

Family / Individual Name: \_\_\_\_\_ Appt. Date: \_\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
*Client Signature* *Date* *Spouse Signature* *Date*

OBJECTIVES: Please identify some of your goals and objectives.	Notes:	Level of Importance		
		High	Med.	Low
Maximizing retirement income		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consolidating IRAs and 401(k) accounts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retiring early		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing income taxes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximizing current/future income		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simplifying the monitoring of investments / consolidating accounts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhancing investments returns / reducing portfolio risk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving for education (yourself, children, grandchildren, dependents)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting a favorite charity or educational institution		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for long-term care on your terms		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring wealth (estate planning)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate taxes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing support for a relative or dependent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upgrading and consolidating insurance protection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Which of these objectives is most important today?				
Please share any other goals and objectives.				

**WHICH OF THE FOLLOWING METHOD 10 ELEMENTS ARE YOU INTERESTED IN?**

Tax Planning     
  Insurance Planning     
  Retirement Planning     
  Business Planning     
  Income Protection  
 Estate Planning     
  Investment Planning     
  Education Planning     
  Special Situations     
  Debt Management

**WHAT IMMEDIATE CONCERN OR QUESTION DO YOU HAVE IN REGARDS TO YOUR CURRENT SITUATION?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ESTATE PLANNING

1. Do you have a will/estate planning documents?       Yes     No
2. When was the last time you had your will/estate planning documents reviewed? \_\_\_\_\_
3. When was the last time you had your insurance coverage reviewed? \_\_\_\_\_
4. Are your beneficiary designations current?       Yes     No     Not Sure
5. Do you have any of the following?
  - Durable POA – Health, date: \_\_\_\_\_       Durable POA – Property, date: \_\_\_\_\_
  - Living Will, date: \_\_\_\_\_       Community Property Agreement, date: \_\_\_\_\_
  - Guardian(s) for your minor children, Who? \_\_\_\_\_
6. Do you have any trusts?       Yes     No  
 If yes, describe (include date of trust): \_\_\_\_\_

6. If you are a business owner, have you made arrangements for the disposition or continuation of the business?     Yes     No

### General Information

1. Are any persons (other than minor children) financially dependent upon you now or possibly in the future?       Yes     No
  2. Do any of these dependents have special limitations, needs or education requirements?       Yes     No
  3. Does either spouse expect to inherit any property?       Yes     No
- If so, give a general description, source, and approximate value? \_\_\_\_\_

### Previous Marriages: (Please describe dates, any children, and remaining financial obligations)

Who (to): \_\_\_\_\_ Terminated by:     Death     Divorce    Date: \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 Who (to): \_\_\_\_\_ Terminated by:     Death     Divorce    Date: \_\_\_\_\_  
 Describe: \_\_\_\_\_

## INCOME PROTECTION

### Income Sources

<u>You:</u>	\$ Now	\$ At Retirement		<u>Spouse:</u>	\$ Now	\$ At Retirement
Source 1:				Source 1:		
<input type="checkbox"/> Annual <input type="checkbox"/> Mo.    \$		\$		<input type="checkbox"/> Annual <input type="checkbox"/> Mo.    \$		\$
Source 2:				Source 2:		
<input type="checkbox"/> Annual <input type="checkbox"/> Mo.    \$		\$		<input type="checkbox"/> Annual <input type="checkbox"/> Mo.    \$		\$
Source 3:				Source 3:		
<input type="checkbox"/> Annual <input type="checkbox"/> Mo.    \$		\$		<input type="checkbox"/> Annual <input type="checkbox"/> Mo.    \$		\$
Other/Pension/Social Security:				Other/Pension/Social Security:		
<input type="checkbox"/> Annual <input type="checkbox"/> Mo.    \$		\$		<input type="checkbox"/> Annual <input type="checkbox"/> Mo.    \$		\$

## INSURANCE PLANNING

### Disability Insurance

Company	Policy #	Insured	Issue Date	Benefit Amt.	Benefit Period	Elimination Period	Premium Amt.	Premium Frequency Mo/Annl

### Life Insurance

Company	Policy #	Insured	Owner	Beneficiary	Type	Issue Date	Expire Date	Premium Amt	Premium Frequency Mo/Annl	Death Benefit	Cash Value

### Long-term Care Insurance

Company	Policy #	Insured	Issue Date	Benefit Amt.	Benefit Period	Elimination Period	Premium Amt.	Premium Frequency Mo/Annl

## TAX PLANNING

Remarks:


## RETIREMENT PLANNING

1. What age would you like to retire? You: \_\_\_\_ Spouse: \_\_\_\_ What ages are acceptable? You \_\_\_\_ Spouse \_\_\_\_
  2. What is your desired retirement income in today's dollars \_\_\_\_\_ Monthly \_\_\_\_\_ Annually
  3. What is an acceptable retirement income in today's dollars \_\_\_\_\_ Monthly \_\_\_\_\_ Annually
  3. How many years of retirement are you planning for \_\_\_\_\_
  4. Do you have any special plans for retirement \_\_\_\_\_
- 
5. Do you plan on working after retirement  Yes  No  Uncertain
  6. Are you contributing the maximum to your retirement plan(s) You:  Yes  No Spouse:  Yes  No

## EDUCATION PLANNING

1. Do you plan to provide for your children/grandchildren's education?  Yes  No
2. Are any of your current assets set aside for the children's education? If so, please list below.  Yes  No

Child	Investment	Balance	Contribution	Frequency
1.				<input type="checkbox"/> Annual <input type="checkbox"/> Monthly
2.				<input type="checkbox"/> Annual <input type="checkbox"/> Monthly
3.				<input type="checkbox"/> Annual <input type="checkbox"/> Monthly
4.				<input type="checkbox"/> Annual <input type="checkbox"/> Monthly

## INVESTMENT PLANNING

1. What rate of return do you feel is reasonable for your overall savings and investments? Please select a rate of return.  
**You:**  2%  4%  6%  8%  10%  12%  14%+ **Spouse:**  2%  4%  6%  8%  10%  12%  14%+
2. What rate of inflation do you feel is reasonable to assume over the long term? Please select an inflation rate.  
**You:**  2%  4%  6%  8%  10%  12%  14%+ **Spouse:**  2%  4%  6%  8%  10%  12%  14%+
3. How do you diversify your investments today? \_\_\_\_\_
4. How much money do you feel you should have available for an emergency? \_\_\_\_\_
5. Do you need any current income from your investments?  Yes  No  
 If yes, how much and for how long? \$ \_\_\_\_\_

### INVESTOR PROFILE (Required for all investment and insurance accounts):

PRIOR INVESTMENT EXPERIENCE (NONE, LIMITED, GOOD, EXTENSIVE)	GROSS INCOME:	NET WORTH	TAX BRACKET
General Investment Experience <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	<input type="checkbox"/> < \$25,000	<input type="checkbox"/> < \$50,000	<input type="checkbox"/> <=15%
Stocks <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	<input type="checkbox"/> \$25,000 – 50,000	<input type="checkbox"/> \$50,000 – 100,000	<input type="checkbox"/> 25% - 27.5
Bonds <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	<input type="checkbox"/> \$50,001 – 75,000	<input type="checkbox"/> \$100,001 – 200,000	<input type="checkbox"/> >=27.5%
Mutual Funds <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	<input type="checkbox"/> \$75,001 – 100,000	<input type="checkbox"/> \$200,001 – 500,000	
Options <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	<input type="checkbox"/> \$100,001 – 200,000	<input type="checkbox"/> \$500,001–1,000,000	
Variable Contracts <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	<input type="checkbox"/> \$200,001 – 300,000	<input type="checkbox"/> \$1,000,001-2,500,000	
Limited Partnerships <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	<input type="checkbox"/> > \$300,000	<input type="checkbox"/> \$2,500,001-5,000,000	
401(k) <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> G <input type="checkbox"/> E	Approx:	<input type="checkbox"/> >\$500,000,000	

**Time Horizon**

*Your current situation and future income needs.*

- 1. What is your current age?**
- Less than 45
  - 45 to 55
  - 56 to 65
  - 66 to 75
  - Older than 75
- 2. When do you expect to start drawing income?**
- Not for at least 20 years
  - In 10 to 20 years
  - In 5 to 10 years
  - Not now, but within 5 years
  - Immediately

**Long-Term Goals and Expectations**

*Your views of how an investment should perform over the long term.*

- 3. What is your goal for this investment?**
- To grow aggressively
  - To grow significantly
  - To grow moderately
  - To grow with caution
  - To avoid losing money
- 4. Assuming normal market conditions, what would you expect from this investment over time?**
- To generally keep pace with the stock market
  - To slightly trail the stock market, but make a good profit
  - To trail the stock market, but make a moderate profit
  - To have some stability, but make modest profits
  - To have a high degree of stability, but make small profits
- 5. Suppose the stock market performs unusually poorly over the next decade, what would you expect from this investment?**
- To lose money
  - To make very little or nothing
  - To eke out a little gain
  - To make a modest gain
  - To be little affected by what happens in the stock market

**Short-Term Risk Attitudes**

*Your attitude toward short-term volatility.*

- 6. Which of these statement should best describe your attitude about the next three years' performance of this investment?**
- I don't mind if I lose money
  - I can tolerate a loss
  - I can tolerate a small loss
  - I'd have a hard time tolerating any losses
  - I need to see at least a little return
- 7. Which of these statements would best describe your attitudes about the next three month's performance of this investment?**
- Who cares? One calendar quarter means nothing
  - I wouldn't worry about losses in that time frame
  - If I suffered a loss of greater than 10%, I'd get concerned
  - I can only tolerate small short-term losses
  - I'd have a hard time stomaching any losses

