



PlanningStation

Retirement Advisor

Personal Information

First Name _____ Middle _____ Last _____

Birth Date (mm/dd/yyyy) ____ / ____ / ____ Gender: **Male** **Female**

Address _____

City _____ State ____ Zip _____-

Phone Number (____) ____-____ Best Time to Call _____

Email Address _____

Spouse Information

First Name _____ Middle _____ Last _____

Birth Date (mm/dd/yyyy) ____ / ____ / ____ Gender: **Male** **Female**

Address _____

City _____ State ____ Zip _____-

Phone Number (____) ____-____ Best Time to Call _____

Email Address _____

Dependents

First Name	Middle Name	Last Name	Birth Date (mm/dd/yyyy)	Gender (M/F)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Assumptions

Portions of your analysis will be based on these assumptions. Provide as much of the requested information as you are able.

	Client	Spouse
Earned income growth rate	_____ %	_____ %
Desired retirement age	_____	_____
Ending retirement age	_____	_____
	Pre-Retirement	Post-Retirement
General inflation rate	_____ %	_____ %
Average income tax rate*	_____ %	_____ %
Average capital gains/dividends tax rate	_____ %	_____ %
Discount rate	_____ %	_____ %

*Figure this rate by dividing the total dollar amount of income taxes you paid last year (state, federal, and local as applicable) by your income.

Post-Retirement Asset Assumptions

	Rate of Return	Order to Liquidate		
Taxable	_____ %	1 st	2 nd	3 rd
Tax-Free	_____ %	1 st	2 nd	3 rd
Tax-Deferred	_____ %	1 st	2 nd	3 rd
Percent of non-retired working spouse's income available for retirement				_____ %

Retirement Plan Employer Matching Information - Client

My employer will match _____ % of my contributions up to _____ % of my pay, and _____ % of my contributions up to the next _____ % of my pay.

Retirement Plan Employer Matching Information – Spouse

My spouse's employer will match _____ % of plan contributions up to _____ % of my spouse's pay, and _____ % of plan contributions up to the next _____ % of my spouse's pay.

Assets

Provide the requested information about your assets.

Cash Assets

	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWR0S <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWR0S <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWR0S <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common
Current value	\$ _____	\$ _____	\$ _____
Yield rate	_____ %	_____ %	_____ %
Annual contribution	\$ _____	\$ _____	\$ _____
Year contributions begin	_____	_____	_____
Number of years contributions continue	_____	_____	_____
Contribution increase rate	_____ %	_____ %	_____ %
Percent available to fund goals	_____ %	_____ %	_____ %
Portion to preserve	_____ %	_____ %	_____ %
Liquidate this asset's available principal: (check one)	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement

Investment Assets (Place additional institution and asset account information in the "NOTES" section)

	Asset 1	Asset 2	Asset 3
Symbol	_____	_____	_____
Description	_____	_____	_____
Number of shares	_____	_____	_____
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWR0S <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWR0S <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWR0S <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common

(Investment Assets continued)

	Asset 1	Asset 2	Asset 3
Current value	\$ _____	\$ _____	\$ _____
Cost basis	\$ _____	\$ _____	\$ _____
Tax treatment: (check one)	<input type="checkbox"/> Taxed <input type="checkbox"/> Tax-Free <input type="checkbox"/> Tax-Deferred	<input type="checkbox"/> Taxed <input type="checkbox"/> Tax-Free <input type="checkbox"/> Tax-Deferred	<input type="checkbox"/> Taxed <input type="checkbox"/> Tax-Free <input type="checkbox"/> Tax-Deferred
Growth rate	_____ %	_____ %	_____ %
Dividend yield rate	_____ %	_____ %	_____ %
Income yield rate	_____ %	_____ %	_____ %
Reinvest yield:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual contribution	\$ _____	\$ _____	\$ _____
Year contributions begin	_____	_____	_____
Number of years contributions continue	_____	_____	_____
Contribution increase rate	_____ %	_____ %	_____ %
Taxation frequency (years)	_____	_____	_____
Percent available to fund goals	_____ %	_____ %	_____ %
Portion to preserve	_____ %	_____ %	_____ %
Liquidate this asset's available principal: (check one)	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement

Retirement Assets (Place additional institution and asset account information in the "NOTES" section)

	Asset 1	Asset 2	Asset 3
Symbol	_____	_____	_____
Description	_____	_____	_____
Number of shares	_____	_____	_____
Type (401(k), 457, IRA, SEP, etc.)	_____	_____	_____

(Retirement Assets continued)

	Asset 1	Asset 2	Asset 3
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Current value	\$ _____	\$ _____	\$ _____
Cost basis	\$ _____	\$ _____	\$ _____
Tax treatment: (check one)	<input type="checkbox"/> Tax Def (Pre Tax) <input type="checkbox"/> Tax Def (After Tax) <input type="checkbox"/> Tax-Free	<input type="checkbox"/> Tax Def (Pre Tax) <input type="checkbox"/> Tax Def (After Tax) <input type="checkbox"/> Tax-Free	<input type="checkbox"/> Tax Def (Pre Tax) <input type="checkbox"/> Tax Def (After Tax) <input type="checkbox"/> Tax-Free
Rate of return	_____ %	_____ %	_____ %
Personal annual contribution	\$ _____	\$ _____	\$ _____
Employer match:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer only contribution	\$ _____	\$ _____	\$ _____
Year contributions begin	_____	_____	_____
Number of years contributions continue	_____	_____	_____
Contribution increase rate	_____ %	_____ %	_____ %

Business/Real Estate Assets

	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Type (Rental, S Corp, LLC, etc.)	_____	_____	_____
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common
Current value	\$ _____	\$ _____	\$ _____
Cost basis	\$ _____	\$ _____	\$ _____
Growth rate	_____ %	_____ %	_____ %
Annual contribution	\$ _____	\$ _____	\$ _____

(Business/Real Estate Assets continued)

	Asset 1	Asset 2	Asset 3
Year contributions begin	_____	_____	_____
Number of years contributions continue	_____	_____	_____
Contribution increase rate	_____%	_____%	_____%
Percent available to fund goals	_____%	_____%	_____%
Portion to preserve	_____%	_____%	_____%
Liquidate this asset's available principal: (check one)	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement	<input type="checkbox"/> Whenever needed <input type="checkbox"/> Only after retirement

Personal Assets

	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Type (Residence, Auto, Boat, etc.)	_____	_____	_____
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWROS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common
Current value	\$ _____	\$ _____	\$ _____
Cost basis	\$ _____	\$ _____	\$ _____
Growth rate	_____%	_____%	_____%
Percent available to fund goals	_____%	_____%	_____%

Stock Options

	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Type: (check one)	<input type="checkbox"/> Incentive Stock Opt. <input type="checkbox"/> Non-Qual Stock Opt.	<input type="checkbox"/> Incentive Stock Opt. <input type="checkbox"/> Non-Qual Stock Opt.	<input type="checkbox"/> Incentive Stock Opt. <input type="checkbox"/> Non-Qual Stock Opt.
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Community	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Community	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Community

(Stock Options continued)

	Asset 1	Asset 2	Asset 3
Number of shares granted	_____	_____	_____
Current stock price	\$ _____	\$ _____	\$ _____
Strike price	\$ _____	\$ _____	\$ _____
Date vested (mm/dd/yyyy)	___ / ___ / _____	___ / ___ / _____	___ / ___ / _____
Year of exercise	_____	_____	_____
Pre-exercise growth rate	_____ %	_____ %	_____ %
Post-exercise growth rate	_____ %	_____ %	_____ %
Percent available to fund goals	_____ %	_____ %	_____ %

