

VESTVISION® Short Form

Name: _____ Spouse/Partner's Name: _____

Mailing Address: _____ Mailing Address (if different): _____

State of Primary Residence: _____ State of Primary Residence: _____

Date of Birth (mm/dd/yyyy): _____ Date of Birth (mm/dd/yyyy): _____

Occupation: _____ Occupation: _____

Total Annual Earned Income: _____ Total Annual Earned Income: _____

Tax Filing Status: Single Married filing jointly Partner/Other

Dependent Name: _____ Date of Birth (mm/dd/yyyy): _____

Dependent Name: _____ Date of Birth (mm/dd/yyyy): _____

Retirement Goals

| Description | Ideal | Acceptable |
|---------------------------------------|-------|------------|
| Client Retirement Age: | | |
| Spouse/Partner Retirement Age: | | |
| Retirement Spending Goal (after tax): | \$ | \$ |
| Estate Goal: | \$ | \$ |
| Decrease/Increase in Savings: | \$ | \$ |

Social Security

| Description | Client | Spouse/ Partner |
|---------------------------------|--------------------------|--------------------------|
| Estimate Benefits: | <input type="checkbox"/> | <input type="checkbox"/> |
| Currently Collecting: | \$ | \$ |
| Expect to Collect: | \$ | \$ |
| Do Not Include Social Security: | <input type="checkbox"/> | <input type="checkbox"/> |

Please choose only one Social Security option per person.

Life Goals

Please indicate specific spending goals, in addition to your retirement spending goal, that you would like to include in this VestVision investment plan. (i.e., weddings, education, travel, etc.)

| Description | Annual Amount | Net or Gross | Whose goal? | Start age? | End age? | Annual Increase (0.00% - 15.00%) |
|-------------|---------------|--------------|-------------|------------|----------|----------------------------------|
| | \$ | | | | | % |
| | \$ | | | | | % |
| | \$ | | | | | % |

Other Income

Please list all other sources of income.

| Description | Annual Amount | Net or Gross | Whose income? | Start age? | End age? | Annual Increase (0.00% - 15.00%) |
|-------------|---------------|--------------|---------------|------------|----------|----------------------------------|
| | \$ | | | | | % |
| | \$ | | | | | % |
| | \$ | | | | | % |

Account Summary & Future Savings

Please list the total value and account details of each financial account in which you hold an interest.

| Account Name (Name of account holder) | Account Number | Cost Basis (Original Purchase Price) | Current Value | Annual Contribution | Tax Status | | |
|--|----------------|---|---------------|---------------------|--------------------------|--------------------------|--------------------------|
| | | | | | Taxable | Tax-Deferred | Tax-Exempt |
| | | \$ | \$ | \$ | <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"/> |

Other Assets

Please list all additional assets. (Home, business assets, rental property, automobiles, etc.)

| Description | Current Value | Owner | Annual Increase (0.00% - 15.00%) |
|-------------|---------------|-------|-------------------------------------|
| | \$ | | % |
| | \$ | | % |
| | \$ | | % |
| | \$ | | % |
| | \$ | | % |

Other Liabilities

Please indicate debts, mortgages, loans, etc.

| Description | Liability Type (Mortgage, Loan, Other) | Current Amount | Owner | Monthly Payment | Interest Rate |
|-------------|---|----------------|-------|-----------------|---------------|
| | | \$ | | \$ | % |
| | | \$ | | \$ | % |
| | | \$ | | \$ | % |
| | | \$ | | \$ | % |
| | | \$ | | \$ | % |

Comments



HD Vest Financial Services® is the holding company for the group of companies providing financial services under the HD Vest name.

Investment and Insurance Products: NOT FDIC Insured | **NO** Bank Guarantee | **MAY** Lose Value
Securities offered through HD Vest Investment ServicesSM, Member SIPC

Advisory services offered through HD Vest Advisory ServicesSM

6333 N. State Highway 161, Fourth Floor, Irving, TX 75038 (972) 870-6000 1290131 050615