



# Deliberate Future Blueprint <sup>TM</sup> Data Form and Questionnaire

15245 Shady Grove Road, Suite 410  
Rockville, MD 20850  
301.279.2221



## **Family Information**

### **Client**

Name (First/Last)			
Date of Birth:		Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Marital Status: <i>(single, married, separated, divorced, domestic partnership, widow, widower)</i>		Previous Marriages?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Citizenship: <i>(U.S. Citizen, Resident Alien, Non-Resident Alien)</i>			

### **Spouse / Client 2**

Name (First/Last)			
Date of Birth:		Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
		Previous Marriages?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Citizenship: <i>(U.S. Citizen, Resident Alien, Non-Resident Alien)</i>			

### **Contact Info**

Address Line 1:			
Address Line 2:			
City:		State:	
Zip:			
Home Phone:			
Cell Phone:			
Spouse Cell Phone:			
Fax:			
E-mail:			

### **Employment – Client**

Employer Name			
Employer Address Line 1:			
Employer Address Line 2:			
City:		State:	
Zip:			
Work Phone:			
Work Fax:			
Work Email Address:			
Title/Position:			
Years Employed:			



## Employment – Spouse /Client 2

Employer Name			
Employer Address Line 1:			
Employer Address Line 2:			
City:		State:	
Zip:			
Work Phone:			
Work Fax:			
Work Email Address:			
Title/Position:			
Years Employed:			

## Children

First Name	Last Name	Date of Birth	Gender	Special Needs? (Yes / No)	Marital Status (single, married, separated, divorced, domestic partnership, widow, widower)	From Previous Marriage? (Yes / No)	Citizenship (U.S. Citizen, Resident Alien, Non-Resident Alien )	Tax Rate	Core Cash Account Growth Rate

What kinds of role to you want to play in your children's/ grandchildren's future?

--

## Advisors

Advisor Type (Accountant, Attorney, etc.)	First Name	Last Name	Company	Address	Phone, Fax, Email



**Properties**

**Real Estate**

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Address 1:				
Address 2:				
City:				
State:				
Zip:				
Property Type: ( <i>Residence, Non-Residence</i> )				
Purchase Year:				
Purchase Amount:				
Current Value:				
Owner: ( <i>Client, Spouse, Joint, Trust, etc.</i> )				

**Mortgages - (First Trusts only. Home Equity Section Follows Below)**

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Lender:				
Lender Website Address:				
Property Name:				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
Interest Rate:				
Fixed or Floating:				
Rate Adjustment Period (3, 5, 7 years?)				
Loan Term (Years):				
Payment Frequency ( <i>Monthly, Quarterly, Semi-Annually, Annually</i> ):				
Repayment Type ( <i>Principal and Interest, Interest Only</i> ):				
Payment: Amount				
Balloon Period (years):				
Is Interest Deductible? ( <i>Yes / No</i> )				

Securities and Investment Advisory Services offered through H. Beck, Inc. Member FINRA, SIPC 6600 Rockledge Drive, 6<sup>th</sup> Floor, Bethesda, MD 20814. (301) 468-0100. Mark Avallone and John D. Orem are registered representatives, and investment advisor representatives of H. Beck, Inc., which is unaffiliated with Potomac Wealth Advisors, LLC.



## Home Equity Lines/Loans

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Lender:				
Lender Website Address:				
Property Name:				
Current Balance:				
Interest Rate:				
Equity Line of Credit or Loan:				
Fixed or Floating:				
Underlying Interest Rate Benchmark (Libor, Treasury Notes, etc.)				
Loan Term (Years):				
Payment Frequency ( <i>Monthly, Quarterly, Semi-Annually, Annually</i> ):				
Repayment Type ( <i>Principal and Interest, Interest Only</i> ):				
Payment: Amount				

## Personal Tangible Property

	(1)	(2)	(3)	(4)
Asset Name:				
Current Value:				
Ownership Titling: ( <i>Client, Spouse, Joint, etc.</i> )				

