

Personal Financial Data Form Introduction

Congratulations on taking the first step toward reaching your goals! It has been said, "a journey of a thousand miles begins with a single step." Completing this data form is your first step toward achieving your goals.

Before you begin you need to have a clear idea of where you are. This data form is designed to simplify, as much as possible, the gathering of your financial information. The analysis that comes from this data may provide the basis for making recommendations for specific investments and other financial tools that you may consider to help meet your family's needs and achieve your goals. This analysis can only be as accurate as the information you provide.

When entering amounts, use only whole dollar numbers. If you want additional information about a particular section please call the office, or write "Please Call" in the margin or "Notes" section and you will be contacted prior to your appointment. If you prefer, you may supply copies of statements in lieu of completing the corresponding sections. If there is not enough space in a section, please make a copy of the page and clearly indicate the attachment.

Information considered critical for completing the analysis is highlighted in gray.

| FAMILY DATA | | | | | | |
|---|------|-----------|--------------------|-----|---|------------|
| First Name | M.I. | Last Name | Birth Date | Sex | Smoker | Occupation |
| Client A | | | / / | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Client B | | | / / | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Home Address: Street _____ | | | | | | |
| City | | State | | Zip | | |
| Home Phone: () _____ | | | | | | |
| Business Phone: | | | | | | |
| Client A () _____ | | | Client B () _____ | | | |
| DEPENDENTS | | | | | | |
| First Name | M.I. | Last Name | Birth Date | Sex | | |
| | | | / / | | | |
| | | | / / | | | |
| | | | / / | | | |
| | | | / / | | | |
| Notes: _____ | | | | | | |
| _____ | | | | | | |
| RETIREMENT ASSUMPTIONS | | | | | | |
| Desired Monthly, After-Tax Retirement Income (in today's dollars) _____ | | | | | | |
| Average Annual Inflation Rate _____ % | | | | | | |
| Retirement Considerations: Client A | | | | | | |
| Planned Retirement Age _____ | | | | | | |
| Do you want Social Security included as a retirement income source? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not Eligible <input type="checkbox"/> Use PIA \$ _____ | | | | | | |
| Expected Monthly Pension Benefit _____ | | | | | | |
| Assumed Life Expectancy (if other than 85) _____ | | | | | | |
| Retirement Considerations: Client B | | | | | | |
| Planned Retirement Age _____ | | | | | | |
| Do you want Social Security included as a retirement income source? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not Eligible <input type="checkbox"/> Use PIA \$ _____ | | | | | | |
| Expected Monthly Pension Benefit _____ | | | | | | |
| Assumed Life Expectancy (if other than 85) _____ | | | | | | |
| Notes: _____ | | | | | | |
| _____ | | | | | | |

RETIREMENT PLANS

Account information and holdings.

Client A Plan Description: _____ Plan Type:* _____

| Investments: Type ** | Description | Value | Total Return | Annual Additions (indicate \$ or %) | |
|----------------------------|-------------|-------|-----------------|-------------------------------------|----------|
| | | | | Client | Employer |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Client B Plan Description: _____ Plan Type:* _____

| Investments: Type ** | Description | Value | Total Return | Annual Additions (indicate \$ or %) | |
|----------------------------|-------------|-------|-----------------|-------------------------------------|----------|
| | | | | Client | Employer |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

* **Plan:** Enter the abbreviation that applies to **qualified plan type**: **I**-IRA, **R**-Roth IRA, **K**-Keogh, **P**-Profit Sharing/401k, **S**-SEP-IRA/Simple, **T**-TSA/403b, **D**-Deferred Comp/457, **O**-Other.

** **Asset Type:** Enter the abbreviation for **each investment in this retirement account**: **S**-Stock, **B**-Bond, **M**-Mutual Fund, **C**-Cash Holding, **CD**- Certificate of Deposit, **LP**-Limited Partnership, **T**-Tangible Asset, **U**-Unit Investment Trust.

Notes: _____

INVESTMENT ASSETS

List all investment assets or attach statements.

| Type * | Name/Description | Owner ** | Value | Total Return | Annual Additions |
|-----------|------------------------|-------------|-------|-----------------|---------------------|
| C | Checking Account | | _____ | _____ | _____ |
| C | Money Market | C | _____ | _____ | _____ |
| C | Savings | C | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

* **Type:** Enter the abbreviation for each **investment asset**: **S**-Stock, **B**-Bond, **M**-Mutual Fund, **C**-Cash Holding, **CD**-Certificate of Deposit **LP**-Limited Partnership, **T**-Tangible Asset, **U**-Unit Investment Trust.

** **Owner:** Enter the abbreviation that applies to the owner of these investment assets: **A**-Client A, **B**-Client B, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

Notes: _____

REAL ESTATE

| Description | Market Value | Mortgage | | | Second | | | Personal Property |
|-------------|-----------------|----------|---------|-----------|---------|---------|-----------|----------------------|
| | | Balance | Payment | Int. Rate | Balance | Payment | Int. Rate | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Notes: _____

LIFE INSURANCE

| Type * | Description | Insured ** | Death Benefit | Cash Value | Rate of Return |
|--------|-------------|------------|---------------|------------|----------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

* **Type:** Enter the abbreviation that applies to the **type of insurance**: **T**-Term, **GT**-Group Term, **W**-Whole Life, **U**-Universal, **V**-Variable, **VU**-Variable Universal.

** **Insured:** Enter the abbreviation that applies to the **life insurance policy**: **A**-Client A, **B**-Client B, **C**-Child.

Notes: _____

ANNUITIES

| Type * | Description | Annuitant ** | Monthly Payout | Cash Value | Rate of Return |
|--------|-------------|--------------|----------------|------------|----------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

* **Type:** Enter the abbreviation that applies to the **type of annuity**: **FD**-Fixed Deferred, **FI**-Fixed Immediate, **VD**-Variable Deferred, **VI**-Variable Immediate.

** **Annuitant:** Enter the abbreviation that applies: **A**-Client A, **B**-Client B, **O**-Other.

Notes: _____

INCOME

TAXES

| Source | Client A | Client B | Source | Client A | Client B |
|--------------------------------|----------|----------|-----------------------------------|----------|----------|
| Salary & Wages | _____ | _____ | IRA Deduction | _____ | _____ |
| Net Self-Employment | _____ | _____ | Qualified Plan Contribution | _____ | _____ |
| Social Security Benefits | _____ | _____ | Other Adjustments | _____ | _____ |
| Taxable Pension Income | _____ | _____ | Standardized/Itemized Deductions | _____ | _____ |
| Other | _____ | _____ | Tax Credits | _____ | _____ |

Notes: _____

BUDGET

| | Monthly Amount | Monthly Amount |
|--|----------------|--------------------------------------|
| Debts/Liabilities (other than Mortgage, ie. credit cards, loans) | _____ | _____ |
| Food | _____ | Unreimbursed Business Expenses |
| Medical/Dental | _____ | Automobile Expenses & Leases |
| Entertainment/Recreational | _____ | Rent |
| Charity/Gift Giving | _____ | Education Expenses |
| Clothing | _____ | Total Insurance |
| Home Maintenance/Furnishings | _____ | Other |
| Utilities & Miscellaneous Costs | _____ | |

Notes: _____

➡ List annual income and last year's tax information.