

Mapping Your Financial Future

The best way to achieve financial security and peace of mind is to follow a disciplined process that involves identifying your goals and exploring financial strategies.

These six steps will help you map your financial future:

- 1. Define Goals** Identify your financial goals and prioritize them
- 2. Gather Information** Collect facts and figures based on your current situation
- 3. Assess Options** Explore various strategies to achieve goals
- 4. Design a Solution** Choose financial strategies that work for you and your family
- 5. Implement** Start immediately so that savings have time to accumulate
- 6. Review** Regularly review progress and adjust

The purpose of this questionnaire is to help gather data and prepare for a meeting with your financial representative. By taking the time to strategize now, you will be able to lay out a path to help assure your future financial security.

Please take the time to complete this questionnaire the best you can. If you can't answer a question or need more help, just make a note in the margin. Let your financial representative know of the areas where you had questions so you can discuss them during your meeting together.

Remember: A sound strategy can add more to your net worth than a lifetime of work!

Client A Name (please print)

Client B Name (please print)

Date Completed

Personal Information

Client A Name _____ Date of Birth _____
 Client B Name _____ Date of Birth _____
 Marital Status Single Married Domestic Partner
 Home Address _____
 City _____ State/Zip _____
 Phone # _____ E-mail _____
 Alternate # _____

Children & Education

Average College Cost 2008 – 2009	
Public College	\$14,333
Private College	\$34,132
<small>Source: Trends in College Pricing. Copyright © 2008 The College Board. All rights reserved</small>	

Child's Name	Date of Birth	College to Attend
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Savings for Education Goals

Specify the savings set aside for your children's education.

Total saved to date	Monthly Savings	Average Rate of Return
\$ _____	\$ _____	_____ %

For Discussion

Do any of your dependents have special needs?
 Do you plan on having additional children?

Earnings & Income Information

Enter annual employment income below. Include income received from employers as well as self-employment income and any other income sources.

Client A		Monthly	+	Annual
Salary	\$	_____		\$ _____
Self-Employment	\$	_____		\$ _____
Other Income	\$	_____		\$ _____
Total Withholdings for taxes & social security	\$	_____		\$ _____

Client B		Monthly	+	Annual
Salary	\$	_____		\$ _____
Self-Employment	\$	_____		\$ _____
Other Income	\$	_____		\$ _____
Total Withholdings for taxes & social security	\$	_____		\$ _____

For Discussion

- Do you foresee a substantial change in your income during the next two years?
- Do you have other income sources that will begin in the future such as a defined benefit plan or an annuity?
- Do you own a business? What type of business? What is your percentage ownership?

Retirement

At what age do you plan to retire? _____

For non-single clients, do you have plans to retire in the same year? Yes No; if No describe: _____

Define your retirement income need

Percentage of current income
 What percent of your total monthly income do you need for retirement? _____ %

OR

<input type="checkbox"/> Specific dollar amount	Age	Monthly Need
Phase 1	_____	\$ _____
Phase 2	_____	\$ _____
Phase 3	_____	\$ _____
Phase 4	_____	\$ _____
Phase 5	_____	\$ _____

For Discussion

What kinds of activities do you envision in your retirement?

Accumulation Goals

An accumulation goal can include money to purchase a second home, pay for a wedding, or any other substantial one-time purchase in the future.

Goal	Amount needed	Date needed
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Needs in the Event of Death

The death of a wage earner can have a significant impact on household income. Financial experts recommend that every strategy include an analysis of needs in the event of a death.

What percent of your income would be needed for survivor needs?

With dependents at home? (e.g., 70%) _____ %
 Without dependents at home? (e.g., 50%) _____ %

In the event of death, should your children’s education be funded? Yes No

Life Insurance Policies

Name of Insured	Insurance Benefit	Insurance Company	Type*
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

*Insurance types include: **Group, Term, Whole Life, Universal Life, and Other**

I have no life insurance policies.

Disability Insurance

A disability can have a significant impact on a family’s financial security.

Name of Insured	Insurance Company	Monthly Benefit	Group or Personal
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

I have no disability insurance policies.

Long-Term Care Insurance

Has anyone in your family experienced a long-term care need? Consider the affect on you and your family if you had a long-term care need tomorrow (due to stroke, car accident, etc.). If you have any long-term care policies please enter the details below.

Name of Insured	Insurance Company	Daily Benefit
_____	_____	\$ _____
_____	_____	\$ _____

I have no long-term care insurance policies.

Retirement Plans and Annuities

List your retirement plans in detail or the total. Include your 401(k)s, IRAs, and variable annuities. If you've attached your account statements you can skip this section.

Account Name	Type	Owner	Market Value	Monthly Savings	Employer Match	Expected Return
_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %
Total Retirement Plans			\$ _____	\$ _____	\$ _____	_____ %

Bank Accounts and Investment Accounts

List your investment accounts in detail or the total. Include your checking, savings, CDs, money market accounts, stocks, bonds, mutual funds, and real estate. If you've attached your account statements you can skip this section.

Account Name	Type	Owner	Market Value	Monthly Savings	Expected Return
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
Total Investments			\$ _____	\$ _____	_____ %

Residence and Mortgage

Indicate if you rent or own your residence.

Rent - Monthly Rent \$ _____

Own - Mortgage Amount \$ _____ Approximate Market Value of Home \$ _____

Lender	Current Liability	Monthly Payment	Interest Rate
_____	\$ _____	\$ _____	_____ %

Other Liabilities

List your liabilities in detail or the total. Include your car loans, credit cards, student loans and lines of credit. If you've attached your account statements you can skip this section.

Liability	Type	Owner	Balance Due	Monthly Payment	Interest Rate
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
Total Liabilities			\$ _____	\$ _____	_____ %

Documents Needed

The following documents will be needed to properly study, analyze, and prepare a strategy for you. This material will be treated confidentially and returned when the process is completed, or earlier if requested.

- | | | | |
|------------|-------------------------------|--------------------------|---|
| From Your: | Personal Files | <input type="checkbox"/> | Latest Income tax return & W2 |
| | | <input type="checkbox"/> | Loan documents |
| | | <input type="checkbox"/> | Trust agreements |
| | | <input type="checkbox"/> | Wills |
| | Employer | <input type="checkbox"/> | Payroll or other income statements |
| | | <input type="checkbox"/> | Pension plans |
| | | <input type="checkbox"/> | Retirement savings plans |
| | | <input type="checkbox"/> | Employee benefits booklets |
| | Bank or Credit Union | <input type="checkbox"/> | Checking account statements |
| | | <input type="checkbox"/> | Credit card statements |
| | | <input type="checkbox"/> | Savings / CDs / Money Market account statements |
| | Broker or Mutual Fund Company | <input type="checkbox"/> | Latest statements |
| | Insurance Company | <input type="checkbox"/> | Latest life insurance / annuity account statements |
| | | <input type="checkbox"/> | Long-term care policy information |
| | | <input type="checkbox"/> | Health insurance and major medical policy information |
| | | <input type="checkbox"/> | Disability Income Insurance policy information |

Notes

Declaration

I declare that I have reviewed the information collected in this questionnaire and that it is correct to the best of my knowledge.

Client A Printed Name

Signature

Date

Client B Printed Name

Signature

Date