



**WEALTH**  
**SOLUTIONS, LLC**

CONSULTATIVE WEALTH MANAGEMENT  
An Affiliate of the  
United Wealth Advisors Group, LLC

**CONFIDENTIAL PERSONAL FINANCIAL DATA**

**Date completed**

/ /

	Name	Age	Drivers License #. and Expiration	Date of Birth	Social Security #
Client 1				/ /	- -
Client 2				/ /	- -
Children and Dependents				/ /	- -
				/ /	- -
				/ /	- -
				/ /	- -

Home  
Address

Home Phone

( ) -

Home Fax #

( ) -

Email

	Client 1	Client 2
Occupation	<input type="text"/> # of Years <input type="text"/>	<input type="text"/> # of Years <input type="text"/>
Business Name	<input type="text"/>	<input type="text"/>
Business Address	<input type="text"/>	<input type="text"/>
Business Phone	( ) - <input type="text"/>	( ) - <input type="text"/>
Fax Number	( ) - <input type="text"/>	( ) - <input type="text"/>
Cell Phone	( ) - <input type="text"/>	( ) - <input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Retirement Age	<input type="text"/>	<input type="text"/>

Preferred Contact ☐ Home ☐ Office ☐ Cell ☐ Email ☐ Home ☐ Office ☐ Cell ☐ Email

Miscellaneous Information:

Marriage Date  /  /

# of Years in Current Home

Client 1: US Citizen ☐ Yes ☐ No

Client 2: US Citizen ☐ Yes ☐ No

Either Spouse is Wartime Veteran

☐ Yes ☐ No

Insurance Agent

Stockbroker

CPA

Attorney

Other Advisor

Referral Source

	Phone
<input type="text"/>	( ) -
<input type="text"/>	( ) -
<input type="text"/>	( ) -
<input type="text"/>	( ) -
<input type="text"/>	( ) -

**CONFIDENTIAL**

Unless required by law, information provided in this Personal Financial Data will not be released without client consent.

**FULL NAME OF HUSBAND'S PRIOR SPOUSE(S)**

Divorced

Deceased While Married

Currently Married


**FULL NAME OF WIFE'S PRIOR SPOUSE(S)**

Divorced

Deceased While Married

Currently Married


**CURRENT ANNUAL INCOME**

Client 1

Client 2

Increase Rate / Year

Increase Rate / Year

Salary (Gross)

Bonus

Net Business Income (Loss)

Dividends / Interest

Social Security

Net Rental Prop. Income (Loss)

Gifts

Retirement Income \*

Other


\*If pension income, please describe any survivorship options:

**RESIDENCE – ONLY IF PLANNING TO SELL****Asset**

Residence #1

Residence #2

Current Residence Market Value

Original Cost + Improvements

Client Age at Sale

Sales Costs (% of sale price)

Cost of Replacement Home

New Mortgage (% of replacement home price)

Interest Rate on New Mortgage Loan

Number of Years For New Loan


## INSURANCE SUMMARY

Life Insurance Co.	Insured	Type Term / Perm	Annual Premium	Policy Face Amount	Current Cash Value	Cash Value @ Retirement	Present Loan Balance	Smoker Y/N

Disability Insurance Co.	Insured	Monthly Benefit	Premiums Paid By ?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Paid Until ?	Residual Benefits Y/N

Do you carry Business Overhead Expense Insurance? ☐ Yes ☐ No

Health Insurance Co.	Insured	Monthly Benefit	Premiums Paid By ?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Paid Until ?	Residual Benefits Y/N

Long Term Care	Insured	Daily Benefit	Inflation Rider Y/N	Group or Individual	Waiting Period	Premium & Frequency	Benefits Period (Yrs)	At Home Benefit %

Auto Insurance Co.	Insured	Liability Limit i.e. 100/300	Deductible	Uninsured Limit i.e. 100/300	Premium	Premium Semiannual?	Premium Annual?
#1						<input type="checkbox"/>	<input type="checkbox"/>
#2						<input type="checkbox"/>	<input type="checkbox"/>
Other						<input type="checkbox"/>	<input type="checkbox"/>

Do you have Umbrella Liability Insurance? ☐ Yes ☐ No If yes, 

Amount of Coverage	Premium
<input type="text"/>	<input type="text"/>

Do you have a Termite Bond? ☐ Yes ☐ No

If yes, 

Company	Premium
<input type="text"/>	<input type="text"/>

Home Insurance Co. 

