

Mapping Your Financial Future

The best way to achieve financial security and peace of mind is to follow a disciplined process that involves identifying your goals, and implementing appropriate financial strategies.

These six steps will help you map your financial future:

1. **Discovery** – Identify your financial goals you want to prioritize
2. **Data Gathering** – Collect facts and figures based on your current situation
3. **Analyze** – Input data and run calculations
4. **Recommend** – Propose a financial solution to satisfy your goals
5. **Implement** – Choose a financial solution and implement
6. **Periodic Review** – Review regularly to measure success and make necessary adjustments

The purpose of this questionnaire is to help gather data as part of steps one and two. By taking the time to prepare now you will be able to lay out a path to help assure your future financial situation. By taking the time to strategize now, you will be able to lay out a path to help assure your future financial security.

Please take the time to complete this questionnaire the best you can. If you can't answer a question or need more help, just make a note in the margin. Let your financial representative know of the areas where you had questions so you can discuss them during your meeting together.

Remember: A sound strategy can add more to your net worth than a lifetime of work!

Client A Name (please print)

Client B Name (please print)

Date Completed

Personal Information

Client A Name _____ Date of Birth _____
 Client B Name _____ Date of Birth _____
 Marital Status Single Married Domestic Partner
 Home Address _____
 City _____ State/Zip _____
 Phone # _____ E-mail _____
 Alternate # _____

Children & Education

Child's Name	Date of Birth	College to Attend
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Savings for Education Goals

Total saved to date	Monthly Savings	Average Rate of Return
\$ _____	\$ _____	_____ %

Average College Cost 2011 – 2012: Public College \$17,131; Private College \$38,589

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Retirement

At what age do you plan to retire? _____

What percent of your total monthly income do you need for retirement? _____ %

OR

What dollar amount will you spend in retirement? (today's dollars) \$ _____

Needs in the Event of Death

What percent of your income or dollar amount would be needed for survivor needs?

With dependents at home? (e.g., 70% or monthly dollar amount) _____

Without dependents at home? (e.g., 50% or monthly dollar amount) _____

In the event of death, should your children's education be funded? Yes No

Life Insurance Policies

Name of Insured	Insurance Benefit	Insurance Company	Type*
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

*Insurance types include: **Group, Term, Whole Life, Universal Life, and Other**

I have no life insurance policies.

Income

Client A Annual Employment Income \$ _____
 Client B Annual Employment Income \$ _____

Do you have other income sources that will begin in the future such as a defined benefit pension plan or an annuity?

Description	Monthly Amount	Description	Monthly Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Expenses

Description	Monthly Amount	Description	Monthly Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Residence and Mortgage

Indicate if you rent or own your residence.

Rent - Monthly Rent \$ _____
 Own - Mortgage Amount \$ _____ Approximate Market Value of Home \$ _____

Lender	Current Liability	Monthly Payment	Interest Rate
_____	\$ _____	\$ _____	_____ %

Other Liabilities

List your liabilities in detail or the total. Include your car loans, credit cards, student loans and lines of credit. If you've attached your account statements you can skip this section.

Liability	Type	Owner	Balance Due	Monthly Payment	Interest Rate
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
<i>Total Liabilities</i>			\$ _____	\$ _____	_____ %

Retirement Funds

List your retirement plans in detail or the total. Include your 401(k)s, IRAs, and variable annuities. If you've attached your account statements you can skip this section.

Account Name	Type	Owner	Market Value	Monthly Savings	Employer Match	Expected Return
_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	\$ _____	_____ %
<i>Total Retirement Plans</i>			\$ _____	\$ _____	\$ _____	_____ %

Bank Accounts and Investments

List your investment accounts in detail or the total. Include your checking, savings, CDs, money market accounts, stocks, bonds, mutual funds, and real estate. If you've attached your account statements you can skip this section.

Account Name	Type	Owner	Market Value	Monthly Savings	Expected Return
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____ %
<i>Total Investments</i>			\$ _____	\$ _____	_____ %

Documents Needed

The following documents will be needed to properly study, analyze, and prepare a strategy for you. This material will be treated confidentially and returned when the process is completed, or earlier if requested.

- | | | |
|------------|-------------------------------|--|
| From Your: | Personal Files | <input type="checkbox"/> Latest Income tax return & W2
<input type="checkbox"/> Loan documents
<input type="checkbox"/> Trust agreements
<input type="checkbox"/> Wills |
| | Employer | <input type="checkbox"/> Payroll or other income statements
<input type="checkbox"/> Pension plans
<input type="checkbox"/> Retirement savings plans
<input type="checkbox"/> Employee benefits booklets |
| | Bank or Credit Union | <input type="checkbox"/> Checking account statements
<input type="checkbox"/> Credit card statements
<input type="checkbox"/> Savings / CDs / Money Market account statements |
| | Broker or Mutual Fund Company | <input type="checkbox"/> Latest statements |
| | Insurance Company | <input type="checkbox"/> Latest life insurance / annuity account statements
<input type="checkbox"/> Long-term care policy information
<input type="checkbox"/> Health insurance and major medical policy information
<input type="checkbox"/> Disability Income Insurance policy information |

Notes

Declaration

I declare that I have reviewed the information collected in this questionnaire and that it is correct to the best of my knowledge.

Client A Printed Name	Signature	Date
Client B Printed Name	Signature	Date