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SIGNATURE:

**X**



## CASH FLOW AND DEBT MANAGEMENT

Living Expenses (estimates are perfectly acceptable)	Now	At Retirement	
Dream Purchase	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Major Purchase (auto / home remodel)	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Other:	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Sub-TOTAL <b>Dream</b> Expenses	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Family Gifts	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Charitable Gifts	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Other:	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Sub-TOTAL <b>Gift</b> Expenses	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Dining and Entertainment	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Recreation (hobby, club dues, pets, personal growth)	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Travel/Vacation	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Cash	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Other:	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Other:	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Sub-TOTAL <b>Freedom</b> Expenses	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Professional Fees	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Family Support	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Home Repair/Maintenance	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Long-term Care Insurance	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Life Insurance	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Disability Insurance	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Health Insurance	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Auto 1 (insurance, fuel, service and maintenance)	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Auto 2 (insurance, fuel, service and maintenance)	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Homeowner's Insurance	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Umbrella Liability	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Other:	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Sub-TOTAL <b>Safety</b> Expenses	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
General Household Expenses	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Property Tax	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Federal Income Taxes	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
State Income Taxes	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
FICA/Medicare (You)	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
FICA/Medicare (Spouse)	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Utilities (water, elec., gas, cable, phone)	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Clothing	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Personal Care	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Health Care (out-of-pocket costs)	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Child Care	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Groceries	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Other:	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Other:	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
Sub-TOTAL <b>Survival</b> Expenses	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time
<b>GRAND TOTAL</b>	\$	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Mo. <input type="checkbox"/> One-time

### Mortgages and Other Debts

	Description	Monthly Payment	Unpaid Balance	Amount Borrowed	Interest Rate	No. Pmts. Remaining	Year Purchased	Market Value
Mortgage								
Property 2								
Credit Card 1							N/A	N/A
Credit Card 2							N/A	N/A
Auto Loan 1								
Auto Loan 2								
Student Loan								N/A
Other Loan								

## DOCUMENT CHECKLIST

*The listed items below will help us both complete the WealthCare Process. Please provide these documents, as well as any others you feel might be helpful. Remember to bring,*

### ESTATE PLANNING

- |   |   |
|---|---|
| <input type="checkbox"/> Wills (client and spouse)  | <input type="checkbox"/> Trust instruments              |
| <input type="checkbox"/> Durable powers of attorney | <input type="checkbox"/> Listing of gifts over \$10,000 |
| <input type="checkbox"/> Healthcare powers          | <input type="checkbox"/> Guardian nominations           |
| <input type="checkbox"/> Living wills               | <input type="checkbox"/> Other _____                    |

### TAX PLANNING

- Two years of tax returns, income, gift, trust, estate (if not already in the office)
- Other \_\_\_\_\_

### INSURANCE PLANNING

- |  |  |
|--|--|
| <input type="checkbox"/> Annuity contracts, applications, and illustrations        | <input type="checkbox"/> Disability insurance contracts, applications, and illustrations |
| <input type="checkbox"/> Life insurance contracts, applications, and illustrations | <input type="checkbox"/> Long-term care insurance policies, apps., and illustrations     |

### RETIREMENT PLANNING

- Benefit booklets and most recent benefits statement from current employer
- Social Security statements
- Employee stock option awards statement
- Other \_\_\_\_\_

### INVESTMENT PLANNING

- |  |   |
|--|---|
| <input type="checkbox"/> Investment Policy Statement | <input type="checkbox"/> Statements on all investment accounts. |
|--|---|

### CASH FLOW AND DEBT MANAGEMENT

- |   |   |
|---|---|
| <input type="checkbox"/> Financial Statements         | <input type="checkbox"/> Most recent pay stubs              |
| <input type="checkbox"/> Estimate of monthly expenses | <input type="checkbox"/> Copies of statements on all loans. |

### BUSINESS PLANNING

- |  |   |
|--|---|
| <input type="checkbox"/> Two years of tax returns (if not already in the office) | <input type="checkbox"/> Articles of incorporation/members agreements |
| <input type="checkbox"/> Financial statements                                    | <input type="checkbox"/> Partnership agreement                        |
| <input type="checkbox"/> Retirement plan documents                               | <input type="checkbox"/> Insurance policies                           |
| <input type="checkbox"/> Stock option purchase agreement                         | <input type="checkbox"/> Split dollar arrangements                    |
| <input type="checkbox"/> Buy/Sell agreement                                      | <input type="checkbox"/> VEBA documents                               |
| <input type="checkbox"/> Employee benefits booklet                               | <input type="checkbox"/> Other _____                                  |

