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

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

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# Estate Planning

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

## General

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

State Death Tax Rate	Add Credit Amount <i>(yes/no)</i>	State Death Tax during Repeal	Probate Fee Rate	Administration Fee Rate

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

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

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

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## Funded Trusts

**Irrevocable Trust Information (established trusts)** (Use this section to enter basic information regarding any Irrevocable Trusts that the client has established.)

	Trust 1	Trust 2	Trust 3
Trust Name (Irrevocable Trust):			
Market Value (start of year):			
Crummey Trust (yes / no):			
Cost Basis:			
Percent Income to Spouse:			
Percent Income to Heirs:			
Percent Trust Tax Rate:			

**CST Information (established trusts)** (Use this section to enter basic information regarding any Credit Shelter Trusts that have been created as the result of a former spouse's death.)

Trust Name (Credit Shelter Trust):	
Market Value (start of year):	
Crummey Trust (yes / no):	
Cost Basis:	
Return Rate:	
Percent Income to Spouse:	
Percent Income to Heirs:	
Percent Heirs Tax Rate:	
Beneficiaries (Income):	
Beneficiaries (Remainder):	

**CST Information (future trusts)** (Use this section to enter basic information regarding a Credit Shelter Trust that will be created on a first to die basis.)

Trust Name (Credit Shelter Trust):	
Amount (amount transferred or maximize remaining exclusion):	
Percent Income to Spouse:	
Percent Income to Heirs:	
Percent Heirs Tax Rate:	
Return Rate:	
Beneficiaries (Income):	
Beneficiaries (Remainder):	

**ILIT Information** (Use this section to enter basic information regarding any Irrevocable Life Insurance Trusts that the client has established.)

	Trust 1	Trust 2	Trust 3
Trust Name (Irrevocable Life Insurance Trust):			
Insured:			
Premium Payer:			
Death Benefit:			
Current CSV:			
Beneficiaries (Income):			
Beneficiaries (Remainder):			

**CRT Information** (Use this section to enter basic information regarding any Charitable Remainder Trusts that the client has established.)

	Trust 1	Trust 2	Trust 3
Trust Name (CRT – XYZ Foundation):			
Market Value:			
Cost Basis:			
Income Details (annuity/unitrust, amount/pmt. %, frequency):			
Trust Term (term-10, life-client):			
Beneficiaries (Income):			
Beneficiaries (Remainder):			

**CLT Information** (Use this section to enter basic information regarding any Charitable Lead Trusts that the client has established.)

	Trust 1	Trust 2	Trust 3
Trust Name (CLT – XYZ Foundation):			
Market Value:			
Cost Basis:			
Transfer Details (date, gift):			
Income Details (annuity/unitrust, amount/pmt. %, frequency):			
Trust Term (term-10, life-client):			
Beneficiaries (Income):			
Beneficiaries (Remainder):			

**GRT Information** (Use this section to enter basic information regarding any Grantor Retained Trusts that the client has established.)

	Trust 1	Trust 2	Trust 3
Trust Name (GRT):			
Market Value:			
Cost Basis:			
Transfer Details (date, gift):			
Income Details (annuity/unitrust, amount/pmt. %, frequency):			
Trust Term (term-10, life-client):			
Beneficiaries (Remainder):			

**QPRT Information** (Use this section to enter basic information regarding any Qualified Personal Residence Trusts that the client has established.)

	Trust 1	Trust 2	Trust 3
Trust Name (QPRT – vacation home):			
Market Value:			
Cost Basis:			
Transfer Details (date, gift):			
Trust Term (term-10, life-client):			
Beneficiaries (Remainder):			

**QTIP Information** (Use this section to enter basic information regarding any Qualified Terminal Interest Property Trusts that the client has established.)

	Trust 1	Trust 2	Trust 3
Trust Name:			
Trust Tax Rate:			
Reverse QTIP Election (yes / no):			
GSTT Exemption (available at termination):			
Market Value:			
Cost Basis:			
Return Rates:			
Beneficiaries (Income):			
Beneficiaries (Remainder):			

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

**General**

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

**Partner**

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

**Income Distributions**

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

**Gifting**

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

**Gifts Growth & History** (Use this section to enter estate gifting information.)

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

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

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

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

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## Other Tax

**Misc. Credits & Deductions**

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

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

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# Strategies

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

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

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

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Asset Name:				
Amount:				
Frequency (e.g., monthly, weekly):				
Index Rate:				
Savings Period (while I'm working, while I'm retired, both, until LTC, other - e.g., Jan. 1990 - Dec 2025):				

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

	Strategy 1	Strategy 2	Strategy 3	Strategy 4
Asset Name:				
Amount:				
Index Rate:				
When is this Transaction Applicable? (upon retirement, upon disability, upon death, other - e.g., Jan. 15, 2003):				

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

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

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

	Plan 1	Plan 2	Plan 3	Plan 4
Asset Name:				
Employee Pre-tax Amount:				
Employee Post-tax Amount:				
Employer Amount:				
Frequency (e.g., monthly, weekly):				
Index Rate:				
Savings Period (while I'm working, until age 71, other - e.g., Jan 1, 1995 to Dec 31, 2011):				

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

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## Debt Reduction

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

### Regular

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

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

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

### Lump Sum

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

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

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

### Surplus

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

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

## Redemptions

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

### Regular

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

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

### Additional Notes

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

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

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

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

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

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

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

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

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