Deferred Compensation & Deferred Annuities

	Source 1	Source 2	Source 3
Description	_____	_____	_____
Type: (check one)	<input type="checkbox"/> Def. Comp. <input type="checkbox"/> Def. Annuity	<input type="checkbox"/> Def. Comp. <input type="checkbox"/> Def. Annuity	<input type="checkbox"/> Def. Comp. <input type="checkbox"/> Def. Annuity
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Current value	\$ _____	\$ _____	\$ _____
Rate of return	_____ %	_____ %	_____ %
Annual deferral	\$ _____	\$ _____	\$ _____
Year deferrals begin	_____	_____	_____
Number of years deferrals continue	_____	_____	_____
Deferral increase rate	_____ %	_____ %	_____ %
Year payments begin	_____	_____	_____
Number of years of income	_____	_____	_____
Portion subject to tax	_____ %	_____ %	_____ %
Remainder value at first death	\$ _____	\$ _____	\$ _____
Remainder value at second death	\$ _____	\$ _____	\$ _____

Liabilities

Provide the requested information about your liabilities.

	Liability 1	Liability 2	Liability 3
Description	_____	_____	_____
Type*	_____	_____	_____
Tax deductible	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible party: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Current balance	\$ _____	\$ _____	\$ _____
Periodic payment	\$ _____	\$ _____	\$ _____
Payment frequency: (check one)	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual
Interest rate	_____ %	_____ %	_____ %
Year of maturity	_____	_____	_____

*Primary Residence, Other Mortgage, Rental Property, Business, Margin, Consumer, Automobile, Other

Insurance

Provide the requested information about any insurance policies you own.

Life Insurance

	Policy 1	Policy 2	Policy 3
Description	_____	_____	_____
Type (check one)	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Univ. Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Other	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Univ. Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Other	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Univ. Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Other

(Life Insurance continued)

	Policy 1	Policy 2	Policy 3
Insured party: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Survivor	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Survivor	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Survivor
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Irrev. Trust <input type="checkbox"/> Community	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Irrev. Trust <input type="checkbox"/> Community	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Irrev. Trust <input type="checkbox"/> Community
Beneficiary: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Irrev. Trust <input type="checkbox"/> Third Party	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Irrev. Trust <input type="checkbox"/> Third Party	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Irrev. Trust <input type="checkbox"/> Third Party
Annual premium	\$ _____	\$ _____	\$ _____
Face amount	\$ _____	\$ _____	\$ _____
Current cash value	\$ _____	\$ _____	\$ _____
Estimated cash value at retirement	\$ _____	\$ _____	\$ _____
Percent of cash value available to fund goals	_____ %	_____ %	_____ %

Long-Term Care Insurance

	Person 1	Person 2
Long-term care recipient: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Other
If you checked "Other," provide the recipient's name	_____	_____
If you checked "Other," provide the recipient's date of birth	_____	_____
Annual premium	\$ _____	\$ _____
Daily benefit	\$ _____	\$ _____
Waiting period (days)	_____	_____
Length of benefit (years)	_____	_____
Cost of living adjustment (COLA)	_____ %	_____ %

(Long-Term Care Insurance continued)

	Person 1	Person 2
COLA method: (check one)	<input type="checkbox"/> Simple <input type="checkbox"/> Compound	<input type="checkbox"/> Simple <input type="checkbox"/> Compound

Income Sources

	Client	Spouse
Salary	\$ _____	\$ _____
Self-employment earnings	\$ _____	\$ _____
Earnings not subject to FICA	\$ _____	\$ _____

Defined Benefit Pension

	Client	Spouse
Expected years of participation completed by retirement	_____	_____
Year benefit begins	_____	_____
Annual benefit amount	\$ _____	\$ _____
Estimate an annual benefit amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of years benefit continues	_____	_____
Increase rate before benefit begins	_____ %	_____ %
Increase rate after benefit begins	_____ %	_____ %
Joint life benefit (percent of annual benefit)	_____ %	_____ %
Current value	\$ _____	\$ _____
Remainder value at second death	\$ _____	\$ _____

Social Security Retirement Benefit

	Client	Spouse
Covered by Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percent Social Security COLA keeps pace with inflation		_____ %

(Social Security Retirement Benefit continued)

	Client	Spouse
Begin age	_____	_____
Annual benefit amount	\$ _____	\$ _____
Estimate an annual benefit amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Portion subject to tax: (check one)	<input type="checkbox"/> 0% <input type="checkbox"/> 50% <input type="checkbox"/> 85%	

Business/Real Estate Income

	Source 1	Source 2	Source 3
Description	_____	_____	_____
Type*	_____	_____	_____
*Rental Real Estate, Partnership, Sole Proprietorship, S Corporation, LLC, Farm, Other			
Cash / Non Cash: (check one)	<input type="checkbox"/> Cash <input type="checkbox"/> Non-Cash	<input type="checkbox"/> Cash <input type="checkbox"/> Non-Cash	<input type="checkbox"/> Cash <input type="checkbox"/> Non-Cash
Active / Passive: (check one)	<input type="checkbox"/> Active <input type="checkbox"/> Passive	<input type="checkbox"/> Active <input type="checkbox"/> Passive	<input type="checkbox"/> Active <input type="checkbox"/> Passive
Gross income	\$ _____	\$ _____	\$ _____
Operating expenses	\$ _____	\$ _____	\$ _____
Depreciation	\$ _____	\$ _____	\$ _____
Year income begins	_____	_____	_____
Number of years income continues	_____	_____	_____
Increase rate before income begins	_____%	_____%	_____%
Increase rate after income begins	_____%	_____%	_____%

Miscellaneous Income

	Source 1	Source 2	Source 3
Description	_____	_____	_____
Type: (check one)	<input type="checkbox"/> Ordinary <input type="checkbox"/> Dividend <input type="checkbox"/> Investment	<input type="checkbox"/> Ordinary <input type="checkbox"/> Dividend <input type="checkbox"/> Investment	<input type="checkbox"/> Ordinary <input type="checkbox"/> Dividend <input type="checkbox"/> Investment

(Miscellaneous Income continued)

	Source 1	Source 2	Source 3
Cash / Non Cash: (check one)	<input type="checkbox"/> Cash <input type="checkbox"/> Non-Cash	<input type="checkbox"/> Cash <input type="checkbox"/> Non-Cash	<input type="checkbox"/> Cash <input type="checkbox"/> Non-Cash
Active / Passive: (check one)	<input type="checkbox"/> Active <input type="checkbox"/> Passive	<input type="checkbox"/> Active <input type="checkbox"/> Passive	<input type="checkbox"/> Active <input type="checkbox"/> Passive
Annual income amount	\$ _____	\$ _____	\$ _____
Year income begins	_____	_____	_____
Number of years income continues	_____	_____	_____
Increase rate before income begins	_____ %	_____ %	_____ %
Increase rate after income begins	_____ %	_____ %	_____ %
Portion subject to tax	_____ %	_____ %	_____ %

Income from Notes and Annuities

	Source 1	Source 2	Source 3
Description	_____	_____	_____
Type: (check one)	<input type="checkbox"/> Note <input type="checkbox"/> Annuity	<input type="checkbox"/> Note <input type="checkbox"/> Annuity	<input type="checkbox"/> Note <input type="checkbox"/> Annuity
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWRORS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWRORS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> JTWRORS <input type="checkbox"/> Community <input type="checkbox"/> Tenants in Common
Current value	\$ _____	\$ _____	\$ _____
Annual payment amount	\$ _____	\$ _____	\$ _____
Year payments begin	_____	_____	_____
Number of years payments continue	_____	_____	_____
Payment increase rate	_____ %	_____ %	_____ %
Portion subject to tax	_____ %	_____ %	_____ %
Remainder value at first death	\$ _____	\$ _____	\$ _____

(Income from Notes and Annuities continued)

	Source 1	Source 2	Source 3
Remainder value at second death	\$ _____	\$ _____	\$ _____

Government Programs Retirement Benefits

	Program 1	Program 2	Program 3
Description	_____	_____	_____
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Annual benefit amount	\$ _____	\$ _____	\$ _____
Year benefit begins	_____	_____	_____
Number of years benefit continues	_____	_____	_____
Increase rate before benefit begins	_____%	_____%	_____%
Increase rate after benefit begins	_____%	_____%	_____%

