



Deliberate Future Blueprint TM 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>) | | | | |



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 advisory services offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser.



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 (Traditional 401(k), Roth 401(k), IRA, Money Purchase, Profit Sharing, Traditional 403(b), Roth 403(b), Pension, SEP, Other) | | | | | |
| Holdings Value: | | | | | |
| Currently Contributing? | | | | | |
| Established Year: | | | | | |
| Owner Name : (Client, Spouse) | | | | | |
| Beneficiary: | | | | | |
| Apply RMD?: (Yes / No) | | | | | |

Current Contributions

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

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

| | |
|--|--|
| Type: (None, Percent of Salary, Match Percent, Fixed Amount, Discretionary, Maximum) | |
| Employer Percent Match of Employee Contribution: | |
| Maximum Employer Contribution Percent of Employee Salary: | |
| Amount: | |

Non-Roth, Post-Tax IRA Contributions

| | |
|---|--|
| Type: (None, Percent of Salary, Fixed Amount, Maximum After Matching) | |
| Percent: | |
| Amount: | |

Securities and advisory services offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser.



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): | | | | | |



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> | | | | |



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: