

Custom with Goal  
Development

Prudential

# Compass Plus



**QUESTIONNAIRE**

Congratulations on taking the first steps toward building your financial future!

This questionnaire will help gather key information necessary to develop an appropriate financial strategy for you.

# FINANCIAL QUESTIONNAIRE

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Date

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Client Name(s)

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Financial Planner's Name

Contract Number

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Phone Number

Fax Number

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Office Code

Other

## CLIENT GOALS & OBJECTIVES

Rank the following goals in numerical order of importance to the client and/or select the areas of interest to the client for which you will be creating a report and making recommendations:

- \_\_\_ Save for a major purchase
- \_\_\_ Achieve financial security for retirement
- \_\_\_ Provide funds for education
- \_\_\_ Maintain adequate life insurance to protect your family from loss due to premature death
- \_\_\_ Obtain the greatest return on investments, given your risk tolerance
- \_\_\_ Create an overall asset allocation strategy to manage risk and reward
- \_\_\_ Protect your resources in the event of disability
- \_\_\_ Protect your assets in the event of an extended nursing home or home care stay
- \_\_\_ Ensure that a surviving spouse will have adequate resources in the event of premature death
- \_\_\_ Minimize estate taxes and provide for your heirs
- \_\_\_ Complete risk management evaluation
- \_\_\_ Create an overall tax strategy to minimize taxes
- \_\_\_ Special needs (Please provide detail.)

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## GENERAL GOAL DEVELOPMENT QUESTIONS

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Tell me what your shorter-term goals are (1-5 years horizon, prioritize if more than one goal).

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Do you currently have a specific "plan" in place to achieve these goals? If yes, how are you doing?

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Tell me what your longer-term goals are (6+ years, prioritize if more than one goal).

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Do you currently have a specific "plan" in place to achieve these goals?

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What concern(s) do you have which may impact your ability to achieve your short- or longer-term goals in the timeframe you would like?

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When it comes to making decisions about personal financial matters, do you make the final decision between yourselves or do you consult with someone else first before taking action? Tell me more about this person.

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What financial options do you want in the future that you don't have today?

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Would you like my help to make sure that you are on the right track with this?

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# CLIENT PROFILE

Required fields are marked with an asterisk (\*) throughout this questionnaire.

	CLIENT	CO-CLIENT
Title (select one)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.
First name*		
Last name*		
Date of Birth*		
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Tax Filing Status*		
Citizenship		

## CONTACT INFORMATION

Home Phone Number		
Business Phone Number		
Cell Number		
Fax Number		
Pager Number		
Email Address		

## HOME ADDRESS

Street Address*		
City*		
State*		
Zip Code*		
Country		

## FAMILY MEMBERS

First Name*		
Last Name*		
Birth date*		
Relationship*		
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship		

## CLIENT PROFILE *(continued)*

<b>CLIENT</b>	<b>CO-CLIENT</b>
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<b>FAMILY MEMBERS <i>(continued)</i></b>	
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Street Address*		
City*		
State*		
Zip Code*		
Country		

<b>EMPLOYER INFORMATION</b>	
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Employer Name		
Title		
Occupation		
Business Phone Number		
Fax Number		

<b>ADDRESS</b>	
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Street Address		
City		
State		
Zip Code		
Country		

<b>BENEFICIARIES</b>	
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Enter any potential beneficiaries for estate planning. Family members will automatically be included as potential beneficiaries.

	Beneficiary 1	Beneficiary 2
First Name/Description*		
Last Name*		
Beneficiary Type*		
Relationship		
GSTT		
Applicable for Client gifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicable for Co-Client gifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## CLIENT PROFILE *(continued)*

Enter information about the client's Financial Professionals, accountant and attorney. Do not enter the primary financial professional, as this information will be automatically captured.

	CO-FINANCIAL PROFESSIONAL	OTHER PROFESSIONALS
<b>FINANCIAL PROFESSIONALS' INFORMATION</b>		
Job Title		
First name		
Last name		
Profession		
Credentials		
<b>CONTACT INFORMATION</b>		
Business Phone Number		
Cell Number		
Home Phone Number		
Fax Number		
Pager Number		
Email Address		
Office Name		
City		
State		
Zip Code		
Website		

# CLIENT PROFILE *Continued...*

## ASSUMPTIONS

### Inflation

Base Inflation Rate (defaults to 3%) %

### Tax Rates

	Tax Bracket	State	Federal Average	Federal Marginal	Long Term Capital Gains
Before Retirement					
During Retirement					
In the Year of Death					
Dependents					

### Milestones

	Client	Co-Client
Retirement date (Year/Age)*		
Life Expectancy (Year/Age)*		

### Capital Loss Carryovers

	Short-term regular tax	Long-term regular tax
Client		
Co-Client		
Dependent		

## ASSETS & LIABILITIES GOAL DEVELOPMENT

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How comfortable do you feel with your current level of debt? Is it going up or down?

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Do you expect to use debt to pay for any of your short or long term goals? Which goals?

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Do you expect your "disposable" income to increase, decrease or stay the same over the next year?  
How do you feel about that?

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How important is it to you to make sure that your assets are properly protected in the event of an unexpected liability (accident or lawsuit) on or off your property?

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Do you anticipate receiving a "lump sum" within the new few years (inheritance, sale of property/land/business)?

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Would you like help with identifying possible ways in which you could conserve or grow your assets?

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# ASSETS

(All columns are required fields.)

## LIFESTYLE

Lifestyle assets are assets purchased for the owner's personal use and enjoyment and not for funding goals or producing income. Purchase date defaults to December 31 of the prior year. Valuation date defaults to plan date.

Description*	Type*	Owner**	Purchase Date*	Cost Basis*	Market * Value	Valuation Date*	Sale Date	Depr./Growth Rate

Description*	Type*	Owner**	Purchase Date*	Cost Basis*	Market * Value	Valuation Date*	Sale Date	Depr./Growth Rate	Property Taxes	Frequency	Tax Deductable? (Y/N)

## REAL ESTATE

Description*	Owner*	Purchase Date*	Purchase Amount	Market Value*	Valuation Date*	Sale Date	Growth Rate	Net Rental Income	Income Frequency	Income Growth Rate

+ For estate planning purposes only, indicate "Community property" assets as "CP" under "Owner."

## ASSETS *Continued...*

Information can be entered at Summary level, account level or detailed level. If details on individual holdings are available, attach statement information.

### INVESTMENT ACCOUNTS

	Account 1	Account 2	Account 3	Account 4	Account 5	Account 6	Account 7
Description*							
Plan Type*							
Owner**							
Market Value*							
Cost Basis (Non-Qualified only)*							
Valuation Date							
Asset Class Weightings*							
<b>Saving Strategies</b>							
Employee Contribution* (\$ or %)							
Employer Contribution (\$ or %)							
Contribution Frequency*							
Start Date*							
End Date*							
Index Rate							
<b>Funding Strategies **</b>							
<b>Percent of Goal (For Funding Strategies)</b>							
Retirement (Residual to Estate)							
Education Goal #1							
Education Goal #2							
Education Goal #3							
Major Purchase Goal #1							
Major Purchase Goal #2							
Major Purchase Goal #3							
Unallocated (Emergency Reserve)							
<b>Total =</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### KEYS

	Plan Type:	Owner:	Asset Class:
	Non-Qualified; Qualified-IRA, IRA Spousal, Roth IRA, Roth IRA Spousal, 401(k), 403(b), 457, SARSEP, Keogh Other Plans Employer paid, Self-employed, Salary deferral, 529	C = Client CC = Co-client J = Joint CP = Community Property* D= Dependent (enter name)	Asset class options are available in the system drop-down menu.

+ For estate planning purposes only, indicate "Community Property" assets as CP under "Owner."

++ This information is entered in the Funding Strategies area.

# ASSETS *Continued...*

## ANNUITY ACCOUNTS

	Account 1	Account 2	Account 3	Account 4	Account 5	Account 6	Account 7
Description*							
Plan Type*							
Owner*							
Annuitant*							
Beneficiary*							
Type of Annuitization*							
Market Value*							
Cost Basis*							
Asset Class Weightings*							
<b>Annuitization</b>							
Issue Date							
Initial Premium							
Start Annuitization							
Frequency							
End/Beginning of Period							
Payment per \$1,000 or #Years							
<b>Saving Strategies</b>							
Employee Contribution (\$ or %)							
Employer Contribution (\$ or %)							
Contribution Frequency							
Start Date							
End Date							
Index Rate							
<b>Return Rate</b>							

