**FINANCIAL PLANNING WORKBOOK**

**Confidential Data**

(Condensed Version)

*Please Print Legibly*

|  |
| --- |
| Client 1 Name: |
| Client 2 Name: |
| Planner Name:  |
| Date: |

Confidentiality Statement

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AR Insurance License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CA Insurance License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questionnaires and other tools are contained**

**in the Supplemental Materials document.**

**GENERAL INFORMATION**

**Client Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | **Date of Birth** | **Age** | **Social Security Number** | **Driver’s License Number** | **US Citizen** |
| Client 1: |  |  |  |  | ❒ Yes ❒ No |
| Client 2:  |  |  |  |  | ❒ Yes ❒ No |

**Family Members / Dependents**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name / Relationship to Client(s)** | **Date of Birth** | **Age** | Social Security Number | **Dependent / Special Needs** | **US Citizen** |
|  |  |  |  | ❑ Dependent❑ Special Needs | ❒ Yes ❒ No |
|  |  |  |  | ❑ Dependent❑ Special Needs | ❒ Yes ❒ No |
|  |  |  |  | ❑ Dependent❑ Special Needs | ❒ Yes ❒ No |
|  |  |  |  | ❑ Dependent❑ Special Needs | ❒ Yes ❒ No |
|  |  |  |  | ❑ Dependent❑ Special Needs | ❒ Yes ❒ No |
|  |  |  |  | ❑ Dependent❑ Special Needs | ❒ Yes ❒ No |
|  |  |  |  | ❑ Dependent❑ Special Needs | ❒ Yes ❒ No |
|  |  |  |  | ❑ Dependent❑ Special Needs | ❒ Yes ❒ No |
| Do any family members have any financial and/or health concerns?  |

|  |
| --- |
| Home Address:  |
| Home Telephone: | How Long: | Previous Address: *(< 5 years)* |
| Client’s Occupation: *(Job Function/How Long)* | Client #2’s Occupation: (*Job Function/How Long)* |
| Client’s Business Address: | Business Phone No: |
| Client #2’s Business Address: | Business Phone No: |
| E-mail address(s): |
| Client #1 Cell Phone Number: | Client #2 Cell Phone Number: |

|  |  |
| --- | --- |
| Previous Marriages: | Children: *(Alimony, child support, adopted, etc.)* |
| Living Parents: | Living In-Laws: |
| Other Family: | Other Family: |

**OBJECTIVES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RETIREMENT** | **Annual Need (today’s $)** | **Inflation****Rate?** | **For How Long?** | **OTHER NOTES** |
| **Client 1 Age\_\_\_\_\_****Client 2****Age \_\_\_\_\_** | $\_\_\_\_\_\_\_\_\_\_\_\_\_Or\_\_\_\_\_ % of current lifestyle | Need grows by \_\_\_\_\_%(unless specified, default = 3%) | Fund To Youngest Client’s Age \_\_\_(unless specified, default = 95) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION** | **Annual Need (today’s $)** | **Starting When?** | **For How** **Many Years?** | **OTHER NOTES** |
| **Primary School** | $ |  |  | Need grows by \_\_\_\_\_\_%(unless specified, default = 6%) |
| **College** | $ |  |  | Need grows by \_\_\_\_\_\_%(unless specified, default = 6%) |
| **Masters or Doctorate** | $ |  |  |  |
| How much of your children’s/grandchildren’s college education expenses do you plan to pay? \_\_\_\_\_\_\_\_\_\_% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SURVIVOR INCOME** | **Annual Need (today’s $)** | **Inflation****Rate?** | **For How Long?** | **OTHER NOTES** |
| **Surviving Spouse/Partner with children** | $\_\_\_\_\_\_\_\_\_\_\_\_\_Or\_\_\_\_\_ % of current lifestyle | Need grows by \_\_\_\_\_%(unless specified, default = 3%) | Fund To Survivor’s Age \_\_\_(unless specified, default = 95) | Would Surviving Spouse/Partner work? If yes, assume earned income of $\_\_\_\_\_\_\_\_\_ per year, growing at \_\_\_\_\_\_\_%, through age \_\_\_\_\_\_.Would Surviving Spouse/Partner downsize?If yes, assume new home purchase in \_\_\_\_\_ (year) for $\_\_\_\_\_\_\_\_\_\_\_. |
| **Surviving Spouse/Partner only** | $\_\_\_\_\_\_\_\_\_\_\_\_\_Or\_\_\_\_\_ % of current lifestyle |
| **Expenses to pay off at first death** **(check all that apply)** | ❑ Final expenses $\_\_\_\_\_\_\_\_ (default = $15,000)❑ Pay off mortgage in a lump sum - or - ❑ Mortgage payments continue as scheduled | ❑ Pay off student loans $ ❑ Pay off other debt $ ❑ Fund education objectives (as defined below)❑ Fund emergency reserves $  |

|  |  |  |
| --- | --- | --- |
| **RISK MANAGEMENT** | **Annual Need (today’s $)** | **OTHER NOTES** |
| **Disability Income** | $ |  |
| **Long Term Care** | $ |  |

|  |
| --- |
| **ADDITIONAL OBJECTIVES** |
|  |
|  |
|  |

**INCOME SOURCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source / Description** | Beginning Age/Year | EndingAge/Year | Annual Amount (today’s dollars) | **Inflation** |
| Salary - Client 1 |  |  | $ | % |
| Salary - Client 2 |  |  | $ | % |
| Bonus - Client 1 |  |  | $ | % |
| Bonus - Client 2 |  |  | $ | % |
| Business Income (S-corp/partnership/LLC distributions) |  |  | $ | % |
| Pension – Client 1 – indicate duration (life only, joint & survivor, etc.) |  |  | $ | % |
| Pension – Client 2 – indicate duration (life only, joint & survivor, etc.) |  |  | $ | % |
| Inheritance |  |  | $ | % |
| Other – Client 1 or 2? |  |  | $ | % |
| Other – Client 1 or 2? |  |  | $ | % |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Security***Enter benefit amount from statement, OR enter pre-retirement earned income for system-calculated benefit in the appropriate column.* | **Start Age** | **Annual Benefit from statement** **(today’s dollars)** | **Pre-Retirement Earned Income (for system-calculated benefit)** | **COLA %** |
| Client 1% of benefit to use: \_\_\_\_\_ % (default = 100%) |  |  | $ | % |
| Client 2 - covered under Client 1’s earnings record? ❑ Yes ❑ No % of benefit to use: \_\_\_\_\_ % (default = 100%) |  |  | $ | % |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rental Income** | **Gross****Income** | **Deductible Expenses (excluding mortgage)** | **Depreciation****$ or %** **# of years** | **COLA %** |
| Property Address/Description  | $ | $ |  | % |
| Property Address/Description  | $ | $ |  | % |

Will any asset(s) be sold in the future? ❑ Business ❑ Rental Property

In what year?

Cost basis: $ (If cost basis information is not provided, assume $0.)

Associated selling costs: \_\_\_\_\_\_\_\_% or $\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPENSES**

|  |
| --- |
| **Current Expenses** |
| **Housing** | **Monthly** | **Annually** |  | **Discretionary Expenses** | **Monthly** | **Annually** |
| Rent (Enter Mortgage under Debt) | $ | $ |  | Charitable Contributions | $ | $ |
| Homeowner’s/Renter’s Insurance |  |  |  | Personal Care |  |  |
| Property Taxes |  |  |  | Club Dues |  |  |
| Maintenance/Repairs |  |  |  | Dining Out/Entertainment |  |  |
| Cleaning/Yard |  |  |  | Gifts |  |  |
| Utilities |  |  |  | Pets |  |  |
| Electric/Gas |  |  |  | Recreation |  |  |
| Cable TV |  |  |  | Subscriptions |  |  |
| Telephone |  |  |  | Vacation |  |  |
| Water/Sewer |  |  |  | Other |  |  |
| Garbage Collection |  |  |  |  |  |  |
|  |  |  |  | **Income Taxes** | **Monthly** | **Annually** |
| **Transportation** | **Monthly** | **Annually** |  | Client 1 Federal Taxes | $ | $ |
| Car Payments/Lease | $ | $ |  | Client 2 Federal Taxes |  |  |
| Fuel |  |  |  | Client 1 State Income Taxes |  |  |
| Auto Insurance |  |  |  | Client 2 State Income Taxes |  |  |
| Taxes/Registration/License |  |  |  | Client 1 Local Taxes |  |  |
| Repairs/Maintenance |  |  |  | Client 2 Local Taxes |  |  |
|  |  |  |  |  |  |  |
| **Living Expenses** | **Monthly** | **Annually** |  | **Savings** | **Monthly** | **Annually** |
| Groceries | $ | $ |  | Client 1 Retirement Plan Savings | $ | $ |
| Childcare |  |  |  | Client 2 Retirement Plan Savings |  |  |
| Child Support/Alimony |  |  |  | Other |  |  |
| Clothing |  |  |  | Other |  |  |
| Education |  |  |  |  |  |  |
| Medical/Dental – out of pocket |  |  |  | **Insurance Premiums** | **Monthly** | **Annually** |
| Other |  |  |  | Client 1 Life Insurance  | $ | $ |
|  |  |  |  | Client 2 Life Insurance  |  |  |
| **Debt** | **Monthly** | **Annually** |  | Client 1 Disability Insurance  |  |  |
| Mortgage (Principal & Interest) | $ | $ |  | Client 2 Disability Insurance  |  |  |
| Home Equity Loan |  |  |  | Health Insurance  |  |  |
| Credit Card Payments |  |  |  | Long Term Care Insurance |  |  |
| Student Loan Payments |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Net Annual Living Expenses?****$** | **Estimated Net Discretionary Income?****$** |

|  |
| --- |
| **Future Expenses/Purchases** |
| **Description** (Wedding, Home Remodeling, etc.) | Begin/End Date | **Estimated Cost** | **Down Payment** | **Loan Terms** |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
| Additional Post-Retirement Healthcare Costs |  | $ | $ |  |
| Additional Post-Retirement Healthcare Costs |  | $ | $ |  |
| NEW Car – Client 1: $\_\_\_\_\_\_\_\_\_\_\_\_\_ purchase price (today’s $) every \_\_\_\_ years beginning in \_\_\_\_\_\_\_ and ending at age \_\_\_\_, with \_\_\_% inflation- OR - Ongoing expense of $\_\_\_\_\_\_\_\_\_\_\_ per month (today’s dollars) through age \_\_\_\_\_\_, with \_\_\_\_% inflation |
| NEW Car – Client 2: $\_\_\_\_\_\_\_\_\_\_\_\_\_ purchase price (today’s $) every \_\_\_\_ years beginning in \_\_\_\_\_\_\_ and ending at age \_\_\_\_, with \_\_\_% inflation- OR - Ongoing expense of $\_\_\_\_\_\_\_\_\_\_\_ per month (today’s dollars) through age \_\_\_\_\_\_, with \_\_\_\_% inflation |

**ASSET INVENTORY**

# Owner Codes: (C) Client 1 (S) Client 2 / Spouse (JW) Joint with Rights of Survivorship (JT) Joint Tenants

#  (L) Client 1 Living Trust (M) Client 2 Living Trust (CP) Community Property (I) Irrevocable Trust (K) Children (O) Other

|  |
| --- |
| Real Estate & Business Interests  |
| Description | **Owner** | **Cost Basis** | **Current Market Value** | **Mortgage Balance Original/****Current** | **Monthly Payment****(Principal & Interest)** | **Interest Rate** | **Remaining Years of Mortgage** | **If Interest Only Loan, Balloon Payment Due (year)** |
| Residence |  | $ | $ | $ | $ | % |  |  |
| Home Equity Line of Credit / Home Equity Loan |  | $ | n/a | $ | $ | % |  |  |
| Other Home |  | $ | $ | $ | $ | % |  |  |
| Rental Property |  | $ | $ | $ | $ | % |  |  |
| Undeveloped Land |  | $ | $ | $ | $ | % |  |  |
| Business |  | $ | $ | $ | $ | % |  |  |
|  |  | $ | $ | $ | $ | % |  |  |
|  |  | $ | $ | $ | $ | % |  |  |

|  |
| --- |
| **Other Personal Property** |
| Description | **Owner** | **Purchase Price** | **Current Market Value** | **Current Liability** | **Monthly Payment****(Principal & Interest)** | **Interest Rate** | **Remaining Years** |
| Auto |  | $ | $ | $ | $ | % |  |
| Auto |  | $ | $ | $ | $ | % |  |
| Boats/RVs |  | $ | $ | $ | $ | % |  |
| Art/Collectibles/Jewelry |  | $ | $ | $ | $ | % |  |
| Personal Property  |  | $ | $ | $ | $ | % |  |
| Personal Property  |  | $ | $ | $ | $ | % |  |
| Credit Cards |  | **n/a** | **n/a** |  |  |  |  |
|  |  | $ | $ | $ | $ | % |  |

|  |
| --- |
| **Cash and Equivalents** - Check (√) the left column to verify you have a statement for each account.  |
| √ | Description | **Owner** | **Current Value** | **Yield %** | **Purchase Date** | **CD Maturity** **Date** |
|  | Checking |  | $ | % |  | n/a |
|  | Checking |  | $ | % |  | n/a |
|  | Savings |  | $ | % |  | n/a |
|  | Savings |  | $ | % |  | n/a |
|  | Money Market |  | $ | % |  | n/a |
|  | Money Market |  | $ | % |  | n/a |
|  | CD |  | $ | % |  |  |
|  | CD |  | $ | % |  |  |

**ASSET INVENTORY (continued)**

# Owner Codes: (C) Client 1 (S) Client 2 / Spouse (JW) Joint with Rights of Survivorship (JT) Joint Tenants

#  (L) Client 1 Living Trust (M) Client 2 Living Trust (CP) Community Property (I) Irrevocable Trust (K) Children (O) Other

|  |
| --- |
| **Taxable Investments -** Check (√) the left column to verify you have a statement for each account.  |
| **√** | Investment Company | **Owner** | **Current Value** | **No. of** **Shares** | **Yield** **%** | **Purchase Date** | **Maturity** **Date** | **Cost** **Basis** |
|  |  |  | $ |  | % |  |  | $ |
|  |  |  | $ |  | % |  |  | $ |
|  |  |  | $ |  | % |  |  | $ |
|  |  |  | $ |  | % |  |  | $ |
|  |  |  | $ |  | % |  |  | $ |
|  |  |  | $ |  | % |  |  | $ |
|  |  |  | $ |  | % |  |  | $ |
|  |  |  | $ |  | % |  |  | $ |
|  |  |  | $ |  | % |  |  | $ |

|  |
| --- |
| **Qualified Plan Assets - *Please indicate employee contributions and company match for all active plans. If $0, please indicate.*** Check (√) the left column to verify you have a statement for the account. |
| √ | Description / Investment Company | **Owner** | **Current Value** | **EE Contributions****$ or % of Salary** | **ER Match****$ or % of Salary (indicate max)** | **Beneficiary****Primary / Contingent** |
|  | 401(k) / 403(b) |  | $ |  |  | / |
|  | 401(k) / 403(b) |  | $ |  |  | / |
|  | Profit Sharing / SEP |  | $ |  |  | / |
|  | Profit Sharing / SEP  |  | $ |  |  | / |
|  | IRA |  | $ |  |  | / |
|  | IRA  |  | $ |  |  | / |
|  | IRA |  | $ |  |  | / |
|  | IRA |  | $ |  |  | / |
|  | Roth IRA |  | $ |  |  | / |
|  | Roth IRA |  | $ |  |  | / |
|  | Defined Benefit Lump Sum /Cash Balance Plan |  | $ |  |  | / |
|  | Defined Benefit Lump Sum /Cash Balance Plan |  | $ |  |  | / |
|  | 457 |  | $ |  |  | / |
|  | ESOP |  | $ |  |  | / |
|  |  |  | $ |  |  | / |

**ASSET INVENTORY (continued)**

# Owner/Annuitant Codes: (C) Client 1 (S) Client 2 / Spouse (JW) Joint with Rights of Survivorship (JT) Joint Tenants

#  (L) Client 1 Living Trust (M) Client 2 Living Trust (CP) Community Property (I) Irrevocable Trust (K) Children (O) Other

|  |
| --- |
| **Non-Qualified Annuities -** Check (√) the left column to verify you have a statement for each account. |
| √ | Description (Carrier, Fixed / Variable / Index) | **Owner** | **Cost** **Basis** | **Account Value** | **Death** **Benefit** | **Purchase Date/** **Fixed ROR** | **Annuitant** | **Beneficiary****Primary / Contingent** |
|  |  |  | $ | $ | $ |  |  | / |
|  |  |  | $ | $ | $ |  |  | / |
|  |  |  | $ | $ | $ |  |  | / |
|  |  |  | $ | $ | $ |  |  | / |
|  |  |  | $ | $ | $ |  |  | / |

|  |
| --- |
| **Stock Options, Restricted Stock, Performance Shares** – Complete table below, or provide documentation for all options/grants. |
| **Ticker: \_\_\_\_\_\_\_\_\_\_\_\_\_ Current Stock Price $\_\_\_\_\_\_\_\_\_\_\_ Stock Growth Rate \_\_\_\_\_\_\_% Stock Dividend Rate \_\_\_\_\_\_%** |
| **Owner** | **Grant ID / Date** | **Outstanding shares – vested, unvested** | **Type****(circle one)** | **Vesting Schedule** | **Strike Price** | **Expiration** |
|  |  |  | ISO NQ RSU |  | $ |  |
|  |  |  | ISO NQ RSU |  | $ |  |
|  |  |  | ISO NQ RSU |  | $ |  |
|  |  |  | ISO NQ RSU |  | $ |  |
|  |  |  | ISO NQ RSU |  | $ |  |
| When grants are exercised, assume stock is sold or held? |
| At retirement, unvested shares: ❑ vest immediately ❑ are forfeited ❑ other: At death, unvested shares: ❑ vest immediately ❑ are forfeited ❑ other:  |

|  |
| --- |
| **Non-Qualified Deferred Compensation/Supplemental Executive Retirement Plan -** Check (√) the left column to verify you have a statement for each account. |
| √ | **Employer/Description** | **Owner** | **Value** | **Planned Contributions** | **Distribution Start Year / Duration** |
|  |  |  | $ | $ |  |
|  |  |  | $ | $ |  |
|  |  |  | $ | $ |  |

|  |
| --- |
| **Notes Receivable/Payable *-*** Check (√) the left column to verify you have documentation for each note listed. |
| √ | **Note Type** **(circle one)** | **Received From /****Payable To** | **Owner** | **Original Value/****Current Balance** | **Interest Rate** | **Years Remaining** | **If Interest Only,** **Balloon Payment Due (year)** |
|  | Receivable / Payable |  |  | $ | % |  |  |
|  | Receivable / Payable |  |  | $ | % |  |  |
|  | Receivable / Payable |  |  | $ | % |  |  |

**INSURANCE INVENTORY**

####

# Insured/Owner/Beneficiary Codes: (C) Client 1 (S) Client 2 /Spouse (J) Joint (L) Client 1 Living Trust (M) Client 2 Living Trust (I) ILIT

|  |
| --- |
| **Life Insurance** |
| **Personal Coverage -** Include any employer-provided coverage (i.e., group benefits). |
| **Insured** | **Company /** **Policy Number** | **Date Issued** | **Premium** | **Policy Type** | **Death Benefit** | **Cash Value** | **Owner** | **Beneficiary** | **Policy Loan** |
|  |  |  | $ |  | $ | $ |  |  | $ |
|  |  |  | $ |  | $ | $ |  |  | $ |
|  |  |  | $ |  | $ | $ |  |  | $ |
|  |  |  | $ |  | $ | $ |  |  | $ |
|  |  |  | $ |  | $ | $ |  |  | $ |
|  |  |  | $ |  | $ | $ |  |  | $ |
| **Business Coverage** |
| **Insured** | **Company /** **Policy Number** | **Date Issued** | **Premium** | **Policy Type** | **Death Benefit** | **Cash Value** | **Owner** | **Beneficiary** | **Purpose**  |
|  |  |  | $ |  | $ | $ |  |  |  |
|  |  |  | $ |  | $ | $ |  |  |  |
|  |  |  | $ |  | $ | $ |  |  |  |
|  |  |  | $ |  | $ | $ |  |  |  |

**Purpose of Coverage Codes: (BS) Fund Buy/Sell (KM) Key Man (303) 303 Redemption (DC) Deferred Compensation**

 **(LR) Loan Repayment (LRB) Bank Required Loan Repayment (O) Other *(explain)***

|  |
| --- |
| **Disability Income Insurance** |
| **Insured** | **Group or Personal Coverage** | **Company & Issue Date** | **Monthly****Benefit** | **Taxable****Y / N** | **Elimination Period** | **Benefit Period** | **Annual** **Premium** |
|  |  |  | $ |  |  |  | $ |
|  |  |  | $ |  |  |  | $ |
|  |  |  | $ |  |  |  | $ |

|  |
| --- |
| **Long Term Care Insurance** |
|  | **Insured** | **Company & Issue Date** | **Nursing Home Monthly or** **Daily Benefit** | **Home Care Monthly or Daily Benefit** | **Elimination****Period** | **Benefit Period** | **Annual****Premium** | **COLA %** |
| Personal |  |  | $ | $ |  |  | $ | % |
| Personal |  |  | $ | $ |  |  | $ | % |
| Corporate |  |  | $ | $ |  |  | $ | % |
| Do you feel that current coverage is adequate for the original purpose? 🞎 Yes 🞎 No |
| Have you considered using corporate dollars to purchase Long Term Care Insurance? 🞎 Yes 🞎 No |

**INVESTMENT PLANNING**

|  |
| --- |
| *Please check one box in each column or provide completed Risk Tolerance Questionnaire:* |
| ❑ Basic❑ Standard❑ Advanced | ❑ Principal Stability❑ Current Income❑ Income With Moderate Growth❑ Balanced Growth and Income❑ Growth With Moderate Income❑ Growth❑ Aggressive Growth |

#### See Supplemental Materials document for Risk Tolerance Questionnaire

**ESTATE CONSIDERATIONS**

|  |
| --- |
| **Estate PLANNING -** *Current Documents – Check all that apply* |
| Client 1 | Client 2 | Legal Document  | Last Reviewed |
| ❑ | ❑ | Last Will and Testament | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ | ❑ | Revocable Living Trust | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ | ❑ | Durable Power of Attorney – Property | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ | ❑ | Healthcare Power of Attorney | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ | ❑ | Living Will | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ | ❑ | Life Insurance Trust (ILIT) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ | ❑ | Special Needs Trust | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ | ❑ | Medicaid Trust | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ | ❑ | Pre-Nuptial Agreement | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ | ❑ | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **ESTATE****BEQUESTS** | **To Whom (Children, Other Heirs , Charity** | **OTHER NOTES** |
| **% or $**  |  |  |
| **% or $** |  |  |
| **% or $** |  |  |

|  |
| --- |
| **GIFTS –** *please provide gift tax return (IRS Form 709), if applicable* |
| Have you made gifts in the past? 🞎 Yes 🞎 No | If so, how much and when?  |
| Do you make charitable contributions? 🞎 Yes 🞎 No | Do you plan to continue charitable donations? (death/life) 🞎 Yes 🞎 No |
| Favorite Charities1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | .3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ADDITIONAL FINANCIAL PLANNING ASSUMPTIONS/NOTES**

#### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_