

Capital Preservation

PARTNERS



Fact Finder

Client Name

Spouse Name

Advisors Name

Date

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The Fact Finder will assist you in gathering your client's personal and financial information.

Client Information

Client

Name (First/Last)			
Address Line 1:			
Address Line 2:			
City:		State:	
Zip:			
Date of Birth:		Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
Marital Status: <i>(single, married, separated, divorced)</i>		Previous Marriage?: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Citizenship: <i>(U.S. Citizen, Resident Alien, Non-Resident Alien)</i>			
Tax Mode: <i>(Form 1040, Flat Tax)</i>			
Flat Tax Rate:			
# of Tax Exemptions:			
Core Cash Account Growth Rate:			
Home Phone:			
Work Phone:			
Cell Phone:			
Fax:			
E-mail:			

Spouse

Name (First/Last)			
Date of Birth:		Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
		Previous Marriage?: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Citizenship: <i>(U.S. Citizen, Resident Alien, Non-Resident Alien)</i>			

Employment – Client

Employer Name			
Employer Address Line 1:			
Employer Address Line 2:			
City:		State:	
Zip:			

Employment – Spouse

Employer Name			
Employer Address Line 1:			
Employer Address Line 2:			
City:		State:	
Zip:			

Client Info – cont.

Children

First Name	Last Name	Date of Birth	Gender	Special Needs? (Yes / No)	Marital Status (single, married, separated, divorced)	From Previous Marriage? (Yes / No)	Citizenship (U.S. Citizen, Resident Alien, Non-Resident Alien)	Flat Tax Rate	Core Cash Account Growth Rate

Grandchildren

First Name	Last Name	Date of Birth	Gender	Special Needs? (Yes / No)	Marital Status (single, married, separated, divorced)	Citizenship (U.S. Citizen, Resident Alien, Non-Resident Alien)	Flat Tax Rate	Core Cash Account Growth Rate

Advisors

Advisor Type (Accountant, Lawyer, etc.)	Full Name (Contact Name, Company Name)	Address	Phone, Fax, E-mail

Entities

Individuals

First Name	Last Name	Date of Birth	Gender	Marital Status <i>(single, married, separated, divorced)</i>	Citizenship <i>(U.S. Citizen, Resident Alien, Non-Resident Alien)</i>	Relationship <i>(Mother, Father, Aunt, Uncle, Business Partner, Significant Other, etc.)</i>	Flat Tax Rate	Core Cash Account Growth Rate

Charities

Name:		Core Cash Account Growth Rate:	
Name:		Core Cash Account Growth Rate:	
Name:		Core Cash Account Growth Rate:	
Name:		Core Cash Account Growth Rate:	
Name:		Core Cash Account Growth Rate:	

Entities - Notes:

Assumptions

Model Portfolios

Provide the following Growth Rate

Model Portfolio	Client Growth Rate:	Default Growth Rate:
Inflation:		
Asset Preservation:		
Income:		
Enhanced Income:		
Growth and Income:		
Growth		
Aggressive Growth:		

Retirement and Death

	Client		Spouse
Semi-Retirement Age:		Semi-Retirement Age:	
Retirement Age:		Retirement Age:	
Advanced Age:		Advanced Age:	
Assumed age of Death:		Assumed age of Death:	
Probate Rate:		Probate Rate:	
Final Expenses:		Final Expenses:	

Tax Laws and Rates

Provide the following Tax Rate

Estate Tax Law:	Sunset Provision <input type="checkbox"/>	Fixed at 2009 Levels <input type="checkbox"/>
Income Tax Law:	Sunset Provision <input type="checkbox"/>	Fixed at 2010 Levels <input type="checkbox"/>

State and Local Taxes

State Income Tax Rate:	%	Local Tax Rate:	%
State Death Tax Rate:	%	Additional State Tax Rate:	%

Other Rates

Heirs Income Tax Rate (IRD):	%	IRC Sec. 7520:	%
Present Value Discount:	%	Default Income Tax Rate for Entities:	%

Assumptions - Notes:

Property

Real Estate

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Property Type: <i>(Residence, Non-Residence)</i>				
Current Value:				
Tax Basis:				
Pre-Retire Gross Growth:				
Post-Retire Gross Growth:				
Owner: <i>(Client, Spouse, Joint, etc.)</i>				
State:				

Mortgages

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Mortgage Name:				
Institution Name:				
Institution Website Address:				
Property Name:				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
as of Date <i>(Current Balance)</i> :				
Interest Rate:				
Loan Term <i>(Years)</i> :				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually)</i> :				
Repayment Type <i>(Principal and Interest, Interest Only)</i> :				
Is Interest Deductible? <i>(Yes/No)</i>				
Insured for Life?: <i>(Yes/No)</i>				
Estimated Payment:				

Personal Property

	(1)	(2)	(3)	(4)
Asset Name:				
Current Value:				
Tax Basis:				
Pre-Retire Gross Growth:				
Post-Retire Gross Growth:				
Owner: <i>(Client, Spouse, Joint, etc.)</i>				

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Investments

Investments: Taxable

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Current Value:					
Tax Basis:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Realization Model: <i>(By Portfolio/Growth Rate, Tax-Free Income, Income Only, Enhanced Income, Growth & Income, Growth, Aggressive)</i>					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					
% is Qualified Dividends:					
% is Investment Income subject to Ordinary Income Tax:					
% is Capital Gains (short or long term):					
% is Non-Taxable:					
% Turned over Annually:					
% Distributed Annually:					

Investments: Cash

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Asset Type <i>(Cash, CDs, T-Bills, Checking, Savings, Money Market, Cash Management Account)</i>					
Current Value:					
Tax Basis:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					

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Is this Asset Tax Free? <i>(Yes / No):</i>					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					

Investments: Qualified Retirement

(401(k), IRA, KEOGH, Profit Sharing, 403(b), Pension, SEP, Other)

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Type <i>(401(k), IRA, KEOGH, Profit Sharing, 403(b), Pension, SEP, Other)</i>					
Current Value:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
Beneficiary:					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					
Contributions based on <i>(All Earned Income, Client/Spouse Salary, Client/Spouse Social Security):</i>					

Employee Contributions (For 401(k) or 403(b))

Type: <i>(None, Percent of Salary, Fixed Amount, Maximum)</i>	
Percent:	
Annual Dollar Amount:	

Employer Contributions (For 401(k) or 403(b))

Type: <i>(None, Percent of Salary, Match Percent, Fixed Amount, Maximum)</i>	
Employer Percent Match of Employee Contribution:	
Maximum Employer Contribution Percent of Employee Salary:	
Annual Dollar Amount:	

Investments – cont.

Investments: Roth IRAs

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Current Value:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
Beneficiary:					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					

Investments: 529 Plans

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Current Value:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Grantor:					
Beneficiary:					
Under Our Management?: <i>(Yes / No)</i>					
Exclude from Planning?: <i>(Yes / No)</i>					

FMV per share at Purchase:					
Shares Sold? (Yes/No):					
Sale Price:					
Date Sold:					

Option Lots (2)

Date Purchased:					
Shares Purchased:					
FMV per share at Purchase:					
Shares Sold? (Yes/No):					
Sale Price:					
Date Sold:					

Option Lots (3)

Date Purchased:					
Shares Purchased:					
FMV per share at Purchase:					
Shares Sold? (Yes/No):					
Sale Price:					
Date Sold:					

Business Interests

	(1)	(2)	(3)
Business Name:			
Base Value:			
Pre-Retire Gross Growth:			
Post-Retire Gross Growth:			
Tax Basis:			
Owner: <i>(Client, Spouse, Joint, etc.)</i>			
Business Type <i>(Sole Prop., Partnership, S-Corp, C-Corp, LLC, Professional Corp) :</i>			
Income Distribution <i>(None, Annuity/Fixed, Interest/Income):</i>			
Distribution Amount:			
Distribution (% of Income):			
Related Questions			
Client active in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse active in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
# of Children Active in the Business:			
Future Plans for Business <i>(Retain with Family, Sell to Employees, Sell to 3rd Party, Liquidate, Unsure)</i>			
Relatives active in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shareholder, Partnership or Operating Agreement:	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Does current agreement permit gifting?:	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Buy/ Sell Agreement among owners?:	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Buy/ Sell Agreement funded with life insurance?:	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
How much coverage <i>(If applicable):</i>			

Business Interests - Notes:

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Insurance

Life Insurance

	(1)	(2)	(3)	(4)
Policy Name:				
Policy Number:				
Institution Name:				
Institution Website Address:				
Purchase Date:				
Policy Type <i>(Whole Life, VWL, Term, UL, VUL, Group, Other):</i>				
Years <i>(Term Only)</i> :				
Insured <i>(Client, Spouse, Survivorship etc.):</i>				
Owner <i>(Client, Spouse, Joint, etc.):</i>				
Beneficiary <i>(Client, Spouse, Survivorship, etc.):</i>				
Exclude from Planning?: <i>(Yes/No)</i>				
Death Benefit:				
Cash Value:				
Cash Value Growth Rate:				
Annual Premium:				
Premium Term <i>(Years):</i>				
Premium Payer <i>(Client, Spouse, Joint, Other Entity, etc.):</i>				
Exclusion Amount:				
Proceeds Reinvested at:				
Proceeds Realization Model:				