Company	Premium
<input type="text"/>	<input type="text"/>

Inclusive of Property Tax? ☐ Yes ☐ No Property Tax Amount

Deductible  Liability Limit

Replacement Value ☐ Yes ☐ No

Flood Insurance  Premium

**ASSETS**

Real Estate Physical Address	Type	Gross Value	Mortgage	Fair Market Value

List Type: Home (H), Commercial (C), Rental (R), Condo (CN), Timeshare (T), Vacant (V)

Retirement Plans, IRAs & Annuities	Broker / Dealer Company	Financial Advisor	Owner / Beneficiary	FMV

Taxable Accounts Mutual Funds & Stock	Broker / Dealer	Financial Advisor	Cost Basis	Current Market Value

Business Interests	Type	Ownership %	Approximate Value of Your %	Buy – Sell
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

List Type: LLC, Partnership, Corporation, S-Corporation

Cash and Cash Equivalents	Institution	Ownership	Yield	Value

Personal Property	Ownership	Additional Insurance	FMV	Notes

## ASSETS (CONTINUED)

Do you have any Separate Assets, Prenuptial or Separate Property Agreements? ☐ Yes ☐ No

Have you / your spouse ever made gifts exceeding \$10,000? ☐ Yes ☐ No

Was a gift tax return filed? ☐ Yes ☐ No

If "Yes" to any of the above questions, please provide copies and explain:

Do you have a Pension? ☐ Yes ☐ No

If "Yes," please provide the details and formula:

## LIABILITIES

Mortgage, Loan, Credit Line, Consumer Debt	Type	Term	Date of Origin	Interest Rate	Monthly Payment	Balance	Notes

List Type: First Mortgage (FM), Second Mortgage (2M), Investment Property Mortgage (IM), Credit Line (CL), Consumer Debt (CD), Home Equity Line (HL), Auto Loan (AL), Note Payable (NP), Investment Loan (IL), Other (O)

Total Assets

Total Liabilities

Net Worth

## RIGHTS OR INTERESTS IN TRUSTS, ESTATES OR PROSPECTIVE INHERITANCE

Briefly describe or give the name of the trusts in which the individual(s) needing long-term care has interest, or the person who is the source of the inheritance. Please provide a copy of the instrument which creates the interest, if available. If not, please advise how we may obtain a copy.

## ESTATE PLANNING DOCUMENTATION

	Client 1		Client 2	
	Name / Date*	Attorney	Name / Date*	Attorney
<b>Will</b>				
Executor				
<b>Power of Attorney</b>				
To Whom Delegated				
<b>Living Will</b>				
<b>Living Trust</b>				
Name of Trust				
Trustee(s)				
Successor Trustee(s)				

Are your assets retitled to Trust? ☐ Yes ☐ No

\*Name / Date – Please use whichever one applies

Are beneficiary designations consistent with latest estate planning documents? ☐ Yes ☐ No

<b>Life Insurance Trust</b>				
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Life Insurance ownership changed to Trust? ☐ Yes ☐ No

Is your attorney the same for all documents? ☐ Yes ☐ No

Where are your original estate planning documents stored?

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## TAX DATA

Tax Filing Status (check one): ☐ Single ☐ Joint ☐ Head of Household

## OTHER TAX ADJUSTMENTS

	Total Amount	% Increase Rate
Self-employment Medical Insurance Premiums		
Alimony – Payable to Age <input type="text"/>		

## FAMILY INFORMATION

Child's Name	Married	# of Children	Biological Parents	Concerns
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

## EDUCATION GOALS

Name of Individual (Current Grade)	Dates in Private School K-12	Est. Total Expenses / Yr.	Dates in College	Annual Estimated Tuition / Books / Room & Board / Car, etc.

## REACHING RETIREMENT GOALS

	Client 1		Client 2	
	1st Choice	2nd Choice	1st Choice	2nd Choice
Target Retirement Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you save and invest for your long-term retirement? (Please state in annual terms)	401(k) / 403(b)	\$ <input type="text"/>	401(k) / 403(b)	\$ <input type="text"/>
	IRA / Roth	\$ <input type="text"/>	IRA / Roth	\$ <input type="text"/>
	Taxable Savings	\$ <input type="text"/>	Taxable Savings	\$ <input type="text"/>
Do you plan to increase this amount by a certain % each year? If so, by how much?	<input type="text"/> %		<input type="text"/> %	
Do you expect your living expenses to stay the same, increase or decrease during retirement?	<input type="text"/>			
Do you expect to spend more on travel and entertainment for a certain period?	<div>Annual Amt. <input type="text"/></div> <div># Years <input type="text"/></div>			
When do you expect to buy your next vehicle?	<div>Year <input type="text"/></div> <div>Cost <input type="text"/></div>	Next vehicle: <div>Year <input type="text"/></div> <div>Cost <input type="text"/></div>		

## ADDITIONAL CLIENT GOALS AND COMMENTS

Immediate goals in the next 12 months (include major expenditures; house, car, college education, wedding, real estate, providing for retirement, etc.)
Goals in the next three to five years:
Special circumstances or concerns:

## PLEASE READ AND SIGN BELOW

I realize that financial recommendations depend largely on accurate information provided by the client. By my signature below, I acknowledge the completeness and accuracy of the data provided in these data forms and the data gathering process.

		Date
Client 1	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Client 2	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

## BUDGET WORKSHEET

### EXPENSES

Monthly

Non-Monthly

Due Date(s)

#### HOME

Mortgage / rent			
Utilities			
Home telephone			
Cellular telephone			
Home repairs			
Home improvement			
Home security			
Garden supplies			
Total			

#### DAILY LIVING

Groceries			
Child care			
Dry Cleaning			
Dining out			
House Cleaning service			
Dog walker			
Total			

#### TRANSPORTATION

Gas / fuel			
Insurance			
Repairs			
Car wash / detailing services			
Parking			
Public transportation			
Total			

#### HEALTH

Health club dues			
Insurance			
Prescriptions			
Over-the-counter drugs			
Co-payments / out-of-pocket			
Veterinarians / pet medicines			
Life insurance			
Total			



**BUDGET WORKSHEET (CONTINUED)****EXPENSES**

Monthly

Non-Monthly

Due Date(s)

**ENTERTAINMENT**

Cable TV			
Video / DVD rentals			
Movies / plays			
Concerts / clubs			
Total			

**VACATIONS**

Plane fare			
Accommodations			
Food			
Souvenirs			
Pet boarding			
Rental car			
Total			

**RECREATION**

Gym fees			
Sports equipment			
Team dues			
Toys / child gear			
Total			

**DUES / SUBSCRIPTIONS**

Magazines			
Newspapers			
Internet connection			
Public radio			
Public television			
Religious organizations			
Charity			
Total			

**PERSONAL**

Clothing			
Gifts			
Salon / barber			
Books			
Music (CDs, etc.)			
Total			

## BUDGET WORKSHEET (CONTINUED)

### EXPENSES

Monthly

Non-Monthly

Due Date(s)

### FINANCIAL OBLIGATIONS

Long-term savings			
Retirement – 401(k), Roth IRA			
Credit card payments			
Income tax (additional)			
Other obligations			
Total			

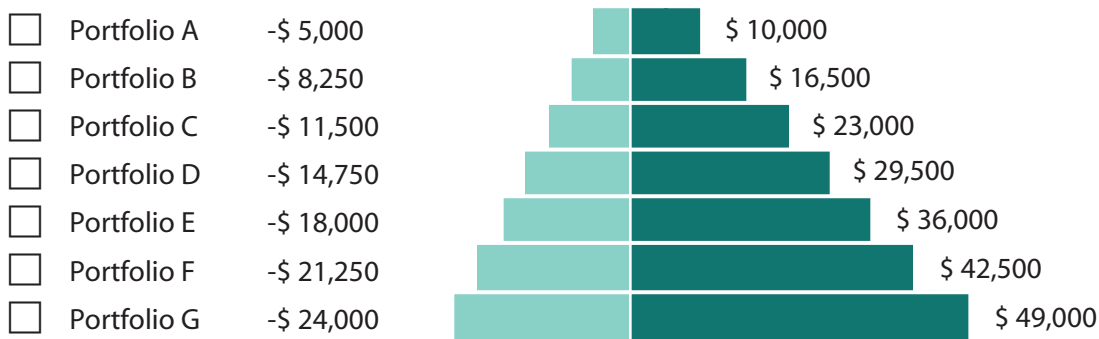
### MISCELLANEOUS PAYMENTS

Other			
Total			

## RISK TOLERANCE QUESTIONNAIRE

The information in this questionnaire is not intended to be investment advice and does not constitute a recommendation to buy or sell securities.

