

Vital Guidance

For The Life You Want To Live

PROFILE QUESTIONNAIRE

This Profile Questionnaire is the first step—and a key one—in developing a long-range plan to help you achieve life goals and objectives.

Before you begin filling in the blanks, you should collect some source documents—e.g., pay stubs, income tax returns, wills, retirement plan reports, and bank, brokerage and benefit statements—that help you complete this questionnaire.

Please print clearly or type all information, and take care to answer each question fully. Write only on the lines provided; do not write in the margin or on the front cover.

If you are unsure of a certain dollar amount, or answer, do not leave the question blank, but respond with a close estimate. As indicated throughout the Profile Questionnaire, we will use assumptions for filling in certain blanks. Because no one else is just like you, the information you give us, even estimated data, is preferred.

If you need assistance in completing the Profile Questionnaire, contact Vital Guidance at 813 833 3495.

We look forward to working with you to help build the life you want to live.



PERSONAL INFORMATION

	CLIENT 1	CLIENT 2
1. First Name	_____	_____
Middle Initial	_____	_____
Last Name	_____	_____
Suffix	_____	_____
Nickname	_____	_____
2. Birth Date	_____	_____
3. Gender	Male Female	Male Female
4A. Social Security Number	_____	_____
4B. Are you a U.S. Citizen?	Yes No	Yes No
5A. E-mail Address	_____	_____
5B. Street Address	_____	Apartment Number _____
City, State	_____	Zip Code _____
6. Marital Status	MARRIED SINGLE	WIDOWER DOMESTIC PARTNER
6A. First or Second Marriage	_____	_____
6B. Marriage Anniversary	_____	_____

WIDOW or WIDOWER

6C. If you have been widowed. Include the following information about your deceased spouse

First Name _____

Birth Date _____

Date of Death _____

Social Security Eligible? Social Yes No

Security Benefit - \$ _____ Per Month at Age 67

or Annual Earnings at Death - \$ _____

PERSONAL INFORMATION

7A. Children/Grandchildren list the first name, gender and date of birth for all of your children, including adult children. Include any planned children and expected years of birth. Also list this information for your grandchildren for whom you want a college analysis and indicate "Grandchild" in the Child/Grandchild column.

First Name	Gender (M/F)	Date of Birth	Child/Grandchild
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____
F. _____	_____	_____	_____
G. _____	_____	_____	_____
H. _____	_____	_____	_____
I. _____	_____	_____	_____
J. _____	_____	_____	_____
K. _____	_____	_____	_____
L. _____	_____	_____	_____

EDUCATION INFORMATION

7B. If you wish a college analysis for a child (or grandchild), indicate College Start Year and/or Funds Set Aside. Note: a. Match the line used for each child with the corresponding line from Question 7A. If you do not wish an analysis for a child listed in Question 7A, leave the corresponding line below blank. b. In the Funds Set Aside column, enter current market values only. Example: If a zero-coupon bond will mature to full face value at child's/grandchild's college start year, enter the bond's value today, not face value. c. The assets listed here should not be included under Investment Assets (Questions 14-18). d. If you wish to have an analysis for a child based on a specific school, list the school in the column provided. If you do not list a specific school, average national private university costs will be used. You also will receive an analysis assuming average public university costs in your state.

Name	College Start Year	Funds Set Aside	School Choice
A. _____	----	\$ _____	_____
B. _____	----	\$ _____	_____
C. _____	----	\$ _____	_____
D. _____	----	\$ _____	_____
E. _____	----	\$ _____	_____
F. _____	----	\$ _____	_____
G. _____	----	\$ _____	_____
H. _____	----	\$ _____	_____
I. _____	----	\$ _____	_____
J. _____	----	\$ _____	_____
K. _____	----	\$ _____	_____
L. _____	----	\$ _____	_____

EMPLOYMENT INFORMATION

	CLIENT 1	CLIENT 2
8. Profession/Title	_____	_____
Employer	_____	_____
Years of Service	_____ Years	_____ Years
9. Business Phone	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____

PERSONAL ASSETS INFORMATION

	CURRENT VALUE Primary Residence	CURRENT VALUE Secondary Residence (not rental property)
10. Market value	\$ _____	\$ _____
Mortgage Balance	\$(_____)	\$(_____)
Type of Mortgage	Fixed Adjustable Fixed to Adjustable Adjustable period begins _____	Fixed Adjustable Fixed to Adjustable Adjustable period begins _____
Current Mortgage Int. Rate	_____ %	_____ %
(rate used to calculate your next payment)		
Monthly Payments Remaining	_____ Months	_____ Months
Holding Period	_____ Years	_____ Years
(i.e. how many more years you plan to live in your home)		
Home Equity Loan	\$(_____)	
(total outstanding balance)		
Automobile(s)	\$ _____	
(market value: do not include leased vehicles)		
Auto Loan Balance	\$(_____)	
Other Personal Property	\$ _____	
(e.g., jewelry, furniture, appliances, clothing)		
Unsecured Personal Debt	\$(_____)	
(e.g., credit card debt)		
Securities-Based Debt	\$(_____)	
(i.e., loans secured by investment holdings used to purchase something other than securities.)		

11. Personal Asset Ownership

Estimate the percentage ownership of personal assets (and liabilities), listed above. Only clients who are married and live in (or have lived in) a Community Property state should include a value on the Community Property line. Note: Community Property states are: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. (If you are married and live in a Non-Community Property state and leave all four lines blank, we will assume Client 1 and Client 2 own 100% of all assets jointly. If you are married and live in a Community Property state and leave all four lines blank, we will assume Client 1 and Client 2 own 100% of all assets as Community Property.)

Client 1 _____% + Client 2 _____% + Joint _____% + Community Property _____% = 100%

RETIREMENT ASSETS INFORMATION

12. Indicate the value of your retirement plan assets. If you do not own a particular type of account, indicate a zero (0) balance. Defined-benefit plans (e.g., annual pension plans that will pay a specific amount in retirement typically based on your salary and years of service) should be included in Question 24A.

	CLIENT 1		CLIENT 2	
EMPLOYER ACCOUNTS	CURRENT BALANCE	ANNUAL CONTRIBUTION	CURRENT BALANCE	ANNUAL CONTRIBUTION
Profit Sharing (e.g., 401(k) and other defined-contribution plans)	\$ _____	\$ _____ PER YR (your contribution)	\$ _____	\$ _____ PER YR (your contribution)
		\$ _____ PER YR (employer contribution)		\$ _____ PER YR (employer contribution)
Company SEP Accounts (e.g., salary-deferred SEP or SIMPLE IRA accounts)	\$ _____	\$ _____ PER YR (your contribution)	\$ _____	\$ _____ PER YR (your contribution)
		\$ _____ PER YR (employer contribution)		\$ _____ PER YR (employer contribution)
Deferred Compensation	\$ _____	\$ _____ PER YR	\$ _____	\$ _____ PER YR
Employer-Sponsored Annuities (e.g., TIAA-CREF annuity or 403(b))	\$ _____	\$ _____ PER YR (your contribution)	\$ _____	\$ _____ PER YR (your contribution)
		\$ _____ PER YR (employer contribution)		\$ _____ PER YR (employer contribution)
Keogh-type Accounts (e.g., self-employed plans- profit sharing or money purchase)	\$ _____	\$ _____ PER YR	\$ _____	\$ _____ PER YR
Self-Employed SEP Accounts	\$ _____	\$ _____ PER YR	\$ _____	\$ _____ PER YR
OTHER RETIREMENT ACCOUNTS				
Traditional IRA Accounts	\$ _____	\$ _____ PER YR	\$ _____	\$ _____ PER YR
Roth IRA Accounts	\$ _____	\$ _____ PER YR	\$ _____	\$ _____ PER YR
Personally Owned Annuities	\$ _____	\$ _____ PER YR (current contribution)	\$ _____	\$ _____ PER YR (current contribution)
		\$ _____ PER YR (accumulated contributions)		\$ _____ PER YR (accumulated contributions)

13A. Current Retirement Asset Allocation

Estimate these percentages to have your retirement assets included in the recommended asset allocation.

