



"FAILING TO PLAN IS PLANNING TO FAIL"  
- PROVERB -

## INTRODUCTION

The **Wealth Assessment** is the first step in our analysis of your financial portfolio. This will help us gather financial information, become aware of your concerns, organize and prioritize your goals and develop a well thought out strategy to achieve your plans and objectives. Our goal is to help you to build your bridge between the realities of today and your goals for a better tomorrow.

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# CLIENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Driver's License: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Single

Married

Divorced

Separated

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

## • EMERGENCY CONTACT *(currently not living with you)* •

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## • DEPENDENTS *(If Applicable)* •

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## CLIENT BENEFICIARY INFORMATION

### • PRIMARY BENEFICIARY •

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

### • CONTINGENT BENEFICIARY •

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

*If extra space is needed for additional beneficiary, please provide on a separate sheet of paper.*

*\*Per Stirpes – A stipulation that, should a beneficiary predecease the will maker, the beneficiary's share of the inheritance will go to his or her heirs.*

## CO-CLIENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Driver's License: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Single

Married

Divorced

Separated

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

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● **EMERGENCY CONTACT** *(currently not living with you)* ●

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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● **DEPENDENTS** *(If Applicable)* ●

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## CO-CLIENT BENEFICIARY INFORMATION

### • PRIMARY BENEFICIARY •

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

### • CONTINGENT BENEFICIARY •

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation?  YES  NO

*If extra space is needed for additional beneficiary, please provide on a separate sheet of paper.*

*\*Per Stirpes – A stipulation that, should a beneficiary predecease the will maker, the beneficiary's share of the inheritance will go to his or her heirs.*

"GOOD PLANS SHAPE GOOD DECISIONS. THAT'S WHY GOOD PLANNING HELPS TO MAKE ELUSIVE DREAMS COME TRUE."

- GEOFFREY FISHER -



## GOALS

Imagine the future you'd like to bring more within reach. What matters most to you?

In the next few pages take a few minutes to define your goals and ambitions. By identifying what is most important you can start the process of creating a customized plan and working on bridging the gap between your current financial situation and your future goals.

# FINANCIAL PLANNING GOALS

## • RETIREMENT GOAL •

### 1. When would you like to retire?

Enter your Ideal Age – the earliest age you might like to retire. Then enter an Acceptable Age – the latest you could retire and still be satisfied.

#### RETIREMENT AGE

**CLIENT:** Ideal Age \_\_\_\_\_ Acceptable Age \_\_\_\_\_

**CO-CLIENT:** Ideal Age \_\_\_\_\_ Acceptable Age \_\_\_\_\_

#### RETIREMENT LIVING EXPENSE

Enter an approximate amount that you would need for living expenses during retirement (e.g. food, clothes, utilities, etc.)

**IDEAL AMOUNT:** \$\_\_\_\_\_ per year

**ACCEPTABLE AMOUNT:** \$\_\_\_\_\_ per year

### 2. Do you plan to move to a different State during Retirement?

YES     NO

If so, where \_\_\_\_\_

### 3. Do you plan on selling your home at retirement?

YES     NO

If no, when would you sell your primary home? \_\_\_\_\_

### 4. Do you plan on working part-time during retirement?

YES     NO

If yes, who will be working during retirement? \_\_\_\_\_

How many hours? \_\_\_\_\_

Total Gross income from part-time work \_\_\_\_\_

How many years do you plan on working part-time? \_\_\_\_\_



## EDUCATION GOALS

Provide information about college expense that will be funded from your investment portfolio.

CHILD NAME & DATE OF BIRTH	UNDERGRADUATE		GRADUATE	
	<input type="checkbox"/> Public-In-State	<input type="checkbox"/> 2-years	<input type="checkbox"/> Public-In-State	<input type="checkbox"/> 2-years
	<input type="checkbox"/> Public-Out-State	<input type="checkbox"/> 4-years	<input type="checkbox"/> Public-Out-State	<input type="checkbox"/> 4-years
	<input type="checkbox"/> Private		<input type="checkbox"/> Private	
	<i>Specific college name (if identified):</i>		<i>Specific college name (if identified):</i>	
	How much would you like to fund? \$		How much would you like to fund? \$	
	<input type="checkbox"/> Public-In-State	<input type="checkbox"/> 2-years	<input type="checkbox"/> Public-In-State	<input type="checkbox"/> 2-years
	<input type="checkbox"/> Public-Out-State	<input type="checkbox"/> 4-years	<input type="checkbox"/> Public-Out-State	<input type="checkbox"/> 4-years
	<input type="checkbox"/> Private		<input type="checkbox"/> Private	
	<i>Specific college name (if identified):</i>		<i>Specific college name (if identified):</i>	
	How much would you like to fund? \$		How much would you like to fund? \$	
	<input type="checkbox"/> Public-In-State	<input type="checkbox"/> 2-years	<input type="checkbox"/> Public-In-State	<input type="checkbox"/> 2-years
	<input type="checkbox"/> Public-Out-State	<input type="checkbox"/> 4-years	<input type="checkbox"/> Public-Out-State	<input type="checkbox"/> 4-years
	<input type="checkbox"/> Private		<input type="checkbox"/> Private	
	<i>Specific college name (if identified):</i>		<i>Specific college name (if identified):</i>	
	How much would you like to fund? \$		How much would you like to fund? \$	
	<input type="checkbox"/> Public-In-State	<input type="checkbox"/> 2-years	<input type="checkbox"/> Public-In-State	<input type="checkbox"/> 2-years
	<input type="checkbox"/> Public-Out-State	<input type="checkbox"/> 4-years	<input type="checkbox"/> Public-Out-State	<input type="checkbox"/> 4-years
	<input type="checkbox"/> Private		<input type="checkbox"/> Private	
	<i>Specific college name (if identified):</i>		<i>Specific college name (if identified):</i>	
	How much would you like to fund? \$		How much would you like to fund? \$	







## ESTATE & TAX PLANNING

### • ESTATE PLANNING •

Many people assume their family will automatically inherit the assets they leave behind, however without a will, those assets can be held in probate court and distributed according to their state's law. Make sure you have the right documents in place so your estate will be executed according to your wishes.

1. Have you implemented an estate planning?  YES  NO

If yes, check all that apply:

- Will(s)                       Medical Power-of-Attorney                       Insurance Trust  
 Trust(s)                       Living Will or Healthcare Directive                       Power-of-Attorney  
 Other \_\_\_\_\_

2. Do you anticipate an inheritance?  YES  NO

If so, how much approximately \$ \_\_\_\_\_

### • TAX PLANNING •

Tax planning is an important part of managing assets, please take a moment and answer the following questions.

1. Do you currently have tax-loss carry forward?  YES  NO

If so, please provide amount:

Long Term: \$ \_\_\_\_\_ Short Term: \$ \_\_\_\_\_

2. Do you receive an annual tax refund?  YES  NO

If so, approximate amount? \$ \_\_\_\_\_

3. Do you pay quarterly taxes?  YES  NO

If so, how much? \$ \_\_\_\_\_

4. What is your current Alternative Minimum Tax status?

Subject to AMT:  YES  NO

# RISK MANAGEMENT

## LIFE INSURANCE POLICIES *(individual or employer provided coverage)*

### 1. Client – Life Insurance Policies

Insurance Company Name	Individual or Employer provided	Monthly Cost	Death Benefit
Insurance Company Name	Individual or Employer provided	Monthly Cost	Death Benefit
Insurance Company Name	Individual or Employer provided	Monthly Cost	Death Benefit

### 2. Co-Client – Life Insurance Policies

Insurance Company Name	Individual or Employer provided	Monthly Cost	Death Benefit
Insurance Company Name	Individual or Employer provided	Monthly Cost	Death Benefit
Insurance Company Name	Individual or Employer provided	Monthly Cost	Death Benefit

**NOTES:**

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## DISABILITY INSURANCE POLICIES *(individual or employer provided coverage)*

### 1. Client – Disability Insurance Policies

Insurance Company Name	Individual or Employer provided	Monthly Cost	Benefit Amount
Insurance Company Name	Individual or Employer provided	Monthly Cost	Benefit Amount
Insurance Company Name	Individual or Employer provided	Monthly Cost	Benefit Amount

**2. Co-Client – Disability Insurance Policies**

Insurance Company Name	Individual or Employer provided	Monthly Cost	Benefit Amount
Insurance Company Name	Individual or Employer provided	Monthly Cost	Benefit Amount
Insurance Company Name	Individual or Employer provided	Monthly Cost	Benefit Amount

**NOTES:**

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**LTC INSURANCE POLICIES**

**1. Client – Long Term Care Insurance**

Insurance Company Name	Monthly or Daily Benefit Amount	Benefit Period	Inflation Protection
Monthly or Annual Premium Cost			

**2. Co-Client – Long Term Care Insurance**

Insurance Company Name	Monthly or Daily Benefit Amount	Benefit Period	Inflation Protection
Monthly or Annual Premium Cost			

**NOTES:**

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## INCOME SOURCES

1. What is your total annual household income? \$ \_\_\_\_\_
2. How does this figure break down?

	CLIENT	CO-CLIENT
<b>SALARY</b>	\$ _____	\$ _____
TOTAL PAY PERIODS IN A YEAR	_____	_____
COMMISSIONS	\$ _____	\$ _____
BONUS	\$ _____	\$ _____
PENSION	\$ _____	\$ _____
REAL ESTATE INCOME:	\$ _____	
ALIMONY/CHILD SUPPORT:	\$ _____	

3. **SOCIAL SECURITY:** Social Security Statement can be obtained at <http://www.ssa.gov/myaccount/>

	CLIENT	CO-CLIENT
Age to begin taking SS:	_____	_____
Amount (monthly) \$:	_____	_____
Are you eligible for SS from previous marriage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please provide details of any other sources of income:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## EXPENSES

Understanding monthly expenses helps analyze your spending patterns. The result of this analysis establishes the lifestyle you wish to maintain during retirement.

Complete the columns below, as follows:

### **CURRENT MONTHLY EXPENSES:**

- Enter all your current monthly expenses in the ***Current Monthly Expenses*** column.

### **RETIREMENT EXPENSES:**

- Place a check mark for all expenses that ***will not*** continue during retirement in the ***Retirement Expenses*** column.
- If an expense will increase or decrease during retirement (from the amount listed under ***Current Monthly Expenses***), enter the new monthly expense amount in the ***Retirement Expenses*** column.
- If there are new expenses (not listed in ***Current Monthly Expenses***) add the monthly expense in the ***Retirement Expenses*** column.

Add any expenses that are not listed under the “Other” category.

CATEGORY	CURRENT MONTHLY EXPENSES	RETIREMENT EXPENSES
<i>Example: Charitable Donation</i>	\$50.00	\$150.00
<i>Example: Child Care</i>	\$500.00	
Alimony		
Bank Charges		
Books/Magazines		
Business Expense		
Care for Parent/Other		
Cash – Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care		
Child Support		
Child Tutor		
Clothing – Spouse		
Clothing – Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare – Dental		
Healthcare – Medical		
Healthcare – Prescription		
Healthcare – Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Public Transportation		
Recreation		
Self-Improvement		
Vacation/Travel		
Other:		
Other:		
Other:		





CATEGORY	CURRENT MONTHLY EXPENSES	RETIREMENT EXPENSES
<b>HOME EXPENSES</b>		
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance – Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other:		
Other:		
Other:		

	CURRENT MONTHLY EXPENSES
<b>GRAND TOTAL</b>	

CATEGORY	CURRENT MONTHLY EXPENSES	RETIREMENT EXPENSES
<b>TAXES</b>		
Client FICA		
Client Medicare		
Co-Client FICA		
Co-Client Medicare		
Federal Income		
State Income		
Local Income		
Disability for Co-Client		
Life for Client		
Life for Co-Client		
LTC for Client		
LTC for Co-Client		
Medical for Client		
Medical for Co-Client		
Umbrella Liability		
Other:		
Other:		
Other:		
<b>VEHICLE EXPENSES</b>		
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other:		
Other:		
Other:		



"THE INTELLIGENT INVESTOR IS LIKELY TO NEED CONSIDERABLE WILL POWER TO KEEP FROM FOLLOWING THE CROWD."

- BENJAMIN GRAHAM -

## PROFESSIONAL TEAM

We often collaborate with other professional that our clients work with, such as accountants, attorneys, etc. Please provide information for your professional team.

NAME OF PROFESSIONAL	TITLE	FIRM NAME	ADDRESS	TELEPHONE	EMAIL ADDRESS



"LONG RANGE PLANNING DOES NOT DEAL WITH FUTURE DECISIONS, BUT WITH THE FUTURE OF PRESENT DECISIONS."

- PETER DRUCKER -

## ADDITIONAL INFORMATION

Please provide copies of your personal documents listed below. If originals are provided, we will make copies and return the original to you.

- Paystubs** *(one month)*
- Investment Account Statements** *(brokerage, mutual fund, variable annuity, 529 Plan, etc)*
- Retirement Account Statements** *(401k, 403b, IRA's)*
- Pension Plan Information**
- Insurance Policies, employer provided or individual** *(life, disability, LTC)*
- Mortgage Statement with payment amount interest rate, loan period, and current balance** *(if information is not on the statement, please write on it)*
- Additional loan statements** *(home equity, auto, etc.) with payment amount, interest rate, loan period, and current balance*
- Credit Card statement** *(if it has a carry forward balance)*
- Employee Benefit Statement**
- Tax Return** *(previous year)*
- Legal documents** *(will, trusts, buy/sell agreements)*