This graph 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?



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 potential 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 prefer that your investments significantly outperform inflation. You are willing to assume a greater potential for short-term loss in order to pursue that goal.
- ☐ You would like your investments to outpace inflation. You are willing to assume some potential for short-term loss in order to pursue that goal.

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 securities behaved in a similar manner)?

- ☐ Sell all the securities in your portfolio. You are afraid that the stock market is in a downturn and you cannot afford the decrease in value.
- ☐ 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."
- ☐ Sell half of the securities 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.
- ☐ Buy more securities for your portfolio to take advantage of their low price. You are comfortable with market fluctuations and assume that the securities will potentially regain their previous value or increase in value.

Once again, assume you have a substantial portion of your investment portfolio in securities. 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.
- ☐ Do nothing. You are comfortable waiting for the securities to regain their previous value or to increase in value.
- ☐ Sell half of the securities in your portfolio. You are not willing to leave all of your investment at risk for further loss.
- ☐ Invest more now because securities are selling for approximately 24% less than they were 12 months ago. You believe that the securities will potentially regain their value or possibly appreciate even higher over the long-term.

## RISK TOLERANCE QUESTIONNAIRE (CONTINUED)

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?

- |   |   |
|---|---|
| <input type="checkbox"/> You want to minimize the possibility of loss in the value of your portfolio. You understand that you may be sacrificing the potential for higher long-term returns by holding investments that reduce the potential for short-term loss and price fluctuation. | <input type="checkbox"/> You can tolerate the risk of large losses in pursuit of greater potential gains. |
| <input type="checkbox"/> You can tolerate the risk of moderate losses in order to pursue potentially favorable returns.   |   |

What is the investment time horizon on these investable assets?

- |  |                                      |                                      |                                    |
|--|--------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Less than 3 years | <input type="checkbox"/> 3 – 5 years | <input type="checkbox"/> 6 – 9 years | <input type="checkbox"/> 10+ years |
|--|--------------------------------------|--------------------------------------|------------------------------------|

What is your current Annual Household Income?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> None               | <input type="checkbox"/> \$ 50,001 – 100,000  | <input type="checkbox"/> \$ 500,001 – 1,000,000   |
| <input type="checkbox"/> \$ 0 – 30,000      | <input type="checkbox"/> \$ 100,001 – 250,000 | <input type="checkbox"/> \$ 1,000,001 – 3,000,000 |
| <input type="checkbox"/> \$ 30,001 – 50,000 | <input type="checkbox"/> \$ 250,001 – 500,000 | <input type="checkbox"/> More than \$ 3,000,001   |

What is your Approximate Net Worth?

- |  |  |
|--|--|
| <input type="checkbox"/> Less than \$ 250K | <input type="checkbox"/> \$ 3M – 5M          |
| <input type="checkbox"/> \$ 250 – 500K     | <input type="checkbox"/> \$ 5M – 10M         |
| <input type="checkbox"/> \$ 500 – 1M       | <input type="checkbox"/> \$ 10M – 20M        |
| <input type="checkbox"/> \$ 1M – 3M        | <input type="checkbox"/> \$ More than \$ 20M |

What are your Income Needs from Program Assets?

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> None               | <input type="checkbox"/> \$ 30,000 per year | <input type="checkbox"/> \$ 60,000 per year | <input type="checkbox"/> \$ 90,000 per year            |
| <input type="checkbox"/> \$ 10,000 per year | <input type="checkbox"/> \$ 40,000 per year | <input type="checkbox"/> \$ 70,000 per year | <input type="checkbox"/> \$ 100,000 per year           |
| <input type="checkbox"/> \$ 20,000 per year | <input type="checkbox"/> \$ 50,000 per year | <input type="checkbox"/> \$ 80,000 per year | <input type="checkbox"/> More than \$ 100,000 per year |

What is your State Tax Bracket?

- |                             |                             |                             |                                   |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 3% | <input type="checkbox"/> 6% | <input type="checkbox"/> 9%       |
| <input type="checkbox"/> 1% | <input type="checkbox"/> 4% | <input type="checkbox"/> 7% | <input type="checkbox"/> 10%      |
| <input type="checkbox"/> 2% | <input type="checkbox"/> 5% | <input type="checkbox"/> 8% | <input type="checkbox"/> Over 10% |

What is your Federal Tax Bracket?

- |                              |                              |                              |                                |
|------------------------------|------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> 0%  | <input type="checkbox"/> 15% | <input type="checkbox"/> 28% | <input type="checkbox"/> 35%   |
| <input type="checkbox"/> 10% | <input type="checkbox"/> 25% | <input type="checkbox"/> 33% | <input type="checkbox"/> 39.6% |

## ESTATE PLANNING CONCERNS AND OBJECTIVES

### TAX CONCERNS

Level of concern (1-10), 1 = Lowest, 10 = Highest

- ☐ Risk of the IRS "inheriting" 40% of your estate when you die.
- ☐ Risk of capital gains taxes being paid on the sale of assets.
- ☐ Risk of unnecessary income tax being paid on investment assets.

### FAMILY CONCERNS

- ☐ Risk of person other than those we select gaining custody of your minor children.
- ☐ Risk that assets left to your spouse might not pass to your intended heirs if your spouse remarries.
- ☐ Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits, or to a divorcing spouse.
- ☐ Risk of a child or other beneficiary losing his or her inheritance due to a mismanagement of your assets.
- ☐ Risk that an inheritance received by a child with a disability would disqualify them for governmental benefits.
- ☐ Risk of unnecessary litigation from heirs who receive less than they think they are entitled to receive.
- ☐ Risk of estate passing unequally due to the nature of assets owned.  
(Example: When a business or a parcel of real estate comprises most of the value of the estate.)
- ☐ Risk of survivors not having enough income.

### DISABILITY CONCERNS

- ☐ Risk of loss of control over your assets in the event of your disability.
- ☐ Risk of losing your assets to pay for long term care.
- ☐ Risk of unwanted efforts made to save your life if you feel that it's best to cease such efforts and die peacefully and without pain.
- ☐ Risk that health care personnel will not disclose health care information to loved ones.
- ☐ Risk of income loss to family.

### CREDITOR CONCERNS

- ☐ Risk of lawsuits against you.
- ☐ Risk of loss of your assets to a nursing home.

### POST-DEATH CONCERNS

- ☐ Risk of having to sell assets in a "fire sale" in order to create the liquidity needed to pay taxes and expenses.
- ☐ Risk that the person(s) charged with managing your affairs until after you've passed will innocently make mistakes because they are unaware of what is required and unaware of the personal liability for those mistakes.
- ☐ Risk of private matters unnecessarily being made public.
- ☐ Risk that property you intend to preserve in the family will have to be sold upon your death.

### BUSINESS CONCERNS

- ☐ Risk that corporate shield will fail to protect corporate assets because corporate meetings have not been held annually, corporate minutes kept, officers elected, etc.
- ☐ Risk of business failure due to the lack of business succession plan.
- ☐ Risk of unnecessary expenses associated with the sale of a business because of the absence of an exit plan having been prepared ahead of time.
- ☐ Risk of unintended financial results from a Buy / Sell Agreement that is out of date and / or underfunded.
- ☐ Risk that your business will fail on your disability or death.
- ☐ Risk that the business will not sell for the full value after your disability or death.

## INFORMATION CHECKLIST

Please provide the following information:

- ☐ Bank, Savings and Loan, Credit Union Account Statements
- ☐ A copy of your Wills and Trusts
- ☐ IRA's, SEP's and/or other Retirement Account Statements
- ☐ Stocks, Bonds, Mutual Funds and CD Statements
- ☐ A copy of Promissory Notes and/or Trust Deeds
- ☐ 401(k) and/or 403(b) Account Statements
- ☐ Limited and/or General Partnership Information
- ☐ Information Regarding Residence and other Real Estate Owned
- ☐ Annuities, Life Insurance and Long Term Care Contract Statements
- ☐ Information on Other Assets
- ☐ A Copy of last year's W-2's and Tax Returns

## CONCERNS

Level of concern (1-10), 1 = Lowest, 10 = Highest

- ☐ Current Cash Flow
- ☐ Children's Education
- ☐ Income to Spouse/Children After Death
- ☐ Reduction of Death Taxes
- ☐ Liquidity for Death Taxes
- ☐ Estate Planning
- ☐ Avoiding Probate Costs
- ☐ Current Wills and/or Trusts
- ☐ Transfer of Business Interest
- ☐ Current Business Agreements
- ☐ Current Life/Disability Coverage
- ☐ Fringe Benefits
- ☐ Financial Independence at Retirement
- ☐ Long Term Care Needs
- ☐ Gifting
- ☐ Other:

## TAX DATA – FOR PLANNER USE ONLY

### Federal Tax Data

Provide one of the following (for first year cash flow)

Taxable Income from the prior year

Amount

\$

– OR –

Taxes Due from prior year or Current Withholding

\$

Index Rate for Federal Tax Tables / Exemptions

%

### State Tax Data

State for tax purposes

State Tax Rate:

Before  
Change

Change  
Age

After  
Change

State Tax as percentage of Federal Taxable Income

%

– OR –

State Tax as percentage of Federal Taxes

%

Personal Exemption per person

\$

### Indicate Average Holding Period for Capital Gains Assets

Enter up to seven different holding periods and ages

Age column: Continue to enter a new age in this column if the capital gain holding period will change

1 or 2 column:

1 = More than 12 months, up to 18 months

2 = More than 5 years

Age

1 or 2

## OTHER INCOME AND EXPENSES – FOR PLANNER USE ONLY

### Single Year Income and Expense Items

Description	Income	Expense

### Tax Treatment

Client's Age	Amount	Incr.	Ord.
	\$	%	%
	\$	%	%
	\$	%	%
	\$	%	%
	\$	%	%
	\$	%	%

### Multiple Year Income and Expense Items

Description	Income	Expense

### Tax Treatment

Age Range	Amount	Incr.	Cont.	Ord.
–	\$	%	%	%
–	\$	%	%	%
–	\$	%	%	%
–	\$	%	%	%
–	\$	%	%	%
–	\$	%	%	%

## PERSONAL INFO / RATES AND OPTIONS – FOR PLANNER USE ONLY

Note: These are optional rates. Leave blank to use default rates or amounts.

### Inflation Rates

Inflation rate (prior to Retirement)	<input type="text"/> %	(3.9%)
Inflation rate (Second Period)	<input type="text"/> %	(3.9%)
Inflation rate (Third Period)	<input type="text"/> %	(3.9%)
Inflation rate (Fourth Period)	<input type="text"/> %	(3.9%)

### Other Rates

Discount rate for NPV calculations	<input type="text"/> %	(6.0%)
Increase rate on personal additions	<input type="text"/> %	(3.9%)
Social Security benefit increase rate (SS COLA rate)	<input type="text"/> %	(2.0%)

### Retirement Rates

	Pre-Retirement Rates	Post-Retirement Rates
Taxable	<input type="text"/> % (6.0%)	<input type="text"/> % (6.0%)
Tax Deferred	<input type="text"/> % (7.0%)	<input type="text"/> % (6.5%)
Tax Free	<input type="text"/> % (5.5%)	<input type="text"/> % (5.0%)
Equity / Other	<input type="text"/> % (9.0%)	<input type="text"/> % (8.0%)
Retirement Accounts	<input type="text"/> % (8.0%)	<input type="text"/> % (7.5%)

### Cash Flow Surplus

	Taxable	Tax Deferred	Tax Free	Growth
Reinvest surplus cash flow	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
After age <input type="text"/> , change to <input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Wages exempt from FICA? Client 1 ☐ Yes ☐ No

Client 2 ☐ Yes ☐ No

Ignore Pre-Retirement Cash Flow Surplus or Shortage? ☐ Yes ☐ No

If yes above, enter an Effective Pre-Retirement Tax Rate to use on Interest and Dividends  %

Calculate Penalty Tax for Pre 59.5? ☐ Yes ☐ No

Single or Joint Life Expectancy for Minimum Distribution? ☐ Single ☐ Joint



## PERSONAL EXPENSE, SOCIAL SECURITY AND INSURANCE PREMIUMS – FOR PLANNER USE ONLY

### Income Needed Per Month in Retirement

Note: Leave this section blank if you filled out the Personal Expenses page.

	Client Age	Amount	Inflation Rate
Prior to Retirement (present age)	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
First Period (at Retirement age)	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
Second Period	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
Third Period	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
Fourth Period	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
Fifth Period	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
Sixth Period	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %

### Retirement Social Security Benefits

	Client 1	Client 2
Age to start Retirement SS Benefits	<input type="text"/> (65)	<input type="text"/> (65)
Percent of computed SS Benefits you will receive	<input type="text"/> % (100%)	<input type="text"/> % (100%)
Actual amount of expected SS Benefits (today's dollars)	\$ <input type="text"/>	\$ <input type="text"/>
Qualified to receive SS Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Insurance Premiums (Annual)

Note: Enter Life Insurance Premiums on the Insurance Information page.