	CLIENT 1	CLIENT 2
Equities	_____ %	_____ %
Fixed Income	_____ %	_____ %
Cash	_____ %	_____ %

13B. International Equity Allocation

If you provided your Current Retirement Asset Allocation in Question 13A, indicate the portion of your retirement equities that represent companies incorporated outside the United States

	CLIENT 1	CLIENT 2
% of Retirement Equities Invested in International Equities	_____ %	_____ %

INVESTMENT ASSETS INFORMATION

Indicate the current market value of your investment assets. If you do not own a particular type of asset, indicate a zero (0) balance. Exclude Retirement Assets, UGMA/UTMA Assets and Irrevocable Trust Assets. Any non-excluded professionally managed accounts and living trust assets should be divided into appropriate asset classes.

14. CASH AND CASH EQUIVALENTS

Checking Accounts	\$ _____	Near Cash	\$ _____
		(e.g., CDs, Treasuries or other bonds maturing in one year or less)	
Savings Accounts	\$ _____	Other Cash	\$ _____
		(e.g., credit union accounts)	
Money Market Accounts	\$ _____		

15A. Equities

Common Stock	\$ _____	Stock Mutual Funds	\$ _____
Convertible Securities	\$ _____	Other Equities	\$ _____

15B. International Equities

If you indicated your own equities above, indicate the portion of your equities that represent companies incorporated outside the U.S.

_____ % of Equity Investments invested in International equities

16. Fixed Income

Municipal Bonds/Funds/UITs	\$ _____	Long-Term CDs	\$ _____
		(e.g., CDs maturing in more than one year.)	
Corporate Bonds/Funds/UITs	\$ _____	Preferred Stock	\$ _____
US Government Issues/UITs	\$ _____	Other Fixed Income	\$ _____

17. Margin Loan Balance \$ (_____)

Indicate the current value of securities-based debt used to purchase securities. Note: your retirement and survivor analysis will net the margin loan balance from the current value of your portfolio asset base.

18. Other Investments

Note: a. Indicate the current market values only. b. We will assume that the assets listed below are available to support your desired retirement and, if applicable, survivor lifestyle needs. If you do not wish an asset value to be used for these needs (i.e., you wish to leave it to your heirs), check the box labeled 'No'. c. If you expect a specific amount of income from any of these assets to be available to support your desired lifestyle needs, check the box labeled 'No', and use Questions 33B d. Enter, in Question 27, income generated from any of these assets that you are currently receiving.

Receivables (Notes/Mortgages owed to your)	\$ _____	No <input type="checkbox"/>	Hard Assets (e.g., precious metals)	\$ _____	No <input type="checkbox"/>
Net Income-Producing Real Estate (Market value minus mortgage loan balance)	\$ _____	No <input type="checkbox"/>	Net Business Interests You Own (Business value minus debt)	\$ _____	No <input type="checkbox"/>
Other Net Investment Real Estate (e.g., raw land; market value minus debt)	\$ _____	No <input type="checkbox"/>	Other Investment Assets (e.g., not listed above)	\$ _____	No <input type="checkbox"/>
Direct Investments (e.g., Limited Partnerships)	\$ _____	No <input type="checkbox"/>			

19. Investment Asset Ownership

Estimate the percentage ownership of investment assets and margin listed in Questions 14-18. Only clients who are married and live in (or have lived in) a Community Property state should include the value on the Community Property line. Note: Community Property states are: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. (If you are married and live in a Non-Community Property state and leave all four lines blank, we will assume Client 1 and Client 2 own 100% of all assets jointly. If you are married and live in Community Property state and leave all four lines blank, we will assume Client 1 and Client 2 own 100% of all assets as Community Property.)

Client 1 _____% + Client 2 _____% + Joint _____% + Community Property _____% = 100%

20. Incentive Compensation Awards

Employee Stock Option Bargain Element: Number of shares multiplied by current market price minus exercise price. (i.e., number of shares x [current market price-exercise price])

	CLIENT 1		CLIENT 2	
	VESTED	NON-VESTED	VESTED	NON-VESTED
Non-Qualified Stock Option	\$ _____	\$ _____	\$ _____	\$ _____
Incentive Stock Option	\$ _____	\$ _____	\$ _____	\$ _____
Current Market Price/Share	\$ _____ PER SHARE		\$ _____ PER SHARE	

20A. Incentive Compensation Awards.

If you have incentive compensation awards enter the bargain element for each award on the appropriate line. The bargain element is the number of shares multiplied by current market price minus exercise price (i.e., number of shares X [current market price-exercise price]). Any shares that are not "in the money" (i.e., the bargain element is less than zero) should not be included.

	CLIENT 1 Bargain Element		CLIENT 2 Bargain Element	
Type of Award	VESTED	NON-VESTED	VESTED	NON-VESTED
Shadow Stock	\$ _____	\$ _____	\$ _____	\$ _____
SAR Supplemental	\$ _____	\$ _____	\$ _____	\$ _____
Options	\$ _____	\$ _____	\$ _____	\$ _____
Restricted Stock	\$ _____	\$ _____	\$ _____	\$ _____
Company Name	_____		_____	
International Employer	Yes	No	Yes	No

If you would like a detailed analysis of the financial impact of exercise-and-hold and exercise-and-sell strategies, contact your Financial Advisor about the Employee Stock Option Analysis, which can be added to the Financial Foundation report for an additional fee.

ESTATE INFORMATION

The following Information affects your estate.

	CLIENT 1		CLIENT 2	
21A. Do you have a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a living trust? (A legal document established during your lifetime containing assets that will pass outside your will. This is NOT a living will.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your will/living trust have a Unified Credit Provision? (Sometimes referred to as a Bypass or A/B Trust)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

21B. Attorney's Name (optional) _____

21C. Prior Taxable Gifts \$ _____ \$ _____
(only for individuals who filed gift-tax returns in any prior tax year.) Indicate the total amount of taxable gifts (i.e., gifts over \$11,000 in a single year) made to individuals other than your spouse.

Prior Gifts Tax Paid \$ _____ \$ _____
(Only for individuals who filed gift-tax returns in any prior tax year.) Indicate the total amount of the tax paid in all prior tax years.

21D. Bequests to Others \$ _____ \$ _____
(For married individuals only.) Indicate the value or percentage of property that, if you were to predecease your spouse, would pass to individuals other than your spouse under the conditions of your will/trust/other agreements.

Personal Assets to Others \$ _____ \$ _____
(e.g., home, automobile, jewelry, collectibles)

Portfolio Assets to Others \$ _____ \$ _____
(e.g., cash, securities)

Other Investment Assets to Others \$ _____ \$ _____
(e.g., rental property, business interests)

Life Insurance to Others _____ % _____ %

Qualified Retirement Plan and Traditional IRA Assets _____ % _____ %
(e.g., profit sharing, SEP, Keogh)

Roth IRA Assets _____ % _____ %

21E. We assume that estate taxes on your bequests are paid out of the remainder of your estate. If you would like the taxes to be paid by the heirs receiving the above property, check here

_____ Paid by heirs _____ Paid by heirs

22. Life Insurance (face amounts)
Indicate the face amount of policies on which you are the insured. Exclude accidental death, key-person and buy-sell insurance.

Amount Provided by Employer \$ _____ \$ _____

Amount You Personally Own \$ _____ \$ _____

Cash Value \$ _____ \$ _____

Amount of equity built up in your whole or universal life policy listed above

Amount Your Spouse Owns on You \$ _____ \$ _____

Cash Value \$ _____ \$ _____

Amount of equity built up in your spouse-owned whole or universal like policy listed above

Amount Owned by Others \$ _____ \$ _____
(i.e., trust)

23. Survivorship (second-to-die) Insurance (face amount) \$ _____

This insurance covers a married couple and pays out upon the death of the second spouse. We will assume this insurance is owned by someone other than the insured (i.e., a trust).