## Investments

### Taxable

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Where Held:					
Institution Website Address:					
Account Value:					
Margin Balance:					
Tax Basis (or Provide Statement):					
Owner: ( <i>Client, Spouse, Joint, etc.</i> )					

Securities and Investment Advisory Services offered through H. Beck, Inc. Member FINRA, SIPC 6600 Rockledge Drive, 6<sup>th</sup> Floor, Bethesda, MD 20814. (301) 468-0100. Mark Avallone and John D. Orem are registered representatives, and investment advisor representatives of H. Beck, Inc., which is unaffiliated with Potomac Wealth Advisors, LLC.



## Cash and Bank Account Info

	(1)	(2)	(3)	(4)	(5)
Asset Name: (savings, emergency fund, tax escrow, etc.)					
Institution Where Held:					
Institution Website Address:					
Asset Type ( <i>Cash, CDs, T-Bills, Checking, Savings, Money Market, Cash Management Account</i> )					
Account Value:					
Is this Asset Tax Free? (Yes / No):					
Owner: ( <i>Client, Spouse, Joint, etc.</i> )					



## Qualified Retirement (Employer Sponsored) Plans

### (401(k), IRA, Money Purchase, Profit Sharing, 403(b), SEP, Other)

	(1)	(2)	(3)	(4)	(5)
Account Name:					
Institution Where Held:					
Institution Website Address:					
Type <i>(Traditional 401(k), Roth 401(k), IRA, Money Purchase, Profit Sharing, Traditional 403(b), Roth 403(b), Pension, SEP, Other)</i>					
Holdings Value:					
Currently Contributing?					
Established Year:					
Owner Name : <i>(Client, Spouse)</i>					
Beneficiary:					
Apply RMD?: <i>(Yes / No)</i>					

## Current Contributions

<b>Employee Contributions (For 401(k) or 403(b))</b>	<b>Client 1</b>	<b>Spouse / Client 2</b>
Type: <i>(None, Percent of Salary, Fixed Amount, Maximum up to Match, IRS Maximum)</i>		
Percent of Salary:		
or Dollar Amount:		

## Employer Contributions (For 401(k), Money Purchase, 403(b), SEP, or Profit Sharing)

Type: <i>(None, Percent of Salary, Match Percent, Fixed Amount, Discretionary, Maximum)</i>	
Employer Percent Match of Employee Contribution:	
Maximum Employer Contribution Percent of Employee Salary:	
Amount:	

## Non-Roth, Post-Tax IRA Contributions

Type: <i>(None, Percent of Salary, Fixed Amount, Maximum After Matching)</i>	
Percent:	
Amount:	

## Roth IRAs

	(1)	(2)	(3)	(4)	(5)
Account Title:					
Institution Where Held:					
Institution Website Address:					
Account Value:					
Owner: <i>(Client, Spouse)</i>					
Beneficiary:					

## 529 Plans

	(1)	(2)	(3)	(4)
Account Title:				
Institution Where Held:				
Institution Website Address:				
Holdings Value:				
Beneficiary:				

## Stock Options

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Where Held:					
Institution Website Address:					
Ticker Symbol:					
# of Shares					
Current Stock Price:					
Strike (Exercise) Price:					
Expiry Date:					
Owner:					

## Stock Grants

	(1)	(2)	(3)	(4)	(5)
Grant Number:					
Grant Date:					
Grant Type <i>(NQ, ISO, DQ, Restricted, Restricted 83(b))</i> :					





Shares Granted:					
Exercise Price:					
Exercise Price Discount:					
FMV at Purchase <i>(Restricted / Restricted. 83(b) only)</i>					
First Vest Date:					
Vesting Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually)</i>					
Vesting Periods:					
Expiration Date:					
Shares Remaining:					

