

LifeView® Financial Goal Analysis and Financial Plan

Client Profile

Let's Work Together

We are very pleased you have decided to work with us to create a comprehensive financial strategy. Our relationship begins with a thorough understanding of you — your needs, your lifestyle and family, and your goals for the future. Leveraging our vast resources, including intellectual capital, experience and dedicated service, we can work with you to create a personalized wealth strategy. Over time, we will adapt it to changing circumstances, helping you to achieve your goals and protect what is meaningful to you.

This questionnaire will help us create a personalized strategy for you and can enhance our conversation around your long-term goals.

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Step 1: Getting Started

PERSONAL INFORMATION

Please provide the following information for you and any co-client who will be part of this analysis.

CLIENT 1

Name

Date of Birth

Marital Status: Single Widow Married Filing Separately
 Domestic Partners Married Filing Jointly

Employment Status: Retired Homemaker Employed
 Not Currently Employed Business Owner

Employment Income \$

Other Income

State of Residence

CO-CLIENT

Name

Date of Birth

Marital Status: Single Widow Married Filing Separately
 Domestic Partners Married Filing Jointly

Employment Status: Retired Homemaker Employed
 Not Currently Employed Business Owner

Employment Income \$

Other Income

State of Residence

FAMILY AND OTHER DEPENDENTS

Please list any children, grandchildren, other relatives or loved ones who depend on you financially as well as trusts or organizations that you fund.

NAME	RELATIONSHIP	DATE OF BIRTH

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Step 2: Defining Goals

RETIREMENT

If you are currently retired, please skip this section and proceed to the “Retirement Living Expenses” section.

	CLIENT	CO-CLIENT
Target Retirement Age		
What is your estimated life expectancy?	<input type="checkbox"/> Age <input type="checkbox"/> Help me estimate	<input type="checkbox"/> Age <input type="checkbox"/> Help me estimate
How willing are you to retire later (if necessary) to attain your goals?	<input type="checkbox"/> Very willing <input type="checkbox"/> Somewhat willing <input type="checkbox"/> Slightly willing	<input type="checkbox"/> Very willing <input type="checkbox"/> Somewhat willing <input type="checkbox"/> Slightly willing
What state do you plan on residing in during retirement?		

RETIREMENT LIVING EXPENSES

List your anticipated annual recurring expenses during retirement and rank their importance. Include essential expenses (e.g., monthly mortgage payment) and some of the nonessentials that feel most important to your desired lifestyle (e.g., general entertainment).

	DESCRIPTION	ANNUAL AMOUNT	IMPORTANCE HIGH—LOW (10 → 1)
10 HIGH			
9 NEED	Basic Living Expenses [Sample]	\$55,000	10
8			
7			
6 WANT			
5			
4			
3 WISH			
2			
1 LOW			

HEALTHCARE

Please provide details on healthcare coverage in retirement.

What is your estimated annual healthcare cost? \$ _____ per year
 Help me estimate

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COLLEGE/EDUCATION

Complete this goal section if you plan to pay for all or part of a college or other educational program for a child, grandchild or other individual. **If applicable, enter multiple education goals (e.g., private school, undergraduate, graduate) as separate goals for each person.**

STUDENT 1	AMOUNT
Name	My Estimated Annual Expense:
Start Year	Based on Average Cost Type of college: <input type="checkbox"/> Public <input type="checkbox"/> Private
Number of Years of College	Location: <input type="checkbox"/> In-state <input type="checkbox"/> Out-of-State
Importance: High–Low (10 → 1)	Based on a Specific College (Name)

STUDENT 2	AMOUNT
Name	My Estimated Annual Expense:
Start Year	Based on Average Cost Type of college: <input type="checkbox"/> Public <input type="checkbox"/> Private
Number of Years of College	Location: <input type="checkbox"/> In-state <input type="checkbox"/> Out-of-State
Importance: High–Low (10 → 1)	Based on a Specific College (Name)

OTHER FINANCIAL GOALS

In addition to major goals such as retirement, education and healthcare, you may have other goals that you want to capture. Use this section to list these other needs, wants and wishes.

Include goals that:

- Are one-time, extraordinary expenses
- Reoccur, but not annually
- Are expenses that will end before the analysis/plan does

Do not include goals that:

- Are already accounted for in the “Retirement Living Expenses” section
- Occur prior to retirement and are covered by earned income

DESCRIPTION	TIMING	TARGET AMOUNT	IMPORTANCE HIGH—LOW (10 → 1)
Travel	Beginning at retirement; every 5 years	\$20,000	7

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Step 3: LifeView® Risk Tolerance Questionnaire

THIS QUESTIONNAIRE WILL GUIDE OUR ANALYSIS BY HELPING US TO DEFINE AND UNDERSTAND YOUR TOLERANCE TO RISK.

Questions 1 – 4. Please rank the following Investment Objectives from Most Important (1) to Least Important (4).

_____ Income _____ Aggressive Income _____ Capital Appreciation _____ Speculation

Questions 5. Please choose the risk tolerance below that best describes your attitude towards investing.

Conservative Moderate Aggressive

Questions 6. Please choose the Primary Financial Need for the assets included in this analysis.

Wealth Accumulation Retirement Major Purchase Education Planning
 Current Income Health Care/Long Term Care Estate/Legacy Planning Charitable

Questions 7. In approximately how many years do you expect to begin withdrawing funds for your Primary Financial Need?

Immediately Less than 2 Years 2–5 Years 6–10 Years 11–20 Years More than 20 Years

Questions 8. Once you begin to withdraw funds for your Primary Financial Need, over how long of a period do you anticipate the withdrawals to continue?

Immediately Less than 2 Years 2–5 Years 6–10 Years 11–20 Years More than 20 Years

Step 4: Identifying Resources

RETIREMENT INCOME

Please provide details on the sources of income you expect to receive in retirement.

Social Security Benefits

	CLIENT	CO-CLIENT
Are you eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your annual benefit amount?	\$ _____ Per Year <input type="checkbox"/> Help me estimate	\$ _____ Per Year <input type="checkbox"/> Help me estimate
If currently employed, when will benefits begin?	<input type="checkbox"/> At retirement <input type="checkbox"/> At full eligibility <input type="checkbox"/> At age _____	<input type="checkbox"/> At retirement <input type="checkbox"/> At full eligibility <input type="checkbox"/> At age _____

Pension and/or Annuity Income

DESCRIPTION	OWNERSHIP	ANNUAL AMOUNT	YEAR IT BEGINS	YEAR IT ENDS	% SURVIVOR BENEFIT	WILL THIS BENEFIT INCREASE WITH INFLATION?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

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Other Income (e.g., trust income, part-time work, rental property income)

Do not include interest or dividend income from your future investment.

DESCRIPTION	ANNUAL AMOUNT	YEAR IT BEGINS	YEAR IT ENDS	% SURVIVOR BENEFIT	WILL THIS BENEFIT INCREASE WITH INFLATION?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

INVESTMENT ASSETS

Please list employer sponsored retirement accounts such as a 401(k) and also provide any 403(b), profit sharing, 457, SEP, SARSEP or IRA accounts.

DESCRIPTION	OWNER	ACCOUNT TYPE	VALUE	ANNUAL SAVINGS/ CONTRIBUTIONS	EMPLOYER MATCH
Merrill Lynch Account	Joint	Taxable	\$564,000	\$10,000	N/A
Acme Company 401k Plan	John	401k	\$775,000	Max	100% of 3%

Optional Savings

If your current assets and income sources fall short of your goals, let's explore some ways you could make up the difference.

Could you save more to fund your goals? Yes \$ _____ per year No

Please rank (1–3) potential ways to generate additional savings with 1 being most likely. _____ Work longer
 _____ Save more
 _____ Spend less

Other Assets

Please provide information for other non-investment assets.

PRIMARY RESIDENCE

What is the current value? \$ _____

Do you intend to sell your primary residence to help fund goals? Yes _____ per year
 \$ _____ cash anticipated (after taxes)
 No

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NON-INVESTMENT ASSETS AVAILABLE TO FUND GOALS

For example, do you plan to sell a piece of real estate or any collectibles? Are you expecting to receive an inheritance?

DESCRIPTION	CURRENT VALUE	ORIGINAL PURCHASE PRICE	LIKELIHOOD TO SELL
			<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not
			<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not
			<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not

NON-INVESTMENT ASSETS NOT AVAILABLE TO FUND GOALS

For example, there may be a family home that you would never sell, or cherished jewelry or artwork that you want to keep in the family, no matter its worth.

DESCRIPTION	CURRENT VALUE
	\$
	\$
	\$

Liabilities

Please list any outstanding liabilities you may have (e.g., home mortgages, credit card debt, car loans, student loans, personal loans, etc.).

LOAN TYPE/DESCRIPTION	INSTITUTION HELD	INITIAL AMOUNT	START DATE	BALANCE	INTEREST RATE %	TERM	MONTHLY PAYMENT
Mortgage [Sample]	ABC Bank	\$2M	2005	750k	3%	30 Year	\$4,750

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