



**CENTURY MANAGEMENT**  
Founded in 1974

# **Confidential Financial Planning Data Forms**

***CENTURY MANAGEMENT***

Investment Counselors

1301 Capital of TX Hwy, Suite B-228

Austin, TX 78746

Toll Free No: (800) 664-4888

Local No: (512) 329-0050

Fax No: (512) 329-5424

Scott Van Den Berg, CFP

[svandenberg@cm-ic.com](mailto:svandenberg@cm-ic.com)

Craig L. Miller, CFP

[cmiller@cm-ic.com](mailto:cmiller@cm-ic.com)

## Contents:

### Questionnaire pages:

- Goals & Concerns
- Estate Planning Objectives
- Personal Information
- Dependent Children
- Asset and Retirement Account Worksheet Instructions
- Personal Asset Worksheet
- Asset Worksheet
- Retirement Account Worksheet
- Residence
- Liability Information
- Personal Expenses
- Personal Expense/Social Security
- Income Information
- Pension Income
- Tax Data
- Life Insurance Information
- Other Income and Expenses
- Rates & Options - Planner Use Only
- Investment Property Analysis
- Notes

.....

**Some of the following pages may not apply to your particular situation. Please complete only those sections that are applicable. If it is easier to attach copies of statements versus completing a particular section, feel free to do so. Please call or email us with any questions that you may have. The goal of Century Management is to make the completion of this questionnaire as easy as possible.**

*When applicable, mail check to:*

Century Management  
Attn. Craig Miller  
1301 Capital of TX Hwy, Suite B-228  
Austin, TX 78746

For proper billing please note **“Financial Planning Fee”** on check.

## Goals & Concerns:

### Importance:

Least . . . . .Most

- |     |  |                              |                             |   |   |   |   |   |
|-----|--|------------------------------|-----------------------------|---|---|---|---|---|
| 1.  | Preserving the privacy of my estate and my family from public record.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 2.  | Planning for the care of elderly parents.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 3.  | Reducing estate and death taxes to a minimum.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 4.  | Avoiding probate.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 5.  | Planning for mental disability and the avoidance of guardianship (living probate).   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 6.  | Providing instructions for home health care in the event of mental disability (verses placement in a nursing home).          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 7.  | Protecting children and other heirs from the potential of losing their inheritance through divorce, bankruptcy, or lawsuits. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 8.  | Disinheriting one or more child.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 9.  | Planning for my grandchildren.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 10. | Planning for the transfer and survival of a family business.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 11. | Avoiding contests and disputes over my estate.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 12. | Planning for a child with disabilities or special needs.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 13. | Planning for children of a previous marriage (to include them in my current plan).   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 14. | Providing instructions for the care of special pets.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 15. | Establishing a charitable organization or creating charitable giving procedures after my death.                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 16. | Planning for life insurance death benefits.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 17. | Designating agents to make health care decisions.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 18. | Establishing a plan that will be valid in the event I move to another state.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |
| 19. | Naming guardians to care for minor children.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 | 2 | 3 | 4 | 5 |

## Estate Planning Objectives:

*Many of us have different concerns and priorities in approaching the question of estate planning. The following is our attempt to elicit your particular disposition toward several of the key "planning" issues.*

### **FACTUAL QUESTIONS-- Please check all that apply.**

- 1 Do you have an existing Will, trust, or powers of attorney?
- 2 Have you ever filed federal or state gift tax returns?
- 3 Have you made gifts in excess of \$10,000 to one beneficiary in any year?
- 4 Will you be responsible for the financial support of a parent?
- 5 Do you own real property outside of Texas?
- 6 Are you employed in a liability-generating occupation (medical, construction, etc.)?
- 7 Are you a custodian under a Uniform Transfer to Minors Act Account?

### **QUESTIONS TO THINK ABOUT**

- \* Who are the people you trust to manage your affairs (and/or care for your children) after death or disability?
- \* Do you have any special instructions for the disposition of your property (i.e., specific bequests)?
- \* If you own an interest in a family business, has a buy-sell agreement for business continuation been executed?

### **PLEASE REVIEW THIS SECTION & LIST YOUR TOP THREE OBJECTIVES**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

## Personal Information

Today's date: \_\_\_\_\_

Scenario title (Example: Financial Plan) \_\_\_\_\_

Cover name \_\_\_\_\_

Home address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone 2 number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_

Married? (yes/no) \_\_\_\_\_

### Individual 1

### Individual 2

First name, Middle initial \_\_\_\_\_

Last name \_\_\_\_\_

Birth date \_\_\_\_\_

Life expectancy age \_\_\_\_\_

Social Security number \_\_\_\_\_

Retirement age \_\_\_\_\_

Gender (male/female) \_\_\_\_\_

### **Employment:**

#### Individual 1

#### Individual 2

Employer \_\_\_\_\_

Duties/Title \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Dependent Children

<u>First, middle &amp; initial last name</u>	<u>Social Security Number</u>	<u>Birth date</u>	<u>1st yr College</u>	<u>School Type</u>	<u># of years</u>	<u>Annual Collg. cost</u>	<u>Funds avail. now</u>	<u>Monthly Savings</u>
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

### **For All Children:**

Percent of college costs parents plan to pay \_\_\_\_\_ %  
 After tax rate of return anticipated on education funds \_\_\_\_\_ %  
 Estimated annual increase rate in education costs \_\_\_\_\_ %  
 Should education and other expenses be deducted from capital account? \_\_\_\_\_ (yes/no)

### **Instructions:**

**1st Year College** - enter the calendar year the child will begin college.

**School Type** - enter the type of school from one of the following options: 1.) Public 2.) Private.

**# of Years** - enter the number of years the child will be attending college.

**Annual College Cost** - enter the present amount of annual college costs.

**Funds Available Now** - enter the present value of the funds available now for college costs.

**Monthly Savings** - enter the present monthly savings amount to be enter into the college fund.





## Asset and Retirement Account Worksheet Instructions

**Description** - enter the description of the investment account.

**Group** - enter the investment group from one of the following choices:

- |  |                              |                                |
|--|------------------------------|--------------------------------|
| 1.) Annuity                            | 11.) MF Bond                 | 21.) Ptrshp - Cable TV         |
| 2.) Bonds - Corporate                  | 12.) MF International        | 22.) Ptrshp - Energy           |
| 3.) Bonds - Government T-Bills         | 13.) MF Real Estate          | 23.) Ptrshp - Equipment Lease  |
| 4.) Bonds - International              | 14.) MF Stock                | 24.) Ptrshp - Other            |
| 5.) Bonds - Municipal                  | 15.) Money Markets           | 25.) Ptrshp - R&D              |
| 6.) Certificate of Deposit             | 16.) Notes & Mortgages       | 26.) Ptrshp - Real Estate      |
| 7.) Checking Account                   | 17.) Other Personal Assets   | 27.) Real Estate/REIT          |
| 8.) Collectibles (gold, silver, coins) | 18.) Other Tax-Deferred/Free | 28.) Savings Account           |
| 9.) Ins. CV/SPWL/UnivLife              | 19.) Other/Business          | 29.) Stocks - Other Securities |
| 10.) MF Balanced                       | 20.) Personal Property       | 30.) Stocks - International    |

**Class** - enter the investment class from one of the following choices:

- 1.) N/A 2.) Reserves 3.) Income 4.) Growth 5.) Growth & Income 6.) Aggressive Growth 7.) Miscellaneous

### Asset Worksheet:

**Type** - enter the type of non-qualified plan from one of the following choices:

- 1.) N/A 2.) Equity 3.) Taxable 4.) Tax Free 5.) Tax Deferred 6.) Other

### Retirement Account Worksheet:

**Type** - enter the type of qualified plan from one of the following choices:

- 1.) None 2.) Profit Sharing 3.) IRA Accounts 4.) 401K Plans 5.) SEP 6.) Keogh 7.) Other 8.) TSA/403b

**Value** - enter the dollar amount of the investment.

**Cost Basis** - (**Asset Worksheet Only**) - is the amount the individual paid for the investment.

**Interest/Dividend Rate** - enter the average annual interest/dividend rate of the investment.

**Appreciation Rate** (**Asset Worksheet Only**) - enter the average annual appreciation rate of the investment.

**Monthly Adds by Ind1/Ind2 (Client Adds.)** - enter the monthly additions to the asset account paid from personal funds.

**Monthly Adds by Company (Company Adds.)** - (**Retirement Account Worksheet Only**) - enter the monthly company additions to the qualified account.

**Increase Rate for Monthly Additions (Rate Adds)** - enter an increase rate for the monthly additions to the asset.

**Owner (Own)** - enter account owner of the investment from one of the following choices:

- 1.) Child 2.) Individual 1 3.) Individual 2 4.) Joint 5.) Community Property 6.) In Trust 7.) Other

**# of Shares** - enter the number of shares of the investment.

**\$ per Share** - enter the price per share of the investment.



## Liability Information

<u>Description</u>	<u>Owed Type</u>	<u>Owned To</u>	<u>Date By Opened</u>	<u>Original Amount</u>	<u>Account Balance</u>	<u>Monthly Payment</u>	<u>Interest</u>	<u>Payoff?</u>
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	
				\$	\$	\$	%	

### Instructions:

**Description** - describe the liability. For example, Home Equity Loan, Betty's Car Loan, School Loan, etc.

**Type** - enter the liability type from the following choices:

- |                                 |                    |                            |
|---------------------------------|--------------------|----------------------------|
| 1.) Residence Mortgage (Home 1) | 4.) Auto Loans     | 7.) Other Liabilities      |
| 2.) Residence Mortgage (Home 2) | 5.) Credit Cards   | 8.) Investment Real Estate |
| 3.) Investment Loans            | 6.) Personal Loans | 9.) RV and Boat Loans      |

**Owed To** - name of the person or company the liability is owed to.

**Owned By** - enter person who owes the liability from one of the following choices:

- |           |                        |                       |
|-----------|------------------------|-----------------------|
| 1.) Child | 2.) Individual 1       | 3.) Individual 2      |
| 4.) Joint | 5.) Community Property | 6.) Irrevocable Trust |
| 7.) Other |                        |                       |

**Date Opened** - enter the date when the loan was opened.

**Original Amount** - enter the original amount of the liability.

**Account Balance** - enter today's account balance.

**Monthly Payment (principal and interest only)** - enter the monthly payment of the liability.

**Interest** - enter the interest rate on the liability.

**Payoff?** - enter when you want the liability to be paid off at death from one of the following choices:

- |        |                 |                               |                               |
|--------|-----------------|-------------------------------|-------------------------------|
| 1.) No | 2.) Both deaths | 3.) Individual 1's death only | 4.) Individual 2's death only |
|--------|-----------------|-------------------------------|-------------------------------|

**Personal Expenses****Percentage of Expenses Used In:**

<b>Item</b>	<b>Monthly*</b>	<b>Annual</b>	<b>Retirement</b>	<b>Disability</b>	<b>Survivor</b>
Rent/lease payment (not mortgage)	\$ _____	\$ _____	_____ %	_____ %	_____ %
Food and household incidentals	\$ _____	\$ _____	_____ %	_____ %	_____ %
Groceries	\$ _____	\$ _____	_____ %	_____ %	_____ %
Household Supplies	\$ _____	\$ _____	_____ %	_____ %	_____ %
Eating Out	\$ _____	\$ _____	_____ %	_____ %	_____ %
Utilities, Telephone	\$ _____	\$ _____	_____ %	_____ %	_____ %
Gas / Electric	\$ _____	\$ _____	_____ %	_____ %	_____ %
Water / Trash	\$ _____	\$ _____	_____ %	_____ %	_____ %
Phone	\$ _____	\$ _____	_____ %	_____ %	_____ %
Auto operating and maintenance	\$ _____	\$ _____	_____ %	_____ %	_____ %
Gas / Oil	\$ _____	\$ _____	_____ %	_____ %	_____ %
Repair	\$ _____	\$ _____	_____ %	_____ %	_____ %
Parking Tolls	\$ _____	\$ _____	_____ %	_____ %	_____ %
Child Expenses	\$ _____	\$ _____	_____ %	_____ %	_____ %
School Expenses	\$ _____	\$ _____	_____ %	_____ %	_____ %
Lunch Money	\$ _____	\$ _____	_____ %	_____ %	_____ %
Special Events	\$ _____	\$ _____	_____ %	_____ %	_____ %
Baby Sit / Day Care	\$ _____	\$ _____	_____ %	_____ %	_____ %
Gifts / Birthday	\$ _____	\$ _____	_____ %	_____ %	_____ %
Holidays	\$ _____	\$ _____	_____ %	_____ %	_____ %
Domestic Help	\$ _____	\$ _____	_____ %	_____ %	_____ %
Clothing	\$ _____	\$ _____	_____ %	_____ %	_____ %
Laundry / Cleaning	\$ _____	\$ _____	_____ %	_____ %	_____ %
Property improvements and upkeep	\$ _____	\$ _____	_____ %	_____ %	_____ %
Home furnishings	\$ _____	\$ _____	_____ %	_____ %	_____ %
Childs Support	\$ _____	\$ _____	_____ %	_____ %	_____ %
Alimony	\$ _____	\$ _____	_____ %	_____ %	_____ %
Entertainment	\$ _____	\$ _____	_____ %	_____ %	_____ %
Vacations	\$ _____	\$ _____	_____ %	_____ %	_____ %
Hobbies	\$ _____	\$ _____	_____ %	_____ %	_____ %
Memberships / Dues	\$ _____	\$ _____	_____ %	_____ %	_____ %
Pet Expenses	\$ _____	\$ _____	_____ %	_____ %	_____ %
Books / Subscriptions	\$ _____	\$ _____	_____ %	_____ %	_____ %
Cable TV	\$ _____	\$ _____	_____ %	_____ %	_____ %
Supplies	\$ _____	\$ _____	_____ %	_____ %	_____ %
Miscellaneous	\$ _____	\$ _____	_____ %	_____ %	_____ %
_____	\$ _____	\$ _____	_____ %	_____ %	_____ %

\***Monthly/Annual** - you may enter either monthly amounts, annual amounts, or both. For example, if your auto operating expenses average \$150 per month, but you expect to spend another \$500 per year in repairs, you would enter the \$150 in the "Monthly" column and the \$500 in the "Annual" column.

**Percentage of Expenses Used In: Retirement, Disability, and Survivor Percentages** - if the monthly expense amounts will be different in these three categories, then enter the percentage difference amount here. For example, if all expense amounts will decrease by 20% then enter 80% in the appropriate column(s).

## Retirement and Monte Carlo

### Income Needed per Month in Retirement:

	<u>Start at Ind. 1 age</u>	<u>Amount</u>	<u>Inflation rate</u>
Prior to Retirement	_____	\$ _____	_____ %
First Period (at retirement age)	_____	\$ _____	_____ %
Second Period	_____	\$ _____	_____ %
Third Period	_____	\$ _____	_____ %

**Note:** Enter the individuals monthly personal expense amounts in the various periods above. If you filled out the previous page for personal expenses, then you do not need to fill out the information above.

### Retirement Accounts (Defined Contributions):

	<u>Individual 1</u>	<u>Individual 2</u>
Profit Sharing	\$ _____	\$ _____
IRA Accounts	\$ _____	\$ _____
401K Plans	\$ _____	\$ _____
Other (TSA, Keogh, SEP, etc.)	\$ _____	\$ _____

**Note:** You can either enter the retirement accounts on the Retirement Account Worksheet page, or enter the total amount of all the Individual 1 and individual 2's retirement accounts above.

### Monthly Retirement Account Additions:

	<u>Individual 1</u>	<u>Individual 2</u>	<u>Deduct this Year</u>
Ind. 1/Ind. 2 IRA, monthly additions	\$ _____	\$ _____	\$ _____
Ind. 1/Ind. 2 401K, TSA, etc. additions	\$ _____	\$ _____	\$ _____
Company contributions per month	\$ _____	\$ _____	
Alt. age to stop retirement acct. deposits	_____	_____	
Increase rate for retirement account	_____ %	_____ %	

**Note:** You can either enter the retirement accounts monthly additions on the Retirement Account Worksheet page, or enter the monthly addition amounts for individual 1 and individual 2's retirement accounts above.

#### For the Planners Use Only: Monte Carlo

Standard Deviation for Asset Rate of Return \_\_\_\_\_  
 Standard Deviation for Inflation Rate \_\_\_\_\_

## Pension and Social Security

### Retirement Income Sources; Pension Plans (monthly):

	<u>Individual 1</u>		<u>Individual 2</u>	
Defined benefit plans (in today's dollars)	\$ _____	\$ _____	\$ _____	\$ _____
Age when the income will start	_____	_____	_____	_____
Increase rate before retirement	_____ %	_____ %	_____ %	_____ %
Increase rate after retirement	_____ %	_____ %	_____ %	_____ %
Age when the income will stop	_____	_____	_____	_____
Percent avail. to survivor during retirement	_____ %	_____ %	_____ %	_____ %
Amt.payable to surv. if death occurs now	\$ _____	\$ _____	\$ _____	\$ _____

Is either individual a qualified plan participant?: \_\_\_\_\_ (yes/no)

### Retirement Social Security Benefits:

	<u>Individual 1</u>	<u>Individual 2</u>
Age to start retirement SS benefits (62-70)	_____	_____
Percent of computed SS benefit to show on report	_____ %	_____ %
Actual amount of expected SS benefits (today's \$)	\$ _____	\$ _____
Social Security benefit increase rate (SS COLA)	_____ %	

### Survivor Social Security Benefits: (Monthly)

	<u>Individual 1</u>	<u>Individual 2</u>
Actual/Estimated benefit with 2 or more children at home	\$ _____	\$ _____
Actual/Estimated Benefit with 1 child at home	\$ _____	\$ _____
Actual/Estimated Survivor retirement benefit	\$ _____	\$ _____
Age to start survivor SS benefits (60+)	_____	_____
Wages exempt from FICA tax? (yes/no)	_____	_____
Not qualified to receive SS benefits (yes/no)	_____	_____

## Income and Tax Information

### Annual Amounts

	<u>Tax Report</u>	<u>Cash Flow Report</u>	<u>Disability Report</u>
Individual 1 Salary and Wages	\$ _____	\$ _____	\$ _____
Incr. rate for Ind.1 Salary and Wages	_____ %		
Individual 2 Salary and Wages	\$ _____	\$ _____	\$ _____
Incr. rate for Ind. 2 Salary and Wages	_____ %		
Interest and Dividends	\$ _____	\$ _____	\$ _____
Incr. rate for Interest and Dividends	_____ %		
Individual 1 Self-Employment	\$ _____	\$ _____	\$ _____
Incr. rate for Ind. 1 Self-Employment	_____ %		
Individual 2 Self-Employment	\$ _____	\$ _____	\$ _____
Incr. rate for Ind. 2 Self-Employment	_____ %		
Schedule D Capital Gain (loss)	\$ _____	\$ _____	\$ _____
Schedule E Passive Gain (loss)	\$ _____	\$ _____	\$ _____
Other Taxable Income (or active loss)	\$ _____	\$ _____	\$ _____
Increase rate for Other Taxable Income	_____ %		
Pension Income	\$ _____	\$ _____	\$ _____
Other Non-Taxable Income	\$ _____	\$ _____	\$ _____
Incr. rate for Other Non-Taxable Income	_____ %		
Social Security Income - Individual 1	\$ _____	\$ _____	\$ _____
Social Security Income - Individual 2	\$ _____	\$ _____	\$ _____
Incr or (decr) Federal Taxable Income	\$ _____		
Other Federal Tax or (credit)	\$ _____	-penalties, HUD credits, etc.	
Incr or (decr) State Taxable Income	\$ _____		
Other State Tax or (credit)	\$ _____	-penalties, credits, etc.	
State Itemized Deductions Amount	\$ _____		

#### **Instructions:**

**Tax Report** - enter taxable amounts for each category. Amounts in this column will show up on the Income Tax report. This may be the same or different than the amounts used in the Cash Flow, Disability, or Retirement reports.

**Cash Flow Report** - amounts entered here will be shown as available to spend in the Cash Flow report. For example, if interest and/or dividends are being reinvested, do NOT show these amounts as available in the Cash Flow Report column.

**Disability Report** - represents income available in the event of disability. Individual 1's salary will be available if Individual 2 is disabled. Individual 2's salary would be available if Individual 2 is disabled.

## Filing Status and Itemized Deductions

Number of regular exemptions: \_\_\_\_\_

Number of individuals over 65 or blind: \_\_\_\_\_

Tax Filing Status: (Check one) Single: \_\_\_\_\_ Joint: \_\_\_\_\_ Head of Household: \_\_\_\_\_

<b><u>Itemized Deductions:</u></b>	<b><u>% Gross Income</u></b>	<b><u>and/or</u></b>	<b><u>\$ Amount</u></b>	<b><u>Annual Increase</u></b>
Charitable Contributions	_____ %	and/or	\$ _____	_____ %
Misc. Itemized Deductions	_____ %	and/or	\$ _____	_____ %
Other Tax (Not Prop. or State)	_____ %	and/or	\$ _____	_____ %
Prop. tax-% of residence mrkt value	_____ %	and/or	\$ _____	_____ %
Medical Expenses:	_____ %	and/or	\$ _____	_____ %
Doctor	_____ %	and/or	\$ _____	_____ %
Dentist/Orthodontist	_____ %	and/or	\$ _____	_____ %
Eye Exam / Glasses	_____ %	and/or	\$ _____	_____ %
Medicine / Drugs	_____ %	and/or	\$ _____	_____ %