Long Term Care

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Institution Name:			
Institution Website Address:			
Purchase Date:			
Insured <i>(Client, Spouse):</i>			
Benefit Amount:			
Period for Benefit Amt <i>(Annually, Quarterly, Monthly, Daily):</i>			
Owner <i>(Client, Spouse, Joint):</i>			
Annual Premium:			

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Premium Term (Years):			
Premium Payer (Client, Spouse, Joint):			
Elimination Period (0, 30, 60, 90, 120, 180 Days, 1 Year):			
Benefit Period (# Years, Life):			
COLA %:			

Disability

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Institution Name:			
Institution Website Address:			
Purchase Date:			
Policy Type (Group Short Term, Group Long Term, Personal Short Term, Personal Long Term, Other):			
Insured (Client, Spouse):			
Benefit Amount:			
Period for Benefit Amt (Annually, Quarterly, Monthly, Daily):			
Owner (Client, Spouse, Joint):			
Annual Premium:			
Premium Term (Years):			
Premium Payer (Client, Spouse, Joint):			
Elimination Period (0, 7, 14, 30, 60, 90, 180 Days, 1 Year):			
Benefit Period (90, 180 Days, # Years, Age 65, Life):			
COLA %:			
Own Occupation (Yes / No):			

Insurance - Notes:

Notes Receivable

	(1)	(2)	(3)	(4)
Note Name:				
Original Loan Amount:				
Date of Loan :				
Current Balance:				
Current Tax Basis:				
Balance as of date:				
Owner <i>(Client, Spouse, Joint, etc.)</i> :				
Interest Rate:				
Number of Payments:				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually)</i> :				
Estimated Payment:				

Notes Receivable - Notes:

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Liabilities

Mortgages

.....see Property → Real Estate

Loans

	(1)	(2)	(3)	(4)
Loan Name:				
Institution Name:				
Institution Website Address:				
Loan Type <i>(Auto, Personal, Business, LOC, Student Loan, Credit Card, etc.)</i> :				
Original Loan Amount:				
Date of Loan :				
Current Balance:				
Balance as of date:				
Owner <i>(Client, Spouse, Joint, etc.)</i> :				
Interest Rate:				
Number of Payments:				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually)</i> :				
Repayment Type <i>(Principal and Interest, Interest Only)</i> :				
Interest Deductible? <i>(Yes/No)</i> :				
Loan Collateralized? <i>(Yes/No)</i> :				
Estimated Payment:				

Liabilities - Notes:

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Income

Salary & Bonus

	(1)	(2)	(3)	(4)
Salary/ Bonus Name:				
Annual Amount:				
Indexed at <i>(No Growth, Inflation, etc.)</i> :				
Start Indexing <i>(Immediately, At Start Year)</i> :				
Owner <i>(Client, Spouse, Joint)</i> :				
Destination Account :				
Guaranteed? <i>(Yes/ No)</i> :				
Starts <i>(Retirement, at Death, Calendar Year)</i> :				
Ends <i>(Retirement, at Death, Calendar Year)</i> :				

Social Security & Deferred Income

	(1)	(2)	(3)	(4)
Income Name:				
Type <i>(Social Sec, Pension, Def Comp, Other)</i> :				
Annual Amount:				
Indexed at <i>(No Growth, Inflation, etc.)</i> :				
Start Indexing <i>(Immediately, At Start Year)</i> :				
Owner <i>(Client, Spouse, Joint)</i> :				
Destination Account :				
Guaranteed? <i>(Yes/ No)</i> :				
Non-Taxable? <i>(Yes/ No)</i> :				
Starts <i>(Retirement, at Death, Calendar Year)</i> :				
Ends <i>(Retirement, at Death, Calendar Year)</i> :				

Immediate Annuity

	(1)	(2)	(3)	(4)
Annuity Name:				
Annual Payments:				
Exclusion Ratio:				
Owner <i>(Client, Spouse, Joint, etc.)</i> :				
Destination Account :				

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Ends (Retirement, at Death, Calendar Year):				
---	--	--	--	--

Other Income

	(1)	(2)	(3)	(4)
Income Name:				
Type (Bus Dist, Part Dist, Real Estate, Trust, Other):				
Tax Treatment (Earned Income, Capital Gains, Investment Ordinary Income, Non-Taxable Income):				
Annual Amount:				
Indexed at (No Growth, Inflation, etc.):				
Start Indexing (Immediately, At Start Year):				
Owner (Client, Spouse, Joint, etc.):				
Destination Account:				
Guaranteed? (Yes/No):				
Starts (Retirement, at Death, Calendar Year):				
Ends (Retirement, at Death, Calendar Year):				

Accredited Investor

Use the following criteria to help determine if the Client is an accredited investor. If at least one condition is met, the Client should be considered an accredited investor.

Client and Spouse have a net worth in excess of \$1,000,000	Yes <input type="checkbox"/> No <input type="checkbox"/>
- or - Client had an individual income in excess of \$200,000 for the past two years and has a reasonable expectation to have an income in excess of \$200,000 this year.	Yes <input type="checkbox"/> No <input type="checkbox"/>
- or - Client and Spouse had a joint income in excess of \$300,000 for the past two years and they have a reasonable expectation to have a joint income in excess of \$300,000 this year.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Income - Notes:

Expenses – cont.

Education

Education Name	Education For	Annual Amount	Indexed At <small>(No Growth, Inflation, Other)</small>	Start Indexing <small>(Immediately, At Start Year)</small>	Starts	Ends

Education - Worksheet

University / Institution State	University / Institution Name	Annual Tuition Expense	Annual Book Expense	Annual Room & Board Expense	Other Annual Expenses

Education - Liquidation Priority

Asset Name	Priority

Other Expenses

Name	Type	Annual Amount	Indexed At (Pre-Retire) <small>(No Growth, Inflation, Other)</small>	Indexed At (Post-Retire) <small>(No Growth, Inflation, Other)</small>	Start Indexing <small>(Immediately, At Start Year)</small>	Deductible Type <small>(Non-Deductible, Deductible, Alimony, Medical Expense, Taxes Paid, Interest Paid, Charitable Gift, Job-Related Expense, Misc. Deduction)</small>	Starts	Ends

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Trusts and Partnerships

Current Plan

ILITs

	(1)	(2)	(3)	(4)
ILIT Name:				
Date Established:				
Payout Type <i>(None, Annuity/Fixed, Unitrust/%, Interest/Income.)</i> :				
Annuity Amount or Payout Rate:				
Current Value:				
Income Beneficiary:				
Remainder Beneficiary <i>(Children, Grandchildren, etc.)</i> :				
Term <i>(years)</i> :				
Term expires at Death of <i>(Client, Spouse, Last to Die)</i> :				
Assets Owned:				

FLPs

	(1)	(2)	(3)	(4)
FLP Name:				
Date Established:				
Payout Type <i>(None, Annuity/Fixed, Unitrust/%, Interest/Income.)</i> :				
Annuity Amount or Payout Rate:				
Current Value:				
Owner:				
Discount %:				
Default Investment Rate <i>(Inflation, etc.)</i> :				
Assets Owned:				
Gifting Recipient:				
Gifting Amount:				
Exclusion:				
Starts <i>(Retirement, at Death, Calendar Year)</i> :				
Ends <i>(Retirement, at Death, Calendar Year)</i> :				

Trusts and Partnerships – cont.

QPRTs

	(1)	(2)	(3)	(4)
QPRT Name:				
Residence:				
Date Established:				
Retained Interest:				
Remainder Interest:				
Grantor (Client, Spouse, Joint):				
Remainder Beneficiary (Children, Grandchildren, etc.):				
Term (Years):				
With Reversion (Yes/No):				

GRTs

	(1)	(2)	(3)	(4)
GRT Name:				
Date Established:				
Payout Type (None, Annuity/Fixed, Unitrust/%, Interest/Income.):				
Annuity Amount or Payout Rate:				
Current Value:				
Income Interest:				
Remainder Interest:				
Grantor (Client, Spouse, Joint):				
Income Beneficiary (Children, Grandchildren, etc.):				
Remainder Beneficiary (Children, Grandchildren, etc.):				
Term (Years):				
Term expires at death of:				
With Reversion (Yes/No):				
Default Investment Rate (Inflation, etc.):				
Assets Owned:				

Trusts and Partnerships – cont.

CRTs/ CLTs

	(1)	(2)	(3)	(4)
CRT/CLT Name:				
Date Established:				
Payout Type <i>(None, Annuity/Fixed, Unitrust/%, Interest/Income.)</i> :				
Annuity Amount or Payout Rate:				
Current Value:				
Income Interest:				
Remainder Interest:				
Grantor <i>(Client, Spouse, Joint)</i> :				
Income Beneficiary <i>(Children, Grandchildren, etc.)</i> :				
Remainder Beneficiary <i>(Children, Grandchildren, etc.)</i> :				
Term <i>(Years)</i> :				
Term expires at death of:				
Default Investment Rate <i>(Inflation, etc.)</i> :				
Assets Owned:				

Revocable Trusts

	(1)	(2)	(3)	(4)
Revocable Trust Name:				
Date Established:				
Payout Type <i>(None, Annuity/Fixed, Unitrust/%, Interest/Income.)</i> :				
Annuity Amount or Payout Rate:				
Current Value:				
Grantor:				
Income Beneficiary:				
Remainder Beneficiary <i>(Children, Grandchildren, etc.)</i> :				
Assets Owned:				

Wills and Gifting

Wills

	Client	Spouse
Unified Credit Planning		
Give Remaining Unified Credit to:		

Marital Deductions:

Deduction Type <i>(Full, None, % of Estate, Specific Amt)</i> :		
Amount - or - %:		

Revocable Trust:

Transfer Assets to Revocable Trust to Avoid Probate:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Bequests

	(1)	(2)	(3)	(4)	(5)
Bequest Name:					
Decedent <i>(Client, Spouse)</i> :					
Recipient:					
Type <i>(Dollar Amount, Percent of Asset, Percent of Remaining Estate)</i> :					
Dollar Amount or % of Asset:					
Bequest from <i>(Account or Asset Name)</i> :					
% of Remaining Estate:					

Past Gifting

	Client	Spouse
Post-1976 Taxable Gifts:		
Federal Gift Tax Paid on post-1976 Taxable Gifts:		

Objectives

Retirement/ Investment

Rate the importance of each item according to the following scale:

	Low	Med	High
Your retirement goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having all of your portfolios consolidated and analyzed to make sure your overall plan is on track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matching your risk tolerance to that of your investment portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against that of an index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against your plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative retirement methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing the taxes on your investment accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing techniques to save income tax and estate taxes on deferred money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asset protection in the result of serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting assets in the event that you require long term care in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving adequate income in the event of disability during your working years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your spouse in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generating a guaranteed retirement income stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your children in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estate

Rate the importance of each item according to the following scale:

	Low	Med	High
Distributing assets equally to your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your assets transferred to your children from creditors, divorce, and bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your insurance portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing different methods of meeting your estate tax liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable planning to your estate's planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing annually to charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifting to your children if it doesn't interfere with your financial independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for your grandchildren's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your current will structure to eliminate unnecessary taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your residence and/or vacation home from estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your estate in trust for your spouse in order to protect your children's inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Objectives – cont.

Business

Rate the importance of each item according to the following scale:

	Low	Med	High
Maintaining control of your business throughout your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eliminating the need to liquidate your business to pay estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner where it is sold to key employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a business planning concept to help you sell your business to key employees in an efficient manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing incentives to your key employees with non-stock compensation alternatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your key employees own stock in your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your business from the death of a key employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your key employees and their families from serious illness and disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your company from serious illness and disability of your employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key employees to the continued success of your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner that maintains family ownership and control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining family harmony after your estate has been settled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your spouse take an active/ownership role in the business plan after you pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a business planning concept that shows you how to gift/sell/bequest your business to your children/heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equalizing the inheritance for your children not active in the business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaving the business only to active children/heirs versus all children/heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your children/heirs active in the business with regards to the future success of your business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner where it is sold to a third party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your business' property and casualty coverages every two years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative sources for your existing line of credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing the efficiency of your existing long term debt structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying out a partner's interest in the event of his or her death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Defined

Rate the importance of each item according to the following scale:

	Low	Med	High
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Tolerance Questionnaire

If you own a home, do you have more than 30% equity?

- No
 Yes

Which of the following best describes your current employment situation?

- Full-Time
 Part-Time
 Retired
 Unemployed

From an original investment of \$15,000, your portfolio now worth \$25,000 suddenly declines \$3,750 or 15%, which best describes your response?

- I would look for a way to invest more
 I would take no action
 I would be somewhat concerned
 I would avoid any investment that could suddenly lose 15% of its value (Choose last answer for next question)

Your portfolio, from previous question, now worth \$21,250 suddenly declines another \$2,125 or 10%, which best describes your response?

- I would look for a way to invest more
 I would take no action
 I would be somewhat concerned
 I would probably sell
 I would never have made this investment (choose last answer on previous question)

Have you invested in Equities?

- No
 Yes

Have you invested in Fixed Incomes?

- No
 Yes

Have you invested in Mutual Funds?

- No
 Yes

Have you invested in Options, Futures or Derivatives?

- No
 Yes

