

Client: \_\_\_\_\_



## Financial Planning Homework Packet

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**Required Documents:** Please provide the most recent statement for each item. Taking a few minutes to pull together these documents will maximize the value of our time together and ensure that we can develop the most comprehensive and accurate financial plan for you.

Category	Needed	Document	Client 1	Client 2
<b>Bank &amp; Brokerage</b>	<input type="checkbox"/>	Checking Account Statements		
<b>Statements</b>	<input type="checkbox"/>	Savings/CD/Money Market Statements		
	<input type="checkbox"/>	Latest Investment Statements		
	<input type="checkbox"/>	IRA/Roth IRA Statements		
	<input type="checkbox"/>	Mortgage Statement (primary residence)		
	<input type="checkbox"/>	Mortgage Statements (secondary residence)		
	<input type="checkbox"/>	Loan Statements (auto, college, personal, etc.)		
	<input type="checkbox"/>	Credit Card Statements		
<b>Social Security</b>	<input type="checkbox"/>	Social Security Statements from <a href="http://www.ssa.gov">www.ssa.gov</a>		
	<input type="checkbox"/>	Other _____		
<b>Employment Documents</b>	<input type="checkbox"/>	Payroll Statements		
	<input type="checkbox"/>	Employee Annual Benefits Confirmation Statement		
	<input type="checkbox"/>	Group Term Life Insurance		
	<input type="checkbox"/>	Group Disability Coverage		
	<input type="checkbox"/>	Retirement Plan Statements (401(k), 403(b), 457)		
	<input type="checkbox"/>	Pension Plan Benefits Statement (include		
	<input type="checkbox"/>	Health Savings / Flexible Spending Accounts		
	<input type="checkbox"/>	Deferred Compensation Plans		
	<input type="checkbox"/>	Stock Option Plan / Restricted Stock / Performance Shares		
	<input type="checkbox"/>	Other _____		
<b>Insurance Company</b>	<input type="checkbox"/>	Latest Life Insurance Statements & Policies		
	<input type="checkbox"/>	Life Insurance Inforce Illustration		
	<input type="checkbox"/>	Latest Annuity Statements & Contracts		
	<input type="checkbox"/>	Health Insurance Cost Information		
	<input type="checkbox"/>	Disability Income Insurance Statement & Policies		
	<input type="checkbox"/>	Long Term Care Policy Statement & Policies		
	<input type="checkbox"/>	Homeowners Insurance & Declaration Page		
	<input type="checkbox"/>	Auto Insurance Declaration Page		
	<input type="checkbox"/>	Umbrella/ Excess Liability Declaration Pages		
	<input type="checkbox"/>	Other _____		
<b>Tax &amp; Legal Documents</b>	<input type="checkbox"/>	Income Tax Returns (last two tax years)		
	<input type="checkbox"/>	Wills		
	<input type="checkbox"/>	Powers of Attorney		
	<input type="checkbox"/>	Living Wills		
	<input type="checkbox"/>	Healthcare Directives		
	<input type="checkbox"/>	Trust Documents		
	<input type="checkbox"/>	Pre- or Post- Nuptial Agreements		
	<input type="checkbox"/>	Divorce Settlements (alimony & child support)		
	<input type="checkbox"/>	Employment Contracts		
	<input type="checkbox"/>	Settlement Agreements		
<b>Business Documents</b>	<input type="checkbox"/>	Business Tax Returns (last two years)		
	<input type="checkbox"/>	Buy-Sell Agreements		
	<input type="checkbox"/>	Other _____		
	<input type="checkbox"/>	Other _____		

## Personal Information

Date: \_\_\_\_\_

<b>Client 1 Name</b>		Title (circle one) Mr. Mrs. Ms. Dr.	Gender (circle one) M F	Date of Birth / /
U.S. Citizen (circle one) Yes No	Marital Status (circle one) S M D W	Previous Marriage (circle one) Yes No	Issues that could impact your plan?	
Home Street Address		City	State	Zip
Home Phone ( ) -	Cell Phone ( ) -		Home Email Address	
Employer Name		# Years Employed	Occupation	
Work Phone ( ) -	Work Fax ( ) -		Work Email Address	
Previous Employer Name	# Years Employed		Previous Occupation	
<b>Client 2 Name (if applicable)</b>		Title (circle one) Mr. Mrs. Ms. Dr.	Gender (circle one) M F	Date of Birth / /
U.S. Citizen (circle one) Yes No	Marital Status (circle one) S M D W	Previous Marriage (circle one) Yes No	Issues that could impact your plan?	
Home Street Address (if different from Client 1)		City	State	Zip
Home Phone (if different from Client 1) ( ) -	Cell Phone ( ) -		Home Email Address	
Employer Name		# Years Employed	Occupation	
Work Phone ( ) -	Work Fax ( ) -		Work Email Address	
Previous Employer Name	# Years Employed		Previous Occupation	

	At what age do you plan to retire from your primary occupation?	Do you plan to work part time during retirement?	Estimated part time income during retirement?	What age do you plan to stop working part time?	Will this part time income provide any employee benefits?
<b>Client 1</b>					
<b>Client 2</b>					



**Income Sources**

**NOTE:** Please obtain accurate amounts from your current pay statements or tax returns.

<b>Income</b>				
<b>Description (not rental income)</b>	<b>Client 1 Annual Amount</b>		<b>Client 2 Annual Amount</b>	<b>Annual Increase</b>
Gross Wages (Do not include bonuses)				%
Net Wages				%
Annual Bonus / Date				
How often are you paid?	Weekly	Monthly	Other _____	Weekly Monthly Other _____
Net Self-Employment Income				%
Non-Taxable Income (Do not include interest or dividends from tax-free bonds)				%
Social Security Income				%
Other Taxable •				%
Other Taxable •				%

- **Other Taxable includes pension income, partnership income, deferred compensation, S-corp. income, trust income, royalties, alimony or professional fees.**

**Personal Use (Lifestyle) Assets**

<b>Ref #</b>	<b>Asset Name</b>	<b>Owner •</b>	<b>Total Market Value</b>
1	Client 1 Auto	C1 C2 Jt CP Other: _____	\$
2	Client 1 Auto	C1 C2 Jt CP Other: _____	\$
3	Client 2 Auto	C1 C2 Jt CP Other: _____	\$
4	Client 2 Auto	C1 C2 Jt CP Other: _____	\$
5	Personal Assets (not property or investments)	C1 C2 Jt CP Other: _____	\$
6	Collectibles	C1 C2 Jt CP Other: _____	\$
7	Jewelry Client 1	C1 C2 Jt CP Other: _____	\$
8	Jewelry Client 2	C1 C2 Jt CP Other: _____	\$
9	Other:	C1 C2 Jt CP Other: _____	\$

**Business Assets – Refer to page 26 to complete the Business Owner Supplement**

<b>Business Name</b>	<b>Owner •</b>	<b>Business Value</b>	<b>Business Debt</b>
	C1 C2 Jt	\$	\$
	C1 C2 Jt	\$	\$

Real Estate Information: (Primary and Secondary Residences)

Ref #	Name or Address of Property	Purchase Amount	Plus Total Capital Improvements	Equals Cost Basis •	Purchase Date	Owner , (Circle One)	Current Market Value	Date of Planned Sale (if applicable)
1						C1 C2 Jt CP Other: _____		
2						C1 C2 Jt CP Other: _____		

Real Estate Information: (Investment / Rental Property)

NOTE: If you have investment real estate, be sure the copy of your tax return that you provide includes "Schedule E".

Ref #	Name or Address of Property	Purchase Amount/ Cost Basis •	Purchase Date	Owner , (Circle One)	Current Market Value	Date of Planned Sale (if applicable)	Annual Gross Rental Income	Annual Rental Expenses <i>f</i>
3				C1 C2 Jt CP Other: _____				
4				C1 Co Jt CP Other: _____				

Real Estate Loan Information

NOTE: Please use the Ref # field to relate each loan to a specific property listed above.

Ref #	Loan Type (select one type for each loan)	Original Principal	Owner ,	Loan Start Date	Interest Rate	Current Balance	Current Balance Date	Term of Loan	Min. Monthly Payment ,	Extra \$ Towards Principal?
	<input type="radio"/> Mortgage <input type="radio"/> 2 <sup>nd</sup> Mortgage <input checked="" type="radio"/> Home Equity Loan / Line		C1 C2 Jt Other: _____		%			<input type="radio"/> 30 yr <input type="radio"/> 20 yr <input type="radio"/> 15 yr		
	<input type="radio"/> Mortgage <input type="radio"/> 2 <sup>nd</sup> Mortgage <input checked="" type="radio"/> Home Equity Loan / Line		C1 C2 Jt Other: _____		%			<input type="radio"/> 30 yr <input type="radio"/> 20 yr <input type="radio"/> 15 yr		
	<input type="radio"/> Mortgage <input type="radio"/> 2 <sup>nd</sup> Mortgage <input checked="" type="radio"/> Home Equity Loan / Line		C1 C2 Jt Other: _____		%			<input type="radio"/> 30 yr <input type="radio"/> 20 yr <input type="radio"/> 15 yr		

- Cost Basis = the purchase price (or market value at time of inheritance) plus total documented money invested in the property. (For investment property, subtract depreciation).
- , Owner: C1 = Client 1 Co = Client 2 Jt = Joint CP = Community Property. If owned by a trust, use Other and indicate type of trust (e.g. Client Revocable, Irrevocable, etc.)
- f* Rental expenses should exclude any principal, interest or depreciation. (Expenses should include property insurance, property taxes, association fees, repair & maintenance expenses, etc.)
- , Principal & interest only. Exclude real estate taxes, homeowners insurance, PMI.

**Loans and Credit Cards**

**NOTE:** Refer to your loan statements to complete this section. Please use the **Ref #** field to relate each loan to a specific asset listed above. Leave the **Ref #** blank if the loan is not related to one of the assets (e.g., a student loan).

Ref #	Loan Type ,	Owner •	Loan Start Date	Original Principal	Term of Loan (years)	Interest Rate	Current Balance	Current Balance Date	Monthly Payment

- Owner: C = Client 1 Co = Client 2 Jt = Joint CP = Community Property C = Child  
If owned by a trust, use Other and indicate type of trust (e.g. Client Revocable, Irrevocable, etc.)
- , Examples include auto, or boat loans, student loans and bank loans.  
Lease payments are not entered here, but in the expense section.

**Bank Accounts ( Checking, Savings, & Money Market )**

**NOTE:** Please provide the details in the **Purpose of Account** field if the account below is earmarked for a goal. Remember to provide a copy of your most recent statement.

Account Type	Bank Name	Owner •	Account Balance	Purpose of Account	Interest Rate	Annual Savings

- C = Client 1 Co = Client 2 Jt = Joint CP = Community Property  
Other = UGMA (Uniform Gift to Minors Act), UTMA (Uniform Transfers to Minors Act) or other Trust/Gift accounts.

### Certificates of Deposit (CD's)

**NOTE:** If any of the CD's identified below are **earmarked for a goal**, please provide details in the **Purpose of Account** field. Please provide a copy of your most recent statement.

Description	Owner	Purchase Date	Purchase Amount / Cost Basis	Maturity Date	Current Balance	Purpose of Account	Interest Rate	Rollover at Maturity ? Yes / No

### Taxable Investments Accounts ( Stocks, Bonds, Mutual Funds, ETFs, Brokerage )

**NOTE:** If any of the assets identified below are **earmarked for a goal**, please provide details in the notes at the bottom of this page. Please provide a copy of your most recent statement.

Ref #	Name of Broker Dealer / Account	Active Adviser ? Y / N	Owner	Account Value	Dividend Reinvested? Y N	Annual Savings
1					Y N	
2					Y N	
3					Y N	
4					Y N	
5					Y N	
6					Y N	
7					Y N	



## College Planning Schedule

Child's Name	Type of College (Private, State University, Community College, etc.)	Estimated Annual Tuition	Estimated Annual Room & Board	Estimated Additional Expenses (car, insurance, airfare, misc. exp.)	Start Date	Planned Graduat ion Date

### Education Funding Accounts

**NOTE:** Please provide a copy of your investment statements. If any of the assets identified below are **earmarked for a specific education goal**, please provide details in the notes. Examples of goals may include things like Private High School, Bachelor's / Masters, or Medical / Law School funding.

Account Name	Account Type	Owner	Beneficiary	Account Value	Total Contributions	Annual Savings

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Stocks Options, Restricted Stock Units & Performance Shares**

Refer to your investment statements to complete this section. Please provide a statement with complete details.

Ref #	Stock	Date Received	Expiration Date	Type Qualified or Non-qualified	Owner	# Shares	Exercise Price	Account Value	Dividend Reinvested	Annual Award Amount
1									Y N	
2									Y N	
3									Y N	
4									Y N	
5									Y N	

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**Planned Major Purchases**

Ref #	Expense	Who	How much is this expense? (in today's dollars)	When is your Next Purchase?	Frequency of Purchases in years?
1	Automobile Replacement				
2	Automobile Replacement				
3	Dream Vacation:				
4	Home Repairs:				
5	Home Remodel:				
6	Weddings:				
7	Home or 2 <sup>nd</sup> Home Purchase:				
8	Boat				
9	Other:				

**Client 1**

**Client 2**

Do you buy or lease your automobiles?

At what age will you scale down to one vehicle?

Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Clients' Family/ Children:**

Do you provide any financial support to your children or other family members? (For example auto expenses, room & board, clothing, vacations, etc.) Please specify:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many more years do you intend to continue this financial support?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## *Annual Expenses*

<b>Housing</b>		<b>Personal</b>	
Home Improvements	\$	Bank Fees	\$
Homeowners Insurance (Primary)	\$	Child Allowances	\$
Homeowners Insurance (Other)	\$	Child Support Payments	\$
Housekeeper	\$	Clothing/Shoes	\$
Maintenance/Cleaning	\$	Dry Cleaning/Laundry	\$
Plowing/Landscape/Trash	\$	Education	\$
Rent / Association Fees	\$	Haircuts/Other Personal	\$
Telephone (Home/Cellular)	\$	Mani / Pedi / Spa	\$
Utilities (cable / internet, gas & electric)	\$	Pets ( Veterinary & Boarding fees)	\$
<b>TOTAL HOUSING</b>	\$	Professional Fees	\$
		Subscriptions Services (movies & magazines)	\$
<b>Food</b>		<b>TOTAL PERSONAL</b>	\$
Breakfasts & Lunches	\$		
Dining Out	\$	<b>Tax-Related</b>	
Groceries	\$	Accounting / Tax Preparation Fees	\$
On the Go Items(coffee, soda, snacks)	\$	Alimony Payments	\$
<b>TOTAL FOOD</b>	\$	Business Expense (Non-reimbursed)	\$
		Charitable Contributions: Cash	\$
<b>Transportation</b>		Child Care / Day Care	\$
Auto Fuel	\$	LTC Insurance (Individual Policies)	\$
Auto Insurance	\$	Medical & Dental Expense (not premium)	\$
Auto Leases	\$	Property Taxes – Real Estate	\$
Maintenance/Repairs	\$	Withholdings Federal	\$
Parking/Tolls/Transit	\$	Withholdings State	\$
<b>TOTAL TRANSPORTATION</b>	\$	Other	\$
		<b>TOTAL TAX-RELATED</b>	\$
<b>Discretionary</b>			
Adult Beverages (wine & liquor)	\$	<b>Payroll Deductions Group Plans</b>	
Annual Vacations	\$	Disability Insurance	\$
Cash (miscellaneous expenses)	\$	Health Insurance	\$
Entertaining / Parties	\$	Life Insurance	\$
Gifts/Birthdays/Holidays	\$	Long Term Care Insurance	\$
Gym/Health Club	\$	Vision / Legal Plans	\$
Movies/Concerts/Sporting Events	\$	Other	\$
<b>TOTAL DISCRETIONARY</b>	\$	<b>TOTAL DEDUCTIONS</b>	\$

**TOTAL EXPENSES for this PAGE :** \_\_\_\_\_

**Annual Expenses (continued)**

Life and Disability Insurance			Payments Towards Liabilities		
*	Life Insurance Premium(s)	\$	*	Auto Payment	\$
*	Life Insurance Premium(s)	\$	*	Auto Payment	\$
*	Life Insurance Premium(s)	\$	*	Auto Payment	\$
*	Disability Insurance Premium(s)	\$	*	Auto Payment	\$
*	Disability Insurance Premium(s)	\$	*	Student Loan	\$
*	Disability Insurance Premium(s)	\$	*	Student Loan	\$
<b>TOTAL LIFE &amp; DISABILITY</b>		<b>\$</b>	*	Home Equity Loan	\$
			*	Mortgage 1 (Principal & Interest only)	\$
*	<b>Savings and Contributions</b>		*	Mortgage 2 (Principal & Interest only)	\$
*	Client 401(k) / 403(b)	\$	*	Home Equity Loan	\$
*	Client 2 401(k) / 403(b)	\$	*	Home Equity Line of Credit (HELOC)	\$
*	Client 1 IRA	\$	*	Credit Card	\$
*	Client 2 IRA	\$	*	Credit Card	\$
*	HSA Reimbursement	\$	*	Credit Card	\$
*	Other	\$	*	Other	\$
*	Other	\$	*	Other	\$
<b>TOTAL SAVINGS &amp; CONTRIBUTIONS</b>		<b>\$</b>		<b>TOTAL LIABILITIES</b>	<b>\$</b>

*\* Additional details will be requested for each of these items.*

**TOTAL Savings:** \_\_\_\_\_

**TOTAL EXPENSES for this PAGE:** \_\_\_\_\_  
(Don't include Savings & Contributions)

<p><b>TOTAL ANNUAL EXPENSES: \$</b> _____ (Sum of all the individual expenses listed on both pages)</p>
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***Estate Planning***

Document	Client 1	Client 2	Date Last Updated	Location
<b>Will</b>	Executor: Date: State:	Executor: Date: State:		
<b>Client 1</b> How is your will set up to pass your assets?				
<b>Client 2</b> How is your will set up to pass your assets?				
<b>Power of Attorney</b>	Yes Who? No Relationship:	Yes Who? No Relationship:		
<b>Health Care Directives</b>	Yes Who? No Relationship:	Yes Who? No Relationship:		
<b>Living Will</b>	Yes No	Yes No		
<b>Revocable Trust</b>	Date: State: Is it funded?	Date: State: Is it funded?		
<b>Irrevocable Life Insurance Trust - ILIT *</b>	Yes No Is it funded?	Yes No Is it funded?		

Do you gift annually? If yes, how much? \_\_\_\_\_

How would you like your assets distributed to your heirs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Objectives

## Retirement / Investment

*Rate the importance of each item according to the following scale:*

	Low	Med	Hi
Your retirement goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having all of your portfolios consolidated and analyzed to make sure your overall plan is on track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matching your risk tolerance to that of your investment portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against that of an index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against your plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative retirement methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing the taxes on your investment accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing techniques to save income tax and estate taxes on deferred money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asset protection in the result of serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting assets in the event that you require long term care in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving adequate income in the event of disability during your working years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your spouse in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generating a guaranteed retirement income stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your children in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Estate

*Rate the importance of each item according to the following scale:*

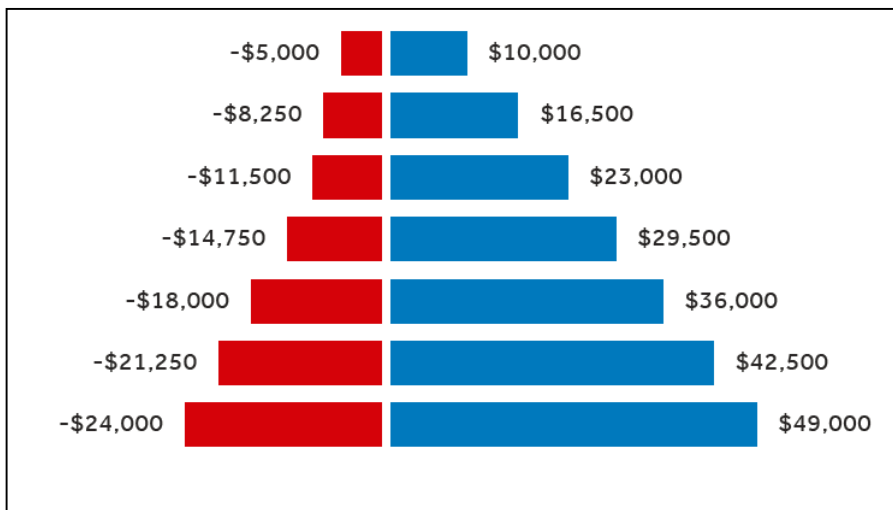
	Low	Med	High
Distributing assets equally to your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your assets transferred to your children from creditors, divorce, and bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your insurance portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing different methods of meeting your estate tax liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable planning to your estate's planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing annually to a charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifting to your children if it doesn't interfere with your financial independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for your grandchildren's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing the structure of your current will to eliminate unnecessary taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your residence and/or vacation home from estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your estate in trust for your spouse in order to protect your children's inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Objectives</b>			
<b>Business</b>			
<i>Rate the importance of each item according to the following scale:</i>	<b>Low</b>	<b>Med</b>	<b>High</b>
Maintaining control of your business throughout your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eliminating the need to liquidate your business to pay estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner where it is sold to key employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a business planning concept to help you sell your business to key employees in an efficient manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing incentives to your key employees with non-stock compensation alternatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your key employees own stock in your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your business from the death of a key employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your key employees and their families from serious illness and disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your company from serious illness and disability of your employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key employees to the continued success of your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner that maintains family ownership and control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining family harmony after your estate has been settled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your spouse take an active/ownership role in the business plan after you pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a business planning concept that shows you how to gift/sell/bequest your business to your children/heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equalizing the inheritance for your children not active in the business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaving the business only to active children/heirs versus all children/heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your children/heirs active in the business with regards to the future success of your business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner where it is sold to a third party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your business' property and casualty coverages every two years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative sources for your existing line of credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing the efficiency of your existing long term debt structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying out a partner's interest in the event of his or her death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Client Defined</b>			
<i>Rate the importance of each item according to the following scale:</i>	<b>Low</b>	<b>Med</b>	<b>High</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Risk Tolerance Questionnaire

1. The graph below shows the potential range of gains or losses of a \$100,000 investment in each of seven hypothetical portfolios at the end of a 1-year period. The number to the right of each bar shows the best potential gain for that portfolio, while the number to the left of each bar shows the worst potential loss. Given that this is the only information that you have on these seven hypothetical portfolios, which one would you choose to invest in?

- Portfolio A
- Portfolio B
- Portfolio C
- Portfolio D
- Portfolio E
- Portfolio F
- Portfolio G



2. Inflation (rising prices for goods and services) can have a significant effect on your investments by decreasing their potential purchasing power over time. Aggressive investments have historically outpaced inflation over the long run, but have had more instances of short-term losses than more conservative investments. How do you feel about inflation and its potential impact on your investments?

- You are satisfied with your investments keeping pace with inflation. Limiting the potential for short-term loss is your main goal, and you are willing to sacrifice the potential for higher returns.
- You prefer that your investments significantly outperform inflation. You are willing to assume a greater potential for short-term loss in order to pursue that goal.
- You would like your investments to outpace inflation. You are willing to assume some potential for short-term loss in order to pursue that goal.

3. Suppose that a substantial portion of your investment portfolio is invested in securities. If the stock market were to experience a prolonged down market, losing 50 percent of its value over a 3-year period, what would you do (assuming your securities behaved in a similar fashion)?

- Sell all the securities in your portfolio. You are afraid that the stock market is in a downturn and you cannot afford the decrease in value.
- Hold the securities in your portfolio. You understand that your investment may be subject to short-term price swings and are comfortable 'weathering the storm'.
- Sell half of the securities in your portfolio. You think that the market may rebound, but you are not willing to leave all of your investment exposed to further loss.
- Buy more securities for your portfolio to take advantage of their low price. You are comfortable with market fluctuations and assume that the securities will potentially regain their previous value or increase in value.



## Risk Tolerance Questionnaire (cont.)

4. Once again, assume you have a substantial portion of your investment portfolio in securities. If the stock market were to gradually decline at an average of 2 percent per month, eventually losing 24% of its value over a year, which of the following would you do?

- Sell the securities in your portfolio and realize the 24% loss. You wish to avoid the risk of further loss.
- Sell half of the securities in your portfolio. You are not willing to leave all of your investment at risk for further loss.
- Do nothing. You are comfortable waiting for the securities to regain their previous value or to increase in value.
- Invest more now because securities are selling for approximately 24% less than they were 12 months ago. You believe that the securities will potentially regain their value or possibly appreciate even higher over the long-term.

5. Aggressive investments have historically provided higher returns while exhibiting greater short-term price fluctuations and potential for loss. How do you feel about fluctuations in the value of your portfolio?

- You want to minimize the possibility of loss in the value of the portfolio. You understand that you are sacrificing higher long-term returns by holding investments that reduce the potential for short-term loss and price fluctuation.
- You can tolerate the risk of large losses in your portfolio in pursuit of greater potential gains.
- You can tolerate the risk of moderate losses in order to pursue potentially favorable returns.

6. What is the investment time horizon on these investable assets?

- Less than 3 years
- 3 – 5 years
- 6 – 9 years
- 10+ years

**RISK TOLERANCE DISCLAIMER:**

The responses that you provide to this questionnaire/fact finder are intended to assist you in gathering important information about yourself, such as your financial goals, objectives and time horizon, and to help you to make a more informed decision regarding your specific situation. Your responses are not intended to represent a comprehensive basis for evaluating suitability (or, if applicable, conducting underwriting) on any specific insurance, annuity, or investment product. In the event that you decide to purchase any product, you will be required to complete a separate policy application/contract and/or Investor Profile, which will serve as the basis for the Company’s conducting suitability and/or an underwriting analysis with regard to the specific product that you wish to purchase.

In the event of any discrepancy between the information that you provide in completing this questionnaire/fact finder and that which you furnish in completing an Investor Profile and/or product application/contract, the information contained in the Company product application/contract and/or Investor Profile will govern and will serve as the basis for the Company’s assessing the appropriateness for you of the product to which such document(s) pertain.

**Business Owner Supplement**

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Industry: \_\_\_\_\_

Date Established: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_

S3. Form of Business:

- C Corp: Tax Bracket: \_\_\_\_\_
  S Corp
  LLC
  General Partnership  
 Sole Proprietorship
  Limited Partnership
  Other: \_\_\_\_\_

Describe primary business activity(s): \_\_\_\_\_

**Business Ownership**

List Owners:

NAME	DOB	OWNERSHIP %		SALARY	RELATIONSHIP
		VOTING	NON-VOTING		

Average Business Income: \$ \_\_\_\_\_

**Buy-Sell Information**

Do you have a written Buy-Sell Agreement?  YES  NO

Date Executed: \_\_\_\_\_ Date last reviewed: \_\_\_\_\_

Type:  Cross Purchase  Redemption  Wait-&-See  Other

Describe Terms (triggering events, note provisions): \_\_\_\_\_

\_\_\_\_\_

Is the Agreement Funded?       YES       NO      If Yes, how? \_\_\_\_\_

Total Value of Company (as agreed or estimated FMV): \$\_\_\_\_\_ Date of valuation: \_\_\_\_\_

Method of Valuation:     Appraisal     Stipulated by owner     Formula in Agreement     Other \_\_\_\_\_

Have any ownership interests changed since the last review (e.g. gifts to children)?     Yes     No    If Yes, describe below:

\_\_\_\_\_

**Business Succession Plan**

What would be the impact to your business at your disability, death or retirement? \_\_\_\_\_

\_\_\_\_\_

How will the business be disposed of at:

	<b>Retirement</b>	<b>Disability</b>	<b>Death</b>
Family Member(s)			
Other Owners			
Key Employee(s)			
Competitor			
Liquidated			

**Key Employees / Managers**

Total Number of Employees \_\_\_\_\_ Number of Key Employees \_\_\_\_\_

Name	Position/Duties	Age	Years Employed	Years to Retirement	Salary/Bonus	Key Person Insurance
						<input type="checkbox"/> YES <input type="checkbox"/> NO Amt: _____
						<input type="checkbox"/> YES <input type="checkbox"/> NO Amt: _____
						<input type="checkbox"/> YES <input type="checkbox"/> NO Amt: _____
						<input type="checkbox"/> YES <input type="checkbox"/> NO Amt: _____

Who of the Key Managers/Employees listed above would be instrumental to the **continued success of the business today** in the event of your retirement, disability, or untimely death? (List and describe their contribution to the business).

\_\_\_\_\_

Do you provide any incentives for the retention of these Key Managers/Employees?

\_\_\_\_\_

*"What's Important About Money to You?"*



Client 1

Client 2

