

LifeView® Financial Goal Analysis *Client Profile*



Financial Advisor or Private Wealth Advisor: _____ Date: _____

Personal Information

CLIENT

FULL NAME _____

_____/_____/_____
DATE OF BIRTH

EMAIL ADDRESS _____

Gender: Male Female

Marital Status:

Single Married Divorced Separated Widowed

Employment Status:

Retired Employed Business Owner Homemaker Not Currently Employed

Employment Income: \$ _____

Other Preretirement Income
(*noninvestment*): \$ _____

Citizenship: _____

State of Residence: _____

SPOUSE

FULL NAME _____

_____/_____/_____
DATE OF BIRTH

EMAIL ADDRESS _____

Gender: Male Female

Marital Status:

Single Married Divorced Separated Widowed

Employment Status:

Retired Employed Business Owner Homemaker Not Currently Employed

Employment Income: \$ _____

Other Preretirement Income
(*noninvestment*): \$ _____

Citizenship: _____

State of Residence: _____

ADD A PARTICIPANT (*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.*)

NAME

_____/_____/_____
DATE OF BIRTH

NAME

_____/_____/_____
DATE OF BIRTH

NAME

_____/_____/_____
DATE OF BIRTH

Relationship:

Child Grandchild Other Dependent
 Beneficiary/Donee Charity Trust

Child Grandchild Other Dependent
 Beneficiary/Donee Charity Trust

Child Grandchild Other Dependent
 Beneficiary/Donee Charity Trust

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Retirement Goals

	Client	Spouse
Age to Retire:	_____	_____
Life Expectancy:	_____	_____
Amount Desired Per Year:	\$ _____	\$ _____
How willing are you to retire later than your ideal ages, if necessary, to meet your goals?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Slightly	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Slightly
What order of retirement do you prefer?	<input type="checkbox"/> Both retire in the same year <input type="checkbox"/> Either can retire first <input type="checkbox"/> Client can retire first <input type="checkbox"/> Spouse can retire first	

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Financial Goals

COLLEGE GOAL

NAME	YEAR TO START	NUMBER OF YEARS OF COLLEGE
Cost Estimate (<i>fill in A or B or C</i>):		
A. My cost estimate (<i>annual cost</i>): \$ _____		
B. Use an average cost: <input type="checkbox"/> Average All		
4-year:	<input type="checkbox"/> Public In-State	<input type="checkbox"/> Public Out-Of-State <input type="checkbox"/> Private
2-year:	<input type="checkbox"/> Public In-State	<input type="checkbox"/> Public Out-Of-State <input type="checkbox"/> Private
C. Specific College: _____		<input type="checkbox"/> Under Graduate <input type="checkbox"/> Graduate
State in which the college is located: _____		

NAME	YEAR TO START	NUMBER OF YEARS OF COLLEGE
Cost Estimate (<i>fill in A or B or C</i>):		
A. My cost estimate (<i>annual cost</i>): \$ _____		
B. Use an average cost: <input type="checkbox"/> Average All		
4-year:	<input type="checkbox"/> Public In-State	<input type="checkbox"/> Public Out-Of-State <input type="checkbox"/> Private
2-year:	<input type="checkbox"/> Public In-State	<input type="checkbox"/> Public Out-Of-State <input type="checkbox"/> Private
C. Specific College: _____		<input type="checkbox"/> Under Graduate <input type="checkbox"/> Graduate
State in which the college is located: _____		

OTHER GOAL (*travel, car/truck, new home, home improvement, etc.*)

Description: _____

Rate this goal from 1–10 on level of importance (1–3=Wish; 4–7=Want; 8–10=Need): _____

Year You Plan to Start: _____

Cost (*in today's dollars*): \$ _____

Is this purchase recurring? No Yes How often will it occur? Every _____ year(s)

OTHER GOAL (*travel, car/truck, new home, home improvement, etc.*)

Description: _____

Rate this goal from 1–10 on level of importance (1–3=Wish; 4–7=Want; 8–10=Need): _____

Year You Plan to Start: _____

Cost (*in today's dollars*): \$ _____

Is this purchase recurring? No Yes How often will it occur? Every _____ year(s)

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Risk Tolerance Questionnaire

To determine the proper allocation for your investment portfolio, you must indicate the level of volatility risk you are willing to accept. This is called your risk tolerance.

Answer the following questions to determine your risk tolerance.

1. What is your primary purpose for investing?

- Investment Account
- Retirement
- Major Purchase
- Education Planning
- Current Income
- Other (*please describe*): _____

2. Do you need current income; that is, will you take regular withdrawals from this portfolio?

- Yes
- No

If “yes,” approximately what percentage of the account’s current value do you need annually?

- Less than 2%
- Greater than 2%, but less than 4%
- Greater than 4%, but less than 6%
- Greater than 6%

3. In approximately how many years will you begin withdrawing funds for your investment objective?

- Immediately
- 1–5 years
- 6–10 years
- 11–20 years
- Over 20 years

4. Once you begin to withdraw funds for your primary investment objective, over how long a period do you anticipate the withdrawals to continue?

- Lump Sum
- 1–5 years
- 6–10 years
- 11–20 years
- Over 20 years

5. Which of the following statements best describes your attitude towards the trade-off between risk and return?

- I am most concerned with limiting risk. I am willing to accept lower expected returns in order to limit my chance of loss.
- I am willing to accept moderate risk and chance of loss in order to achieve moderate returns. Limiting risk and maximizing return are of equal importance to me.
- I am primarily concerned with maximizing the returns of my investments. I am willing to accept high risk and high chance of loss to maximize my investment return potential.

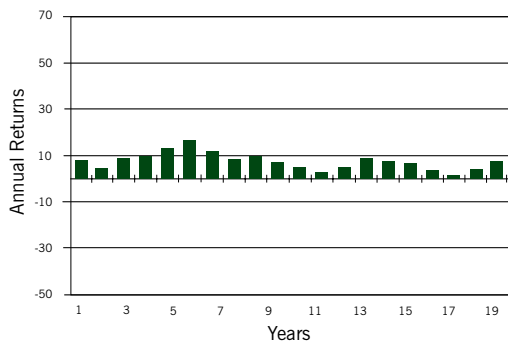
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6. The following graphs show the historical year-by-year returns for three hypothetical portfolios over a 20-year period. The average annual return over the 20-year period is also indicated.

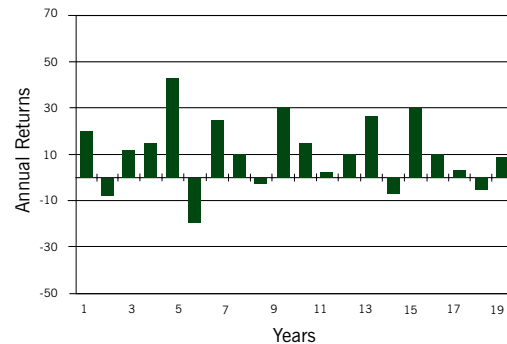
Given your investment goals for this account, which portfolio would you choose? (Please note that these are examples only, actual results may vary.)

- Portfolio X
- Portfolio Y
- Portfolio Z

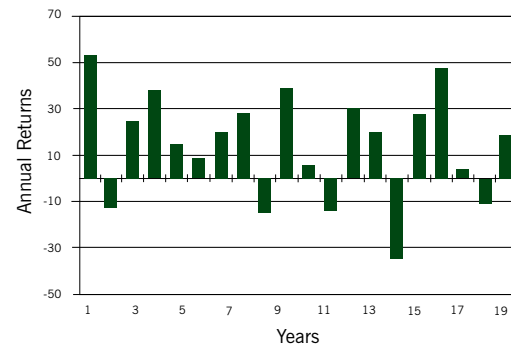
Portfolio X: Average Annual Return=6%



Portfolio Y: Average Annual Return=9%



Portfolio Z: Average Annual Return=11%



7. The risk of a portfolio suffering a decrease in value (having a negative return) is often a primary concern for investors. To achieve potentially higher returns, however, an investor must be willing to accept greater risk. The following table portrays four different hypothetical \$100,000 portfolios. For each portfolio, the expected value at the end of one year is shown along with the probabilities of suffering a decline that year, rather than a gain.

Given your investment objective, in which of the four hypothetical portfolios would you be most comfortable investing?

- Portfolio A
- Portfolio B
- Portfolio C
- Portfolio D

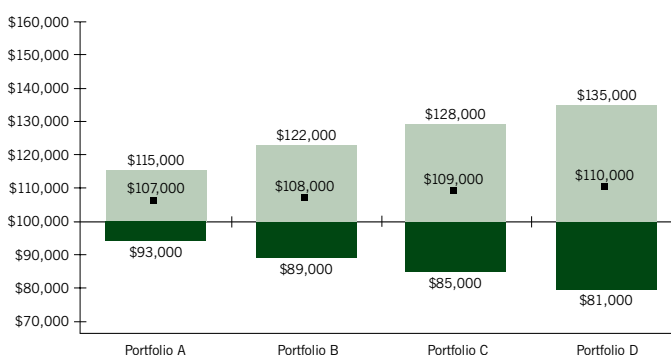
Portfolio	Expected value of \$100,000 after one year	Chance of losing money after one year
Portfolio A	\$107,000	19%
Portfolio B	\$108,000	23%
Portfolio C	\$109,000	26%
Portfolio D	\$110,000	28%

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8. Each bar below shows a range of possible one-year ending values for a \$100,000 initial investment in one of four hypothetical portfolios. The assumed value of the average return for that portfolio is shown in the center of the bar. For example, at the end of a given year, Portfolio A could have an ending value anywhere between \$115,000 (a return of 15%) and \$93,000 (-7% return). The average ending value is approximately \$107,000 (7% return). It is important to remember that the hypothetical portfolios are more likely to achieve the average return over long-term holding periods. The four bars represent the four hypothetical portfolios.

Given the average, best and worst possible outcomes for each portfolio, please indicate which of the four options would be most suitable for this account. (Please note that these are only examples, actual results will vary.)

- Portfolio A
- Portfolio B
- Portfolio C
- Portfolio D



9. Inflation can greatly erode the return on your investments, especially over time. For example, in a typical year with a 3.5% inflation rate, a 6% return before inflation would have a real return of only 2.5% ($6\% - 3.5\% = 2.5\%$).

Please specify which of the following best summarizes your attitudes regarding investing and inflation.

- I prefer portfolio returns that are expected to return substantially more than inflation over the long run and I am willing to accept large short-term fluctuations in value (and a greater potential for loss) to achieve this goal.
- I prefer a portfolio that is expected to moderately exceed inflation over the long run and I am willing to accept moderate short-term fluctuations in value (and a moderate potential for loss) to achieve this goal.
- I prefer to minimize short-term fluctuations in portfolio value (and the potential for loss) as much as possible, even if it means that my portfolio is expected to only keep pace with or slightly exceed inflation.

10. Sometimes investment losses are permanent, sometimes they are prolonged, and sometimes they are short-lived.

How might you respond when you experience investment losses?

- I would sell my investments immediately if they suffered substantial declines.
- Although declines in investment value make me uncomfortable, I would wait one to two quarters before adjusting my portfolio.
- I can endure significant declines in the value of my investments and would wait at least one year before adjusting my portfolio.
- Even if my investments suffered a significant decline over several years, I would continue to follow my long-term investment strategy and not adjust my portfolio.

11. What is your current level of investable assets? (Please note that this question should only be answered if using the GWMG

Asset Allocation Frameworks methodology.)

- Less than \$100,000
- \$100,000 to \$999,999
- \$1,000,000 to \$19,999,999
- Greater than \$20,000,000

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Retirement Income

SOCIAL SECURITY

Client

Age to Begin Taking Social Security: _____

Client (check one):

- Use this amount (pretax, current dollars): \$ _____ per month
- Estimate my benefit for me (based on current employment income)
- My benefit could be reduced because of my income
- I am ineligible for Social Security benefits

Spouse

Age to Begin Taking Social Security: _____

Spouse (check one):

- Use this amount (pretax, current dollars): \$ _____ per month
- Estimate my benefit for me (based on current employment income)
- My benefit could be reduced because of my income
- I am ineligible for Social Security benefits

PENSIONS

Whose Pension? Client Spouse Description: _____

Income Begins: Client Retires Spouse Retires Receiving Now Year: _____

Monthly Amount of Benefit (estimate of pretax future value): \$ _____

Will this amount inflate? No Yes, Base Inflation Rate

Survivor Benefit: _____ %

Whose Pension? Client Spouse Description: _____

Income Begins: Client Retires Spouse Retires Receiving Now Year: _____

Monthly Amount of Benefit (estimate of pretax future value): \$ _____

Will this amount inflate? No Yes, Base Inflation Rate

Survivor Benefit: _____ %

PENSION—LUMP-SUM DISTRIBUTION

Who is the owner? Client Spouse Description: _____

Current Value: \$ _____ Year of Distribution: _____

Value of Distribution: \$ _____ Value is (check one): Pretax After-tax

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ANNUITY INCOME

Whose Annuity? Client Spouse Description: _____

Year Annuity Payments Start: _____

Amount of Annuity Payments (*monthly, pretax, future value*): \$ _____

Annuity Type (*check one*):

Joint Life

Income Guaranty: Period Certain Lifetime Only Installment Refund Cash Refund

If Period Certain, Enter Years: _____

Income to Spouse: _____ %

Single Life

Income Guaranty: Period Certain Lifetime Only Installment Refund Cash Refund

If Period Certain, Enter Years: _____

Specific Period Enter Years: _____

OTHER RETIREMENT INCOME (*rental, royalty, part-time employment or alimony income, etc.*)

Whose Income? Client Spouse Description: _____

Income Begins: Client Retires Spouse Retires Receiving Now Year: _____

Income Ends: End of Client's Plan End of Spouse's Plan End of Plan Year: _____

Monthly Amount (*pretax, todays dollars*): \$ _____

Is this income tax-free? No Yes

Will this amount inflate? No Yes, Base Inflation Rate

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Investment Assets

TIP: This information can be found in your account statements. Please provide copies to your Financial Advisor or Private Wealth Advisor.

EMPLOYER SPONSORED PLANS

(401(k); 403(b); 457; Money Purchase Pension; Profit Sharing; SAR-SEP IRA; SEP IRA; SIMPLE IRA; Other Qualified Plans;

Employer Qualified Plans)

Whose Plan? Client Spouse Description: _____

Type of Plan: _____

Current Value: \$ _____

Income:

What percent of your salary or dollar amount is your employer contributing? _____ % \$ _____

Is there an employer match limit allowed? No Yes \$ _____

If you are over the age of 55, are you making *Catch-Up Contributions*? No Yes

IRA

Who is the owner? Client Spouse Description: _____

Type: Roth Traditional

Current Value: \$ _____

Annual Additions (*check one*):

Pretax: Additions: \$ _____

Inflate? No Yes

Maximum Contribution Each Year

After-tax: Additions: \$ _____

Maximum Contribution Each Year

Year Additions End: Client Retires Spouse Retires Year: _____

529 COLLEGE SAVINGS PLANS

Note: Entering a 529 Plan can be entered as an "Other Asset," which keeps it separate from your investment portfolio and allows you to assume different growth rates. If the 529 Plan is owned by someone else, and will be used to help pay for a College Goal in the Financial Goal Analysis, enter it in the My Financial Goals section.

Who is the owner? Client Spouse Description: _____

Beneficiaries/Percentage:

Estate: _____ % Other: _____ %

Spouse: _____ % Other: _____ %

Current Value: \$ _____

Is this asset subject to state taxes? No Yes

Annual Additions:

Additions: \$ _____

Inflate? No Yes

Year Additions End: Client Retires Spouse Retires Year: _____

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529 COLLEGE SAVINGS PLANS (CONTINUED)

Who is the owner? Client Spouse Description: _____

Beneficiaries/Percentage:

Estate: _____ % Other: _____ %

Spouse: _____ % Other: _____ %

Current Value: \$ _____

Is this asset subject to state taxes? No Yes

Annual Additions:

Additions: \$ _____

Inflate? No Yes

Year Additions End: Client Retires Spouse Retires Year: _____

UGMA/UTMA

Who is the owner? Client Spouse Description: _____

Beneficiaries/Percentage:

Estate: _____ % Other: _____ %

Spouse: _____ % Other: _____ %

Current Value: \$ _____

Is this asset subject to state taxes? No Yes

Annual Additions:

Additions: \$ _____

Inflate? No Yes

Year Additions End: Client Retires Spouse Retires Year: _____

Who is the owner? Client Spouse Description: _____

Beneficiaries/Percentage:

Estate: _____ % Other: _____ %

Spouse: _____ % Other: _____ %

Current Value: \$ _____

Is this asset subject to state taxes? No Yes

Annual Additions:

Additions: \$ _____

Inflate? No Yes

Year Additions End: Client Retires Spouse Retires Year: _____

ANNUITIES (not yet annuitized)

Who is the owner? Client Spouse Description: _____

Current Value: \$ _____ Cost Basis (optional): \$ _____

Annual Additions:

Additions: \$ _____

Inflate? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year: _____

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CASH VALUE LIFE: VARIABLE LIFE *(owned by the client or spouse)*

Who is the owner? Client Spouse

Who is insured? Client Spouse 1st to Die 2nd to Die

Name or Description of Policy: _____

Beneficiaries/Percentage:

Estate: _____ % Other: _____ % Other: _____ %

Spouse: _____ % Other: _____ % Other: _____ %

Current Value (*Cash Value net of loans*): \$ _____ Cost Basis: \$ _____

Insurance Amount/Death Benefit (*net of loans*): \$ _____

Do you intend to use the Cash Value to fund your goals? No Yes

If yes, which goal(s): _____

Annual Additions/Premiums:

Additions/Premiums: \$ _____

Inflate? No Yes

Year Additions End: Client Retires Spouse Retires Year: _____

TAXABLE INVESTMENTS

Who is the owner? Client Spouse Joint Custodial

If Joint, what kind? Survivorship Common Entirety

Other with Client Other with Spouse Community Property

Name or Description of Policy: _____

Current Value: \$ _____ Cost Basis (*optional*): \$ _____

Annual Additions:

Additions: \$ _____

Inflate? No Yes

Year Additions End: Client Retires Spouse Retires Year: _____

TAX-FREE INVESTMENTS

Who is the owner? Client Spouse Joint Custodial

If Joint, what kind? Survivorship Common Entirety

Other with Client Other with Spouse Community Property

Name or Description of Investment: _____

Current Value: \$ _____ Cost Basis (*optional*): \$ _____

Is this asset subject to state taxes? No Yes

Annual Additions:

Additions: \$ _____

Inflate? No Yes

Year Additions End: Client Retires Spouse Retires Year: _____

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Stock Options

STOCK OPTIONS *(submit copies of grant statements to your Financial Advisor or Private Wealth Advisor)*

Stock Name: _____

Who is the owner? Client Spouse

Asset Class *(check one)*: Large Cap Value Large Cap Growth Small Cap

International Developed International Emerging

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: _____ Grant Name: _____

Type: ISO NQO

Options Granted: _____ Options Already Exercised: _____

Expiration Date: _____ Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____ Grant Name: _____

Type: ISO NQO

Options Granted: _____ Options Already Exercised: _____

Expiration Date: _____ Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____ Grant Name: _____

Type: ISO NQO

Options Granted: _____ Options Already Exercised: _____

Expiration Date: _____ Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____ Grant Name: _____

Type: ISO NQO

Options Granted: _____ Options Already Exercised: _____

Expiration Date: _____ Grant Price: _____

Select Vesting Schedule: _____

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Restricted Stocks

RESTRICTED STOCKS *(submit copies of grant statements to your Financial Advisor or Private Wealth Advisor)*

Ticker: _____ Stock Name: _____

Who is the owner? Client Spouse

Asset Class *(check one)*: Large Cap Value Large Cap Growth Small Cap

International Developed International Emerging

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: _____ Grant Name: _____

Shares Granted: _____ Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____ Grant Name: _____

Shares Granted: _____ Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____ Grant Name: _____

Shares Granted: _____ Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____ Grant Name: _____

Shares Granted: _____ Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____ Grant Name: _____

Shares Granted: _____ Select Vesting Schedule: _____

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Other Assets

PERSONAL AND BUSINESS ASSETS *(homes, vehicles, personal property, business assets, real estate, etc.)*

Who is the owner? Client Spouse Joint Custodial

If Joint, what kind? Survivorship Common Entirety
 Other with Client Other with Spouse Community Property

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)*: \$ _____

PERSONAL AND BUSINESS ASSETS *(homes, vehicles, personal property, business assets, real estate, etc.)*

Who is the owner? Client Spouse Joint Custodial

If Joint, what kind? Survivorship Common Entirety
 Other with Client Other with Spouse Community Property

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)*: \$ _____

DEFERRED COMPENSATION *(receiving now)*

Who is the owner? Client Spouse Description: _____

Current Value *(today's dollars)*: \$ _____

Distribution Period: _____ Number of Years: _____ Annual Payment *(pretax)*: \$ _____

DEFERRED COMPENSATION *(future)*

Whose deferred compensation is it? Client Spouse Description: _____

Current Value *(today's dollars)*: \$ _____

Contribution Amounts *(check one)*:

- None
- Percentage of Income

Annual Income: \$ _____ Grow Annually by: _____ %

Contribution Percentage: _____ %

Dollar Amount: \$ _____ Grow Annually by: _____ %

Start Year: _____

Year Additions End: Client Retires Spouse Retires Year: _____

Year Distributions Begin: Client Retires Spouse Retires Year: _____

Distribution Period: _____ Number of Years: _____ Annual Payment *(pretax)*: \$ _____

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FUTURE ASSETS CASH *(inheritance, gift, settlement/award, other future assets, death benefit)*

Who is the owner? Client Spouse Joint
 If Joint, what kind? Survivorship Common Entirety
 Other with Client Other with Spouse Community Property
 Type: Inheritance Gift Settlement/Award
 Other Future Assets Death Benefit

Description: _____
 Year to Receive: _____ Future Value (after-tax): \$ _____

FUTURE ASSETS PROPERTY

Who is the owner? Client Spouse Joint
 If Joint, what kind? Survivorship Common Entirety
 Other with Client Other with Spouse Community Property

Description: _____
 Year to Receive: _____ Future Value (after-tax): \$ _____

Do you intend to sell to help fund your goals? No Yes
(If no, it will be added to client's estate.)

CASH VALUE LIFE POLICIES *(owned by the client or spouse)*

Note: Only enter policies in this section that have Cash Value and are owned by you or your spouse.

Investment Assets: Universal Variable Whole Life Other Life
 Who is the owner? Client Spouse
 Who is insured? Client Spouse 1st to Die 2nd to Die

Name or Description: _____

Beneficiaries/Percentage:
 Estate: _____ % Trust: _____ % Other: _____ %
 Spouse: _____ % Other: _____ % Other: _____ %

Current Value (Cash Value net of loans): \$ _____ Cost Basis: \$ _____

Insurance Amount/Death Benefit (net of loans): \$ _____

Annual Additions/Premiums:

Additions/Premiums: \$ _____

Inflate? No Yes
 Year Additions End: Client Retires Spouse Retires Year: _____

Do you intend to use the Cash Value to fund your goals? No Yes

If yes, which goal(s): _____

Year of Withdrawal: _____

Amount of Withdrawal: \$ _____

(All policies except Variable will be assumed to terminate in year of withdrawal.)

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

Select the original owner of the policy: Client Spouse

Notes: _____

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Insurance Policies

(Options for Plan values include: CD, bond, mutual fund, stock, money market, variable subaccount, etc.)

Note: All insurance policies can be entered on this page. You can also enter Cash Value Life Policies owned by the client or spouse on the Investment Assets page (Variable Life only) or Other Assets page.

CASH VALUE LIFE POLICIES (owned by the client or spouse)

Investment Assets: Universal Variable Whole Life Other Life
Who is the owner? Client Spouse
Who is insured? Client Spouse 1st to Die 2nd to Die
Name or Description: _____
Beneficiaries/Percentage:
Estate: _____ % Trust: _____ % Other: _____ %
Spouse: _____ % Other: _____ %
Current Value (Cash Value net of loans): \$ _____ Cost Basis: \$ _____
Insurance Amount/Death Benefit (net of loans): \$ _____
Annual Additions/Premiums:
Additions/Premiums: \$ _____
Inflate? No Yes
Year Additions End: Client Retires Spouse Retires Year: _____
Do you intend to use the Cash Value to fund your goals? No Yes
If yes, which goal(s): _____
Year of Withdrawal: _____
Amount of Withdrawal: \$ _____
(All policies except Variable will be assumed to terminate in year of withdrawal.)
If ownership of this policy was transferred, enter the year of transfer: _____
Select the original owner of the policy: Client Spouse
Notes: _____

CASH VALUE LIFE POLICIES (owned by trust or other person/entity)

Investment Assets: Universal Variable Whole Life Other Life
Who is the owner? Irrevocable Trust Entity: _____ Other: _____
Who is insured? Client Spouse 1st to Die 2nd to Die
Name or Description: _____
Beneficiaries/Percentage:
Estate: _____ % Trust: _____ % Other: _____ %
Spouse: _____ % Other: _____ %
Current Value (Cash Value net of loans): \$ _____ Cost Basis: \$ _____
Insurance Amount/Death Benefit (net of loans): \$ _____
Annual Additions/Premiums:
Additions/Premiums: \$ _____
Inflate? No Yes
Year Additions End: Client Retires Spouse Retires Year: _____
If ownership of this policy was transferred, enter the year of transfer: _____
Select the original owner of the policy: Client Spouse
Notes: _____

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NON-CASH VALUE LIFE *(Group Term, Individual Term, Other)*

Who is the owner? Client Spouse Irrevocable Trust Other Person or Entity
 Type: Group Term Individual Term Other
 Who is insured? Client Spouse
 Description/Company: _____
 Beneficiaries/Percentage:
 Estate: _____ % Trust: _____ % Other: _____ %
 Spouse: _____ % Other: _____ % Other: _____ %
 Death Benefit Amount: \$ _____
 When will this policy terminate? When insured dies Year: _____
 If ownership of this policy was transferred, enter the year of transfer: _____
 Select the original owner of the policy: Client Spouse
 Notes: _____

OTHER INSURANCE POLICIES—DISABILITY *(Group, Personal, Other)*

Who is insured? Client Spouse Description/Company: _____
 Type: Group Personal Other
 Premium Amount: \$ _____ every _____ Tax Status: Pretax After-tax
 Monthly Benefit Amount: \$ _____ Elimination Period: Months Years
 Benefit Period *(check one)*:
 For Period of Time: _____ Months Years
 Until this Age: _____
 Inflation Option *(check one)*: None Simple Compounded
 If you selected Simple or Compounded, enter rate: _____ %

Who is insured? Client Spouse Description/Company: _____
 Type: Group Personal Other
 Premium Amount: \$ _____ every _____ Tax Status: Pretax After-tax
 Monthly Benefit Amount: \$ _____ Elimination Period: Months Years
 Benefit Period *(check one)*:
 For Period of Time: _____ Months Years
 Until this Age: _____
 Inflation Option *(check one)*: None Simple Compounded
 If you selected Simple or Compounded, enter rate: _____ %

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OTHER INSURANCE POLICIES—LONG-TERM CARE (Home Care Only, Nursing Home Care, Other)

Note: If multiple benefits are provided under the same policy, enter benefits separately but only enter premium once.

Who is insured? _____ Description/Company: _____

Type: Home Care Only Nursing Home Care Other

Premium Amount: \$ _____ per Month Quarter Six Months Year

Benefit Period
(check number 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: _____%

Who is insured? _____ Description/Company: _____

Type: Home Care Only Nursing Home Care Other

Premium Amount: \$ _____ per Month Quarter Six Months Year

Benefit Period
(check number 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: _____%

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Liabilities

LIABILITIES—DETAILED INPUT *(home & land loans, vehicle loans, business loans, other personal debt)*

Description: _____

Whose debt? Client Spouse Joint
 If Joint, what kind? Survivorship Common Entirety
 Other with Client Other with Spouse Community Property

Lender: _____ Outstanding Balance: \$ _____
 Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____
 Interest Rate: _____ % Monthly Payment: \$ _____ or Date to Pay Full Balance: _____

Description: _____

Whose debt? Client Spouse Joint
 If Joint, what kind? Survivorship Common Entirety
 Other with Client Other with Spouse Community Property

Lender: _____ Outstanding Balance: \$ _____
 Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____
 Interest Rate: _____ % Monthly Payment: \$ _____ or Date to Pay Full Balance: _____

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