	Client 1	Client 2
Auto Insurance Premiums	\$ <input type="text"/>	\$ <input type="text"/>
Disability Insurance Premiums	\$ <input type="text"/>	\$ <input type="text"/>
Homeowners, Property & Casualty, Other Premiums	\$ <input type="text"/>	
Medical Insurance Premiums	\$ <input type="text"/>	\$ <input type="text"/>
Long Term Care Insurance Premiums	\$ <input type="text"/>	\$ <input type="text"/>

## ASSET WORKSHEET / TYPE TOTALS – FOR PLANNER USE ONLY

### Ordinary Income Assets

Asset Accounts	Fully Taxable	Tax Deferred	Tax Free
Starting Balance	\$	\$	\$

### Equity and Other

Account Balance
\$

	Dividend	Apprec. Rate
Int / Div / Appr % Period 1	%	%
Age change to Period 2		
Int / Div % Period 2	%	%
Accumulated Deferred Interest	\$	
Portion of Tax Free Int. Subject to AMT %	%	
Portion of Dividend Taxed as Ordinary %	%	(100%)
Portion of Dividend Taxed as Capital Gain %	%	
Unrealized Appreciation included in Account Balance	\$	Dividend

## RETIREMENT ACCOUNT INFORMATION

<b>Qualified Contrib / IRA Plans</b>					
Account Owner (select one)	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
Account Balance now	\$	\$	\$	\$	\$
Rate of Return now	%	%	%	%	%
Age to change Rate					
Rate of Return after change	%	%	%	%	%
Age when Additions start					
Company Contributions per year	\$	\$	\$	\$	\$
Client Contributions per year	\$	\$	\$	\$	\$
Increase Additions each year	%	%	%	%	%
Age when Account Adds stop					
Age to start drawing Income					
Amount of annual Withdrawals	\$	\$	\$	\$	\$
Annual Increase Rate	%	%	%	%	%



## **I.) Contact Information**

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

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

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

E-Mail: \_\_\_\_\_

Hm. Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Ofc.: \_\_\_\_\_

Best Contact Time: \_\_\_\_\_ AM: \_\_\_\_\_ PM: \_\_\_\_\_

## **II.) Specialized Reports:**

*Are you interested in the following personalized reports?*

\_\_\_\_\_ **Social Security Analysis** (When should I/we take my/our benefit?)

\_\_\_\_\_ **Retirement Income Plan**

## **III.) Concerns**

**Please write down, and bring with you, a listing of any financial concerns and/or questions you have, and any other topics you would like to discuss. Use the following as a guide:**

**(1 Low 9 High)**

**Concern**

- \_\_\_\_\_ Current Cash Flow Analysis
- \_\_\_\_\_ Children's education, including College
- \_\_\_\_\_ Income to spouse/children after death
- \_\_\_\_\_ Reduction of death taxes
- \_\_\_\_\_ Liquidity for death taxes
- \_\_\_\_\_ Estate planning
- \_\_\_\_\_ Avoid probate costs
- \_\_\_\_\_ Review current wills/trusts
- \_\_\_\_\_ Transfer of business interest
- \_\_\_\_\_ Review current business agreements
- \_\_\_\_\_ Review current life/disability coverage
- \_\_\_\_\_ Analyze fringe benefits
- \_\_\_\_\_ Financial independence at retirement
- \_\_\_\_\_ Review long-term care needs
- \_\_\_\_\_ Discuss program of gifting
- \_\_\_\_\_ Other \_\_\_\_\_



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### Disability Income Insurance Questionnaire

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Agency Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Client & Product Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F State: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. /Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Salary: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_ Practice Specialty: \_\_\_\_\_  
Ever Used Tobacco? Y N Type: \_\_\_\_\_ Last Used/ Frequency: \_\_\_\_\_  
Known Medical History and / or Current Medications with dosage:  
\_\_\_\_\_  
For Physicians Only: When did you finish your residency or fellowship? \_\_\_\_\_

### Existing Disability Coverage

Individual DI? Y N Monthly Amount: \$ \_\_\_\_\_

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The following people are working with you



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