**Annuities (Fixed/Variable)**

	(1)	(2)	(3)	(4)	(5)
Account Title:					
Insurance Company Name:					
Institution Website:					
Annuity Type <i>(Fixed / Variable)</i> :					
Qualified/Non-Qualified					
Initial Investment					
Account Value:					
Guarantee Value:					
Death Benefit:					
Insurance Company Guaranteed Growth Rate:					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
Beneficiary:					
Payout Begins <i>(Retirement, at Death, Calendar Year, etc.)</i> :					
Annuitization Type: <i>(Life, Term Certain)</i>					
Based on the Lifetime of <i>(Client, Spouse, Survivorship)</i> :					
Guaranteed Years of Payout:					
Term (years):					

Securities and Investment Advisory Services offered through H. Beck, Inc. Member FINRA, SIPC 6600 Rockledge Drive, 6<sup>th</sup> Floor, Bethesda, MD 20814. (301) 468-0100. Mark Avallone and John D. Orem are registered representatives, and investment advisor representatives of H. Beck, Inc., which is unaffiliated with Potomac Wealth Advisors, LLC.



## Deferred Compensation

	(1)	(2)	(3)	(4)	(5)
Account Title/Owner:					
Institution Name:					
Institution Website Address:					
Holdings Value:					
Owner: <i>(Client, Spouse)</i>					
Beneficiary:					

## Contributions

### General Contribution Information

Contributions Based On: <i>(All Earned Income, Salary)</i>	
--	--

### Employee Contributions

Type: <i>(None, Percent of Salary, Fixed Amount)</i>	
Percent:	
Amount:	

### Employer Contributions

Type: <i>(None, Percent of Salary, Match Percent, Fixed Amount)</i>	
Employer Percent Match of Employee Contribution:	
Maximum Employer Contribution Percent of Employee Salary:	

## Loans

	(1)	(2)	(3)	(4)
Loan Name:				
Lender:				
Institution Website Address:				
Loan Type <i>(Loan Auto, Personal, Business, LOC, Student Loan, Credit Card, Debt Consolidation, Other)</i>				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
Balance as of date:				
Owner <i>(Client, Spouse, Joint, etc.):</i>				



Interest Rate:				
Fixed or Floating				
Interest Rate Benchmark (Libor, Treasury, etc.):				
Prepayment Penalty:				
Payment Frequency (Monthly, Quarterly, Semi-Annually, Annually):				
Repayment Type (Principal and Interest, Interest Only):				
Payment:				
Annual Fee:				
Balloon Period (years):				
Interest Deductible? (Yes / No):				
Loan Collateralized? (Yes / No):				
Paid off at Death of (Client, Spouse, First to Die):				

**Income**

**Salary & Bonus**

	(1)	(2)	(3)	(4)
Client Name:				
Annual Salary				
Annual Expected Bonus:				
Indexed at (No Growth, Inflation, etc.):				
Start Indexing (Immediately, At Start Year):				
Self-Employment? (Yes / No):				
Guaranteed? (Yes / No):				
Anticipated End Date (Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration.):				

## Social Security

	Client	Spouse
Estimated Annual Retirement Benefit:		
Is Annual Benefit an Estimate or from Social Security Worksheet:		
Benefit Begins at Age:		
Indexed at <i>(No Growth, Inflation, etc.)</i> :		
Start Indexing <i>(Immediately, At Start Year)</i> :		
Annual Disability Benefit:		
Annual Surviving Child Benefit:		
Years Employed:		
Last Year Employed:		
Highest Salary Earned:		

## Pensions (and Deferred Income)

	(1)	(2)	(3)	(4)
Deferred Income Name:				
Type <i>(Pension, Deferred Comp, Other Deferred)</i> :				
Annual Amount:				
Indexed at <i>(No Growth, Inflation, etc.)</i> :				
Start Indexing <i>(Immediately, At Start Year)</i> :				
Owner <i>(Client, Spouse, Joint)</i> :				
Non-Taxable? <i>(Yes / No)</i> :				
Starts <i>(Retirement, at Death, Calendar Year, etc.)</i> :				
Ends <i>(Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration.)</i> :				