RETIREMENT BENEFITS INFORMATION

CLIENT 1

CLIENT 2

24A. Employer-Sponsored Pension \$ _____ PER MO @ AGE ____ (today's dollars) \$ _____ PER MO @ AGE ____ (today's dollars)

(i.e., defined-benefits plan from current employer [monthly amount at age 65 or their projected retirement age]. This is the benefit amount in today's dollars based on your current salary.)

Is this pension subject to a Cost-of-Living Adjustment (COLA)? Yes No Yes No

Pension II. If you are eligible for a pension from a past employer or a discontinued pension from your present employer, indicate the monthly amount.

Employer-Sponsored Pension II \$ _____ PER MO @ AGE ____ (today's dollars) \$ _____ PER MO @ AGE ____ (today's dollars)

Eligible for Cost-of-Living Adjustment (COLA)? Yes No Yes No

24B. Monthly Survivor Benefit I \$ _____ PER MO | IN YR ____ (today's benefits) \$ _____ PER MO | IN YR ____ (today's benefits)

If, today, your employer pension in question 24A would provide a survivor benefit for your family, enter the family benefit amount and start year. Amount should not exceed Employer-Sponsored Pension. If the Survivor benefit is a one-time payout, enter payment amount under "Amount Provided by Employer".

Monthly Survivor Benefit II \$ _____ PER MO | IN YR ____ (today's dollars) \$ _____ PER MO | IN YR ____ (today's dollars)

25A. Are you eligible to receive Social Security in retirement? Yes No Yes No

If Yes, we will estimate Social Security based on annual earnings on in question 27 and your desired retirement age.

25B. Optional Question:

If you have an estimate of your monthly Social Security benefit, enter amount here and indicate the age at which the benefit begins

\$ _____ PER MO @ AGE ____ \$ _____ PER MO @ AGE ____

25C. Railroad Retirement

Are you covered by Rail Road Retirement? Yes No Yes No

Tier I Monthly Amount \$ _____ PER MO @ AGE ____ \$ _____ PER MO @ AGE ____

Tier II Monthly Amount \$ _____ PER MO @ AGE ____ \$ _____ PER MO @ AGE ____

DISABILITY BENEFITS INFORMATION

26. Long-Term Disability Income Coverage

Do not include Social Security or any benefits that last less than two years.

	CLIENT 1	CLIENT 2
Employer-Provided Coverage		
Benefit amount paid for you by employer	\$ _____ PER MO	\$ _____ PER MO
Benefit amount paid by you	\$ _____ PER MO	\$ _____ PER MO
Personally Owned Coverage	\$ _____ PER MO	\$ _____ PER MO
Disability/Health Care Benefits		
26A. Long-Term Care Insurance	_ Yes _ No	Yes _ No
Date of Purchase (MM/YY)		
26B. Do you currently have Health Care Coverage?	Personally Owned Employer Provided None	Personally Owned Employer Provided None
26C. Do you currently have Medigap Insurance? (only applicable if age 65 or over)	_ Yes _ No	Yes _ No

INCOME INFORMATION

27. Sources of Income

List annual amounts you are currently receiving. "Gross salary and bonus" means total compensation prior to pre-tax contributions to retirement plans, flexible-benefit plans and deferred compensation. If you leave the Dividends, Taxable Interest and Tax-Free Income lines blank, not zero, we will assume certain returns on your assets.

	CLIENT 1	CLIENT 2
Gross Salary and Bonus	\$ _____ PER YR	\$ _____ PER YR
Net Self-Employment (i.e., after business expenses)	\$ _____ PER YR	\$ _____ PER YR
Pension	\$ _____ PER YR	\$ _____ PER YR
Social Security	\$ _____ PER YR	\$ _____ PER YR
Alimony Income	\$ _____ PER YR	\$ _____ PER YR
Roth IRA Conversion Income (i.e., amount reportable this year)	\$ _____ PER YR	\$ _____ PER YR
Other Taxable Income*	\$ _____ PER YR	\$ _____ PER YR
Dividends	\$ _____ PER YR	\$ _____ PER YR
Taxable Interest	\$ _____ PER YR	\$ _____ PER YR
Tax-Free Interest Income	\$ _____ PER YR	\$ _____ PER YR
Other Tax-Free Income*	\$ _____ PER YR	\$ _____ PER YR

INCOME TAX INFORMATION

CLIENT 1

CLIENT 2

28. Flexible-Benefit Contributions \$ _____ PER YR (Pre-tax contributions to a plan that reimburses you for certain out-of-pocket medical or child-care expenses)
- Alimony Paid \$ _____ PER YR
- Tax Credits \$ _____ PER YR
Indicate available tax credits (i.e., child-care credit, low-income housing credit, foreign tax credit, education credit against the federal tax liability on your income). Do not include the child tax credit created by the Taxpayer Relief Act of 1997.
- 28A. If you routinely experience real estate income losses (reported on Schedule E) or if you routinely realize capital gains or losses (reported on Schedule D), indicate the typical amounts you report on your tax return. These values will be factors in determining your tax rate and used in projecting asset values in the Retirement analysis.
- Real Estate Loss Amount \$ _____ PER YR
- Short-Term Capital Gain (Loss) \$ _____ PER YR
- Long-Term Capital Gain (Loss) \$ _____ PER YR
29. Total Itemized Deductions Before Reduction \$ _____ PER YR (For Domestic Partners Only)
- Estimate your itemized deductions (e.g., mortgage interest, state and local income taxes, real estate taxes). See Schedule A, Form 1040. If left blank, we will use the standard deduction.
30. Accountant's Name (optional) _____

GOALS INFORMATION

31. If you are not retired, indicate either the total amount of your current income that you plan to annually save or spend. Either value that you provide will be used to estimate your current cash flow. Your cash flow estimates will be used both to apply an annual savings estimate to your retirement goal and to help you evaluate your spending behavior. If you are retired, record your current expenses in Question 33.
- Annual Savings \$ _____ PER YEAR
- Indicate the total amount you plan to save annually, in addition to dividends, interest income and retirement plan contributions.
- Current Spending Level \$ _____ PER YEAR
- Indicate the total amount you spend annually, excluding federal and state income taxes, but including any municipal and property taxes.

CLIENT 1

CLIENT 2

32. Desired Retirement Age _____
- If you are retired, please enter current age. If Client 1 leaves the question blank, we will assume retirement at age 65. If Client 2 leaves the question blank, we will assume he or she retires at the same time Client 1 retires.
33. Desired Retirement Lifestyle
- How much annual spendable income, after income taxes, would you need to support your desired retirement lifestyle as expressed in today's dollars? If you leave this blank, we will make an estimate based on your annual income in Question 27.
- I/we would need \$ _____ PER YEAR (in today's dollars).

Retirement/Survivor Expense Override

33A. If you anticipate additional expenses beyond your annual lifestyle needs that you would like to include in your retirement/survivor lifestyle, describe the expense item and indicate the following: who will incur the expense (the owner), the year the expense begins, the number of years the expense will continue, whether the expense is subject to a cost-of-living adjustment (COLA) and the amount per year.

Item Description	Owner			Start YR	No. of YRs	COLA	Amounts (today's dollars)
_____	C1	C2	JT	_____	_____	_ Y _ N	\$ _____
_____	C1	C2	JT	_____	_____	_ Y _ N	\$ _____
_____	C1	C2	JT	_____	_____	_ Y _ N	\$ _____
_____	C1	C2	JT	_____	_____	_ Y _ N	\$ _____
_____	C1	C2	JT	_____	_____	_ Y _ N	\$ _____
_____	C1	C2	JT	_____	_____	_ Y _ N	\$ _____

33B. Retirement/Survivor Income Override

If you anticipate income that would be available to support your retirement and, if applicable, survivor lifestyle needs, indicate the following: who will incur the income (the owner), the year the income begins, the number of years the income will continue, whether the income is taxable, whether the income is subject to a cost-of-living adjustment (COLA) and the amount of income per year.

Item Description	Owner C1/C2/JT	Start YR	No. of YRs	Taxable	COLA	Amounts (today's dollars)
Post Retirement Salary	C1	_____	_____	Y	Y	\$ _____
Post Retirement Salary	C2	_____	_____	Y	Y	\$ _____
Business Net Proceeds	C1	_____	_____	N	_____	\$ _____
Business Net Proceeds	C2	_____	_____	N	_____	\$ _____
Real Estate Net Proceeds	C1	_____	_____	N	_____	\$ _____
Real Estate Net Proceeds	C2	_____	_____	N	_____	\$ _____
Lottery Net Proceeds	C1	_____	_____	_____	_____	\$ _____
Lottery Net Proceeds	C2	_____	_____	_____	_____	\$ _____
_____	C1 C2 JT	_____	_____	_____	_____	\$ _____
_____	C1 C2 JT	_____	_____	_____	_____	\$ _____
_____	C1 C2 JT	_____	_____	_____	_____	\$ _____
_____	C1 C2 JT	_____	_____	_____	_____	\$ _____

34A. Desired Survivor Lifestyle

How much annual income, after income taxes, would your survivors need to support their lifestyle in today's dollars? Exclude education costs of tuition, room and board. If you leave this question blank, we will make an estimate based on your annual income in Question 27.

	CLIENT 1		CLIENT 2
Survivors of Client 1 would need a total of:	\$ _____ (per year in today's dollars)	Survivors of Client 2 would need a total of:	\$ _____ (per year in today's dollars)

34B. Would this income change sometime in the future?

(e.g., need reduces after mortgage is paid off)

Express this need in today's dollars. We will adjust for inflation.

	CLIENT 1		CLIENT 2
Survivors of Client 1 need would change to:	\$ _____	Survivors of Client 2 need would change to:	\$ _____
	Per year in the year _____		Per year in the year _____

35. Future Inheritance

If you anticipate a future inheritance, indicate the estimated amount. \$ _____

36. Some common financial goals are listed below. Indicate the priority you place in any of these goals by ranking them in order. You can choose those most important to you and rank all five. 1 = Most Important, 5 = Least Important

___ Comfortable Retirement ___ Estate Planning ___ Disability Protection ___ Survivor Protection ___ Education Planning

INVESTMENT INFORMATION

37. Do you currently have a fee-based asset management account? (Note, If you leave this blank; we will assume you do not have one.) Yes No

38. Investment Risk

Select the one statement that best describes your attitude towards investment risk.

1. Conservative: Safety of principal is the dominant concern. Risk should be kept to a minimum.
2. Conservative to Moderate: Safety of principal is the dominant concern, but a secondary goal is growth of capital. Some risk is acceptable in seeking to enhance returns.
3. Moderate: Growth of capital is and safety of principal are both important. Moderate risk is acceptable to increase growth opportunities.
4. Moderate to Aggressive: Growth of capital is the primary concern. But a secondary goal is safety of principal. A fair amount of risk is acceptable to take advantage of potentially significant growth opportunities.
5. Aggressive: Growth of capital is the primary concern. High risk is acceptable in seeking superior returns.

Note: If you do not indicate an attitude toward investment risk, we will assume Moderate (choice number 3).

39. Investment Style? General Socially Responsible Biblical Responsible

YOUR LEGACY

40A. What will be your legacy?

40B. What organization (s) do you support via donations?

40C. Do you have a donor-advised fund?

ADDITIONAL QUESTIONS

41A. Attorney's Address

If you provided your attorney's name in Question 21B, include his/her address here

Firm Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ - _____ Ext. _____

41B. Accountant's Address

If you provided your accountant's name in Question 30, include his/her address here

Firm Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ - _____ Ext. _____

41C. Other: Insurance Agent Banker Business Partner Other

Name _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ - _____ Ext. _____

Remarks: Use this space for any additional information you wish to provide.