Earnings During Retirement

	Source 1	Source 2	Source 3
Description	_____	_____	_____
Owner: (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Annual earnings amount	\$ _____	\$ _____	\$ _____
Year earnings begin	_____	_____	_____
Number of years earnings continue	_____	_____	_____
Increase rate before earnings begin	_____%	_____%	_____%
Increase rate after earnings begin	_____%	_____%	_____%

Living Expenses

Provide the requested information about your living expenses. Do not include debt payments. Enter all debt payments in the Liabilities section.

Lifestyle Expenses

Description	Current Monthly Amount	Retirement Monthly Amount (Today's Dollars)	Inflation Rate	Tax Deductible
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
_____	\$ _____	\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI

(AGI = Adjusted Gross Income)

Other Expenses

	Expense 1	Expense 2	Expense 3
Description	_____	_____	_____
Cash / Non Cash: (check one)	<input type="checkbox"/> Cash <input type="checkbox"/> Non Cash	<input type="checkbox"/> Cash <input type="checkbox"/> Non Cash	<input type="checkbox"/> Cash <input type="checkbox"/> Non Cash
Tax deductible: (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Over 2% of AGI <input type="checkbox"/> Over 7.5% of AGI
Annual amount	\$ _____	\$ _____	\$ _____
Year expense begins	_____	_____	_____
Number of years expense continues	_____	_____	_____
Increase rate before expense begins	_____ %	_____ %	_____ %
Increase rate after expense begins	_____ %	_____ %	_____ %

(AGI = Adjusted Gross Income)

Financial Goals

Provide the requested information about your long-term spending goals.

Education Goals

	Student 1	Student 2	Student 3
Student	_____	_____	_____
Years until need	_____	_____	_____
Years of need	_____	_____	_____
Annual amount (today's dollars)	\$ _____	\$ _____	\$ _____
Inflation rate	_____ %	_____ %	_____ %
Portion to fund	_____ %	_____ %	_____ %
Include Education goal in Advisor Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Accumulation Goals (Pre-Retirement)

	Goal 1	Goal 2	Goal 3
Description	_____	_____	_____
Years until need	_____	_____	_____
Years of need	_____	_____	_____
Annual amount (today's dollars)	\$ _____	\$ _____	\$ _____
Inflation rate	_____ %	_____ %	_____ %
Portion to fund	_____ %	_____ %	_____ %
Include Accumulation goal in Advisor Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other assets available to fund pre-retirement goals \$ _____

Retirement Spending Goal

Annual retirement spending goal	\$ _____
Portion of Annual Retirement Spending Goal needed for surviving spouse	_____ %
Amount to leave as a legacy	\$ _____

Other Retirement Goals

	Goal 1	Goal 2	Goal 3
Description	_____	_____	_____
Begin year	_____	_____	_____
Years of need	_____	_____	_____
Annual amount	\$ _____	\$ _____	\$ _____
Inflation rate before goal	_____ %	_____ %	_____ %
Inflation rate during goal	_____ %	_____ %	_____ %

Projected Long-Term Care Expenses

Provide the requested information about your expected or assumed future long-term care needs. Persons 1 and 2 correspond to the persons entered on page 9 of this questionnaire.

	Person 1	Person 2
Include LTC goal in Advisor Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-term care recipient(s) (check one)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Other
If you checked "Other," provide the recipient's name	_____	_____
If you checked "Other," provide the recipient's date of birth	_____	_____
Age long-term care need begins	_____	_____
Years of long-term care need*	_____	_____
State in which long-term care services will be provided	_____	_____
Daily cost of long-term care	\$ _____	\$ _____
Estimate a daily cost amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Increase rate before the LTC need begins	_____ %	_____ %
Increase rate after the LTC need begins	_____ %	_____ %

* The average nursing home stay is 2.5 years. Source: "A Long-Term Commitment," Best's Review, October 2000

