

Financial Assessment

Overview



Base Family

	Client	Co-client
First Name:		
Last Name:		
Date of Birth (mm/dd/yyyy):		
Street Address:		
City:		
State:		
Zip Code:		
Preferred Phone Number:		
Secondary Phone Number:		
Email Address:		

Dependents

Name of Child or Dependent	Relationship (Son, Daughter, Cousin etc.)	Dependent of (Client, Co-client, Both or Other)	Gender	Date of Birth

Business Interest

Name	% Ownership	Gross Value	Business Debt	Net Business Value	Annual Income

Major Purchase Goals

Name of Goal	Target Date	Desired Amount in Today's Dollars	Index at % Inflation	Current Amount Saved	Current Monthly Savings	Rate of Return

Lifestyle Assets

<i>Asset</i>	<i>Current Value</i>
Residence (i.e. home)	
2nd Residence (i.e. vacation home)	
Personal Use Property (i.e. car, boat)	
Other Personal Assets	

Liabilities

<i>Description</i>	<i>Outstanding Amount</i>	<i>Interest Rate</i>	<i>Payments</i>
Mortgage			
Car Loans			
Personal Loans			
Other Debt			

Income

<i>Description</i>	<i>Gross Annual Income</i>
Client	
Co-Client	

Expenses

	<i>Totals</i>
Monthly Living Expense	
Other Expenses Non Monthly	

Defined Benefit Pension

<i>Description</i>	<i>Member Code</i> C – Client CC – Co-Client	<i>Benefit Start Date or Retirement or Death</i>	<i>% Payable to Survivor</i>	<i>Amount or % of Final Salary</i>	<i>Payout Option Check One</i>	
					<i>Lump Sum</i>	<i>Life Income</i>

Life Insurance Details

<i>Description</i>	<i>Policy Type</i> Enter Number From Below	<i>Insured Code</i> C – Client CC – Co-Client J1 – Joint 1 st to Die J2 – Joint 2 nd to Die	<i>Beneficiary Number</i> Complete Beneficiary Information Below	<i>Policy Owner</i>	<i>Death Benefit</i>	<i>Premium Amount</i>	<i>Premium Frequency</i> M- Monthly A - Annually	<i>Premium Payer</i>

<i>Policy Types</i>			
1 – Whole Life	3 – Variable Life	5 – Term 5 Life	7 – Term 20 Life
2 – Universal Life	4 – Term 1 Life	6 – Term 10 Life	8 – Variable Universal Life

Disability Insurance Policies

<i>Description</i>	<i>Policy Type Enter Number Below</i>	<i>Insured</i>	<i>Monthly Benefits</i>		<i>Monthly Premium</i>	<i>Are premiums paid on an "after tax" basis?</i>	<i>Premium Payer</i>
			<i>% of Salary</i>	<i>Flat Amount</i>			

Policy Type: 1 – Group LTD 2 – Group STD 3 - Individual

Long Term Care Insurance

<i>Description</i>	<i>Insured</i>	<i>Daily Benefit Amount</i>	<i>How long will the benefits last? (in years)</i>	<i>Premium Amount</i>	<i>Premium Frequency M – Monthly A – Annually</i>	<i>Premium Payer</i>

Retirement Savings & Objectives

Preferred Age of Retirement: Client _____ Co-Client _____

Do you expect to receive Social Security after retirement? Yes No (circle one)

Desired Annual Retirement Income: Client \$ _____ Co-Client \$ _____

	<i>Current Amount Saved</i>	<i>Current Monthly Savings</i>	<i>Employer Contribution</i>	<i>Rate of Return</i>
Client Investments (i.e. 401(k) or IRA)				
Client Investments (other)				
Co-Client Investments (i.e. 401(k) or IRA)				
Co-Client Investments (other)				

Education Objectives

<i>Name of Child</i>	<i>Desired Amount in Today's Dollars</i>	<i>Index at % Inflation</i>	<i>Date Funds Required</i>	<i># of Years Needed</i>	<i>Current Amount Saved</i>	<i>Qualified / Non- Qualified</i>	<i>Current Monthly Savings</i>	<i>Rate of Return</i>

Financial Assessment

Investments



Investment Profile Questionnaire – Overview for all portfolios

This questionnaire will identify an asset allocation mix that will help you attain your financial goals. By analyzing your investment objectives, time horizon and risk tolerance, we can determine a proposed asset allocation mix. Please read and answer all questions carefully.

Time Horizons

1. When do you expect to begin withdrawing money from your investment account?
 - Less than 1 year
 - 1 to 2 years
 - 3 to 4 years
 - 5 to 7 years
 - 8 to 10 years
 - 11 or more years

2. Once you begin withdrawing money from your investment account, how long do you expect the withdrawals to last?
 - I plan to take a lump sum distribution
 - 1 to 4 years
 - 5 to 7 years
 - 8 to 10 years
 - 11 or more years

Risk Tolerance

3. Inflation, the rise in prices over time, can erode your investment return. Long-term investors should be aware that, if portfolio returns are less than the inflation rate, their ability to purchase goods and services in the future might actually **decline**. However, portfolios with long-term returns that significantly exceed inflation are associated with a higher degree of risk.

Which of the following portfolios is most consistent with your investment philosophy?

- Portfolio 1** will most likely exceed long-term inflation by a significant margin and has a high degree of risk.
- Portfolio 2** will most likely exceed long-term inflation by a moderate margin and has a high to moderate degree of risk.
- Portfolio 3** will most likely exceed long-term inflation by a small margin and has a moderate degree of risk.
- Portfolio 4** will most likely match long-term inflation and has a low degree of risk.

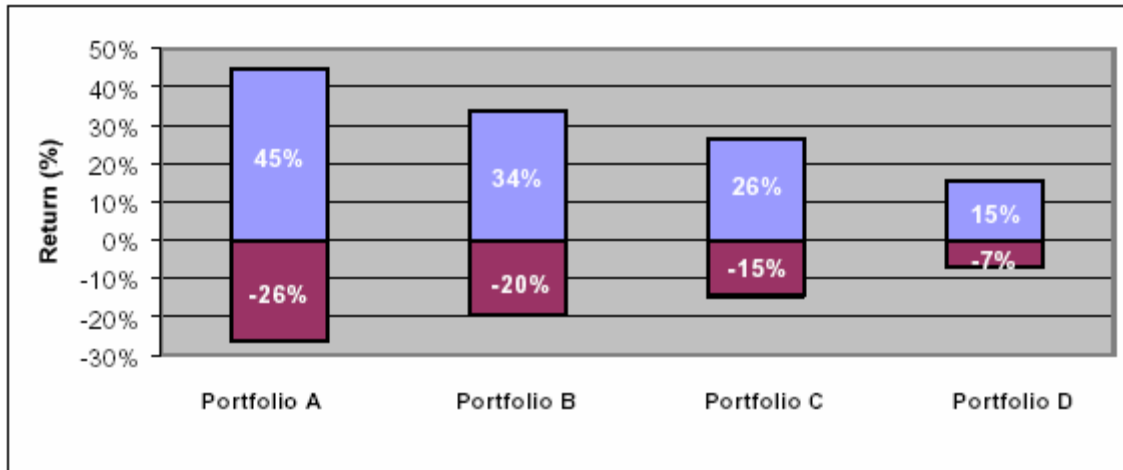
4. Portfolios with the highest average returns also tend to have the highest chance of short-term losses. The table below provides the average dollar return of four hypothetical investments of \$100,000 and the possibility of losing money (ending value of less than \$100,000) over a **one-year holding period**. Please select the portfolio with which you are most comfortable.

Probabilities After 1 Year

	Possible Average Value at the End of One Year	Chance of Losing Money at the End of One Year
<input type="radio"/> Portfolio A	\$106,000	16%
<input type="radio"/> Portfolio B	\$107,000	21%
<input type="radio"/> Portfolio C	\$108,000	25%
<input type="radio"/> Portfolio D	\$109,000	28%

5. Investing involves a trade-off between risk and return. Historically, investors who have received high long-term average returns have experienced greater fluctuations in the value of their portfolio and more frequent short-term losses than investors in more conservative investments have. Considering the above, which statement best describes your investment goals?
- Protect the value of my account.** In order to minimize the chance for loss, I am willing to accept the lower long-term returns provided by conservative investments.
 - Keep risk to a minimum** while trying to achieve slightly higher returns than the returns provided by investments that are more conservative.
 - Balance** moderate levels of risk with moderate levels of returns.
 - Maximize long-term investment returns.** I am willing to accept large and sometimes dramatic fluctuations in the value of my investments.
6. Historically, markets have experienced downturns, both short-term and prolonged, followed by market recoveries. Suppose you owned a well-diversified portfolio that fell by 20% (i.e. \$1,000 initial investment would now be worth \$800) over a short period, consistent with the overall market. Assuming you still have 10 years until you begin withdrawals, how would you react?
- I would **not** change my portfolio.
 - I would **wait at least one year** before changing to options that are more conservative.
 - I would **wait at least three months** before changing to options that are more conservative.
 - I would **immediately** change to options that are more conservative.

7. The following graph shows the hypothetical results of four sample portfolios over a one-year holding period. The best potential and worst potential gains and losses are presented. Note that the portfolio with the best potential gain also has the largest potential loss. Which of these portfolios would you prefer to hold?



- Portfolio A
 - Portfolio B
 - Portfolio C
 - Portfolio D
8. I am comfortable with investments that may frequently experience large declines in value if there is a potential for higher returns.
- Agree
 - Disagree
 - Strongly disagree
9. How would you classify your investment risk strategy?
- Conservative
 - Moderate Conservative
 - Moderate
 - Moderate Aggressive
 - Aggressive
10. How would you describe the timeline of your investments?
- Short
 - Intermediate
 - Intermediate Long
 - Long
 - Very Long

Office Use Only	
Time Horizon	Investor Profile

Investment Account Detail

	Description / Name	Plan Type	Owner Code	Market Value	Cost Basis	Class Weight In %					Ongoing Contributions		Frequency Code
		Enter Number From Below	C - Client CC - Co-Client J - Joint			Large Cap	Small Cap	Int. Equity	Agg. Bonds	Cash	Employee Amount	Employer Amount	M - Monthly A - Annually
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

Plan Types							
1 - Non-Qualified	3 - IRA Spousal	5 - Roth IRA Spousal	7 - Roth 401(k)	9 - Roth 403(b)	11 - SARSEP	13 - Other Employer Paid	15 - 529 Plan
2 - IRA	4 - Roth IRA	6 - 401(k)	8 - 403(b)	10 - 457	12 - KEOGH	14 - Other Self Employed	16 - UTMA

Financial Assessment

Real Estate



Description	Owner	Purchase Date	Purchase Amount	Market Value	Valuation Date	Income From Real Estate			Sale Date
						Net Rental Income	Income Frequency M- Monthly A - Annually	Annual Rental Growth Rate	

Financial Assessment

Stock Options



Stock Option 1 Description		Owner	Type	Grant Date	Granted Options
Strike Price	Start of Year Unit Price	Start of Year Cost Basis	Current Value As Of	Current Value	Yearly Vesting %
All Options Expire In		Annual Dividend Per Unit	Frequency	Growth Rate	

Stock Option 2 Description		Owner	Type	Grant Date	Granted Options
Strike Price	Start of Year Unit Price	Start of Year Cost Basis	Current Value As Of	Current Value	Yearly Vesting %
All Options Expire In		Annual Dividend Per Unit	Frequency	Growth Rate	

Stock Option 3 Description		Owner	Type	Grant Date	Granted Options
Strike Price	Start of Year Unit Price	Start of Year Cost Basis	Current Value As Of	Current Value	Yearly Vesting %
All Options Expire In		Annual Dividend Per Unit	Frequency	Growth Rate	

Financial Assessment

Estate Planning



Will Information

	Has A Will yes / no	Last Updated	Who Prepared
Client			
Co-Client			

	Client		Co-Client	
	Yes	No	Yes	No
Do you have a marital trust provisions in your will?				
Do you have specific Cash Bequests included in your will?				
Do you have specific Asset Bequests in your will?				
Do you have any Credit Shelter in your will?				
Do you have any Qualified Terminable Interest Property Trust in your will?				
Where is your will Located				

Estate Planning Questions

	Client			Co-Client		
	Yes	No	N/A	Yes	No	N/A
Are you a current trustee or beneficiary of any trust?						
Do you have:						
a Revocable living trust?						
a durable power of attorney?						
a living will / Health Care Proxy?						
a pre-nuptial agreements?						
any businesses that you own?						
any buy-sell agreements?						
any employment contracts?						
a post-nuptial agreements						
any real property ownership in another state?						
Do you want to plan for:						
gifts or bequests to charity?						
children from a previous marriage?						
family with special needs?						
gifts during your lifetime to heirs to reduce potential estate taxes?						
gifts to grandchildren?						

	First Name	Last Name
Guardian for minor children		
Estate Administrator		
Trust Administrator		

	Target Amount	Time Frame
Gifts and Bequests to Children		
Gifts and Bequests to Charity		

Funded Trusts

Trust 1 Description			Trust Type	Grantor		
Start of Year Market Value	Start of Year Cost Basis	Date Created	Interest	Dividends	Capital Gains	
Income Beneficiaries			Remainder Beneficiaries			

Trust 2 Description			Trust Type	Grantor		
Start of Year Market Value	Start of Year Cost Basis	Date Created	Interest	Dividends	Capital Gains	
Income Beneficiaries			Remainder Beneficiaries			

Past Gifts Which Exceed Annual Exclusion (\$11,000 / per person)

Donor Code C- Client CC – Co-Client	Recipient	Amount

