



**Oregon Pacific**  
Financial Advisors, Inc

*A Registered Investment Advisor*

Please **complete** this form and bring it, along with your **LAST YEAR'S TAX RETURNS**, to our meeting. Thank you.

Date: \_\_\_\_\_

**LIFE BY DESIGN™ INFORMATION**

Please complete prior to your appointment. If not sure, leave blank. Print clearly. OK to approximate amounts.  
**Please bring in your most recent tax return.**

CLIENT NAME \_\_\_\_\_ SOCIAL SEC # \_\_\_\_\_

NICKNAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_ SOCIAL SEC # \_\_\_\_\_

NICKNAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ SPOUSE CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Do you have a current will? Y \_\_\_ N \_\_\_ Living Trust? Y \_\_\_ N \_\_\_

Are you concerned about possible Nursing Home Expenses? Y \_\_\_ N \_\_\_

Planned retirement date: \_\_\_\_\_, or if retired, date retired: \_\_\_\_\_

**AMOUNTS IN BANKS, SAVINGS & LOANS & CREDIT UNIONS (NON-IRA)**  
(i.e., Checking, Savings, Money Market)

	NAME OF INSTITUTION	TYPE OF ACCOUNT	MATURITY DATE	INTEREST RATE	APPROXIMATE BALANCE
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____
5.	_____	_____	_____	_____	\$ _____

**IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS**

(Please bring in your latest reports/statements)

ACCOUNT TYPE & LOCATION (i.e., Bank, Broker, Employer, etc.)	TYPE (401(k), IRA, TSA, etc.)	APPROXIMATE MARKET VALUE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____

**STOCKS AND BONDS (Where you hold certificates yourself.)**

NAME OF STOCK/BOND	NUMBER OF SHARES	APPROXIMATE MARKET VALUE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

**MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS**

(Please bring in your latest reports/statements)

NAME OF BROKERAGE FIRM/ MUTUAL FUND	NUMBER OF SHARES	APPROXIMATE MARKET VALUE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

**PROMISSORY NOTES & TRUST DEEDS**

(Where someone owes or is paying you on a note)

NAME OF DEBTOR	INTEREST RATE	APPROXIMATE BALANCE OF NOTE
1. _____	_____ %	\$ _____
2. _____	_____ %	\$ _____

**RESIDENCE & OTHER REAL ESTATE OWNED**

(Use another sheet if more space is needed)

PROPERTY ADDRESS	ORIGINAL COST	APPROX. VALUE	DEBT	NET CASH FLOW BEFORE DEPREC (if a rental)
1. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____

**LIMITED OR GENERAL PARTNERSHIPS**

NAME OF PARTNERSHIP	TYPE OF INVESTMENT	APPROXIMATE MARKET VALUE or AMOUNT INVESTED
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

**INSURANCE**

(Please bring in policies and latest statements)

COMPANY	NAME OF INSURED	TYPE OF INSURANCE (Life, Long Term Care, & Disability)	APPROX. DEATH BENEFIT	LOAN AGAINST?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

# Personal Life Expectancy Worksheet

Begin filling in the **calculation** value listed. The final number on your total will provide a rough estimate of your life expectancy.

<b>Personal Facts</b>	<b>Calculation</b>	<b><u>Spouse 1</u></b>	<b><u>Spouse 2</u></b>
If you are male	-3	_____	_____
If you are female	+4	_____	_____
If you live in an urban area with a population over 2 million	-2	_____	_____
If you live in a town under 10,000 or on a farm	+2	_____	_____
If any grandparent lived to 85	+2	_____	_____
If all four grandparents lived to 80	+6	_____	_____
If either parent died of a stroke or heart attack before the age of 50	-4	_____	_____
If any parent, brother or sister under 50 has (or had) cancer or a heart condition, or has had diabetes since childhood.	-3	_____	_____
Do you earn over \$50,000 a year?	-2	_____	_____
If you finished college	+1	_____	_____
If you have a graduate or professional degree	+2	_____	_____
If you are 65 or over and still working	+3	_____	_____
If you live with a spouse or friend	+5	_____	_____
If you do not live with a spouse or friend Subtract 3 for every decade lived alone since age 25	-3	_____	_____
<b>Age Adjustment</b>			
If you are between 30 and 40	+2	_____	_____
If you are between 40 and 50	+2	_____	_____
If you are between 50 and 70	+4	_____	_____
<b>PLEASE CARRY THIS TOTAL TO THE BOTTOM OF THE NEXT PAGE (THE LINE INSIDE THE BOX, NEXT TO <u>STEP B</u>):</b>		_____	_____

# Personal Life Expectancy Worksheet

		Spouse 1	Spouse 2
If you work behind a desk	-3	_____	_____
If your work requires regular, heavy physical labor	+3	_____	_____
If you exercise strenuously (tennis, running, swimming, etc.) five times a week for around a half-hour	+4	_____	_____
Two or three times a week	+2	_____	_____
Do you sleep more than ten hours each night?	-4	_____	_____
Are you intense, aggressive, and easily angered?	-3	_____	_____
Are you easy going and relaxed?	+3	_____	_____
Are you happy?	+1	_____	_____
Are you unhappy?	-2	_____	_____
Have you had a speeding ticket in the past year?	-1	_____	_____
Do you smoke more than two packs a day?	-8	_____	_____
One or two packs?	-6	_____	_____
One-half to one packs?	-3	_____	_____
Do you drink the equivalent of 1 oz. of liquor a day?	-1	_____	_____
Are you overweight by 50 lbs. or more?	-8	_____	_____
By 30 to 50 lbs?	-4	_____	_____
By 10 to 30 lbs?	-2	_____	_____
If you are a man over 40 and have annual checkups	+2	_____	_____
If you are a woman and see a gynecologist once a year	+2	_____	_____
<b>Step A: Total of this Page:</b>		_____	_____
<b>Step B: Total from Previous Page:</b>		_____	_____
<b>Add Total of Steps A and B to age 76:</b>		<b>76</b>	<b>76</b>
<b>Sum of Box = Your Life Expectancy:</b>		_____	

## Eight Steps Toward A Longer, Healthier Life

1. Don't smoke
2. Eat a healthy diet
3. Take a daily multivitamin
4. Watch your weight
5. Challenge your mind
6. Be active every day
7. Wear your seat belt
8. Surround yourself with supportive family and friends



## Are you prepared for retirement? What is your retirement dream?

The amount of money you will need in future years depends on the lifestyle you plan to lead. Use your imagination to construct a picture of the way you want to live. Consider the following questions and the financial impact of each as you try to imagine your retirement. If you are married, you and your spouse might wish to answer them together.

1. Do you plan on retiring? If so, will you stop working permanently?

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2. How would you describe the type of retirement lifestyle you'd like to be living? What would you like to be doing?

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3. Do you think you might like to keep working (perhaps part-time) to remain involved, or do you think you might need to keep working (perhaps part-time) for financial reasons?

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4. Do you think you might wish to move? Why - or why not?

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5. How is your health? Are you taking excellent care of yourself?

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6. What medical risks are you worried about (chronic illness, heart surgery, arthritis)?

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7. Are you prepared to pay for long-term care, should it be needed?

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8. Do you think that you might wind up having to care for one of your parents or in-laws?

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9. Would you like to leave an inheritance to your children/grandchildren, or perhaps contribute to your grandchildren's education?

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10. In your maturity, what state of mind would you ideally like to be in?

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11. What do you think you might like to do with your free time? Would you like to start a new career? Pursue a favorite hobby? Go back to school? Learn some new skills? Start your own company? Volunteer? Contribute to your community?

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12. Are you preparing--psychologically and financially--to live the life you want in retirement?

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13. What steps should you be taking now to prepare?

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14. What questions need to be answered for you to feel even more secure with your plans?

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**ANNUITIES**

(Please bring in contracts and latest statements)

COMPANY	ANNUITANT/ OWNER	INTEREST RATE	APPROX. VALUE	DATE PURCHASED
1. _____	_____	_____ %	\$ _____	_____
2. _____	_____	_____ %	\$ _____	_____
3. _____	_____	_____ %	\$ _____	_____
4. _____	_____	_____ %	\$ _____	_____

**OTHER ASSETS**

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_

**HOUSEHOLD CASH FLOW**

HUSBAND'S WAGES: \$ \_\_\_\_\_/YR/MO SOURCE: \_\_\_\_\_

WIFE'S WAGES: \$ \_\_\_\_\_/YR/MO SOURCE: \_\_\_\_\_

OTHER INCOME: 1. \$ \_\_\_\_\_/YR/MO SOURCE: \_\_\_\_\_

2. \$ \_\_\_\_\_/YR/MO SOURCE: \_\_\_\_\_

WHAT ARE YOUR APPROXIMATE ANNUAL EXPENSES: \$ \_\_\_\_\_

What are your primary financial concerns? (List in order of importance.)

How would you improve your financial situation if you could? Why?

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