

Name		_,
	Nate	

## PERSONAL FINANCIAL DATA FORM

## Your Personal Analysis will help determine:

- Whether or not your assets are properly positioned.
- If your present method of savings and investment makes maximum use of your pre-tax and after-tax income.
- How much capital you will need to produce a comfortable retirement income.
- The kinds of savings and investments you will need to reach your goals.
- How much you should set aside each month for savings and investments.
- The potential effects of inflation on your savings and investments.
- The kind of tax-advantaged investments best suited to your needs.
- The monthly income your family will need in the event of your premature death.
- The amount and type of life and disability insurance you need.

## Personal Financial Data Form Introduction

Congratulations on taking the first step toward reaching your goals! It has been said, "a journey of a thousand miles begins with a single step." Completing this data form is your first step toward achieving your goals.

Before you begin you need to have a clear idea of where you are. This data form is designed to simplify, as much as possible, the gathering of your financial information. The analysis that comes from this data may provide the basis for making recommendations for specific investments and other financial tools that you may consider to help meet your family's needs and achieve your goals. This analysis can only be as accurate as the information you provide.

When entering amounts, use only whole dollar numbers. If you want additional information about a particular section please call the office, or write "Please Call" in the margin or "Notes" section and you will be contacted prior to your appointment. If you prefer, you may supply copies of statements in lieu of completing the corresponding sections. If there is not enough space in a section, please make a copy of the page and clearly indicate the attachment.

Information considered critical for completing the analysis is highlighted in gray.

Client A	First Name	M.I.	E-20-2-3-7	Vame	Birth Date			.20	Smoker N
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0.0	ne Address: Street								
	City _					Sta	ate	Zip	
н	ome Phone: (	)			Home F	ax: (	_)		
Busin	ness Phone: Client A (	_)			Clier	nt B (	)		
Ві	Isiness Fax: Client A (					nt B (	)		
E-M	ail Address:	- (							
	Client A				Clie	nt B			
	DEPENI	DENTS							
	Name	Birth Date	Sex	Dependent of	Coll	ege Choice	•	Start Years in Age School	
Children:				□A□B					
_				□A□B					
		_/_/_		□A□B					
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Others:				□A□B					-
		_/_/_					en graph of the state Manager		in the second
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(Dec. 1991)	Occ	OCCUP upation	ATTON		Employer		Date Started		
Client A	000				50 (100)			☐ Retired ☐	Self-Emplo
Client B									

<b>ə</b>		Client A	Client B	Source	ient A Client B
List annual	Source Solar & Works			Social Security Benefits	
income or	Salary & Wages			IRA/Keogh Withdrawals	
attach W2's and	Net Self-Employment			Taxable Pension Income	
paycheck	Taxable Interest			Taxable Annuity Income	
stubs.	Tax Exempt Interest			Non-taxable Income	
If joint, use "Client A"	Dividends				
column.	Alimony Received			Tax-free Income	
	Capital Gains			Other	
	Rental Property Income			Other	
	Royalty Income			Other	
	Partnership Income			Other (non cash flow)	
	Income from Trusts		-	Expected Salary Increase	%%
	Notes:				
	TAX	ES			
0	Information	Client A	Client B	Filing Status	
List last	IRA Deduction			Client A   Married/Joint	☐ Single e ☐ Head of Household
year's annual tax	Keogh/SEP Deduction		/	□ Married/Separate	
information or attach	Qualified Plan Contributions (401k, Profit Sharing, etc.)		-	Client B	☐ Single  Head of Household
Income Tax Return(s).	(Section 457)		7	Prior Year Taxes:	
	Alimony Paid			Federal Income	
	Other Adjustments			State Income	
	Standard Deductions			Local income	
	Itemized Deductions			FICA	
	Tax Credits			Property	
	Tax orogina minimum			Other	
	Notes:				
		Drug			
		BUDG			
			Monthly Amount		Monthly Amou
	Food		S =	Automobile Expenses & Leases	
	Medical/Dental		0.12	Rent	
	Entertainment			Education Expenses	
	Charity/Gift Giving			Other	
	Clothing			Other	
	Home Maintenance			Other	
	Utilities			Total	
	Business Expenses			Additional Amount You Could Save	
	Dusiness Expenses		S. : <del></del> :		A
	Notes:				

,	Description		Original Amount	Original Date	Term	Current Balance	Payment Amount		nents aining	Int. Rate	a
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Soc.	Insurance: Enter L fo						nter <b>LD</b> .				
Notes											
	Money	Y OWED YO	UU								
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And the first	C-Tenants-in-Common	n, CP-Communit	y Property, U-	UTMA Uniforn	Transfer	to Minors Act,	T-Trust.	Make			
And the first	C-Tenants-in-Common	n, <b>CP</b> -Communit	y Property, U- TURE INC Rate of	OME	Transfer	to Minors Act,	<b>T</b> -Trust.	End	Owner	Spend %	
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Plan A D	escription:			Plan:*	Owner	:** Be	eneficiary:**
Plan A In	vestments	Туре ***		Total Return	Cash Yield	Annual Addition Client	ns (indicate \$ or %) Employer
	escription:	Туре		Total	Cash	:** Bo	ns (indicate \$ or %
Plan B In	ivestments		Value	Return	Yield	Client	Employer
Plan C D	escription:			Plan:*	Owner	r:** B	eneficiary:**
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	Description:	Type		Total	Cash	Annual Additio	eneficiary:**
Plan D I	nvestments		Value	Return	Yield	Client	Employer
Plan E	Description:			Plan:*	Owne	or:** B	eneficiary:**
Plan E l	nvestments	Type	Value	Total Return	Cash Yield	Annual Addition	ons (indicate \$ or % Employer
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**	Owner and Beneficiary: E B-Client B, CHI-Child, CHA Type: Enter the abbreviation U-Unit Investment Trust, LP	nter the abbreviation the Charity, <b>O</b> -Other . In for <b>each holding in t</b>	his retirem	ent account: C-Ca			
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	Partici-	Monthly	Incre		Benefits	Death				
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							_/  Lump Sum		Month	577
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INVESTMENT AS	SETS									
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ANNUITIES Cash Annui- Type Owner Payout Total Payout Benefi-Annual 0 Type\*\*\* tant\* Amount Value Return ciary Additions **Company Name** List annuities or attach statements. \* Owner and Annuitant: Enter the abbreviation that applies to the annuity: A-Client A, B-Client B, 0-Other, J-Joint Tenants, C-Tenants-in-Common, CP-Community Property, U-UTMA Uniform Transfer to Minors Act, T-Trust. Type: Enter the abbreviation that applies to the type of annuity: F-Fixed, V-Variable. Payout Type: Enter the abbreviation for the type of annuity payouts: I-Immediate, D-Deferred. Beneficiary: Enter the abbreviation that applies to the beneficiary: A-Client A, B-Client B, CHI-Child, CHA-Charity, 0-Other. Notes: **BUSINESS ASSETS** Cost Cash Growth Description Owner\* Value Basis Yield Rate \* Owner: Enter the abbreviation that applies to the business asset; A-Client A, B-Client B, J-Joint Tenants, C-Tenants-in-Common, CP-Community Property, U-UTMA Uniform Transfer to Minors Act, T-Trust. Notes: REAL ESTATE Section One: Property information Type 0wner **Purchase** Market Improve-Property Growth Cash Insur-Price Value Rate Yield Description ments Tax ance \* Type: Enter an abbreviation for the property type: P-Primary, S-Secondary, R-Recreational, I-Investment, RNT-Rental, 0-Other. \*\* Owner: Enter the abbreviation that applies to the real estate: A-Client A, B-Client B, J-Joint Tenants, C-Tenants-in-Common, CP-Community Property, U-UTMA Uniform Transfer to Minors Act, T-Trust. \*\*\* Insurance: Enter L for Life Insurance, or D for Disability Insurance on this property. If both enter LD. Notes: REAL ESTATE Section Two: Mortgage information for properties listed above Original Original **Payment** Current Monthly Term Interest Type Amount Amount Balance Date **Payment** Years Rate

\* Type: Enter A for Adjustable, or F for fixed.

Notes:

Company Name  Tensured, Owner, and Beneficiary: Enter the abbreviation that applies to the life insurance policy: A-Client A, B-Client B, CHI-Child, CHA-Charity, 0-Other, J-Joint Renatic, C-Tensure,	**Insured, Owner, and Beneficiary: Enter the abbreviation that applies to the life insurance policy: A-Client A, B-Client B, CHI-Child, CHA-Chairty, 0-Other, J-Joint Penants, C-Flerants-in-Common, CP-Community Property, U-UTMA Uniform Transfer to Minors Act, T-Trust.  **Type: Enter the abbreviation that applies to the type of insurance: CT-Group Term, T-Term, W-Whole Life, U-Universal, V-Variable.  **Total Common Common Common Community Property, U-UTMA Uniform Transfer to Minors Act, T-Trust.  **Total Common Commo	Company Name  ** Insured, Owner, and Beneficiary: Enter the abbreviation that applies to the life insurance policy: A Client A, B-Client B, CHA-Chanty, Other, J.Joint Tenants, C-fenants-in-Common, CP-Community Property, U-UTMA Uniform Transfer to Minors Act, To Type: Enter the abbreviation that applies to the type of insurance: GT-Group Torm, T-Term, W-Whole Life, U-Universal, V-Variable Universal.  ** Insured, Owner, and Beneficiary: Enter the abbreviation that applies to the type of insurance: GT-Group Torm, T-Term, W-Whole Life, U-Universal, V-Variable VU-Variable Universal.  ** Inter an abbreviation for the premium payment mode: A Annual, S-Semi-annual, Q-Quarterly, or M-Monthly.  ** Notes:  **OTHER INSURANCE**  ** Benefit**  ** Benefit**  ** Benefit**  ** Annual Increase**  ** Benefit**  ** Annual Increase**  ** Period**  ** Benefit**  ** Counter Care	LIFE INSU	RANCE							755		
* Insured, Owner, and Beneficiary: Enter the abbreviation that applies to the life insurance policy: A-Client A, B-Client B, CHI-Child, CHA-Charity, 0-Other, J-Joint Tenants, C-Tenants-in-Common, CP-Community Property, U-UTMA Uniform Transfer to Milnors Act, T-Trust.  **Type: Enter the abbreviation that applies to the type of insurance: GT-Group Term, T-Term, W-Whole Life, U-Universal, V-Variable, U-Universal, U-Unive	* Insured, Owner, and Beneficiary: Enter the abbreviation that applies to the life insurance policy: A-Client A, B-Client B, CHI-Child, CHA-Charity, 0-Other, J-Joint Tenants, C-Tenants-in-Common, CP-Community Property, U-UTMA Uniform Transfer to Milnors Act, T-Trust.  **Type: Enter the abbreviation that applies to the type of insurance: GT-Group Term, T-Term, W-Whole Life, U-Universal, V-Variable, U-Universal, U-Unive	* Insured, Owner, and Beneficiary: Enter the abbreviation that applies to the life insurance policy: A-Client A, B-Client B, CHI-CHA-Charity, 0-Other, J-Joint Tenants, G-Fenants, in-Common, CP-Community Property, U-UTMA Uniform Transfer to Minors Act, T.  **Type: Enter the abbreviation that applies to the type of insurance: GT-Group Term, T-Term, W-Whole Life, U-Universal, V-Variable VIU-Variable Universal.  **Tenter an abbreviation for the premium payment mode: A-Annual, S-Semi-annual, Q-Quarterly, or M-Monthly.  **Notes:    OTHER INSURANCE	Company Name	Insured *	Type **	Owner *		Value	Return				Loan Benefi- Rate ciary*
Notes:    OTHER INSURANCE	Notes:    OTHER INSURANCE	Notes:  Type  Owner* Premium  Mode  Type  Benefit  Annual Increase  Period  Ma  Period  Ma  Period  Ma  Period  Ma  Matting Period  Ma  Period  Ma  Matting Period  Mattin	CHA-Charity,  Type: Enter th  VU-Variable U	O-Other, J-value abbreviat Iniversal.	Joint Te tion tha	enants, <b>C</b> -T t applies to	the abbreviation enants-in-Comm o the <b>type of ins</b>	that applies to ion, <b>CP</b> -Commu surance: <b>GT</b> -Gr	the life in inity Properoup Term,	surance poli rty, U-UTMA l T-Term, W-W	hole Life, <b>l</b>	J-Universal, <b>V</b> -Va	HUL, I-HUSE.
Type	Type	Type Owner* Premium ** Benefit Annual Increase Period Ma Disability		eviation for							M-Month	ly.	
Type	Type	Type Owner* Premium *** Benefit Increase Period  Disability	0	THER I	NSU	RANCE		Analysis Made			leunn	Waiting	Max Renefi
Disability	Disability	Disability	Туре				Owner* Pren						Period
Long-Term Care Long-Term Care Other  Auto Insurance Home Owners  * Owner: Enter the abbreviation that applies to the insurance policy: A-Client A, B-Client B  ** Enter an abbreviation for the premium payment mode: A-Annual, S-Semi-annual, Q-Quarterly, or M-Monthly.  **  **  **  **  **  **  **  **  **	Long-Term Care Long-Term Care Other  Auto Insurance Home Owners  * Owner: Enter the abbreviation that applies to the insurance policy: A-Client A, B-Client B  ** Enter an abbreviation for the premium payment mode: A-Annual, S-Semi-annual, Q-Quarterly, or M-Monthly.  **  **  **  **  **  **  **  **  **	Long-Term Care  Long-Term Care  Other  Auto Insurance  Home Owners  Medical Insurance  * Owner: Enter the abbreviation that applies to the insurance policy: A-Client A, B-Client B  ** Enter an abbreviation for the premium payment mode: A-Annual, S-Semi-annual, Q-Quarterly, or M-Monthly.  Notes:    GOALS	Disability						-20-				-
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Other	Other	Other	-										-
Other	Other	Other	Long-Term Care						- 0	<del></del>			
Auto Insurance	Auto Insurance	Auto Insurance	Other						-				( <del>2 </del>
Auto Insurance	Auto Insurance	Auto Insurance	Other					23	- —	<del></del>			-
Home Owners	Home Owners	Medical Insurance	Auto Insurance										
Medical Insurance	Medical Insurance	Medical Insurance	Auto Insurance					N.	-				
* Owner: Enter the abbreviation that applies to the insurance policy: A-Client A, B-Client B  ** Enter an abbreviation for the premium payment mode: A-Annual, S-Semi-annual, Q-Quarterly, or M-Monthly.  Notes:	* Owner: Enter the abbreviation that applies to the insurance policy: A-Client A, B-Client B  ** Enter an abbreviation for the premium payment mode: A-Annual, S-Semi-annual, Q-Quarterly, or M-Monthly.  Notes:	* Owner: Enter the abbreviation that applies to the insurance policy: A-Client A, B-Client B  ** Enter an abbreviation for the premium payment mode: A-Annual, S-Semi-annual, Q-Quarterly, or M-Monthly.  **Notes:    GOALS	Home Owners						-				
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Name/Description  Needed Frequency* Payment Payments Save	Name/Description  Needed Frequency* Payment Payments Save	Name/Description  Needed Frequency* Payment Payments  / / /  / /  / /  Enter an abbreviation for the payment frequency: L-Lump sum, A-Annual.		8 - 40 17			GOALS	_	1 7 1 1				Manayi
* Enter an abbreviation for the payment frequency: L-Lump sum, A-Annual.	* Enter an abbreviation for the payment frequency: L-Lump sum, A-Annual.	* Enter an abbreviation for the payment frequency: L-Lump sum, A-Annual.		Name/D	escrip	tion			Frequ	iency* P			Amount Saved
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ESTATE PLANNING					6200	. 2	
Estate Planning Information			Clie		-	lient B	
Simple Will			_/_	_/	_/	/_	-
Durable Power of Attorney			_/_	_/	_/	/_	
Lifetime Gifts		\$			\$		ì
Value of Personal Property		S			s		
Estimated Final Expenses							
Desired Monthly, After-Tax Survivor Income \$	. To use cur	rent bu	idget i	nformat	ion, c	heck her	e.
If you have varying survivor income objectives based upon fam	nily circumstances, enter de	tails he	ere:				
Beginning Year How Long	Explanation*						
	4.7. A. F.A.		a da În	aludha		n'a nama	-
* Enter any additional information which may help in determ	nining appropriate survivor inc	ome ni	eeds in	cluding	persor	n's name	, s
events (include year).							
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ESTATE DISTRIBUTION  Desired Estate Distribution  What provisions have you made for distributing your estate?  Enter Values in the following fields as either Do Spouse  Qualified Terminable Interest Property (QTIP or Credit Shelter or Bypass Trust  Generation Skipping Trust  Does your will make any direct bequests?  To Family Members  To Other (non-family)  To Charity	Ollar Amounts or Percentage	s			C	ilient A	
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Use this space to provide us with additional information or comments.

Notes: