



DISCOVERY INSIGHT

— *workbook* —



Name: _____

Date: / / _____



Discovery leads to clarity, and clarity leads to meaningful action. The Discovery Insight Workbook is designed to guide our conversation and capture the future you want to see happen.

Then, we'll build it together.

VALUES

» Help your client identify their values using the Legacy Values Card System™. Once you understand the top values guiding their decisions, ask for examples of where those values show up in their life.

Values

Examples from Real Life:

1. _____

2. _____

3. _____

4. _____

5. _____

GOAL DETAIL WORKSHEET (GISOR™)

Include in Planning Map™

- » Affirm the prioritized goal to ensure you have documented it correctly and then ask the following questions to have a deeper discussion on their goals.

Goal

Why is this goal Iimportant to accomplish?

What Supporting resources will assist in accomplishing this goal?

What Obstacles may prevent this goal from being accomplished?

Readiness:

1 2 3 4 5

- » Where are you on a scale of 1 to 5 to be able to take action today? (1 = READY to take action and 5 = NOT READY to take action.)

Goal Name:

A list of possible planning categories: Survivor Income, Disability Income, Education Planning, Major Purchase, Retirement Income, Retirement Allocation, Long-Term Care, Asset Allocation, Estate Planning, Business Planning, Business Succession, Charitable Planning

GOAL ACHIEVEMENT™ WORKSHEET

PLANNING GAP

» Describe the gap that is being addressed:

PLACE OF MOST POTENTIAL

» Describe the recommendation that would assist in accomplishing this goal:

STRATEGIES

GOAL DETAIL WORKSHEET (GISOR™)

Include in Planning Map™

- » Affirm the prioritized goal to ensure you have documented it correctly and then ask the following questions to have a deeper discussion on their goals.

Goal

Why is this goal Iimportant to accomplish?

What Supporting resources will assist in accomplishing this goal?

What Obstacles may prevent this goal from being accomplished?

Readiness:

1 2 3 4 5

- » Where are you on a scale of 1 to 5 to be able to take action today? (1 = READY to take action and 5 = NOT READY to take action.)

Goal Name:

A list of possible planning categories: Survivor Income, Disability Income, Education Planning, Major Purchase, Retirement Income, Retirement Allocation, Long-Term Care, Asset Allocation, Estate Planning, Business Planning, Business Succession, Charitable Planning

GOAL ACHIEVEMENT™ WORKSHEET

PLANNING GAP

» Describe the gap that is being addressed:

PLACE OF MOST POTENTIAL

» Describe the recommendation that would assist in accomplishing this goal:

STRATEGIES

GOAL DETAIL WORKSHEET (GISOR™)

Include in Planning Map™

» Affirm the prioritized goal to ensure you have documented it correctly and then ask the following questions to have a deeper discussion on their goals.

Goal

Why is this goal Iimportant to accomplish?

What Supporting resources will assist in accomplishing this goal?

What Obstacles may prevent this goal from being accomplished?

Readiness:

1 2 3 4 5

» Where are you on a scale of 1 to 5 to be able to take action today? (1 = READY to take action and 5 = NOT READY to take action.)

Goal Name:

A list of possible planning categories: Survivor Income, Disability Income, Education Planning, Major Purchase, Retirement Income, Retirement Allocation, Long-Term Care, Asset Allocation, Estate Planning, Business Planning, Business Succession, Charitable Planning

GOAL ACHIEVEMENT™ WORKSHEET

PLANNING GAP

» Describe the gap that is being addressed:

PLACE OF MOST POTENTIAL

» Describe the recommendation that would assist in accomplishing this goal:

STRATEGIES

GOAL DETAIL WORKSHEET (GISOR™)

Include in Planning Map™

» Affirm the prioritized goal to ensure you have documented it correctly and then ask the following questions to have a deeper discussion on their goals.

Goal

Why is this goal Iimportant to accomplish?

What Supporting resources will assist in accomplishing this goal?

What Obstacles may prevent this goal from being accomplished?

Readiness:

1 2 3 4 5

» Where are you on a scale of 1 to 5 to be able to take action today? (1 = READY to take action and 5 = NOT READY to take action.)

Goal Name:

A list of possible planning categories: Survivor Income, Disability Income, Education Planning, Major Purchase, Retirement Income, Retirement Allocation, Long-Term Care, Asset Allocation, Estate Planning, Business Planning, Business Succession, Charitable Planning

GOAL ACHIEVEMENT™ WORKSHEET

PLANNING GAP

» Describe the gap that is being addressed:

PLACE OF MOST POTENTIAL

» Describe the recommendation that would assist in accomplishing this goal:

STRATEGIES

GOAL DETAIL WORKSHEET (GISOR™)

Include in Planning Map™

» Affirm the prioritized goal to ensure you have documented it correctly and then ask the following questions to have a deeper discussion on their goals.

Goal

Why is this goal Iimportant to accomplish?

What Supporting resources will assist in accomplishing this goal?

What Obstacles may prevent this goal from being accomplished?

Readiness:

1 2 3 4 5

» Where are you on a scale of 1 to 5 to be able to take action today? (1 = READY to take action and 5 = NOT READY to take action.)

Goal Name:

A list of possible planning categories: Survivor Income, Disability Income, Education Planning, Major Purchase, Retirement Income, Retirement Allocation, Long-Term Care, Asset Allocation, Estate Planning, Business Planning, Business Succession, Charitable Planning

GOAL ACHIEVEMENT™ WORKSHEET

PLANNING GAP

» Describe the gap that is being addressed:

PLACE OF MOST POTENTIAL

» Describe the recommendation that would assist in accomplishing this goal:

STRATEGIES

PLANNING MAP™

Goal Name *(From Goal Detail Worksheet.)* _____

» Begin Period

date / /

» End Period

date / /

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 2 Name *(Optional)* _____

» Begin Period

date / /

» End Period

date / /

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 3 Name *(Optional)* _____

» Begin Period

date / /

» End Period

date / /

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

PLANNING MAP™

Goal Name *(From Goal Detail Worksheet.)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 2 Name *(Optional)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 3 Name *(Optional)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

PLANNING MAP™

Goal Name *(From Goal Detail Worksheet.)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 2 Name *(Optional)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 3 Name *(Optional)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

PLANNING MAP™

Goal Name *(From Goal Detail Worksheet.)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 2 Name *(Optional)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 3 Name *(Optional)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

PLANNING MAP™

Goal Name *(From Goal Detail Worksheet.)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 2 Name *(Optional)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 3 Name *(Optional)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

PLANNING MAP™

Goal Name *(From Goal Detail Worksheet.)* _____

» Begin Period

date / /

» End Period

date / /

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 2 Name *(Optional)* _____

» Begin Period

date / /

» End Period

date / /

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 3 Name *(Optional)* _____

» Begin Period

date / /

» End Period

date / /

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

PLANNING MAP™

Goal Name *(From Goal Detail Worksheet.)* _____

» Begin Period

date / /

» End Period

date / /

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 2 Name *(Optional)* _____

» Begin Period

date / /

» End Period

date / /

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 3 Name *(Optional)* _____

» Begin Period

date / /

» End Period

date / /

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

PLANNING MAP™

Goal Name *(From Goal Detail Worksheet.)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 2 Name *(Optional)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

Level 3 Name *(Optional)* _____

» Begin Period

date / / _____

» End Period

date / / _____

» Status:

Completed
 In-Progress
 Scheduled
 Re-Scheduled
 Tentative
 Deleted

NOTES:

TEAM PROFILE

TEAM PROFILE FOR _____

name _____
role _____
 name _____
role _____
 name _____
role _____
 name _____
role _____

name _____
role _____

name _____
role _____

name _____
role _____

The **PLANNING** Table

name _____
role _____

name _____
role _____

client name _____
 client name _____
 most trusted advisor _____

When faced with a challenging financial situation, who do you contact? _____

Team Member	Responsibility	Referral Source

TEAM PROFILE

TEAM PROFILE

Effective planning requires a team approach as well as a certain specific strength from each member. Trust is the basis for all relationships and has significant implications regarding the ability to

make progress and achieve goals. The goal of the Team Profile is to determine each team members effectiveness by evaluating each team member's strength and trust level.

STRENGTH

Rate each advisor on a scale of -3, -2, -1, 0, 1, 2, 3 where 3 indicates the team member is a team asset in the respective category and -3 indicates the team member may be a liability.

R RELATIONSHIP

How well has this advisor maintained your relationship?

S SOLUTION

How effective are they at introducing solutions you have implemented?

D DISCOVERY

How effective are they at helping you achieve clarity before making a choice?

M MANAGEMENT

How effective are they at managing projects they initiate to a timely conclusion?

TRUST

Rate each advisor on a scale of 1 to 10, with 10 representing a high level of credibility, reliability, intimacy or self interest.

C CREDIBILITY

What is the advisor's level of professional credibility?

R RELIABILITY

How reliable is the advisor?

I INTIMACY

How comfortable are you talking with this advisor regarding private or personal matters?

S SELF-ORIENTATION

What is your level of concern that the advisor places his or her interests ahead of your own?

Your **TEAM** Profile

TEAM MEMBER	R	D	S	M	C	R	I	S



LEGACY

think-legacy.com

PERSONAL & FAMILY INFORMATION

Your Information

Full Legal Name _____

Is there a nickname you prefer? _____

Birth Date _____ Place of Birth _____

Address _____ Home Phone _____

_____ Cell Phone _____

Email Address _____

Spouse / Partner

Full Legal Name _____

Is there a nickname you prefer? _____

Birth Date _____ Place of Birth _____

Address _____ Home Phone _____

_____ Cell Phone _____

Email Address _____

Child

Full Legal Name _____

Nickname _____

Birth Date _____ Sex _____

Child

Full Legal Name _____

Nickname _____

Birth Date _____ Sex _____

Child

Full Legal Name _____

Nickname _____

Birth Date _____ Sex _____

Child

Full Legal Name _____

Nickname _____

Birth Date _____ Sex _____

Are you planning on having more children? Yes No If 'yes', how many? _____

Do you have any grandchildren? Yes No If 'yes', how many? _____

PERSONAL & FAMILY INFORMATION

Special Considerations

Are there any special considerations that relate to the future of your children and perhaps their future education? (Exceptionally bright? Special talents? Disabilities? Prior marriages?)

Extended Family

Tell us about your extended family (parents, grandparents, brothers, sisters, etc.) Names, ages, still living, still working, still married?

Individual

Spouse

<i>Father</i>	<hr/>	<hr/>
<i>Mother</i>	<hr/>	<hr/>
<i>Brother(s)</i>	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
<i>Sister(s)</i>	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>

Is there anyone you are supporting now, or may be in the future, who might affect your financial situation?

EMPLOYMENT

Individual

Spouse

<i>Who is your employer?</i>	_____	_____
<i>How long have you worked there?</i>	_____	_____
<i>What is your job title?</i>	_____	_____
<i>What are your specific job duties?</i>	_____	_____
<i>Describe the Nature of the Business</i>	_____	_____
<i>Who owns the business?</i>	_____	_____
<i>What is the Business Structure?</i>	_____	_____
<i>Business Address:</i>	_____	_____
<i>Business Phone / Fax:</i>	_____	_____
<i>Business Email:</i>	_____	_____
<i>What are your future Career Plans?</i>	_____	_____

HOBBIES & INTERESTS

Individual

Spouse

How do you spend your time away from work?
(Outside activities, clubs, organizations, etc.?)

--	--	--

What other activities/
avocations do you enjoy?
(Skydiving? Hiking?
Rock Climbing?)

--	--	--

OBJECTIVES

» What are your savings and retirement objectives?

- | | |
|--|---|
| <input type="checkbox"/> Funding child(ren)'s education: _____
_____ | <input type="checkbox"/> Funding a comfortable retirement: _____
_____ |
| <input type="checkbox"/> Providing for your family in the event of death: _____
_____ | <input type="checkbox"/> Providing for you/your family in event of a disability: _____
_____ |
| <input type="checkbox"/> Providing for long-term care needs: _____
_____ | <input type="checkbox"/> Properly addressing your estate settlement needs: _____
_____ |
| <input type="checkbox"/> Evaluating your investment portfolio: _____
_____ | <input type="checkbox"/> Other: _____
_____ |

SAVINGS PHILOSOPHY

» Given your goals and priorities, it is important to review your savings philosophy.

What is the most important thing you've learned about money and investing?

When have you been the best saver in your life?

individual: _____

spouse: _____

Do you consider yourself a disciplined saver?

Yes

No

Yes

No

What percentage of your total income do you feel should be set aside to meet your financial goals? _____ %

What does this mean, in dollars, on an annual basis? \$ _____

Are you currently doing this? Yes No

If not, what would help you save more money? _____

Who manages your finances and pays monthly expenses? _____

Wealth ACCUMULATION

» Knowing your vision for your future, let's examine your living objectives in more detail.

EDUCATION

Individual

Spouse

Tell me about your educational background? (Schools, major, active in alumni?)

How did you fund your education?

What are your thoughts regarding your child(ren)'s future education?

Do you intend on sending your child(ren) to private elementary or high school? Yes No

What is the current cost per year for these education goals? \$ _____

Do you intend on partially or fully funding your child(ren)'s college education? If yes, what percentage? Yes No _____ %

What would be the total cost per year to send your child(ren) to college of their/your choice today? \$ _____

How would you feel if you couldn't provide this? _____

How important is it to provide this if you died or became disabled? _____

How are you currently saving to fund your child(ren)'s education? *Post in assets sheet.* _____

How do you feel about your current plan to meet this goal? _____

The cost of a college education has increased at a rate substantially higher than the inflation rate. On average 7%. Do you feel comfortable using this rate in our calculation? Yes No

RETIREMENT

» Let's look further out at your retirement goals.

What thoughts do you have regarding your retirement? _____

How do you feel about your current plans for retirement? _____

At what age would you (and your spouse) like to be in a position to not have to work? *ind.* _____ *sp.* _____

If you retired today, is it safe to assume you'd like to continue the same lifestyle you have today? Yes No

If not, what would you expect to change? _____

How much after-tax monthly income would you need today to support this lifestyle? \$ _____

To what age would you want this income to continue? _____

Does this amount consider the cost of health insurance in retirement? Yes No

Do you or your spouse see yourself working/consulting after retiring? Yes No

If yes, what income, for how long? _____

How are you currently saving to fund your retirement goals? *Post in assets sheet.* _____

What will you do if your retirement goal is not met? (Work longer? Retire on less?) _____

How would you fund your retirement if you were to become disabled or chronically ill? _____

Does your employer provide a defined Benefit Plan? *individual* Yes No *spouse* Yes No

Pension? *individual* Yes No *spouse* Yes No

Employer BENEFITS

	<i>description</i>	<i>annual retirement income</i>	<i>beginning age</i>	<i>pre-retirement death benefit</i>	<i>annual disability benefit</i>	<i>cost of living</i>	<i>cash settlement option</i>
<i>individual</i>		\$	\$			% \$	
<i>spouse</i>		\$	\$			% \$	

Note: Obtain the employee benefits booklet

Assets, Liabilities & **INCOME**

» To better understand your current financial position, let's review your existing assets and your outstanding debt.

TAXABLE ASSETS

Description	Current Value	Cost Basis	Annual Contribution	Annual Contribution Increase	Owner	Purpose (ED, RI, OT)	Liquid at Death (y/n)	Growth Rate
Savings	\$	\$	\$	%				%
CDs	\$	\$	\$	%				%
Bonds	\$	\$	\$	%				%
Mut. Fund	\$	\$	\$	%				%
Stocks	\$	\$	\$	%				%
	\$	\$	\$	%				%
	\$	\$	\$	%				%
	\$	\$	\$	%				%

TAX-DEFERRED ASSETS

	Description	Current Value	Cost Basis (NQ Only)	EE Contrib.	ER Contrib.	Annual Contrib. Increase	Owner	Purpose (ED, RI, OT)	Rollover at Death (y/n)	Growth Rate
Individual	401(k)	\$	\$	\$		%				%
	Annuities	\$	\$	\$		%				%
	IRAs	\$	\$	\$		%				%
	529 Plan	\$	\$	\$		%				%
		\$	\$	\$		%				%
		\$	\$	\$		%				%
Spouse	401(k)	\$	\$	\$		%				%
	Annuities	\$	\$	\$		%				%
	IRAs	\$	\$	\$		%				%
	529 Plan	\$	\$	\$		%				%
		\$	\$	\$		%				%
		\$	\$	\$		%				%

ADDITIONAL ASSETS

<i>Description</i>	<i>Current Value</i>	<i>Purchase Price</i>	<i>Owner</i>	<i>Liquid at Death (y/n)</i>	<i>Growth Rate</i>
Residence	\$	\$			%
Automobiles	\$	\$			%
Personal Prop.	\$	\$			%
Business Prop.	\$	\$			%
	\$	\$			%

TOTAL ASSETS

Assets: \$ _____ Assets Available at Death: \$ _____

LIABILITIES

<i>What is the current outstanding?</i>	<i>Amount Owed</i>	<i>Monthly Payment</i>	<i>Interest Rate</i>	<i>Time Remaining</i>	<i>Person Liable</i>	<i>Payable at Death (y/n)</i>
Home Mortgage	\$	\$	%	yrs		
Equity Loans	\$	\$	%	yrs		
Personal Loans	\$	\$	%	yrs		
Student Loans	\$	\$	%	yrs		
Credit Cards	\$	\$	%	yrs		
	\$	\$	%	yrs		

TOTAL LIABILITIES

Liabilities: \$ _____ Assets: \$ _____

Less Liabilities: \$ _____

Total Net Worth: \$ _____

What are your general thoughts and feelings regarding debt? _____

Do you have a broker or someone to whom you turn for financial advice? _____

What have you liked most about your previous investment experience? _____

What have you liked least about your previous investment experience? _____

Are there any other investments you currently hold that we haven't discussed? *Post in assets sheet.* _____

INCOME

» It is also important to have an understanding of how you are compensated.

	Type of Income	Last Year	Current Year	Next Year	5 Years From Now
Individual	Salary	\$	\$	\$	\$
	Bonus (when?)	\$	\$	\$	\$
	Other Income	\$	\$	\$	\$
		\$	\$	\$	\$
Spouse	Salary	\$	\$	\$	\$
	Bonus (when?)	\$	\$	\$	\$
	Other Income	\$	\$	\$	\$
		\$	\$	\$	\$

TOTAL INCOME

Combined: \$ _____

At what rate do you expect your income to grow long-term? *ind.* _____ % *sp.* _____ %

Do you anticipate any significant changes in your total income in the future? (i.e. special bonus?) *individual* Yes No *spouse* Yes No

Do you feel it is important to save all / part of your future raises? *individual* Yes No *spouse* Yes No

What do you typically do with the extra money you earn as a result of your raises? _____

What percent of your total income do you pay in income tax? *ind.* _____ % *sp.* _____ %

Do you normally receive a tax refund? Yes No *Amount: \$* _____ *Purpose:* _____

Are you working with an accountant / CPA? Yes No *Name:* _____

What is your monthly, take-home pay? *ind.* \$ _____ *sp.* \$ _____

What is the amount of your monthly living expenses? \$ _____

How is the difference being used for your benefit? _____

RISK MANAGEMENT

- » Knowing the goals you've set for your life, it's important to ensure that those goals can be accomplished in the unfortunate event of a premature death, disability, or extended illness/injury.

What are your thoughts about life insurance, in general? _____

- » Tell me about your existing life insurance coverage (employer provided and/or personally owned):

SURVIVOR INCOME

	<i>Insured</i>	<i>Face Amount</i>	<i>Type*</i>	<i>Company</i>	<i>Cash Value</i>	<i>Premium*</i>	<i>Beneficiary</i>	<i>Owner/ Payer</i>
Ind.	Employer	\$	\$		\$	\$		
	Personal	\$	\$		\$	\$		
Sp.	Employer	\$	\$		\$	\$		
	Personal	\$	\$		\$	\$		

- * If term: Level or increasing premium? _____
 How long will it last? _____ How long in force? _____

How did you determine your current amount of coverage? _____

- » The amount of life insurance you own isn't necessarily right or wrong until you compare it to what you would want to happen if you didn't make it home today.

EXISTING DEBT & EXPENSES

- » What would you want to happen in the event of:

<i>What amount would you want to provide to pay off:</i>	Your Death	Spouses Death
<i>Mortgage:</i>	\$ _____	\$ _____
<i>Existing debt:</i>	\$ _____	\$ _____
<i>Funeral Costs, Emergency Fund, Readjustment Fund:</i> +	\$ _____	\$ _____
Total Debt & Expenses: =	\$ _____	\$ _____

COST OF EDUCATION

How much would you need to create a nest egg for college education?

Annual Cost: \$ _____ × # of Years _____ × # of Children _____ = \$ _____

HEALTH

Individual

Spouse

How is your health?

Are you satisfied with your health insurance coverage?

 Yes No

 Yes No

Tell me about the health insurance benefits provided by your employer:

Who is the benefits administrator at your company?

Do you regularly see a personal physician?

 Yes No

 Yes No

Doctor or name of group / clinic:

When was your last physical exam? Results?

Blood Pressure:

Cholesterol:

Are you taking any medication(s)?

 Yes No

 Yes No

List any medication(s) you are currently taking:

Other than regular visits, have you had to see other physicians?

Have you used tobacco or any form of nicotine in the past 12 months?

 Yes No

 Yes No

DISABILITY INCOME

If you were sick or injured and could not work tomorrow, what sources of income would you use to meet your monthly living expenses?

» Tell me about your existing disability income insurance coverage (employer provided and/or personally owned):

	Description	Monthly Benefit	Begin Date	Benefit Period	Premium	Company	Payor	C.O.L. Adjustment	Max Mo. Benefit	Offset by: y / n
Ind.	Employer	\$			\$				\$	
	Personal	\$			\$				\$	
Sp.	Employer	\$			\$				\$	
	Personal	\$			\$				\$	

Individual

Spouse

How do you feel about your existing disability income insurance coverage?

Does your existing disability income insurance coverage cover bonus income and / or commissions?

 Yes No Yes No

Is it reasonable to assume that if you were sick or injured and unable to work, your family would need the same amount of income you currently earn?

 Yes No Yes No

If no, how would your needs change?

What would this mean in monthly after-tax income?

\$ _____ \$ _____

With this in mind, what concerns do you have regarding protecting your income against loss due to injury or illness?

LONG-TERM CARE

» Tell me about your current long-term care insurance coverage (employer provided and/or personally owned):

	<i>Insured</i>	<i>Daily Benefit</i>	<i>Beginning Date</i>	<i>Benefit Period</i>	<i>Company</i>	<i>Premium</i>
Incl.	Employer	\$				\$
	Personal	\$				\$
Sp.	Employer	\$				\$
	Personal	\$				\$

Individual

Spouse

Do you know anyone who has needed long-term care services at home or in a facility? (immediate family, relatives, acquaintances?)

 Yes

 No

 Yes

 No

If yes, please tell me about it: _____

Have you considered needing long-term care yourself?

 Yes

 No

 Yes

 No

Who would you consider capable and willing to care for you? _____

How would this impact that caregiver's lifestyle? _____

Have you (or your parents) had the opportunity to speak with someone knowledgeable about long-term care?

 Yes

 No

 Yes

 No

Have you considered the impact to your lifestyle if a parent (or in-law) became dependent on you for long-term care?

 Yes

 No

 Yes

 No

Are you familiar with the approximate costs of long-term care services?

 Yes

 No

 Yes

 No

Cost for long-term care services in a nursing home typically range from \$100-\$300 per day, depending on your area. How much would you like to plan for? \$ _____

If you and/or your spouse required long-term care services, how would this impact you financially? _____

Should I use current or retirement income to offset any long-term care costs in my analysis?

 Yes

 No

 Yes

 No

Wealth ACCUMULATION

WILLS

Individual

Spouse

Do you have a written will?

Yes No

Yes No

When and where was your will executed?

Who will be your executor? Why?

Who will be the guardian of your child(ren)? Why?

Are you the chosen guardian for someone else?

Yes No

Yes No

If yes, who are you guardian to?

Are you a U.S. citizen?

Yes No

Yes No

Do you currently work with an attorney?

Yes No

Yes No

If yes, what is the name of the attorney / firm?

Have you incorporated any other estate distribution strategies? (Trusts, gifting, charitable giving?)

Yes No

Yes No

If yes, complete the Estate Distribution section on the next page.

ESTATE DISTRIBUTION

Individual

Spouse

What strategies have you implemented?

What is the purpose of these strategies?

When were they last reviewed?

Have you established any trusts?

Yes No

Yes No

If yes, why were the trusts established?

What is the value of the trust assets?

\$ _____

\$ _____

Who is the trust officer?

Are you the beneficiary of any trusts?

Yes No

Yes No

If yes, what is the name / type of trust?

At your death, to whom and how would your assets pass?

Is this original strategy consistent with your current goals?

Yes No

Yes No

If no, what changes would you make?

Are you currently making any charitable or educational gifts or pledges?

Yes No

Yes No

If yes, to what organization(s)?

Would you like to see them continue if something happened to you?

Yes No

Yes No

Have you made other substantial gifts in the past?

Yes No

Yes No

If yes, to what organization(s)?

How do you feel about making gifts to avoid estate taxes at your death?

NOTE: Obtain copies of estate planning documents (wills, trusts, etc.)*

INVESTOR PROFILE

How comfortable are you with the topic of investing? _____

Tell me about the best financial decision you've ever made: _____

Tell me about the worst financial decision you've ever made: _____

1. What is your primary goal for these invested assets:

-14

Preservation
of Principal

3

Generate
Income

6

Income with
some Growth

9

Growth with
some Income

11

Capital Appreciation
and Growth

2. How many years do you plan to invest these assets before you anticipate making withdrawals?

-14

Less than
3 Years

3

3 to 5
Years

6

5 to 10
Years

9

10 to 20
Years

11

More than
20 Years

3. Once you have reached that point, where would you like to take withdrawals from these assets and how long will you be making withdrawals from this investment?

1

One-Time
Lump Sum

3

1 to 5
Years

6

5 to 10
Years

9

10 to 20
Years

11

More than
20 Years

4. At times, extremely conservative investments may earn less than the rate of inflation. This may result in the loss of purchasing power. Which of the following statements best aligns with your goals and objectives:

11

This is a long-term investment and my goal is to significantly exceed the rate of inflation. I am willing to accept considerable risk and substantial market volatility to achieve this goal.

9

Over time, I can ignore fluctuations in investment value to achieve my goal of meaningful growth and exceeding the rate of inflation.

6

It is important that these investments match or exceed the rate of inflation. I am comfortable with moderate fluctuations in the value of these investments.

3

I am willing to tolerate small fluctuations in principal value to allow for the opportunity of my investments to grow at the same rate of inflation.

-14

These assets should be safe, even if it means that the returns do not keep pace with the rate of inflation.

INVESTOR PROFILE, CONT.

5. Carefully consider the following hypothetical portfolios. Which portfolio would you be comfortable owning despite the potential of short-term volatility and decrease in value?

	Hypothetical Portfolio	Worst 3-Month Return	Worst 12-Month Return	Average Annual Return
1	Portfolio A	-7%	-7%	5.0%
3	Portfolio B	-14%	-18%	5.5%
6	Portfolio C	-19%	-25%	6.0%
9	Portfolio D	-24%	-33%	6.5%
11	Portfolio E	-35%	-47%	7.5%

These are hypothetical portfolios and are not meant to be representative of any investment or investment strategy.

6. The degree in which the value of an investment increases and decreases is one measure of risk. More volatile investments generally offer greater long-term growth potential than less volatile investments; however, they may produce greater losses. How much volatility are you comfortable with?

-14

I am not comfortable with any volatility.

3

I prefer to minimize volatility and focus on stability.

6

I don't mind modest volatility to increase potential for growth.

9

I am comfortable with moderate volatility to increase potential returns.

11

I expect substantial volatility in pursuit of higher returns.

7. Other secure assets that I own, such as permanent cash value life insurance, personal savings accounts, pension, and fixed income assets, form a substantial portion of my net worth and should be taken into consideration when determining asset allocation.

1

Strongly Disagree

3

Disagree

6

Neutral

9

Agree

11

Strongly Agree

8. I believe the stability of my current and future income sources (not including these investments) is:

11

Very Stable

9

Stable

6

Somewhat Stable

3

Unstable

1

Very Unstable

9. If you could increase the opportunity to improve your returns by investing in riskier assets, would you be willing to take:

-4

A small amount of risk with SOME of your money.

3

A small amount of risk with MOST of your money.

6

A moderate amount of risk with SOME of your money.

9

A moderate amount of risk with MOST of your money.

11

Substantial amount of risk with ALL of your money.

INVESTOR PROFILE, CONT.

10. Carefully consider the following hypothetical portfolios and the hypothetical returns. With which portfolio are you most comfortable?

	\$100,000 Investment	Worst Case	Best Case
1	Portfolio A	\$110,000	\$165,000
3	Portfolio B	\$105,000	\$170,000
6	Portfolio C	\$100,000	\$175,000
9	Portfolio D	\$85,000	\$185,000
11	Portfolio E	\$70,000	\$200,000

These are hypothetical portfolios and are not meant to be representative of any investment or investment strategy.

11. What best describes your philosophy and strategy for investing?

- 11** I am unaffected by short-term market movements and stay focused on my long-term strategy of capital appreciation and growth.
- 9** Although I may have some concerns, I am typically a very patient investor with a wait-and-see attitude in regards to my long-term growth strategy.
- 6** I can get anxious during market swings and at times may change my strategies because of this.
- 4** I am uncomfortable with market volatility, which is why I typically focus on preservation of capital and current income.
- 3** I have never invested.

Add Up Scores:

Q. 1	Q. 2	Q. 3	Q. 4	Q. 5	Q. 6	Q. 7	Q. 8	Q. 9	Q. 10	Q. 11	Total

Score Range	Risk Profile	✓
-59 to 22	<i>Conservative</i>	
23 to 54	<i>Moderately Conservative</i>	
55 to 84	<i>Balanced</i>	
85 to 109	<i>Aggressive</i>	
110 to 121	<i>Very Aggressive</i>	

Total Score: _____

Risk Profile: _____

Are there any investments you would like to know more about?

Additional Notes:

Discovery AGREEMENT

Based on the discussions we have had today, have any of your objectives changed in importance? Yes No

If 'yes', how have they changed? _____

We've talked a lot about life insurance, disability income insurance, your child(ren)'s education, and what retirement means to you. If I could help you solve three of these needs, which ones would you rank as being the most important? (Rank them in order, below)

- | | |
|--|---|
| _____ Funding your child(ren)'s education | _____ Providing for long-term care needs |
| _____ Funding a comfortable retirement | _____ Properly addressing estate settlement needs |
| _____ Providing for your family in the event of death | _____ Evaluating your investment portfolio |
| _____ Providing for you/your family in the event of disability | _____ Other: _____ |

Earlier you indicated that _____ % of your total income or \$ _____ should be set aside annually to meet your financial goals.

If I can recommend some solutions that will help you accomplish your most important goals, and makes sense within your budget, what amount of money would you be willing to commit on a monthly basis? \$ _____

Earlier, we discussed your expectations for the future increases in income. What portion of these increases would you feel good about saving? \$ _____

Is there anything we have not touched upon that you feel is important for me to know? _____

Before going any further, I'd like to ask...

Do you have confidence in me to help you understand your financial needs and to meet and update those needs throughout your life? Yes No

What do you expect from me? _____

Next Appointment:

Date: _____ Time: _____

Place: _____

Expectations: _____

FAVORABLE INTRODUCTIONS

Successful: Attorneys, CPAs, doctors, salespeople, business owners, other professionals.

Neighbors, associates, friends, family.

Recently: Married, promoted, purchased a home, changed jobs, had a child.

1. _____ _____ _____	2. _____ _____ _____
3. _____ _____ _____	4. _____ _____ _____
5. _____ _____ _____	6. _____ _____ _____
7. _____ _____ _____	8. _____ _____ _____