



*Mapping Your Financial Future*

## WHAT CONCERNS YOU THE MOST?

There are a number of different areas to consider when preparing your future financial security. A great way to start is to identify the goal or goals that are most important to you right now.

### WHICH OF THESE AREAS ARE IMPORTANT TO YOU?

- Survivor Needs:** *Examine the impact of death, including the immediate cash needs and continuing needs.*
- College Funding:** *Find out the cost of college and alternative funding methods.*
- Retirement Needs:** *Assess how your current retirement strategy will meet your objective.*
- Asset Allocation:** *Examine your current asset allocation strategy in relation to your risk tolerance.*
- Disability Income:** *Assess the financial effect of a disability on your income.*
- Long-Term Care:** *Evaluate the impact that long-term care costs can have your financial situation.*

## Personal Data

Advisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

### CLIENT 1

Name (First, Middle, Last): \_\_\_\_\_

Male  Female Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Annual Income (gross): \_\_\_\_\_ Occupation: \_\_\_\_\_

### CLIENT 2

Name (First, Middle, Last): \_\_\_\_\_

Male  Female Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Annual Income (gross): \_\_\_\_\_ Occupation: \_\_\_\_\_

## Dependents

	Name	Date of Birth	Dependent of Client 1	Dependent of Client 2
1				
2				
3				
4				
5				

## Survivor Needs

The death of a wage earner can have a significant impact on household income. Financial experts recommend that every strategy include an analysis in the event of death.

*In the event of a death, what percentage of your income should be provided for your family's continuing income needs?*

With children at home \_\_\_\_\_% No children at home \_\_\_\_\_% Provide income for how long? \_\_\_\_\_ years or  lifetime

## CURRENT LIFE INSURANCE

Name of Insured	Insurance Company	Insurance Benefit	Annual Premium	Type

When did you buy your last policy? \_\_\_\_\_

How did you arrive at the amount of life insurance you own? \_\_\_\_\_

Does your family have any special interests or health conditions that could affect your insurance planning?

In the event of death, should your children's college education be funded? \_\_\_ Yes \_\_\_ No

If Yes, what percent? \_\_\_\_\_%

## COLLEGE FUNDING

Many people want to help fund education costs for their children. The sooner you begin to develop a strategy for education savings, the more time you will have to accumulate.

Total saved to date: \$\_\_\_\_\_

Monthly savings: \$\_\_\_\_\_

Average rate of return: \_\_\_\_\_%

How do you feel about helping your children with the college costs? \_\_\_\_\_

Would you like them to go to the college of their choice? \_\_\_\_\_

How do you feel about the college funding program you have started? \_\_\_\_\_

	Child's Name	College Name	Age to Start School	# of Years in School	Annual Cost	Portion to Fund	Amount Currently Saved
1					\$	%	\$
2					\$	%	\$
3					\$	%	\$
4					\$	%	\$
5					\$	%	\$

## RETIREMENT NEEDS

Today's average retiree has a life expectancy of 20 or more years. In order to have enough money to maintain a comfortable lifestyle during retirement, planning should begin as soon as possible.

	<u>Client 1</u>	<u>Client 2</u>
At what age do you plan to retire?		
When do you plan to take Social Security? (FRA age 66-67)	SS Age:	
What percentage, or specified amount, of your pre-retirement income should be provided during retirement?		
What is your current net take home pay?		
Do you contribute to a employer retirement plan?	Yes    No	Yes    No

## RETIREMENT PLANS

Enter either the totals for your retirement plans including IRAs, 401(k), variable annuities, etc., or list the details of the individual accounts below. List defined benefit pension plans in the *Other Sources of Income* section.

Account Owner	Account Name	Asset Name	Amount	Monthly Savings	Company Match	Rate of Return
			\$		\$	%
			\$		\$	%
			\$		\$	%
			\$		\$	%
		TOTALS	\$		\$	%

## FINANCIAL INFORMATION

<u>Client 1</u>	<u>Client 2</u>
Annual employment income	
Do you contribute to Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

## ASSETS

Enter the total for your assets or the details of the individual accounts below. Include savings, checking, CDs,

Asset Owner	Account Name	Asset Name	Ticker	Amount	Monthly Savings	Rate of Return
	Savings/Checking			\$	\$	%
				\$	\$	%
				\$	\$	%
				\$	\$	%
				\$	\$	%
				\$	\$	%
				\$	\$	%
		TOTALS		\$	\$	%

## LIABILITIES

Mortgage Balance    or     Monthly Rent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount	Monthly Payment	Final Payment Due	Interest Rate
\$	\$		%
\$	\$		%
\$	\$		%
\$	\$		%
\$	\$		%

## OTHER SOURCES OF INCOME

Enter other sources of income received today or expected in the future. Include alimony, child support, net rental income, defined benefit pension plans, fixed annuities, part time income during retirement, etc. For a lump sum like an inheritance, enter a total amount.

Name	Description	Amount	Monthly Amount	Lump Sum	Today's Value	Lump Sum	Begins at Age	Ends at Age	Annual Increase	Is income available to survivors?	
										Yes	No
	Social Security	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			%	<input type="text"/>	<input type="text"/>
	Social Security	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			%	<input type="text"/>	<input type="text"/>
		\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			%	<input type="text"/>	<input type="text"/>
		\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			%	<input type="text"/>	<input type="text"/>

## DISABILITY INCOME

If you lost your income, how long would you be able to sustain your family before living became difficult? \_\_\_\_\_

How much of your income would you need to guarantee meeting your minimum standard of living? \_\_\_\_\_

	Client 1	Client 2
Annual Employment Income	\$ _____	\$ _____
Income Replacement Objective	_____ % of above	_____ % of above
Current Long Term Disability Insurance Monthly Benefit	\$ _____	\$ _____

Name of Insured	Insurance Company	Monthly Benefit	Elimination Period	Benefit Period	COLA Rate	Annual Premium
		\$			%	\$
		\$			%	\$

What does your current disability policy provide? \_\_\_\_\_

## LONG TERM CARE

Long term care expenses can have a tremendous impact on a family's financial security. Having sufficient insurance coverage can help assure that there is enough money for adequate care.

Estimated monthly long-term care costs (in today's dollars) \$ \_\_\_\_\_

Long-term care duration: \_\_\_\_\_

Long-term care cost inflation rate: \_\_\_\_\_ %

Name of Insured	Insurance Company	Monthly Benefit	Inflation Rate	Annual Premium	Elimination Period (days)	Benefit Period (years)
		\$	%	\$		
		\$	%	\$		

Has anyone in your family experienced a long-term care need? \_\_\_\_\_

# RISK QUESTIONNAIRE

## Determining the Appropriate Level of Risk

Different investors have different risk tolerances. Much of the difference stems from time horizon. That is, someone with a short investment time horizon is less able to withstand losses. The remainder of the difference is attributable to the individual's appetite for risk. Volatility can be nerve-wracking for many people, and they are more comfortable when they can avoid it.

However, there is a relationship between risk and return. Investors need to recognize this risk/return trade-off. The following risk tolerance questionnaire is designed to measure an individual's ability (time horizon) and willingness (risk tolerance) to accept uncertainties in their investment's performance. The total score recommends which of five distinct risk profiles is most appropriate for the investor.

### Time Horizon

1. When do you expect to begin withdrawing money from your investment account?

- a) Less than 2 years
- b) 2 years
- c) 3 to 4 years
- d) 5 to 7 years
- e) 8 to 10 years
- f) 11 years or more

Client

1       |       2

Answer: 

--	--

2. Once you begin withdrawing money from your investment account, how long do you expect the withdrawals to last?

- a) I plan to take a lump sum distribution
- b) 1 to 4 years
- c) 5 to 7 years
- d) 8 to 10 years
- e) 11 years or more

Client

1       |       2

Answer: 

--	--

# RISK QUESTIONNAIRE

## Determining the Appropriate Level of Risk

### Risk Tolerance

3. Which of the the following choices best reflects your attitude toward inflation and risk?
- a) My main goal is to avoid loss, even though I may only keep pace with inflation.
  - b) My main goal is to earn slightly more with inflation, while taking on a low level of risk.
  - c) My main goal is to increase my portfolio's value. Therefore, I am willing to accept short-term losses, but I am not comfortable with extreme performance shifts that may be experienced in the most aggressive investment options.
  - d) My main goal is to maximize my portfolio value, and I am willing to take on more extreme levels of risk and performance shifts in my portfolio to do so.

Client  
1       |       2

Answer: 

--	--

4. The table below presents a hypothetical worst case loss, expected gain, and best case gain of five sample portfolios over a **one-year** period with an initial \$100,000 investment. Which portfolio would you prefer to hold?

	Hypothetical Best Case (\$)	Expected Gain (\$)	Hypothetical Worst Case (\$)
A) Portfolio 1	114,000	104,200	91,500
B) Portfolio 2	118,900	105,000	85,300
C) Portfolio 3	124,400	105,900	78,800
D) Portfolio 4	129,900	106,700	72,700
E) Portfolio 5	133,800	107,400	68,200

Client  
1       |       2

Answer: 

--	--

## RISK QUESTIONNAIRE

### Determining the Appropriate Level of Risk

5. Investing involves a trade-off between risk and return. Which statement best describes your investment goals?

- a) **Protect the value of my account.** In order to minimize the chance for loss, I am willing to accept the lower long-term returns provided by conservative investments.
- b) **Keep risk to a minimum.** While trying to achieve slightly higher returns than the returns provided by investments that are more conservative.
- c) **Focus more on the long-term investment returns.** Long-term growth is **equally as important** as managing portfolio risk.
- d) **Maximize long-term investment returns.** I am willing to accept large and sometimes dramatic short-term fluctuations in the value of my investments.

Client  
1 | 2

Answer: 

--	--

6. Historically, markets have experienced downturns, both short-term and prolonged, followed by market recoveries. Suppose you owned a well-diversified portfolio that fell by 20% (i.e. \$1,000 initial investment would now be worth \$800) over a short period, consistent with the overall market. Assuming you still have 10 years until you begin withdrawals, how would you react?

- a) I would **not** change my portfolio.
- b) I would **wait at least one year** before changing to options that are more conservative.
- c) I would **wait at least three months** before changing options that are more conservative.
- d) I would **immediately** change to options that are more conservative.

Client  
1 | 2

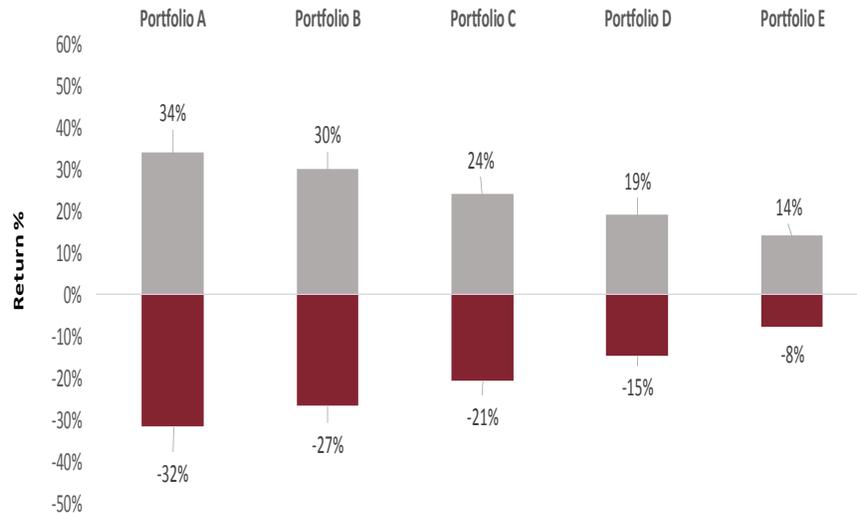
Answer: 

--	--

## RISK QUESTIONNAIRE

### Determining the Appropriate Level of Risk

7. The following graph shows the hypothetical best and worst results of five sample portfolios over a **one year** holding period. Note that the portfolio with the highest upside also has the largest downside.



Which of these portfolios would you prefer to hold?

- a) Portfolio A
- b) Portfolio B
- c) Portfolio C
- d) Portfolio D
- e) Portfolio E

Client

1 | 2

Answer:  |

8. I am comfortable with investments that may frequently experience large declines in value if there is a potential for higher returns. What is your view regarding this statement?

- a) Strongly disagree
- b) Disagree
- c) Somewhat agree
- d) Agree
- e) Strongly agree

Client

1 | 2

Answer:  |

## NOTES

Please use this space to provide additional suitability information and/or to explain how the amount and type of coverage recommended was determined. This information gathered by your advisor intended only to gather additional information.

This additional information is not intended to replace a comprehensive fact finder. If you wish to see a comprehensive fact finder which compromises detailed information of your current financial assets and goals, please ask your agent for that complete information.

Securities and investment advisory services offered through Royal Alliance Associates, Inc. (RAA), member FINRA/SIPC. RAA is separately owned and other entities and/or marketing names, products or services referenced here are independent of RAA. 8816 Six Forks Road, Suite 301, Raleigh, NC 27615 (919) 546-0400 15237307 11092018

## CLIENT REFERRAL

### **Others Who May Appreciate My Services**

*One of the key sources of future business is the thoughtful introduction received from a satisfied client. Are there friends, family members, people in your workplace, advisors (CPA, Attorney, P&C, etc.) or individuals nearing retirement who might benefit from my services?*

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

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

City/St/Zip: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

City/St/Zip: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

City/St/Zip: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

City/St/Zip: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

City/St/Zip: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

Relationship: \_\_\_\_\_