# LIABILITIES

## LIABILITIES

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5	Loan 6	Loan 7
Description*							
Owner*							
Interest Rate*							
Payment Type*							
Payment Frequency*							
Amortization (yrs)* or Loan End Date							
Compound Frequency*							
Liability Type							
Bring into Cash Flow? Y/N							
Refinanced? Y/N							
Tax Deductible Interest? Y/N							
Insured for Disability?							
Outstanding Principal as of (Date)							
Outstanding Principal Amount							

## KEYS

Owner:	Payment Type:	Payment Frequency:	Liability Type:
Client Co-client Joint	Interest Only Principal & Interest Last Period Payment	Monthly Quarterly Semi-annually Annually	Personal Business Credit Card Mortgage

# INCOME

Required fields are marked with an asterisk (\*)

## REGULAR/LUMP SUM INCOMES

Description*	Member*	Income Type*	Frequency*	Amount*	Start Date*	End Date*	Index Rate
							%
							%
							%
							%
							%
							%

Key	Member:	Income Type:	Start Date:	End Date:
	Client Co-client Other	Salary Bonus and Alimony Lump Sum Inheritance Other	Jan 1, current year	Retirement Other

## INCOMES — PENSIONS

Required fields are marked with an asterisk (\*).

### INCOME-BASED PENSION — ESTIMATE

	Pension 1	Pension 2	Pension 3	Pension 4
Family member*				
Description*				
Method of payout*				
- Life Income				
- Lump Sum				
Transfer Payout IRA Asset				
Linked incomes				
Benefits start age*				
Benefit start date*				
% of final salary				
Estimated Amount (today's dollars)*				
% of Pension payable to survivor*				
Index Rate: (%)				

### INCOME-BASED PENSION FORMULA +

Description*				
Family member*				
Participation start date*				
% Benefit per year of service*				
% to a max of				
Number of years for average salary*				
Benefit start date (age)*				
% of Pension payable to survivor				
Index Rate: (%)				
Method of payout (Income stream or lump sum)				

+ If client has multiple incomes, indicate on which income the pension is based.

# INCOME — SOCIAL SECURITY

## SOCIAL SECURITY BENEFITS — FORMULA

**Monthly Retirement Benefits** **default 100%**  
 Percent of monthly benefit to include: \* \_\_\_\_\_ % Client \_\_\_\_\_ % Co-client  
 Benefits start at: \_\_\_\_\_ Client \_\_\_\_\_ Co-client  
 (choose Retirement or provide a specific age)\*  
 Index Rate: \_\_\_\_\_ % \_\_\_\_\_ %

**Monthly Survivor Benefits** **default 100%**  
 Percent of monthly benefit to include: \* \_\_\_\_\_ % Client \_\_\_\_\_ % Co-client  
 Index Rate: \_\_\_\_\_ % \_\_\_\_\_ %

**Monthly Disability Benefits** **default 100%**  
 Percent of monthly benefit to include: \* \_\_\_\_\_ % Client \_\_\_\_\_ % Co-client  
 Revised for Benefits During Retirement Start Date: \_\_\_\_\_ Client \_\_\_\_\_ Co-client  
 (choose Retirement or provide a specific age)\*  
 Index Rate: \_\_\_\_\_ % \_\_\_\_\_ %

## SOCIAL SECURITY — ESTIMATE BENEFIT

	Client	Co-Client
Retirement Benefits at full retirement age		
Disability Benefits*		
Survivor's Benefits at full retirement age		

+ Should only be entered if benefits are currently being received.

# EXPENSES

Required fields are marked with an asterisk (\*)

## REGULAR/LUMP SUM EXPENSES

Description*	Member*	Type*	Frequency*	Amount*	Start Date*	End Date*	Index Rate
							%
							%
							%
							%
							%
							%
							%
							%
							%

## EXPENSE KEY

Description	Member:	Type:	Start/End Date:
Housing	Client	Lifestyle	Jan 1, current year
Property tax	Co-client	Employment/Business	Now
Transportation	Joint		Retirement
Food			Death
Clothing			Other
Medical/Dental			
Insurance			
Charitable Contribution			
Other Discretionary			
Alimony			
Probate			
Internet Access			
Cell Phone			
Cable/Satellite TV			
Gifts			
Daycare			
Lawn Service			
Publications			
Parent Care			

+ Expenses transfer to survivor upon death



## EXISTING POLICIES — LIFE

### EXISTING LIFE INSURANCE POLICIES (DETAILS)

	Policy 1	Policy 2	Policy 3	Policy 4
Description*				
Policy Type*				
Policy Owner*				
Insured*				
Beneficiary*				
Death Benefit*				
CSV				
CSV payable with death benefit?				
Coverage cease at age				
Coverage cease on date*				
Premium Payer*				
Premium Frequency*				
Premium Amount*				
Premiums cease at age				
Premiums cease on date*				
Premiums waived at disability				

## EXISTING POLICIES — DISABILITY

### EXISTING DISABILITY INCOME INSURANCE POLICIES\* (DETAILS)

	Policy 1	Policy 2	Policy 3	Policy 4
Description*				
Policy Type* (short-term, long-term, individual)				
Insured*				
Policy Owner*				
Premium Payer*				
Premium Amount*				
Premium Frequency*				
Index Rate: (%)				
Benefit Amount*				
Benefit Frequency*				
Benefit Taxable? Y/N				
Index Rate: (%)				
Maximum Indexed Benefit				
Waiting Period*				
Benefit Period				
Offset by Social Security?				

## EXISTING POLICIES — LONG-TERM CARE

### EXISTING LONG-TERM CARE INSURANCE POLICIES\* (DETAILS)

	Client	Co-Client
Description*		
Policy Number		
Company		
Insured*		
Effective Date*		
Daily Amount*		
Benefit During LTC Period Indexed?		
Benefit Before LTC Period Indexed?		
Waiting Period*		
Benefit Paid Until (years)*		
Premium Amount*		
Frequency*		
Premium Indexed?		
Premium Payer*		
Premium Cease Date		

# INVESTMENT ATTITUDE GOAL DEVELOPMENT

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Tell me about the "best" investment you ever made. Why? When was it?

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Tell me about the "worst" investment you ever made. Why? When was it?

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What other types of investments have you bought (mutual fund, annuity, stock, bond, real estate)?

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How did you come to acquire those investments? How are they performing?

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Do you feel your investment portfolios for education or retirement are properly diversified? If not, why not? Are you familiar with "asset allocation"?

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How do you feel about our current economic market conditions? Stock market? Interest rates?

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What is your biggest concern that could impact your ability to achieve your goals?

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Generally speaking, when it comes to investing do you consider yourselves as conservative, moderate or aggressive risk takers? Explain.

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Would an asset allocation analysis of your current portfolio be of value to you?

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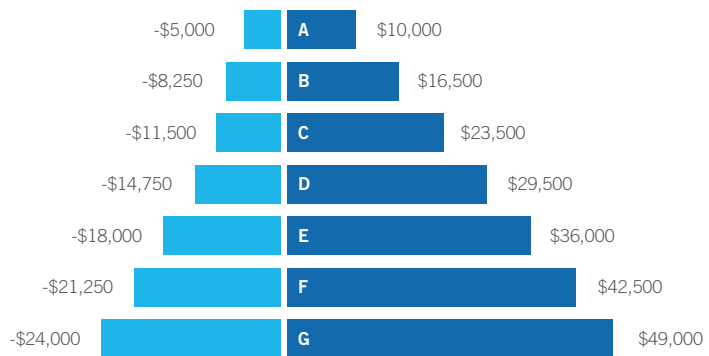
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# INVESTMENT RISK PROFILE

## RISK TOLERANCE QUESTIONNAIRE

1. The graph below shows the potential range of gains or losses of a \$100,000 investment in each of seven hypothetical portfolios at the end of a 1-year period. The number to the right of each bar shows the best potential gain for that portfolio, while the number to the left of each bar shows the worst potential loss. Given that this is the only information that you have on these seven hypothetical portfolios, which one would you choose to invest in?

- Portfolio A
- Portfolio B
- Portfolio C
- Portfolio D
- Portfolio E
- Portfolio F
- Portfolio G



2. Inflation (rising prices for goods and services) can have a significant effect on your investments by decreasing their potential purchasing power over time. Aggressive investments have historically outpaced inflation over the long run, but have had more instances of short-term losses than more conservative investments. How do you feel about inflation and its impact on your investments?

- You are satisfied with your investments keeping pace with inflation. Limiting the potential for short-term loss is your main goal, and you are willing to sacrifice the potential for higher returns.
- You would like your investments to outpace inflation. You are willing to assume some potential for short-term loss in order to achieve that goal.
- You prefer that your investments significantly outperform inflation. You are willing to assume a greater potential for short-term loss in order to achieve that goal.

3. Suppose that a substantial portion of your investment portfolio is invested in securities. If the stock market were to experience a prolonged down market, losing 50 percent of its value over a 3-year period, what would you do (assuming your stocks behaved in a similar fashion)?

- Sell all the stocks in your portfolio. You are afraid that the stock market is in a downturn and you cannot afford the decrease in value.
- Sell half of the stocks in your portfolio. You think that the market may rebound, but you are not willing to leave all of your investment exposed to further loss.
- Hold the securities in your portfolio. You understand that your investment may be subject to short-term price swings and are comfortable 'weathering the storm'.
- Buy more securities for your portfolio to take advantage of their low price. You are comfortable with market fluctuations and assume that the stocks will regain their previous value or increase in value.

## RISK TOLERANCE QUESTIONNAIRE

4. Once again, assume you have a substantial portion of your investment portfolio in stocks. If the stock market were to gradually decline at an average of 2 percent per month, eventually losing 24% of its value over a year, which of the following would you do?
- Sell the securities in your portfolio and realize the 24% loss. You wish to avoid the risk of further loss.
  - Sell half of the securities in your portfolio. You are not willing to leave all of your investment at risk for further loss.
  - Do nothing. You are comfortable waiting for the stocks to regain their previous value or to increase in value.
  - Invest more now because stocks are selling for approximately 24% less than they were 12 months ago. You believe that the stocks will regain their value or possibly appreciate even higher over the long-term.
5. Aggressive investments have historically provided higher returns while exhibiting greater short-term price fluctuations and potential for loss. How do you feel about fluctuations in the value of your portfolio?
- You want to minimize the possibility of loss in the value of the portfolio. You understand that you are sacrificing higher long-term returns by holding investments that reduce the potential for short-term loss and price fluctuations.
  - You can tolerate moderate losses in order to achieve potentially favorable returns.
  - You can tolerate the risk of large losses in your portfolio in order to increase the potential of achieving high returns.
6. What is the investment time horizon on these investable assets?
- Less than 3 years
  - 3 – 5 years
  - 6 – 9 years
  - 10+ years

## RETIREMENT GOAL DEVELOPMENT

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Describe the lifestyle you expect to have during your retirement years.

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Do you expect to relocate to a different area when you retire or stay where you are at today or possibly do both? What area?

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Do you currently have a "plan" in place to help you achieve your retirement goals? How are you doing? When was the last time you reviewed your plan?

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What is your biggest concern that could impact your ability to retire when you would like to or not being able to live the lifestyle you would like?

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Is working part-time an option for you during retirement? Why or why not?

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Does the possibility of "outliving" your money concern you? Why or why not?

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If, through our analysis, we find that what you currently have in place will not cover the initial costs to reach your goal, you have four options to consider:

- ▶ Delaying your goal (e.g., retiring at a later age into the future)?  
Is this an option you would like me to explore?
- ▶ Reducing your goal (e.g., reducing your required retirement income)? Is this a consideration?
- ▶ Seeking to increase your rate of return by taking more risk? Is this an option you would like me to consider?
- ▶ Increasing your level of savings? Should we consider this option?

How would you feel if, at the time of your retirement, you had reached your financial goal and could (e.g., retire as you had imagined)?

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Would an analysis of your current retirement plans be of value to you?

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## GOALS – ACCUMULATION

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### RETIREMENT

Enter annual after tax retirement income. Different goals can be established for different time periods within retirement.

Description*	Member*	Amount*	Frequency*	Start Age*	End Age*

(Note: Review Asset Allocation questionnaire to identify if investment preferences have changed for this goal.)

## EDUCATION FUNDING GOAL DEVELOPMENT

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How do you feel about paying all or a portion of your child's education cost? If a portion, what percent?

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How do you feel about using an academic or athletic scholarship, grants or loans to help pay for education costs?

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Do you want your child to attend public or private school? In-state or out-of-state? Do you have a "favorites" list of schools for your child? What schools are they?

---

Do you have a written "education cost" analysis showing the total projected expenses for tuition, room & board, fees and books for all four years? Would you like one for your child?

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Do you currently have a savings plan for your child's education? How are you doing?

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What is your biggest concern that could impact your ability to achieve your education goals?

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Do you expect your child's grandparent(s) to make a contribution to their grandchild's education fund? If so, when?

