

Mapping Your Financial Future

Preparing for your financial future involves following a disciplined process that involves identifying your goals and exploring financial strategies.

These six steps will help you map your financial future:

1. **Discovery.** Identify and prioritize your financial goals
2. **Data Gathering.** Collect facts and figures based on your current situation
3. **Analyze.** Input data and run calculations and identify shortfalls
4. **Recommend.** Propose a financial strategy designed to satisfy your goals
5. **Implement.** Choose a financial strategy and implement
6. **Periodic Review.** Review regularly to measure success and make 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 may be able to lay out a path for your financial future.

What concerns you the most?

There are a number of different areas to consider when preparing for your financial future. Start now by identifying your financial goals.

Which of the following areas are important to you?

Complete these sections

| | | |
|-----------------------------|--|----------------|
| Retirement | Assess how your current retirement strategy will meet your objective. | I, II, III, IV |
| College Funding | Find out the cost of education and alternative funding methods. | I, VII |
| Major Purchases | Determine how much you will need to save to purchase a more expensive item, such as a vacation home or boat. | VIII |
| Needs in the Event of Death | Examine the financial impact of death, including immediate cash needs and continuing income needs. | I, II, III, IV |
| Disability Income | Assess the financial effect of disability on your income. | IX |
| Investments | Determine your investment style and risk tolerance. | IV |
| Long-Term Care | Assess the financial effect long-term care would have on your financial picture. | X |

Client A Name (please print)

Client B Name (please print)

Date

Section 1 - Personal Information

| | | | |
|----------------|----------|-------------|-------------------|
| Marital Status | Single | Married | Domestic Partner |
| | Client A | | Client B |
| First Name | _____ | _____ | _____ |
| Last Name | _____ | _____ | _____ |
| Date of Birth | _____ | _____ | _____ |
| Address | _____ | | |
| City | _____ | State _____ | Postal Code _____ |
| Phone | _____ | Email _____ | _____ |

Employment Information

| | | |
|------------|----------|----------|
| | Client A | Client B |
| Employer | _____ | _____ |
| Occupation | _____ | _____ |
| Phone | _____ | _____ |

For Discussion...

| | |
|---------------------------------------|--|
| Describe your current job? | |
| How long have you been working there? | |
| What are your career plans? | |

Dependent Information

| | | | |
|--------------|---------------|--------------|---------------|
| Child's Name | Date of Birth | Child's Name | Date of Birth |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

For Discussion...

| | |
|---|--|
| Do any of your dependents have special needs? | |
| Do you plan on having additional children? | |
| Are there others that financially depend on you (e.g., parents, grandchildren)? | |
| Do any of your family members live in this area? | |

Section 2 - Earnings & Assets

Enter your annual income in this section, including income received from employers as well as from self-employment.

Earnings

| | | |
|---------------------------------------|-----------|-----------|
| | Client A | Client B |
| Annual Employment Income | \$ _____ | \$ _____ |
| Do you contribute to Social Security? | Yes No | Yes No |

Assets & Liabilities

In this section include your residence, personal property, real estate, and business assets. Do not include any retirement or investment assets, those will be included in Section 6.

Personal Residence

| | | |
|------------------------|----|-------|
| Rent - Monthly Rent | \$ | _____ |
| Own - Mortgage Balance | \$ | _____ |

Details for Mortgage

| Name | Market Value | Balance | Monthly Payment | Interest Rate |
|-------|--------------|----------|-----------------|---------------|
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ |

Credit Cards & Personal Loans

\$ _____ total or use details below

| Name | Amount | Monthly Payment | Final Payment Date | Int. Rate |
|-------|----------|-----------------|--------------------|-----------|
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ |

Additional Asset & Liability Details

| Type* | Description | Market Value | Current Liability |
|-------|-------------|--------------|-------------------|
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |

Section 3 - Retirement

Many people underestimate the amount of money they will need in retirement. Begin saving for your retirement income as soon as possible.

| | | |
|---|-----------------------------------|----------|
| | Client A | Client B |
| At what age do you plan to retire? | _____ | _____ |
| At what age will you begin to collect Social Security benefits? | _____ | _____ |
| Indicate your retirement need as a % of current income or a dollar amount for up to three phases. | | |
| % of current income (e.g., 80%) _____ % | Monthly need (in today's dollars) | |
| | Phase 1 starts at Retirement | \$ _____ |
| | Phase 2 starts at age | \$ _____ |
| | Phase 3 starts at age | \$ _____ |

For Discussion...

| | |
|---|--|
| Does your employer offer a retirement plan? | |
| Are you contributing the maximum? | |

Section 4 - Savings and Investments

Please provide information regarding retirement plans you may have. Include IRAs, Roth IRAs, SEP IRAs, SIMPLE IRAs, 401(k)s (including any employer match), 403(b)s, Profit Sharing Plans, 457 plans, variable annuities, etc.

Retirement Funds

For this Section either enter total amounts or details

| | | |
|--------------|-----------------------|------------------------|
| Total Amount | Total Monthly Savings | Average Rate of Return |
| \$ _____ | \$ _____ | _____ % |

Details for the Retirement Funds (attach statement or complete section below)

| Owner | Account Name | Asset Name | Amount | Rate of Return | Monthly Savings | Company Match | Savings Increase |
|-------|--------------|------------|----------|----------------|-----------------|---------------|------------------|
| _____ | _____ | _____ | \$ _____ | % \$ _____ | \$ _____ | _____ | % |
| _____ | _____ | _____ | \$ _____ | % \$ _____ | \$ _____ | _____ | % |
| _____ | _____ | _____ | \$ _____ | % \$ _____ | \$ _____ | _____ | % |
| _____ | _____ | _____ | \$ _____ | % \$ _____ | \$ _____ | _____ | % |
| _____ | _____ | _____ | \$ _____ | % \$ _____ | \$ _____ | _____ | % |
| _____ | _____ | _____ | \$ _____ | % \$ _____ | \$ _____ | _____ | % |
| _____ | _____ | _____ | \$ _____ | % \$ _____ | \$ _____ | _____ | % |

Bank Accounts and Investments

For this section either enter total amounts or details

Total Amount Total Monthly Savings Average Rate of Return
 \$ _____ \$ _____ _____ %

Details for Bank Accounts and Investments (attach statement or complete section below)

| Owner | Account Name | Asset Name | Amount | Rate of Return | Monthly Savings | Company Match | Savings Increase |
|-------|--------------|------------|----------|----------------|-----------------|---------------|------------------|
| _____ | _____ | _____ | \$ _____ | _____ % | \$ _____ | \$ _____ | _____ % |
| _____ | _____ | _____ | \$ _____ | _____ % | \$ _____ | \$ _____ | _____ % |
| _____ | _____ | _____ | \$ _____ | _____ % | \$ _____ | \$ _____ | _____ % |
| _____ | _____ | _____ | \$ _____ | _____ % | \$ _____ | \$ _____ | _____ % |
| _____ | _____ | _____ | \$ _____ | _____ % | \$ _____ | \$ _____ | _____ % |
| _____ | _____ | _____ | \$ _____ | _____ % | \$ _____ | \$ _____ | _____ % |
| _____ | _____ | _____ | \$ _____ | _____ % | \$ _____ | \$ _____ | _____ % |

For Discussion...

| | |
|---|--|
| What is the best investment you've made? | |
| What is the worst investment you've made? | |
| How do you feel about your investments? | |
| What percentage of your income should be saved? | |

Section 5 - Life Insurance

Current Life Insurance

| Name of Insured | Insurance Benefit | Insurance Company | Annual Premium | Type |
|-----------------|-------------------|-------------------|----------------|-------|
| _____ | \$ _____ | _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ | \$ _____ | _____ |

For Discussion...

| | |
|--|--|
| What do you want your insurance to do for you? | |
|--|--|

| | |
|---|--|
| When did you buy your last policy? From whom? | |
| Does your family have any special interests or health conditions that could affect your insurance planning? | |

Section 6 - Survivor Income

The death of a wage earner can have a significant impact on household income. Financial experts recommend that every strategy include an analysis of needs in the event of a death.

| | | |
|---|-------------------------|-----------------------|
| Survivor Income Needs | % of Current Need | Monthly dollar amount |
| In the event of death, what income (percent or dollar/mo.) should be provided for your family's continuing needs? | _____ % OR \$ _____ | _____ |
| What age should Survivor's Social Security Retirement Benefits begin? | _____ | |
| Provide income for how long? | _____ years OR Lifetime | |
| In the event of death, should your children's education be funded? <i>(If yes, also complete section 7)</i> | Yes | No |

Section 7 - Education

Many people want to help fund education costs for their children. The sooner you begin to develop a strategy for education savings, the more time your money will have to accumulate.

| Child's Name | School | Research Cost?* | or | Amount per Year | Number of Years | Percent to Provide |
|--------------|--------|-----------------|----|-----------------|-----------------|--------------------|
| _____ | _____ | Yes | \$ | _____ | _____ yrs | _____ % |
| _____ | _____ | Yes | \$ | _____ | _____ yrs | _____ % |
| _____ | _____ | Yes | \$ | _____ | _____ yrs | _____ % |
| _____ | _____ | Yes | \$ | _____ | _____ yrs | _____ % |
| _____ | _____ | Yes | \$ | _____ | _____ yrs | _____ % |

*Include in cost: Tuition (In-State); Tuition (Out-of-State); Room & Board; Books & Supplies

Current Savings

Enter any Savings already accumulated for your children's education

| | | |
|---------------------|-----------------|------------------------|
| Total Saved to Date | Monthly Savings | Average Rate of Return |
| \$ _____ | \$ _____ | _____ % |

For Discussion...

| | |
|---|--|
| Would you like them to go to their school of choice? | |
| How do you feel about your education funding program? | |

Section 8 - Major Purchase

| | Goal 1 | Goal 2 | Goal 3 |
|---------------------|--------|--------|--------|
| Description: | _____ | _____ | _____ |
| Member: | _____ | _____ | _____ |
| Target Date: | _____ | _____ | _____ |
| Amount (today's \$) | _____ | _____ | _____ |

Current Savings

Enter any Savings already accumulated for your Major Purchase.

| Total Saved to Date | Monthly Savings | Average Rate of Return |
|---------------------|-----------------|------------------------|
| \$ _____ | \$ _____ | _____ % |

Section 9- Disability Income

Disability Income Needs

| | Client A | Client B |
|------------------------------|---------------------------|---------------------------|
| Annual Employment Income | \$ _____ | \$ _____ |
| Income Replacement Objective | _____ % of current income | _____ % of current income |

Current Long-Term Disability Insurance

| | Client A | Client B |
|-----------------|----------|----------|
| Monthly Benefit | \$ _____ | \$ _____ |

totals, or use details below

Disability Insurance Details

| Name of Insured | Insurance Company | Monthly Benefit | Group or Personal | Annual Premium | Waiting Period | Benefit Period |
|-----------------|-------------------|-----------------|-------------------|----------------|----------------|----------------|
| _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |
| _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |
| _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |
| _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |

For Discussion...

| | |
|---|-------|
| What does your current disability plan provide? | _____ |
| How do you feel about your current plan? | _____ |

Section 10 - Long Term Care

Current Long Term Care Expenses

Long-term care expenses can have a tremendous impact on a family's financial security. Having sufficient insurance coverage can help assure there is enough money for adequate care.

Estimated monthly long-term care costs (in today's dollars): \$ _____

Existing Long-Term Care Coverage

| Name of Insured | Insurance Benefit | Frequency (e.g., daily, weekly, monthly) | Waiting Period | Benefit Period | Annual Premium |
|-----------------|-------------------|--|----------------|----------------|----------------|
| _____ | \$ _____ | _____ | _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | _____ | _____ | \$ _____ |

For Discussion...

| | |
|--|--|
| What do you want your insurance to do for you? | |
| When did you buy your last policy? From whom? | |