### **Instructions:**

**Itemized Deductions** - enter either a percentage of gross income or dollar amount for all the itemized deductions for the current year. Enter an annual increase percentage rate if the deduction amount will increase each year. An example of an "Other Tax (Not Property or State)" could be an "Annual Auto License tax" for some states.

**% Gross Income Column** - enter in the deduction as a percentage of your gross income. For example, if your medical expenses are \$1200 annually and your gross income is \$40,000, you would enter in this column 3%.

## Insurance Information

### Term Life Insurance Policies:

<u>Company Name</u>	<u>Description</u>	<u>Insured</u>	<u>Annual Premium Amt.</u>	<u>Policy Face Amount</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

### Permanent Life Insurance Policies:

<u>Company Name/Description</u>	<u>Insured</u>	<u>Annual Premium</u>	<u>Policy Face Amt.</u>	<u>Cash value now</u>	<u>Cash value @65</u>	<u>Present loan amt.</u>
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

#### Instructions:

**Company Name** - enter the name of the company carrying the insurance. For example, "Lincoln National".

**Description** - enter a description of this type of policy. For example, "Protection Plus"

**Insured** - this field represents the person insured by the policy. Two choices: Individual 1 or Individual 2.

**Annual Premium Amount** - enter the annual premium amount for the policy. If any of the policies have outstanding loans, enter only the NET amount of the death benefit and cash values where required. For example, if an individual has a \$200,000 policy with a \$30,000 cash value and a \$12,000 loan, you would enter the face amount as \$188,000 and the cash value as \$18,000.

**Policy Face Amount** - current amount of insurance that will be paid upon the death of the insured.

**Cash Value Now** - enter the full amount of cash value here. You can generally get the amount from the policy table of values. If the value is not shown at the current age or you do not have the actual policy, then you may need to estimate the value now. Do not deduct any loans against the policy.

**Cash Value @ 65** - used in the retirement projections to determine cash available. If an individual retires substantially earlier than age 65, enter the amount of cash value at the individual's retirement age (or an estimate of the cash value.)

**Present Loan Amount** - enter the dollar amount borrowed against this policy.

## Disability, Long Term Care, and Insurance Premiums

### Disability / Long Term Care Insurance:

	<u>Individual 1</u>	<u>Individual 2</u>
Disability insurance monthly benefit - short term	\$ _____	\$ _____
Disability insurance monthly benefit - long term	\$ _____	\$ _____
Company disability benefits per month- short term	\$ _____	\$ _____
Company disability benefits per month - long term	\$ _____	\$ _____
% of Company benefits that are taxable (0-100%)	_____ %	_____ %
Do you have Long Term care Insurance (yes/no)	_____	_____

**Note** - Enter the monthly benefit amount from your personal disability policy.

### Insurance Premiums (Annual):

	<u>Individual</u>	<u>Individual 2</u>
Auto insurance premiums	\$ _____	\$ _____
Disability insurance premiums	\$ _____	\$ _____
Homeowners, property & casualty, other premiums	\$ _____	
Medical insurance premiums	\$ _____	\$ _____
Long term care insurance premiums	\$ _____	\$ _____

### Proposed Long Term Care LTC):

Premium/year:	\$ _____
Benefits/day:	\$ _____
Pay to Age:	\$ _____
Cost /Month:	\$ _____
#Months of care:	\$ _____

## Survivor Information

### Survivor Needs / Available Per Month (Today's \$):

	Monthly after tax earnings		Amount needed per month	
	<u>Individual 1</u>	<u>Individual 2</u>	<u>Individual 1</u>	<u>Individual 2</u>
With children at home	\$ _____	\$ _____	\$ _____	\$ _____
After children are grown	\$ _____	\$ _____	\$ _____	\$ _____
During retirement years			\$ _____	\$ _____

**Note:** Enter the monthly amount of income needed during these periods of life. Leave blank if you entered percentage for Survivor on Personal Expense page.

### Other Survivor Income Available (From Trusts, etc.):

	<u>Individual 1</u>	<u>Individual 2</u>
Monthly amount expected	\$ _____	\$ _____
Percent annual increase before income starts	_____ %	_____ %
Age when income will start	_____	_____
Percent annual increases while income received (COLA)	_____ %	_____ %
Age when income will stop	_____	_____

### Immediate Survivor Cash Needs:

	<u>Individual 1</u>	<u>Individual 2</u>
Final expenses (burial, medical, etc.)	\$ _____	\$ _____
Emergency funds, reserves	\$ _____	\$ _____
Other survivor cash needed (charitable gift, etc.)	\$ _____	\$ _____
Show the survivor cash need on estate report: _____ (yes/no)		

**Note:** Enter an amount of money desired for each of the above questions.

### Capital Consumption / Retention Option (Survivor and Retirement):

	<u>Individual 1</u>	<u>Individual 2</u>
Amount of capital to be retained at life expectancy	\$ _____	\$ _____

## Objective and Resource Information

**Risk Tolerance Level:** \_\_\_\_\_

Choose one of the following risk levels:

1. Conservative
2. Somewhat Conservative
3. Moderate
4. Somewhat Aggressive
5. Aggressive

**Note:** If your not sure of your risk tolerance level, fill out the Risk Test.

### Financial Objectives:

	<u>&lt;&lt;Low</u>		<u>High&gt;&gt;</u>	
Reducing income taxes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protection from inflation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximum investment growth potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current spendable income from assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquidity (convert assets to cash)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Note:** Place a mark in the circle closely representing the financial objective for each of the above sentences.

### FOR PLANNER USE ONLY

#### Suggested Asset Allocation

##### Accounts:

Reserve	_____ %
Income	_____ %
Growth and Income	_____ %
Growth	_____ %
Aggressive Growth	_____ %
Miscellaneous	_____ %

## Other Income and Expenses

<b>Other Financial Goals (Description):</b>	<b><u>Year Needed</u></b>	<b><u>Amt.Needed</u></b>	<b><u>Inflation Rate</u></b>
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %

Anticipated rate of return on funds accumulated for goals: \_\_\_\_\_ %

Include Financial Goals in Retirement Capital Projection: \_\_\_\_\_ (yes/no)

### Single Year Income and Expenses Items:

### Amount for Survivor

<b><u>Description</u></b>	<b><u>Age</u></b>	<b><u>Ret.Amt*</u></b>	<b><u>% Incr.</u></b>	<b><u>Individual 1</u></b>	<b><u>Individual 2</u></b>
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	\$ _____	\$ _____

**Note:** For example; inheritance, vacations, etc.

#### **Instructions:**

**Description** - enter a description of the income or expense.

**Age** - enter the Individual 1's age when the income or expense will occur.

**\*Retirement amount/year** - enter the after tax amount of the income or expense. Enter a positive amount for an income and a negative amount for an expense. An amount in this column will be added or deducted from the retirement capital.

**% Increase** - enter the percentage rate in which the income or expense will be increasing.

**Amount for Survivor (Individual 1 and Individual 2)** - enter the after tax amount of the income or expense for the survivor. This income or expense amount will be displayed on the Survivor report page.

## Other Income and Expenses - Multiple Year

### Multiple Year Income and Expenses (After Tax Amounts):

<u>Description</u>	<u>Age</u>		<u>Retirement</u>		<u>Amount for Survivor</u>	
	<u>Start</u>	<u>Stop</u>	<u>\$Amt/year</u>	<u>%Incr</u>	<u>Ind. 1</u>	<u>Ind. 2</u>
_____	_____	_____	\$ _____	% _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	% _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	% _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	% _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	% _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	% _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	% _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	% _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	% _____	\$ _____	\$ _____

**Note:** For example; inheritance, vacations, etc.

#### **Instructions:**

**Description** - enter a description of the income or expense.

**Start/Stop age** - enter the age in which the income or expense will occur and will stop..

**Retirement amount/year** - enter the after tax amount of the income or expense. Enter a positive amount for an income and a negative amount for an expense. An amount in this column will be added or deducted from the retirement capital.

**% Increase** - enter the percentage rate in which the income or expense will be increasing.

**Amount for Survivor (Individual 1 and Individual 2)** - enter the after tax amount of the income or expense for the survivor. This income or expense amount will be displayed on the Survivor report page.

**Notes:**