## Immediate Annuities

	(1)	(2)	(3)	(4)
Immediate Annuity Name:				
Annual Payments:				
Exclusion Ratio:				



	(1)	(2)	(3)	(4)
Basis:				
Owner <i>(Client, Spouse, Joint, etc.):</i>				
Purchase Date:				
Annuitization Type: <i>(Life, Term Certain)</i>				
Based on Lifetime Of <i>(Client, Spouse, Survivorship):</i>				
Guaranteed Years of Payout:				
Term (years):				

### Real Estate and Other Income

	(1)	(2)	(3)	(4)
Other Income Name:				
Type <i>(Business Distribution, Partnership Distribution, Real Estate, Trust, Other):</i>				
Tax Treatment <i>(Earned Income, Capital Gains, Qualified Dividends, Investment Ordinary Income, Non-Taxable):</i>				
Annual Amount:				
Indexed at <i>(No Growth, Inflation, etc.):</i>				
Start Indexing <i>(Immediately, At Start Year):</i>				
Owner <i>(Client, Spouse, Joint, etc.):</i>				
Self-Employment? <i>(Yes / No):</i>				
Guaranteed? <i>(Yes / No):</i>				
Starts <i>(Retirement, at Death, Calendar Year, etc.):</i>				
Ends <i>(Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration):</i>				



**Expenses**

**Living Expenses – Worksheet**

Description (e.g., auto gas, Ins., utilities, food, clothing, entertainment, memberships, etc.)	Required? <i>(Yes / No)</i>	Current Amount	Semi-Retirement Amount	Retirement Amount	Advanced Years Amount

**Education**

Expense Name	Education For	Annual Amount	Indexed At <i>(No Growth, Inflation, Other)</i>	Start Indexing <i>(Immediately, At Start Year)</i>	Starts	Ends	Occurs Every x Years

**Education - Worksheet**

State	University / Institution Name	Annual Tuition Expense	Annual Book Expense	Annual Room & Board Expense	Other Annual Expenses

Securities and Investment Advisory Services offered through H. Beck, Inc. Member FINRA, SIPC 6600 Rockledge Drive, 6<sup>th</sup> Floor, Bethesda, MD 20814. (301) 468-0100. Mark Avallone and John D. Orem are registered representatives, and investment advisor representatives of H. Beck, Inc., which is unaffiliated with Potomac Wealth Advisors, LLC.



### Other Prominent/Non-Recurring Expenses

Expense Name	Type (Wedding, Boat, Vacation Home Purchase, etc.),	Annual Amount	Starts	Ends	Occurs Every x Years

*If we were meeting here in five years, what would need to have happened in order for you to consider our relationship successful?*

---

---

What are your three most important financial/ life goals?

1.
2.
3.

What are your three greatest financial concerns at this point in time?

1.
2.
3.

If you are not on track, what are you willing to change to get back on track?

--

Who else should be involved in this process?

--

Where do you see yourself financially and non-financially in 10 years?

--

If money were no issue, what would you do with your time?

--

If we were looking back five years from now, what would have had to happen in order for our relationship to be successful?

--

What is really important to you that we didn't discuss or cover?

--

Do you anticipate being financially responsible for anyone else now or in the future?

---



Please share with me any health concerns or potential financial issues (personal/family) you have?:

---

What plans have you made in the event that you become disabled or require long term care?

---

At what age would you want to work less, or not have to work at all? \_\_\_\_\_

At that point, what annual income would you need to enjoy your financial freedom? \_\_\_\_\_

What amount of assets would you need in order to enjoy that freedom? \_\_\_\_\_

How much do you need to save each month (starting now) in order to accumulate that amount? \_\_\_\_\_

How much are you currently saving? \_\_\_\_\_

What other sources of funds have we not addressed, e.g., gifts, inheritance, etc.? \_\_\_\_\_

Additional Information: