

YOUR DATA, IN DETAIL

IN-DEPTH KNOWLEDGE IS A KEY TO A SOLID,
COMPREHENSIVE FINANCIAL PLAN

CLIENT		CO-CLIENT	
Full Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Email Address			
Employment Status:	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	
Employment Income	\$	\$	
Other Pre-Retirement Income: <i>(Non-Investment)</i>	\$	\$	
Citizenship			
State of Residence			

Enter children, grandchildren, other dependents or any other person whom you will give a gift, designate as a beneficiary or assign ownership of an insurance policy. Note: Date of birth is only required for children, grandchildren and other dependents.

NAME	DATE OF BIRTH	RELATIONSHIP
		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependents <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependents <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependents <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependents <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust



KENDRICK
WEALTH MANAGEMENT

YOUR FINANCIAL GOALS

RETIREMENT GOAL

Goal Importance (*circle one*)

10

9

8

7

6

5

4

3

2

1

Needs

Wants

Wishes

Age to retire:

Life expectancy:

Retirement Living Expenses:

Enter living expenses for the following retirement periods:

Expense Period 1 — Client retired/Co-Client working \$ per ☐ Month ☐ Year

Expense Period 2 — Co-Client retired/Client working \$ per ☐ Month ☐ Year

Expense Period 3 — Client AND Co-Client retired \$ per ☐ Month ☐ Year

Expense Period 4 — Client alone \$ per ☐ Month ☐ Year

Expense Period 5 — Co-Client alone \$ per ☐ Month ☐ Year

Expenses that end during retirement (*e.g., mortgage, loan*):

Description	Year Expense Will End	Amount (Current Dollars)	Inflate
		\$ <input type="checkbox"/> Month <input type="checkbox"/> Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ <input type="checkbox"/> Month <input type="checkbox"/> Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ <input type="checkbox"/> Month <input type="checkbox"/> Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ <input type="checkbox"/> Month <input type="checkbox"/> Year	<input type="checkbox"/> Yes <input type="checkbox"/> No

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- %

Will you change states in retirement? ☐ No ☐ Yes State where you will move:

When Will You Move? ☐ Client's Retirement ☐ Co-Client's Retirement OR Year _____

COLLEGE GOAL

Child's name:

Year to Start:

of years of college:

Goal Importance (circle one)

10

9

8

7

6

5

4

3

2

1

Needs

Wants

Wishes

Cost Estimate: (fill in A, B or C)

A. My cost estimate: \$

(Annual Cost)

B. Use an average cost:

☐ Public In-State (4-year)

☐ Public Out-of-State (4-year)

☐ Public In-State (2-year)

☐ Public Out-of-State (4-year)

☐ Private (4-year)

☐ Average All

C. Specific college:

☐ Undergraduate

☐ Graduate

State in which the college is located:

Include cost of the following: (Check which to include)

☐ Tuition

☐ Out-of-State Fees

☐ Room & Board

☐ Books & Supplies

☐ Other Costs

Have you prepaid for college using a 529 Prepaid Tuition Plan? ☐ No ☐ Yes

How many years of tuition and fees will be covered for this college?

Outside funding for college (optional)

Other funding sources during college: (annual amounts)

Scholarships: \$

Student employment: \$

Students loans: \$

Gifts and other: \$

Your own income: \$

Your loans: \$

Outside assets

(Assets not owned by you that will be used to pay for this college, not including UGMAs, UTMA's or 529 Plans)

1. Type of asset:

Description:

Current value: \$

Annual addition: \$

Growth rate:

%

2. Type of asset:

Description:

Current value: \$

Annual addition: \$

Growth rate:

%

Will this amount inflate? (Note: the default rate is 6%)

☐ No

☐ Yes, Base Inflation Rate

☐ Yes, Base Inflation Rate +/-

%

Child's name:	Year to Start:	# of years of college:
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Goal Importance *(circle one)*

10 9 8	7 6 5 4	3 2 1
Needs	Wants	Wishes

Cost Estimate: *(fill in A, B or C)*

A. My cost estimate: \$ _____ *(Annual Cost)*

B. Use an average cost:

<input type="checkbox"/> Public In-State (4-year)	<input type="checkbox"/> Public Out-of-State (4-year)
<input type="checkbox"/> Public In-State (2-year)	<input type="checkbox"/> Public Out-of-State (4-year)
<input type="checkbox"/> Private (4-year)	<input type="checkbox"/> Average All

C. Specific college: _____ ☐ Undergraduate ☐ Graduate

State in which the college is located: _____

Include cost of the following: *(Check which to include)*

<input type="checkbox"/> Tuition	<input type="checkbox"/> Out-of-State Fees	<input type="checkbox"/> Room & Board	<input type="checkbox"/> Books & Supplies	<input type="checkbox"/> Other Costs
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Have you prepaid for college using a 529 Prepaid Tuition Plan? ☐ No ☐ Yes

How many years of tuition and fees will be covered for this college? _____

Outside funding for college *(optional)*

Other funding sources during college: *(annual amounts)*

Scholarships: \$ _____	Student employment: \$ _____
Students loans: \$ _____	Gifts and other: \$ _____
Your own income: \$ _____	Your loans: \$ _____

Outside assets
(Assets not owned by you that will be used to pay for this college, not including UGMAs, UTMA's or 529 Plans)

1. Type of asset:	Description:
Current value: \$ _____	Annual addition: \$ _____ Growth rate: _____ %

2. Type of asset:	Description:
Current value: \$ _____	Annual addition: \$ _____ Growth rate: _____ %

Will this amount inflate? *(Note: the default rate is 6%)*

☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- _____ %

PRIVATE SCHOOL GOAL

Child's name:

Year to Start:

of years of college:

Goal Importance (circle one)

10

9

8

7

6

5

4

3

2

1

Needs

Wants

Wishes

Annual cost: \$

(today's dollars)

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/-

%

Child's name:

Year to Start:

of years of college:

Goal Importance (circle one)

10

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6

5

4

3

2

1

Needs

Wants

Wishes

Annual cost: \$

(today's dollars)

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/-

%

Child's name:

Year to Start:

of years of college:

Goal Importance (circle one)

10

9

8

7

6

5

4

3

2

1

Needs

Wants

Wishes

Annual cost: \$

(today's dollars)

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/-

%

FINANCIAL GOAL (Major Purchases, Weddings, Travel, New Home, etc.)

Description:

Goal Importance: (circle one)

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1

Needs

Wants

Wishes

Year of goal:

Cost: \$

☐ Month

☐ Year

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- %

Is this goal recurring? ☐ No ☐ Yes How often will it occur: Every year(s)

When will it end? ☐ Client's Retirement ☐ Co-Client's Retirement ☐ End of Client's Plan
☐ End of Co-Client's Plan ☐ End of Plan OR ☐ Total Occurrences:

Description:

Goal Importance: (circle one)

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1

Needs

Wants

Wishes

Year of goal:

Cost: \$

☐ Month

☐ Year

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- %

Is this goal recurring? ☐ No ☐ Yes How often will it occur: Every year(s)

When will it end? ☐ Client's Retirement ☐ Co-Client's Retirement ☐ End of Client's Plan
☐ End of Co-Client's Plan ☐ End of Plan OR ☐ Total Occurrences:

Description:

Goal Importance: (circle one)

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3

2

1

Needs

Wants

Wishes

Year of goal:

Cost: \$

☐ Month

☐ Year

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- %

Is this goal recurring? ☐ No ☐ Yes How often will it occur: Every year(s)

When will it end? ☐ Client's Retirement ☐ Co-Client's Retirement ☐ End of Client's Plan
☐ End of Co-Client's Plan ☐ End of Plan OR ☐ Total Occurrences:

GIFT OR DONATION

Description:

Importance: (circle one)

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8

Needs

7

6

5

4

Wants

3

2

1

Wishes

Who is the donor?

Who will receive this gift?

Year you plan to give this gift or donation?

Amount of gift or donation? \$ per ☐ Month ☐ Year

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- %

Is this goal recurring? ☐ No ☐ Yes How often will it occur: Every year(s)

When will it end? ☐ Client's Retirement ☐ Co-Client's Retirement ☐ End of Client's Plan
☐ End of Co-Client's Plan ☐ End of Plan OR ☐ Total Occurrences:

Description:

Importance: (circle one)

10

9

8

Needs

7

6

5

4

Wants

3

2

1

Wishes

Who is the donor?

Who will receive this gift?

Year you plan to give this gift or donation?

Amount of gift or donation? \$ per ☐ Month ☐ Year

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- %

Is this goal recurring? ☐ No ☐ Yes How often will it occur: Every year(s)

When will it end? ☐ Client's Retirement ☐ Co-Client's Retirement ☐ End of Client's Plan
☐ End of Co-Client's Plan ☐ End of Plan OR ☐ Total Occurrences:

LEAVE BEQUEST

Description/Recipient:

Importance: (circle one)

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8

Needs

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6

5

4

Wants

3

2

1

Wishes

Who will receive this gift?

When will the bequest be made: ☐ End of Client's Plan ☐ End of Co-Client's Plan

Amount of bequest: \$ (today's dollars)

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- %

Description/Recipient:

Importance: (circle one)

10

9

8

Needs

7

6

5

4

Wants

3

2

1

Wishes

Who will receive this gift?

When will the bequest be made: ☐ End of Client's Plan ☐ End of Co-Client's Plan

Amount of bequest: \$ (today's dollars)

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- %

WILLINGNESS TO ADJUST PREFERENCES

1. How willing are you to retire later than your target retirement age?

☐ Not at All ☐ Slightly Willing ☐ Somewhat Willing ☐ Very Willing

2. In what order do you prefer to retire?

☐ Both retire in the same year ☐ Either can retire first
☐ Client can retire first ☐ Co-Client can retire first

3. If you had to save more, what is the maximum extra amount you could save annually to meet your goals? This amount is above and beyond the total additions you are already making to investment assets.

\$

4. How willing are you to save more money?

☐ Slightly Willing ☐ Somewhat Willing ☐ Very Willing

5. When considering all of the goals you have classified as **NEEDS**, how willing are you to reduce your goal amounts from the target?

☐ Slightly Willing ☐ Somewhat Willing ☐ Very Willing

6. When considering all of the goals you have classified as **WANTS**, how willing are you to reduce your goal amounts from the target?

☐ Slightly Willing ☐ Somewhat Willing ☐ Very Willing

RETIREMENT INCOME

Social Security	
When will you begin taking Social Security?	
CLIENT <input type="checkbox"/> Full Retirement Age (FRA) <input type="checkbox"/> As early as possible <input type="checkbox"/> Retirement <input type="checkbox"/> Age _____ <input type="checkbox"/> I am ineligible for Social Security benefits	CO-CLIENT <input type="checkbox"/> Full Retirement Age (FRA) <input type="checkbox"/> As early as possible <input type="checkbox"/> Retirement <input type="checkbox"/> Age _____ <input type="checkbox"/> I am ineligible for Social Security benefits
Do you plan to use a strategy to maximize Social Security? If yes check the applicable option.	
CLIENT <input type="checkbox"/> File and Suspend <input type="checkbox"/> Restricted Application	CO-CLIENT <input type="checkbox"/> File and Suspend <input type="checkbox"/> Restricted Application
Select one option for the benefit amount:	
CLIENT <input type="checkbox"/> Use this amount: \$ _____ <input type="checkbox"/> Month <input type="checkbox"/> Year (pre-tax, current dollars) <input type="checkbox"/> Use the planner estimate (based on current employment income) <input type="checkbox"/> Estimate the benefit using my Primary Insurance Amount: \$ _____	CO-CLIENT <input type="checkbox"/> Use this amount: \$ _____ <input type="checkbox"/> Month <input type="checkbox"/> Year (pre-tax, current dollars) <input type="checkbox"/> Use the planner estimate (based on current employment income) <input type="checkbox"/> Estimate the benefit using my Primary Insurance Amount: \$ _____
Assign – How to Use: (choose one)	
CLIENT <input type="checkbox"/> Fund All Goals <input type="checkbox"/> Earmark to One Goal: _____	CO-CLIENT <input type="checkbox"/> Fund All Goals <input type="checkbox"/> Earmark to One Goal: _____
Pension	
Whose pension: <input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Whose pension: <input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Description:	Description:
Income begins: <input type="checkbox"/> Client's Retirement <input type="checkbox"/> Co-Client's Retirement <input type="checkbox"/> Receiving Now <input type="checkbox"/> Year _____	Income begins: <input type="checkbox"/> Client's Retirement <input type="checkbox"/> Co-Client's Retirement <input type="checkbox"/> Receiving Now <input type="checkbox"/> Year _____
Amount of benefit (estimate of pre-tax future value): \$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Year	Amount of benefit (estimate of pre-tax future value): \$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Year
Will this amount inflate? <input type="checkbox"/> No <input type="checkbox"/> Yes, Base Inflation Rate <input type="checkbox"/> Yes, Base Inflation Rate +/- _____ % <small>(Note: Inflation will begin in the year payments begin.)</small>	Will this amount inflate? <input type="checkbox"/> No <input type="checkbox"/> Yes, Base Inflation Rate <input type="checkbox"/> Yes, Base Inflation Rate +/- _____ % <small>(Note: Inflation will begin in the year payments begin.)</small>
Survivor benefit: _____	Survivor benefit: _____
Assign – How to Use: (choose one) <input type="checkbox"/> Fund All Goals <input type="checkbox"/> Earmark to One Goal: _____	Assign – How to Use: (choose one) <input type="checkbox"/> Fund All Goals <input type="checkbox"/> Earmark to One Goal: _____

Part-Time Employment

Whose income: <input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Whose income: <input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Description:	Description:
Income begins: <input type="checkbox"/> Client's Retirement <input type="checkbox"/> Co-Client's Retirement <input type="checkbox"/> Receiving Now <input type="checkbox"/> Year_____	Income begins: <input type="checkbox"/> Client's Retirement <input type="checkbox"/> Co-Client's Retirement <input type="checkbox"/> Receiving Now <input type="checkbox"/> Year_____
Number of years: _____	Number of years: _____
Income amount (pre-tax, today's dollars): \$_____per <input type="checkbox"/> Month <input type="checkbox"/> Year	Income amount (pre-tax, today's dollars): \$_____per <input type="checkbox"/> Month <input type="checkbox"/> Year
Will this amount inflate? <input type="checkbox"/> No <input type="checkbox"/> Yes, Base Inflation Rate <input type="checkbox"/> Yes, Base Inflation Rate +/- _____%	Will this amount inflate? <input type="checkbox"/> No <input type="checkbox"/> Yes, Base Inflation Rate <input type="checkbox"/> Yes, Base Inflation Rate +/- _____%
(Note: Inflation will begin in the year payments begin.)	
Assign – How to Use: (choose one) <input type="checkbox"/> Fund All Goals <input type="checkbox"/> Earmark to One Goal: _____	Assign – How to Use: (choose one) <input type="checkbox"/> Fund All Goals <input type="checkbox"/> Earmark to One Goal: _____

Annuity Income

Whose income: <input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Description:
Description:	<input type="checkbox"/> Joint Life Income Guaranty: <input type="checkbox"/> Period Certain
Year annuity payments start:	<input type="checkbox"/> Lifetime Only <input type="checkbox"/> Installment Refund <input type="checkbox"/> Cash Refund
Amount of annuity payments (pre-tax, future value): \$_____per <input type="checkbox"/> Month <input type="checkbox"/> Year	If Period Certain, enter years: _____ Income to Co-Client _____%
Income growth rate: _____% Exclusion ratio _____%	<input type="checkbox"/> Single Life Income Guaranty: <input type="checkbox"/> Period Certain
Assign – How to Use: (choose one) <input type="checkbox"/> Fund All Goals <input type="checkbox"/> Earmark to One Goal: _____	<input type="checkbox"/> Lifetime Only <input type="checkbox"/> Installment Refund <input type="checkbox"/> Cash Refund
	If Period Certain, enter years: _____ Income to Co-Client _____%
	<input type="checkbox"/> Specific Period Enter years: _____

Rental Property Income

Whose income: <input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Description:
Income begins: <input type="checkbox"/> Client's Retirement <input type="checkbox"/> Co-Client's Retirement <input type="checkbox"/> Receiving Now <input type="checkbox"/> Year _____	Income ends: <input type="checkbox"/> End of Client's Plan <input type="checkbox"/> End of Co-Client's Plan <input type="checkbox"/> End of Plan <input type="checkbox"/> Year _____
Amount of net rental income (pre-tax rental income less expenses): \$_____ <input type="checkbox"/> Month <input type="checkbox"/> Year	
Will this amount inflate? <input type="checkbox"/> No <input type="checkbox"/> Yes, Base Inflation Rate <input type="checkbox"/> Yes, Base Inflation Rate +/- _____%	Assign – How to Use: (choose one) <input type="checkbox"/> Fund All Goals <input type="checkbox"/> Earmark to One Goal: _____

Other Retirement Income

Whose income: <input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Description:
Income begins: <input type="checkbox"/> Client's Retirement <input type="checkbox"/> Co-Client's Retirement <input type="checkbox"/> Receiving Now <input type="checkbox"/> Year _____	Income ends: <input type="checkbox"/> End of Client's Plan <input type="checkbox"/> End of Co-Client's Plan <input type="checkbox"/> End of Plan <input type="checkbox"/> Year _____
Amount of income (pre-tax rental income less expenses): \$_____ <input type="checkbox"/> Month <input type="checkbox"/> Year	Is this income tax-free? <input type="checkbox"/> No <input type="checkbox"/> Yes
Will this amount inflate? <input type="checkbox"/> No <input type="checkbox"/> Yes, Base Inflation Rate <input type="checkbox"/> Yes, Base Inflation Rate +/- _____%	Assign – How to Use: (choose one) <input type="checkbox"/> Fund All Goals <input type="checkbox"/> Earmark to One Goal: _____

Other Retirement Income

Whose income: <input type="checkbox"/> Client <input type="checkbox"/> Co-Client Income begins: <input type="checkbox"/> Client's Retirement <input type="checkbox"/> Co-Client's Retirement <input type="checkbox"/> Receiving Now <input type="checkbox"/> Year _____	Description: Income ends: <input type="checkbox"/> End of Client's Plan <input type="checkbox"/> End of Co-Client's Plan <input type="checkbox"/> End of Plan <input type="checkbox"/> Year _____
Amount of income (pre-tax rental income less expenses): \$ _____ <input type="checkbox"/> Month <input type="checkbox"/> Year	Is this income tax-free? <input type="checkbox"/> No <input type="checkbox"/> Yes
Will this amount inflate? <input type="checkbox"/> No <input type="checkbox"/> Yes, Base Inflation Rate <input type="checkbox"/> Yes, Base Inflation Rate +/- _____ %	Assign – How to Use: (choose one) <input type="checkbox"/> Fund All Goals <input type="checkbox"/> Earmark to One Goal: _____

Whose income: <input type="checkbox"/> Client <input type="checkbox"/> Co-Client Income begins: <input type="checkbox"/> Client's Retirement <input type="checkbox"/> Co-Client's Retirement <input type="checkbox"/> Receiving Now <input type="checkbox"/> Year _____	Description: Income ends: <input type="checkbox"/> End of Client's Plan <input type="checkbox"/> End of Co-Client's Plan <input type="checkbox"/> End of Plan <input type="checkbox"/> Year _____
Amount of income (pre-tax rental income less expenses): \$ _____ <input type="checkbox"/> Month <input type="checkbox"/> Year	Is this income tax-free? <input type="checkbox"/> No <input type="checkbox"/> Yes
Will this amount inflate? <input type="checkbox"/> No <input type="checkbox"/> Yes, Base Inflation Rate <input type="checkbox"/> Yes, Base Inflation Rate +/- _____ %	Assign – How to Use: (choose one) <input type="checkbox"/> Fund All Goals <input type="checkbox"/> Earmark to One Goal: _____

Other Irrevocable Trust Income

Whose income: <input type="checkbox"/> Client <input type="checkbox"/> Co-Client Income begins: <input type="checkbox"/> Client's Retirement <input type="checkbox"/> Co-Client's Retirement <input type="checkbox"/> Receiving Now <input type="checkbox"/> Year _____	Description: Income ends: <input type="checkbox"/> End of Client's Plan <input type="checkbox"/> End of Co-Client's Plan <input type="checkbox"/> End of Plan <input type="checkbox"/> Year _____
Amount of income (pre-tax rental income less expenses): \$ _____ <input type="checkbox"/> Month <input type="checkbox"/> Year	Is this income tax-free? <input type="checkbox"/> No <input type="checkbox"/> Yes
Will this amount inflate? <input type="checkbox"/> No <input type="checkbox"/> Yes, Base Inflation Rate <input type="checkbox"/> Yes, Base Inflation Rate +/- _____ %	Assign – How to Use: (choose one) <input type="checkbox"/> Fund All Goals <input type="checkbox"/> Earmark to One Goal: _____

YOUR INVESTMENTS AND OTHER ASSETS

401(K) PLANS

Description:

Whose plan? ☐ Client ☐ Co-Client

Current total value: \$

Current Roth value: \$

After-tax value (non-Roth): \$

Assign – How to Use: *(check one)*

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Income

Total income from this employer: \$

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- %

Your contributions:

Pre-tax contributions: Enter % of annual income % or ☐ Assume max contribution each year

After-tax contributions (non-Roth): % Roth contributions: %

Roth contributions: \$ Year contributions begin:

Contributions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Employer contributions If your employer matches your contributions, complete this section.

Employer will match this % of your contribution: % Up until your contribution reaches this %: %

Then your employer will match this % of your contribution: %

Up until your contribution reaches this %: %

Employer contributions limit

Maximum annual dollar limit: \$

(Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.)

401(K) PLANS (cont.)

Additional employer contributions - Profit sharing

If your employer makes contributions in addition to those above, enter them here.
Only enter those contributions you are confident you will actually receive.

☐ Contribution as a % of income: %

☐ Contributions as dollar amount: \$ Grow annually by %

Contributions End: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

EMPLOYER SPONSORED PLANS

Type of plan:

Description:

Whose plan? ☐ Client ☐ Co-Client

Current total value: \$

Current Roth value: \$

After-tax value (non-Roth): \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Income

Total income from this employer: \$

Will this amount inflate? ☐ No ☐ Yes, Base Inflation Rate ☐ Yes, Base Inflation Rate +/- %

Your contributions:

Pre-tax contributions: Enter % of annual income % or ☐ Assume max contribution each year

After-tax contributions (non-Roth): %

Roth contributions: %

Roth contributions: \$

Year contributions begin:

Contributions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Employer contributions If your employer matches your contributions, complete this section.

Employer will match this % of your contribution: % Up until your contribution reaches this %: %

Then your employer will match this % of your contribution: %

Up until your contribution reaches this %: %

Employer contributions limit

Maximum annual dollar limit: \$

(Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.)

Additional employer contributions - Profit sharing

If your employer makes contributions in addition to those above, enter them here.

☐ Contribution as a % of income: %

Only enter those contributions you are confident you will actually receive.

☐ Contributions as dollar amount: \$ Grow annually by %

Contributions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

TRADITIONAL IRAS

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: \$

After-tax value: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: (check one)

Pre-tax: ☐ Additions: \$

Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-tax: ☐ Additions: \$

☐ Maximum contribution each year

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: \$

After-tax value: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: (check one)

Pre-tax: ☐ Additions: \$

Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-tax: ☐ Additions: \$

☐ Maximum contribution each year

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: \$

After-tax value: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: (check one)

Pre-tax: ☐ Additions: \$

Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-tax: ☐ Additions: \$

☐ Maximum contribution each year

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

TRADITIONAL IRAS (cont.)

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: \$

After-tax value: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: (check one)

Pre-tax: ☐ Additions: \$

Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-tax: ☐ Additions: \$

☐ Maximum contribution each year

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

SEP IRA – 72(t)

Who is the owner: ☐ Client ☐ Co-Client

Description:

Ticker symbol:

Units:

Current value: \$

After-tax value: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

72(t) distributions:

Annual distribution amount: \$

Year distribution began:

Who is the owner: ☐ Client ☐ Co-Client

Description:

Ticker symbol:

Units:

Current value: \$

After-tax value: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

72(t) distributions:

Annual distribution amount: \$

Year distribution began:

ROTH IRAS

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: \$

After-tax value: \$

Assign – How to Use: *(check one)*

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: *(check one)*

Pre-tax: ☐ Additions: \$

Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-tax: ☐ Additions: \$

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: \$

After-tax value: \$

Assign – How to Use: *(check one)*

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: *(check one)*

Pre-tax: ☐ Additions: \$

Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

After-tax: ☐ Additions: \$

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

COVERDELL ACCOUNTS (ESA)

Who is the owner: ☐ Custodial

Description:

Current value: \$

Assign – How to Use: *(check one)*

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: *(check one)*

Additions: \$

Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

COVERDELL ACCOUNTS (ESA) (cont.)

Who is the owner: ☐ Custodial

Description:

Current value: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: (check one)

Additions: \$ Inflate? ☐ No ☐ Yes

☐ Maximum contribution each year

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

529 SAVINGS PLAN

Who is the owner: ☐ Client ☐ Co-Client

Description:

Beneficiaries/Percentage:

Estate %

Other: – %

Co-Client %

Other: – %

Current value: \$

Is this asset subject to state taxes? ☐ No ☐ Yes

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: (check one)

Additions: \$ Inflate? ☐ No ☐ Yes

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Who is the owner: ☐ Client ☐ Co-Client

Description:

Beneficiaries/Percentage:

Estate %

Other: – %

Co-Client %

Other: – %

Current value: \$

Is this asset subject to state taxes? ☐ No ☐ Yes

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: (check one)

Additions: \$ Inflate? ☐ No ☐ Yes

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

ANNUITIES

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: \$

Cost basis: \$

Assign – How to Use: *(check one)*

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: *(check one)*

☐ Additions: \$ Inflate? ☐ No ☐ Yes

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: \$

Cost basis: \$

Assign – How to Use: *(check one)*

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: *(check one)*

☐ Additions: \$ Inflate? ☐ No ☐ Yes

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: \$

Cost basis: \$

Assign – How to Use: *(check one)*

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: *(check one)*

☐ Additions: \$ Inflate? ☐ No ☐ Yes

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

CASH VALUE LIFE: VARIABLE LIFE

Who is the owner: ☐ Client ☐ Co-Client

Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Name or Description:

Beneficiaries:	Estate	%	Co-Client	%
Other:	–	%	Other:	– %
Other:	–	%	Other:	– %

Current value: \$

Cost basis: \$

Insurance amount: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: (check one)

Pre-tax: ☐ Additions: \$ Inflation? ☐ No ☐ Yes ☐ Maximum contribution each year

After-tax: ☐ Additions: \$

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Who is the owner: ☐ Client ☐ Co-Client

Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Name or Description:

Beneficiaries:	Estate	%	Co-Client	%
Other:	–	%	Other:	– %
Other:	–	%	Other:	– %

Current value: \$

Cost basis: \$

Insurance amount: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: (check one)

Pre-tax: ☐ Additions: \$ Inflation? ☐ No ☐ Yes ☐ Maximum contribution each year

After-tax: ☐ Additions: \$

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

OTHER TAX-DEFERRED

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: \$

Cost basis: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: (check one)

☐ Additions: \$

Inflate? ☐ No ☐ Yes

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

U.S. SAVINGS BOND

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: \$

Cost basis: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: (check one)

☐ Additions: \$

Inflate? ☐ No ☐ Yes

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

TAXABLE

Who is the owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Co-Client

Description:

Ticker symbol:

Units:

Current value: \$

Cost basis: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: (check one)

☐ Additions: \$

Inflate? ☐ No ☐ Yes

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

TAXABLE (cont.)

Who is the owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Co-Client

Description:

Ticker symbol:

Units:

Current value: \$

Cost basis: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: (check one)

☐ Additions: \$

Inflate? ☐ No ☐ Yes

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

TAX-FREE

Who is the owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Co-Client

Description:

Ticker symbol:

Units:

Current value: \$

Cost basis: \$

Is this asset subject to state taxes? ☐ No ☐ Yes

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Annual additions: (check one)

☐ Additions: \$

Inflate? ☐ No ☐ Yes

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

TAX-FREE (cont.)Who is the owner: ☐ Client ☐ Co-Client ☐ Joint ☐ CustodialIf Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property☐ Other w/ Client ☐ Other w/ Co-Client

Description:

Ticker symbol:

Units:

Current value: \$

Cost basis: \$

Is this asset subject to state taxes? ☐ No ☐ Yes**Assign – How to Use:** *(check one)*☐ Fund All Goals☐ Earmark to One or More Goals:☐ Not Used in Plan☐ Leave to Estate**Annual additions:** *(check one)*☐ Additions: \$Inflate? ☐ No ☐ Yes

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:**PERSONAL AND BUSINESS ASSETS (Homes, Vehicles, Personal Property, Business Assets, Real Estate, etc.)**Owner: ☐ Client ☐ Co-Client ☐ Joint ☐ CustodialIf Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property☐ Other w/ Client ☐ Other w/ Co-Client

Description:

Current value: \$

Will the value of this asset increase each year? ☐ No ☐ Yes: %Do you intend to sell this asset to help fund your goals? ☐ No ☐ Yes: % (If Yes, complete the remaining items)

Year to sell:

Future value (after tax) Low: \$

Future value (after tax) Expected: \$

Future value (after tax) High: \$

Assign – How to Use: *(check one)*☐ Fund All Goals☐ Earmark to One or More Goals:☐ Not Used in Plan☐ Leave to EstateOwner: ☐ Client ☐ Co-Client ☐ Joint ☐ CustodialIf Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property☐ Other w/ Client ☐ Other w/ Co-Client

Description:

Current value: \$

Will the value of this asset increase each year? ☐ No ☐ Yes: %Do you intend to sell this asset to help fund your goals? ☐ No ☐ Yes: % (If Yes, complete the remaining items)

Year to sell:

Future value (after tax) Low: \$

Future value (after tax) Expected: \$

Future value (after tax) High: \$

Assign – How to Use: *(check one)*☐ Fund All Goals☐ Earmark to One or More Goals:☐ Not Used in Plan☐ Leave to Estate

PERSONAL AND BUSINESS ASSETS (cont.)

Owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Co-Client

Description: Current value: \$

Will the value of this asset increase each year? ☐ No ☐ Yes: %

Do you intend to sell this asset to help fund your goals? ☐ No ☐ Yes: % (If Yes, complete the remaining items)

Year to sell: Future value (after tax) Low: \$

Future value (after tax) Expected: \$ Future value (after tax) High: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

PENSION - LUMP SUM DISTRIBUTION

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value: \$

Year of distribution:

Value of distribution \$

Value is: (check one) ☐ Pre-tax ☐ After-tax

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

DEFERRED COMPENSATION (Receiving Now)

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value (today's dollars): \$

Distribution period

Number of years:

Annual payment (pre-tax): \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value (today's dollars): \$

Distribution period

Number of years:

Annual payment (pre-tax): \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

DEFERRED COMPENSATION (Future)Who is the owner: ☐ Client ☐ Co-Client

Description:

Current value (*today's dollars*): \$**Contributions***Amount – Select method*☐ None☐ Percentage of income – Annual Income: \$

Grow Annually by: %

% Contribution:

☐ Dollar amount – \$

Grow Annually by: %

Period

Start year:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:**Value at start of distribution**

Rate of return during accumulation: %

Year distributions begin: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:**Distribution period**

Number of years:

Annual payment (pre-tax): \$

Annual distribution

Rate of return during distribution: %

Assign – How to Use: (check one)☐ Fund All Goals☐ Earmark to One or More Goals:☐ Not Used in Plan☐ Leave to EstateWho is the owner: ☐ Client ☐ Co-Client

Description:

Current value (*today's dollars*): \$**Contributions***Amount – Select method*☐ None☐ Percentage of income – Annual Income: \$

Grow Annually by: %

% Contribution:

☐ Dollar amount – \$

Grow Annually by: %

Period

Start year:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:**Value at start of distribution**

Rate of return during accumulation: %

Year distributions begin: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:**Distribution period**

Number of years:

Annual payment (pre-tax): \$

Annual distribution

Rate of return during distribution: %

Assign – How to Use: (check one)☐ Fund All Goals☐ Earmark to One or More Goals:☐ Not Used in Plan☐ Leave to Estate

INSURANCE ASSETS – CASH VALUE (Universal/Variable/Whole/Other)Owner: ☐ Client ☐ Co-ClientInsured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Description:

Current cash value (*before tax – today's dollars*): \$Average annual growth rate (*excluding cost of insurance*):**Beneficiaries & Death Benefit**

Beneficiaries:	Estate	%	Co-Client	%
Other:	–	%	Other:	– %
Other:	–	%	Other:	– %

Death benefit amount: Premium amount: \$ every:

How long will premiums be paid? ☐ Until insured dies ☐ Until policy terminates ☐ For this number of years:When will this policy terminate? ☐ When insured dies ☐ Year:Do you intend to sell this asset to help fund your goals? ☐ No ☐ Yes (*If Yes, complete the remaining items*)

Year of withdrawal:

Future cash value of policy (*before tax – future dollars*): \$ Tax-free withdrawal: \$**Assign – How to Use: (check one)**☐ Fund All Goals☐ Earmark to One or More Goals:☐ Not Used in Plan☐ Leave to EstateOwner: ☐ Client ☐ Co-ClientInsured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Description:

Current cash value (*before tax – today's dollars*): \$Average annual growth rate (*excluding cost of insurance*):**Beneficiaries & Death Benefit**

Beneficiaries:	Estate	%	Co-Client	%
Other:	–	%	Other:	– %
Other:	–	%	Other:	– %

Death benefit amount: Premium amount: \$ every:

How long will premiums be paid? ☐ Until insured dies ☐ Until policy terminates ☐ For this number of years:When will this policy terminate? ☐ When insured dies ☐ Year:Do you intend to sell this asset to help fund your goals? ☐ No ☐ Yes (*If Yes, complete the remaining items*)

Year of withdrawal:

Future cash value of policy (*before tax – future dollars*): \$ Tax-free withdrawal: \$**Assign – How to Use: (check one)**☐ Fund All Goals☐ Earmark to One or More Goals:☐ Not Used in Plan☐ Leave to Estate

529 SAVINGS PLAN

Owner: ☐ Client ☐ Co-Client

Description:

Current value: \$

Annual growth rate:

Do you intend to sell this asset to help fund your goals? ☐ No ☐ Yes (If Yes, complete the remaining items)

Year to sell:

Future value (after tax) Low: \$

Future value (after tax) Expected: \$

Future value (after tax) High: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Owner: ☐ Client ☐ Co-Client

Description:

Current value: \$

Annual growth rate:

Do you intend to sell this asset to help fund your goals? ☐ No ☐ Yes (If Yes, complete the remaining items)

Year to sell:

Future value (after tax) Low: \$

Future value (after tax) Expected: \$

Future value (after tax) High: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

FUTURE ASSETS *Cash (Inheritance, Gift, Settlement, etc.)*

Owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Co-Client

Description:

Year to receive:

Future value (after tax) Low: \$

Future value (after tax) Expected: \$

Future value (after tax) High: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

Owner: ☐ Client ☐ Co-Client ☐ Joint ☐ Custodial

If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property

☐ Other w/ Client ☐ Other w/ Co-Client

Description:

Year to receive:

Future value (after tax) Low: \$

Future value (after tax) Expected: \$

Future value (after tax) High: \$

Assign – How to Use: (check one)

☐ Fund All Goals

☐ Earmark to One or More Goals:

☐ Not Used in Plan

☐ Leave to Estate

YOUR STOCK OPTIONS

STOCK OPTIONS PLAN

Who is the owner: ☐ Client ☐ Co-Client

Stock Name: _____

Market Price: \$ _____

Last Update: _____

Do all options vest at death? ☐ No ☐ Yes

VESTING SCHEDULE

Name	% VESTED BY YEAR									
	1	2	3	4	5	6	7	8	9	10

Stock Options Grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ☐ ISO ☐ NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock Options Grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ☐ ISO ☐ NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock Options Grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ☐ ISO ☐ NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock Options Grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ☐ ISO ☐ NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

STOCK OPTIONS PLAN

Who is the owner: ☐ Client ☐ Co-Client

Stock Name: _____

Market Price: \$ _____

Last Update: _____

Do all options vest at death? ☐ No ☐ Yes

VESTING SCHEDULE

Name	% VESTED BY YEAR									
	1	2	3	4	5	6	7	8	9	10

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: _____

Grant name: _____

Options granted: _____

Options already exercised: _____

Expiration date: _____

Grant price: _____

Select vesting schedule: _____

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: _____

Grant name: _____

Options granted: _____

Options already exercised: _____

Expiration date: _____

Grant price: _____

Select vesting schedule: _____

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: _____

Grant name: _____

Options granted: _____

Options already exercised: _____

Expiration date: _____

Grant price: _____

Select vesting schedule: _____

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: _____

Grant name: _____

Options granted: _____

Options already exercised: _____

Expiration date: _____

Grant price: _____

Select vesting schedule: _____

Stock Options Grant

Type: ☐ ISO ☐ NQO

Grant date: _____

Grant name: _____

Options granted: _____

Options already exercised: _____

Expiration date: _____

Grant price: _____

Select vesting schedule: _____

STOCK OPTIONS PLAN

Stock Options Grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ☐ ISO ☐ NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock Options Grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ☐ ISO ☐ NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock Options Grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ☐ ISO ☐ NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock Options Grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ☐ ISO ☐ NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock Options Grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ☐ ISO ☐ NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock Options Grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ☐ ISO ☐ NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock Options Grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ☐ ISO ☐ NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

Stock Options - Cash Receipt Schedule: As an alternative to letting the program calculate the future value of Stock Options, enter the after-tax, future cash amount(s) below.

Stock Options

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

Who is the owner: ☐ Client ☐ Co-Client

Ticker: _____

Stock Name: _____

Market Price: \$ _____

Last Update: _____

Do all options vest at death? ☐ No ☐ Yes

VESTING SCHEDULE

Name	% VESTED BY YEAR									
	1	2	3	4	5	6	7	8	9	10

Restricted Stock Grant

Grant date: _____

Shares granted: _____

Grant name: _____

Vesting Schedule: _____

Restricted Stock Grant

Grant date: _____

Shares granted: _____

Grant name: _____

Vesting Schedule: _____

Restricted Stock Grant

Grant date: _____

Shares granted: _____

Grant name: _____

Vesting Schedule: _____

Restricted Stock Grant

Grant date: _____

Shares granted: _____

Grant name: _____

Vesting Schedule: _____

Restricted Stock Grant

Grant date: _____

Shares granted: _____

Grant name: _____

Vesting Schedule: _____

Restricted Stock Grant

Grant date: _____

Shares granted: _____

Grant name: _____

Vesting Schedule: _____

Restricted Stock Grant

Grant date: _____

Shares granted: _____

Grant name: _____

Vesting Schedule: _____

Restricted Options - Cash Receipt Schedule: As an alternative to letting the program calculate the future value of Restricted Stock, enter the after-tax, future cash amount(s) below.

Restricted Stock Grants

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

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Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

YOUR INSURANCE POLICIES AND ESTATE DOCUMENTS

CASH VALUE LIFE POLICIES OWNED BY THE CLIENT OR CO-CLIENT

Investment Asset (Variable Life)

Owner: ☐ Client ☐ Co-Client

Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Name or Description:

Beneficiaries & Death Benefit

Estate	%	Other -	%	Other -	%
100%	100%	100%	100%	100%	100%

Co-Client	%	Other -	%	Other -	%

Current Value: \$ _____ Cost Basis: \$ _____

Insurance Amount: \$

Assign – How to Use: *(check one)*

☐ Fund All Goals ☐ Earmark to One or More Goals:

☐ Not Used in Plan ☐ Leave to Estate

Annual additions: (check one)

Pre-tax: ☐ Additions: \$ Inflation? ☐ No ☐ Yes

☐ Maximum contribution each year

After-Tax: ☐ Additions: \$

Year additions begin:

Year additions end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Year:

Other Asset (*Universal/Variable/Whole Life/Other Life*)

Owner: ☐ Client ☐ Co-Client

Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Description: Current cash value: \$ (before tax - today's dollars)

Average annual growth rate: (excluding cost of insurance)

Beneficiaries & Death Benefit

Assign – How to Use: *(check one)*

☐ Not Used in Plan ☐ Leave to Estate

Description/ Company: Current cash value: \$ (before tax - today's dollars)

Select the original owner of the policy: ☐ Client ☐ Co-Client

NON-CASH VALUE LIFE POLICIES - ALL OWNERS

Non-Cash Value Life (Term Life)

Owner: ☐ Client ☐ Co-Client ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Co-Client ☐ 1st to Die ☐ 2nd to Die

Description/Company:

Beneficiaries & Death Benefit

Estate	%	Other -	%	Other -	%

Co-Client	%	Other -	%	Other -	%
-----------	---	---------	---	---------	---

Death benefit amount: \$ _____ Premium amount: \$ _____ every: _____

How long will premiums be paid? ☐ Until insured dies ☐ Until policy terminates ☐ For this number of years:

When will this policy terminate? ☐ When insured dies ☐ Year:

If ownership of the policy was transferred, enter the year of transfer:

Select the original owner of the policy: ☐ Client ☐ Co-Client

Non-Cash Value Life (*Group Term/Other*)

Owner: ☐ Client ☐ Co-Client ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Co-Client

Description/Company:

Beneficiaries & Death Benefit

Estate	%	Other -	%	Other -	%
100%	100%	100%	100%	100%	100%

Co-Client	%	Other -	%	Other -	%

Death benefit amount:

When will this policy terminate? ☐ When insured dies ☐ Year:

If ownership of the policy was transferred, enter the year of transfer:

Select the original owner of the policy: ☐ Client ☐ Co-Client

Non-Cash Value Life (Group Term/Other)

Owner: ☐ Client ☐ Co-Client ☐ Irrevocable Trust ☐ Other Person or Entity

Insured: ☐ Client ☐ Co-Client

Description/Company:

Beneficiaries & Death Benefit

Select the original owner of the policy: ☐ Client ☐ Co-Client

Disability (*Group/Personal/Other*)

Long Term Care (*Home Care Only* | *Nursing Home Care* | *Other*)

Benefit period: (check # of years or Lifetime) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Lifetime

OTHER INSURANCE POLICIES

Daily benefit amount: \$ Elimination period: days

Inflation option (check one) ☐ None ☐ Simple ☐ Compounded

If you selected Simple or Compounded, enter rate: %

Insured: Description/Company:

Premium amount: \$ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Benefit period: (check # of years or Lifetime) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Lifetime

Daily benefit amount: \$ Elimination period: days

Inflation option (check one) ☐ None ☐ Simple ☐ Compounded

If you selected Simple or Compounded, enter rate: %

Medicare Supplement Insurance Policies

Insured: Description/Company:

Type: (check one) ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ Other

Premium amount: \$ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Insured: Description/Company:

Type: (check one) ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ Other

Premium amount: \$ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Property & Casualty Insurance Policies (Auto, Homeowners, Umbrella/Other)

Description/Company: Policy expiration date:

Premium amount: \$ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Description/Company: Policy expiration date:

Premium amount: \$ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Description/Company: Policy expiration date:

OTHER INSURANCE POLICIES

Premium amount: \$ _____ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Description/Company: _____ Policy expiration date: _____

Premium amount: \$ _____ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Description/Company: _____ Policy expiration date: _____

Premium amount: \$ _____ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

Description/Company: _____ Policy expiration date: _____

Premium amount: \$ _____ per ☐ Month ☐ Quarter ☐ Six Months ☐ Year

ESTATE DOCUMENTS

	Client	Co-Client	
Will	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Includes Bypass Trust	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Date Last Reviewed			
Medical Directive	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Power of Attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

YOUR DEBT AND OTHER LIABILITIES

LIABILITIES SUMMARY INPUT (Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint If Joint, what kind? :

Outstanding balance: \$ Monthly payment: \$

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint If Joint, what kind? :

Outstanding balance: \$ Monthly payment: \$

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint If Joint, what kind? :

Outstanding balance: \$ Monthly payment: \$

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint If Joint, what kind? :

Outstanding balance: \$ Monthly payment: \$

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint If Joint, what kind? :

Outstanding balance: \$ Monthly payment: \$

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint If Joint, what kind? :

Outstanding balance: \$ Monthly payment: \$

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint If Joint, what kind? :

Outstanding balance: \$ Monthly payment: \$

LIABILITIES SUMMARY INPUT (Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint
If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property
☐ Other w/Client ☐ Other w/Co-Client

Lender: Outstanding Balance: \$

Initial Loan Amount: Outstanding Balance: \$ Term:

Interest Rate: Monthly Payment: \$ OR Date to Pay in Full:

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint
If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property
☐ Other w/Client ☐ Other w/Co-Client

Lender: Outstanding Balance: \$

Initial Loan Amount: Outstanding Balance: \$ Term:

Interest Rate: Monthly Payment: \$ OR Date to Pay in Full:

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint
If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property
☐ Other w/Client ☐ Other w/Co-Client

Lender: Outstanding Balance: \$

Initial Loan Amount: Outstanding Balance: \$ Term:

Interest Rate: Monthly Payment: \$ OR Date to Pay in Full:

Description:

Whose debt? ☐ Client ☐ Co-Client ☐ Joint
If Joint, what kind? ☐ Survivorship ☐ Common ☐ Entirety ☐ Community Property
☐ Other w/Client ☐ Other w/Co-Client

Lender: Outstanding Balance: \$

Initial Loan Amount: Outstanding Balance: \$ Term:

Interest Rate: Monthly Payment: \$ OR Date to Pay in Full:



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