

PERSONAL INFORMATION		
First & Last Name:		Today's Date:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	
Date of Birth:	Are You a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse/Partner's (Co-Client) First & Last Name:		
Spouse/Partner's Date of Birth:	Is your Spouse/Partner a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse's/Partner's Phone:	Spouse's/Partner's Email:	

Children and Other Dependents		
<i>Please list names, dates of birth, and relation for children, grandchildren, or any other dependents</i>		
Name	Date of Birth	Relation
<i>Example: Ella</i>	<i>02/23/2001</i>	<i>Daughter</i>

EMPLOYMENT INFORMATION		
Status: <input type="checkbox"/> Business Owner <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed		
Company Name:		
Occupation:	Years with Company:	
Street Address:		
City:	State:	Zip Code:
Work Phone:	Ext:	Work Email:
Spouse/Partner's Status: <input type="checkbox"/> Business Owner <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed		
Company Name:		
Occupation:	Years with Company:	
Street Address:		
City:	State:	Zip Code:
Work Phone:	Ext:	Work Email:

FORM CONTINUES >

ASSETS		
Bank Accounts		
Type of Account	Owner	Balance
Checking		\$
Savings		\$
CDs		\$
Other:		\$
How much of the above amount do you want earmarked for retirement?		\$

Retirement Accounts			
<i>List tax-deferred accounts separately and include accounts labeled: 401(k), 403(b), 457, ESOP, SEP, SIMPLE, Profit Sharing, TSA, Annuities, Traditional IRA and Roth IRA. Please attach copies of most recent statements.</i>			
Name of Account	Held At	Owner	Balance
<i>Example: Lifespan 403(b)</i>	<i>Fidelity</i>	<i>Mary</i>	<i>\$100,000</i>
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Taxable Accounts			
<i>List accounts separately and include brokerage accounts, trusts, TODs, PODs, and non-qualified annuities. Please attach copies of most recent statements.</i>			
Name of Account	Held At	Owner	Balance
<i>Example: Individual Account</i>	<i>Vanguard</i>	<i>John</i>	<i>\$75,000</i>
			\$
			\$
			\$
			\$
			\$
			\$
			\$

FORM CONTINUES >

Real Estate <i>For additional properties, please attach a separate sheet.</i>			
Property	Investment or Personal	Owner	Value
<i>Example: 212 Windham</i>	<i>Personal Residence</i>	<i>Joint</i>	<i>\$600,000</i>
	Personal Residence		\$
	Second Home		\$
	Investment Property (1)		\$
	Investment Property (2)		\$
	Other:		\$
How much pre-tax income do you receive each year from your investment properties?			\$
Which of these properties is available to be sold and the proceeds used for retirement?			
In what year would you like to sell the property?			

Assets Held for Education <i>List separately for each child and/or grandchild and include 529 plans, Coverdell IRAs, Custodial Accounts, Education Savings Bonds, Mutual Fund Accounts, etc.</i>				
Name of Account	Type	Owner	Beneficiary	Balance
<i>Example: CollegeBoundFund</i>	<i>529</i>	<i>Mary</i>	<i>Ella</i>	<i>\$15,000</i>
				\$
				\$
				\$
				\$
				\$

FUNDING NEEDS FOR CHILDREN AND OTHER DEPENDENTS			
Name	Date of Birth	College Start Year	Years to Fund
<i>Example: Ella</i>	<i>02/23/2001</i>	<i>September 2013</i>	<i>4 years</i>
What is the annual cost of college you are willing to fund for each child? <i>Keep in mind that your children or grandchildren may get financial aid or choose to take out student loans to help pay for expenses. Therefore, list only the amount you are willing to pay in current dollars. For instance, if you expect a year of college (graduate school) to cost \$15,000 and you plan to pay two-thirds of that amount, then you would give "\$10,000" as your estimated cost</i>			\$

FORM CONTINUES >

LIABILITIES				
Mortgages				
Primary Residence				
Start Date:		Original Amount: \$		Balance Remaining: \$
Term:	Interest Rate: %	Property Taxes: \$	Insurance: \$	
Monthly Payment (Principal & Interest): \$				
Second Home				
Start Date:		Original Amount: \$		Balance Remaining: \$
Term:	Interest Rate: %	Property Taxes: \$	Insurance: \$	
Monthly Payment (Principal & Interest): \$				
Investment Property (1)				
Start Date:		Original Amount: \$		Balance Remaining: \$
Term:	Interest Rate: %	Property Taxes: \$	Insurance: \$	
Monthly Payment (Principal & Interest): \$				
Investment Property (2)				
Start Date:		Original Amount: \$		Balance Remaining: \$
Term:	Interest Rate: %	Property Taxes: \$	Insurance: \$	
Monthly Payment (Principal & Interest): \$				
Other:				
Start Date:		Original Amount: \$		Balance Remaining: \$
Term:	Interest Rate: %	Property Taxes: \$	Insurance: \$	
Monthly Payment (Principal & Interest): \$				

Other Debt				
Debt	Balance	Interest Rate	Term	Monthly Payment
Vehicle	\$	%		
Vehicle	\$	%		
Credit Cards	\$	%		
Student Loans	\$	%		
Other:	\$	%		
Other:	\$	%		
Other:	\$	%		

FORM CONTINUES >

INCOME AND RETIREMENT ANALYSIS		
Your Annual Income		\$
At what age do you expect to retire?		
How much do you contribute to your retirement plan(s) each year?		\$
Is there an Employer match?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount (\$ or %) matched by Employer	\$	%
Spouse/Partner's Annual Income		\$
At what age does your spouse/partner expect to retire?		
How much does your spouse/partner contribute to their retirement plans each year?		\$
Is there an Employer match?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount (\$ or %) matched by Employer	\$	%
Additional Annual Savings		\$
How much will you need to spend each month in retirement? <i>(include taxes and think in terms of today's dollars)</i> <i>(if you leave this blank, we will assume you will need 85% of your current income)</i>		\$

Pensions			
Client Name	Monthly Amount at Start	Age at Start	Inflation COLA
<i>Example: Mary</i>	<i>\$1,200</i>	<i>65</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
What payout option does this pension represent? <i>(We will assume joint and 50% survivor unless otherwise indicated.)</i>			
<input type="checkbox"/> Single Life	Name Applicable Pension(s):		
<input type="checkbox"/> Joint and 50% Survivor	Name Applicable Pension(s):		
<input type="checkbox"/> Joint and 100% Survivor	Name Applicable Pension(s):		

Social Security				
Client Name	Current Payment (if applicable)	Payment Amount (age 62)	Payment Amount (FRA)	Payment Amount (Age 70)
<i>Example: John</i>	\$	\$1,474	\$2,057	\$2,822
	\$	\$	\$	\$
	\$	\$	\$	\$

FORM CONTINUES >

INSURANCE ANALYSIS					
For how many years will you need life insurance? <i>If you leave blank, we will assume until the first year of retirement</i>					
Life Insurance: Term Policies <i>Please attach your latest statement.</i>					
Face Value	Insured	Group or Individual	Term Remaining	Annual Premium	
<i>Example: \$500,000</i>	<i>John</i>	<i>Individual</i>	<i>10 years</i>	<i>\$700</i>	
\$				\$	
\$				\$	
\$				\$	
\$				\$	
Life Insurance: Permanent Policies <i>Please attach your latest statement.</i>					
Face Value	Type	Year Purchased	Insured	Cash value	Annual Premium
<i>Example: \$100,000</i>	<i>Whole Life</i>	<i>1998</i>	<i>Mary</i>	<i>\$10,000</i>	<i>\$1,000</i>
\$				\$	\$
\$				\$	\$
\$				\$	\$
\$				\$	\$
Long Term Disability Insurance <i>Please attach your latest statement.</i>					
Name	Monthly Benefit	Group or Individual	Annual Premium		
<i>Example: John</i>	<i>\$3,000</i>	<i>Individual</i>	<i>\$2,100</i>		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
Long Term Care Insurance <i>Please attach policies if available.</i>					
Name	Daily Benefit	Inflation Rider	Term	Annual Premium	
<i>Example: Mary</i>	<i>\$150</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>3 years</i>	<i>\$1,500</i>	
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	

FORM CONTINUES >

ESTATE PLANNING		
Do you have updated wills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Updated:
Do you have powers of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Updated:
Have you executed health care proxies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Updated:
Have you established any trusts?		
If yes, names of trusts you have established:		
1.)	2.)	
3.)	4.)	

What else should we know?

Please bring your completed Financial Planning Questionnaire along with any appropriate supporting documents to your meeting with The Stevens Group.