---

What do you currently have in place that's earmarked for this purpose?

---

If, through our analysis, we find that what you currently have in place will not cover the initial costs to reach your goal, you have four options to consider:

- ▶ Delaying your goal (e.g., taking out loans to pay into the future)? Is this an option you would like me to explore?
- ▶ Reducing your goal (e.g., public versus private school)? Is this a consideration?
- ▶ Seeking to increase your rate of return by taking more risk? Is this an option you would like me to consider?
- ▶ Increasing your level of savings? Should we consider this option?

How would you feel if, at the time your child begins college, you had reached your financial goal and could send her/him off as you had imagined?

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Would an education funding analysis be helpful to you?

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## GOALS – ACCUMULATION

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### EDUCATION

	Goal 1	Goal 2	Goal 3
Description*			
Name*			
Start Age* (year)			
Start Year*			
Annual Cost*			
Number of Years*			
Indexed at inflation + _____ %?	%	%	%

(Note: Review Asset Allocation questionnaire to identify if investment preferences have changed for this goal.)

### EDUCATION SEARCH CRITERIA

	Goal 1	Goal 2	Goal 3
State			
School Name			

## MAJOR PURCHASES GOAL DEVELOPMENT

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You indicated that you'd like to build a new home in the next two years (or, buy a new car, save for a child's wedding, etc.). Can you tell me more about what you had hoped to purchase? What does it look like? Where would you build?

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What plans have you made to (for example) build the home?

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Have you determined the estimated cost of this goal?

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Could you change your mind about this goal or is it definite?

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Do you expect to use debt or existing funds to pay for this goal?

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What resources do you currently have in-place that are earmarked for this purpose?

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If, through our analysis, we find that what you currently have in place will not cover the initial costs to reach your goal, you have four options to consider:

- ▶ Delaying your goal (e.g., taking out loans to pay into the future)?  
Is this an option you would like me to explore?
- ▶ Reducing your goal (e.g., building a smaller/less elaborate home)? Is this a consideration?
- ▶ Seeking to increase your rate of return by taking more risk? Is this an option you would like me to consider?
- ▶ Increasing your level of savings? Should we consider this option?

How would you feel if, in two years, you had reached your financial goal and could contract to build your home as you had imagined?

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Would an analysis be helpful to you?

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## GOALS – ACCUMULATION

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### MAJOR PURCHASE

	Goal 1	Goal 2	Goal 3
Description*			
Target Date*			
Amount*			
Index Rate	%	%	%

(Note: Review Asset Allocation questionnaire to identify if investment preferences have changed for this goal.)

## LIFE INSURANCE GOAL DEVELOPMENT

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How important is it for your family to be able to maintain their lifestyle if something happened to you?

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What would you want for your family in that event? Would your spouse continue to work, or go back to work? (CAN your spouse return to work?)

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Would you want your family to have the ability to stay in their present home?

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Do you want them to have the option of paying off the mortgage?

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What current financial goals would you want your family to achieve in the event of your premature death (e.g., spouse's retirement, children's education, wedding, etc.)?

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Would you like my assistance with this?

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## GOALS – LIFE INSURANCE

### ASSET AVAILABILITY

The default for Nonqualified assets is "Available at Death." The default for Qualified assets is "Available at Retirement."

Investment Assets	Survivor Needs			Estate Needs	
	Asset Name	Available Immediately	Available at Retirement	Not Available	Not Available at Death

The default for Lifestyle assets and Real Estate assets is "Not Available."

Lifestyle Assets	Survivor Needs			Estate Needs	
	Asset Name	Available Immediately	Available at Retirement	Not Available	Not Available at Death

Real Estate Assets	Survivor Needs			Estate Needs	
	Asset Name	Available Immediately	Available at Retirement	Not Available	Not Available at Death

## GOALS — LIFE INSURANCE

Complete the following section only if selecting the Cash Flow Analysis — Option 2

### EXISTING ANNUAL EXPENSES

Percentage of Pre-Retirement Lifestyle expenses to cover:\*  %

Percentage of Retirement Expenses to cover:\*  %

### SURPLUS STRATEGY

Percent Surplus Spent  %

Percent Surplus Saved  %

### ADDITIONAL ANNUAL EXPENSES

Description*	Annual Amount*	Number of Years*	End Date*	Index for Inflation (Y/N)

### ADDITIONAL ANNUAL INCOME

Description*	Income Type*	Annual Amount*	Start Date*	End Date*	Index for Inflation (Y/N)

### KEYS

Income Type:

- Salary
- Social Security
- Other



## GOALS – LIFE INSURANCE

If income changes for the survivor, enter the details below.

### LUMP SUM NEEDS

Pay Off Outstanding loans?

Mortgage  Yes  No

Other Loans  Yes  No

Additional Lump Sum Needs

Description*	Amount*	Expense Date	Index Rate

### ASSET AVAILABILITY

The default for Nonqualified assets is "Available at Death." The default for Qualified assets is "Available at Retirement."

Investment Assets	Survivor Needs			Estate Needs
Asset Name	Available Immediately	Available at Retirement	Not Available	Not Available at Death

The default for Lifestyle assets and Real Estate assets is "Not Available."

Lifestyle Assets	Survivor Needs			Estate Needs
Asset Name	Available Immediately	Available at Retirement	Not Available	Not Available at Death

Real Estate Assets	Survivor Needs			Estate Needs
Asset Name	Available Immediately	Available at Retirement	Not Available	Not Available at Death



## DISABILITY INCOME INSURANCE GOAL DEVELOPMENT

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How important is it for your family to be able to maintain their lifestyle if something happened to you?

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How would you replace your income if you were injured or ill and couldn't work?

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How comfortable would you feel with using your savings to maintain your lifestyle and the lifestyle of your family?

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What would you want for your family in that event? Would your spouse continue to work, or go back to work? (CAN your spouse return to work?)

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Would this analysis be of value to you?

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## GOALS – DISABILITY INCOME

### DISABILITY INCOME

Assumptions	Client	Co-Client
Analysis to include:*	<input type="checkbox"/> If Client becomes disabled	<input type="checkbox"/> If Co-Client becomes disabled
Retirement age for analysis (if different from previous input)		
Life expectancy: (if different from previous input)		
Analyze Disability through age:		
Override tax rates? (yes/no)		

### ANNUAL EXPENSES

Percentage of Pre-Retirement expenses to cover: \*  %

Percentage of Retirement Expenses to cover: \*  %

### SURPLUS STRATEGY

Percent Surplus Spent  %

Percent Surplus Saved  %

### ADDITIONAL EXPENSES

Description*	Annual Amount*	Number of Years*	End Date*	Index for Inflation (Y/N)



## LONG-TERM CARE GOAL DEVELOPMENT

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Logic suggests that the longer you live, the greater the chance that you'll develop a long-term, chronic condition that requires long-term care. Is preparing for this possibility important to you?

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How do you feel about the possibility of caring for your parents some time in their future?

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How would you feel if your children needed to care for you because you were unable to care for yourself?

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Would you like my help with this?

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## GOALS — LONG-TERM CARE

### LONG-TERM CARE PROTECTION

Objectives:	<input type="checkbox"/> If Client needs LTC	<input type="checkbox"/> If Co-client needs LTC
Start (Age/Year)		
LTC Period (Years)**		

### EXISTING ANNUAL EXPENSES

% Of expense to cover	Long-Term Care	Survivorship

### ADDITIONAL LTC EXPENSES

Description	Expense Type*	Daily Amount*	Number of Years*	Index Rate

### INCOME ADJUSTMENTS DURING LTC

#### Existing Incomes

Description	% Applicable on LTC

### ASSET AVAILABILITY

#### Investment Assets (Non-qualified and Qualified assets default to "Available during LTC.")

Asset Name	Available During LTC	Not Available

#### Lifestyle assets and real estate assets default to "Not Available."

Asset Name	Liquidate During LTC	Not Available

\*\*The assumption is that client or co-client dies at the end of the LTC period.

## ESTATE PLANNING GOAL DEVELOPMENT

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You have worked very hard to build your financial future and that of your family. How do you see the estate being distributed?

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What do you currently have in place to ensure this happens (e.g., trusts, wills, beneficiary designations, etc.)?

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Current estate taxes can erode your estate significantly. Is that a concern to you?

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How do you feel about your spouse's ability to manage assets after your death?

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Do you have or are you planning for any charitable gifting programs? Would you describe them for me?

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Would you consider various options (e.g., lifetime gifting, tax-free gifts to heirs like grandchildren, life insurance, etc.) that could help to minimize estate taxes at your death?

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Do you anticipate receiving an inheritance or windfall (bonus, life insurance payout, etc.) in the future? Can you tell me more about this?

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Should we explore these options together?

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# ESTATE PLANNING — SET UP

## OBJECTIVES

(Note: This information will not impact reporting.)

## WILL DETAILS

Client has a will	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Last Update:
Co-Client has a will	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Last Update:
Marital Trust Provisions in the will	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Durable Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Revocable living trust	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Living Will/Health Care Proxy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

## ESTATE PLANNING QUESTIONS

Current trustee or beneficiary of any trust	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Joint property ownership with a non-spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pre-nuptial agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Real property ownership in another state	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Owns a Business	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Post-nuptial agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Buy/Sell agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Employment contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Plan for children from a previous marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Plan for family with special needs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Plan gifts or bequests to charity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Plan for current gifts to heirs to reduce potential estate taxes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Plan Gifts to grandchildren	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

## BEFORE MEETING WITH AN ATTORNEY, CONSIDER THE FOLLOWING:

	First Name	Last Name
Attorney Name		
Guardian for minor children		
Estate Administrator		
Trust Administrator		
	Target Amount	Time Frame
Gifts and Bequests to children		
Gifts and Bequests to charity		
Other personal and financial goals important in your estate planning		

# ESTATE PLANNING — SET UP *(continued)*

## ASSUMPTIONS

Life Expectancy Scenarios	Client	Co-Client
Life Expectancy (for estate planning purposes only)		
Alternate Life Expectancy		
Simultaneous Death	Year _____	Assumed First Death _____

### Estate Distribution Selection

- Mirror Wills/Either Dies First (details entered apply regardless of order of death illustrated)
- Specify By Order of Death (separate data entry allowed to illustrate client or co-client dying first)

### State Death Taxes

Add Maximum Federal Credit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Death Tax Rate:	%	%

### Additional Fees

Probate Fee	% or \$	% or \$
Administration Fee	% or \$	% or \$

## FUNDED TRUSTS

Enter information on trusts that are currently funded.

Trust Name*	Trust Type	Trust Tax Rate	Start of Yr. Market Value	Start of Yr. Cost Basis	Income Member*	Income to Member	Income to Heirs	GSTT Inclusion Ratio

## KEYS

Trust Type:

- Funded CST
- Funded Irrevocable
- Funded ILIT
- Funded QTIP
- Funded Marital Trust
- Funded Generic Testamentary Trust
- Funded CRT





# ESTATE PLANNING — SCENARIOS *(continued)*

## TRUSTS

Enter all trusts that will be created in the future. Funded trusts that are a part of an existing trust should be entered in Funded Trusts.

Trust Type*	Trust Tax Rate	Crummey Trust Yes or No	Transfer to Trust (end of Year)*	Transfer Policy	Death Benefit Payable to Trust(%)	Income to Spouse	Income to Heirs

## KEYS

- Trust Type:
- New Irrevocable
  - New ILIT - Existing Insurance
  - New ILIT - New Insurance
  - New CRT

## SAVINGS STRATEGY

Enter regular and one-time saving strategies to help meet goals.

### QUALIFIED SAVINGS STRATEGY

Accounts*	Client Contributions* (\$ or %)	Employer Contribution* (\$ or %)	Frequency*	Start Date*	End Date*	Index Rate*
						%
						%
						%

### NON-QUALIFIED SAVINGS STRATEGY

Accounts*	Client Contributions* (\$ or %)	Frequency*	Start Date*	End Date*	Index Rate*
					%
					%
					%

## SURPLUS SAVINGS STRATEGY

Surplus strategies can illustrate saving funds in years there are positive cash flows at the end of the year.

### NON-QUALIFIED

Accounts*	Percent of Surplus*	Start Date*	End Date*
	%		
	%		
	%		

Assumed expenses account for cash outflow items not specified by the client, in order to project a more accurate cash flow.

Description*	Percent of Surplus*	Start Year*	End Year*
	%		
	%		

## DEBT STRATEGY

Enter additional payments over and above the regular payment schedule defined when the liability was originally created (entered).

Liability*	Amount*	Frequency*	Start Date*	End Date*	Index Rate*
					%
					%
					%

# DISCOVERY SUMMARY

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## SUMMARIZE

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## PRIORITIZE

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## AVAILABLE RESOURCES

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## OTHER ISSUES

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## NEXT APPOINTMENT

Date:

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Location:

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