

ProAdvice Signature[®]

Homework Packet



Financial Planning services offered through MetLife Securities, Inc.,
A registered investment adviser, 200 Park Avenue, New York, NY 10166

OR

Financial Planning services offered through New England Securities, Corp.,
A registered investment adviser, 501 Boylston Street, Boston, MA 02116

Financial Planning Overview

Introduction

Effective financial management depends on effective communication. Since the analysis and advice we provide you is based, in large part, on the information you have supplied, the accuracy and usefulness of the analysis will depend on the accuracy and completeness of the information.

Completing this form will give us the financial information needed to provide you with a good overview of your current financial situation. We will then discuss the first step toward control of your financial well being.

We suggest you gather all financial records together before completing the form. If you need to look up information, it will be readily available. A close estimate is better than no figure at all.

For the questions that ask for a preference, give the most honest answer you can. There are no right or wrong answers. If you don't finish the form prior to our meeting, please come to the appointment anyway. We will work with you to make your financial situation as problem-free as possible.

Vital Information and Global Assumptions

Today's Date: ___ / ___ / _____		Inflation Rate: ___ % (Default is 3.00%)	
CLIENT			
First Name:		Last Name:	
Date of Birth:		Retirement Age or Date:	
Sex: (circle one) <i>Male / Female</i>		Tax Filing Status (circle): <i>Single / Head of Household</i> <i>Married Filing Joint / Married Filing Single</i>	
Home Address:		E-mail Address:	
Employer:		Occupation/Title:	
Work Address:		Work Phone	Years With Employer:

CO-CLIENT			
First Name:		Last Name:	
Date of Birth:		Retirement Age or Date:	
Sex: (circle one) <i>Male / Female</i>		Tax Filing Status (circle): <i>Single / Head of Household</i> <i>Married Filing Joint / Married Filing Single</i>	
Home Address (if not same as above):		E-mail Address:	
Employer:		Occupation /Title:	
Work Address:		Work Phone:	Years With Employer:

MONEY MANAGEMENT ATTITUDES	
My biggest financial worry is:	
My greatest financial success is:	
I am able to commit \$_____ per month toward my financial goals or reducing my debt.	

Dependents and Heirs

CHILDREN			
Name	Date of Birth <i>(MM/DD/YYYY)</i>	Sex <i>(Circle)</i>	Dependent of? <i>(Both/Client/Co-Client)</i>
	___ / ___ / ____	M / F	
	___ / ___ / ____	M / F	
	___ / ___ / ____	M / F	
	___ / ___ / ____	M / F	

OTHER DEPENDENTS AND GRANDCHILDREN				
Name	Date of Birth <i>(MM/DD/YYYY)</i>	Sex <i>(Circle)</i>	Relationship	Dependent of? <i>(Both/Client/Co-Client)</i>
	___ / ___ / ____	M / F		
	___ / ___ / ____	M / F		
	___ / ___ / ____	M / F		
	___ / ___ / ____	M / F		

BENEFICIARIES IN ADDITION TO ABOVE			
Name	Beneficiary Type	Name	Beneficiary Type
	Heir / Charity / Other		Heir / Charity / Other
	Heir / Charity / Other		Heir / Charity / Other
	Heir / Charity / Other		Heir / Charity / Other
	Heir / Charity / Other		Heir / Charity / Other

Financial Attitudes

How many months of expenses do you think you should keep in savings for emergencies?	
If you inherited \$25,000 today, where would you put the money?	
Why?	
Please answer the following questions by circling “Yes” or “No:”	
Do you consider yourself to be a good money manager?	Yes / No
Do you consider yourself to be a conservative investor?	Yes / No
Do you consider yourself to be financially prepared for tomorrow?	Yes / No
Do you consider yourself to be a risk taker?	Yes / No
Do you consider yourself to be financially successful?	Yes / No
Do you consider yourself to be able to recover from financial losses?	Yes / No
Do you consider yourself to be in control of your financial affairs?	Yes / No
Do you consider yourself to be happy with your accumulation of assets, relative to the income you’ve earned over the last 10 years?	Yes / No
Do you expect any inheritances, legal settlements or gifts that may affect your financial plans?	Yes / No
If so, please explain and provide anticipated dollar amounts:	
Are you aware of upcoming changes in your life (lifestyle) which will directly affect your present financial situation (e.g., early retirement, divorce, child support)?	Yes / No
If so, please explain:	
Do either of you have any current health problems that may cause you to retire earlier than you wish?	Yes / No
If so, please explain:	

The following questions aid us in defining your financial and investment objectives. Your responses will be used to help formulate any recommended plan of action.

How important to you are the following investment objectives? Please rank them from 1 to 6 in order of importance (1=most important, 6 = least important):	
	Increase current income
	Diversify existing portfolio (i.e., spread risks among investments)
	Have cash available for emergencies or investment opportunities (i.e., liquidity)
	Accumulate funds that will keep pace with inflation
	Use borrowed funds to increase return from my investments (i.e., leverage)
	Minimize the time I have to spend managing my investments

Asset Allocation Questionnaire

Standard & Poor's Investment Advisory Services LLC (SPIAS), an affiliate of Standard and Poor's, created this questionnaire specifically for MetLife and its affiliates. The following questions will enable you to determine your time horizon and risk tolerance levels so that you can select a suggested asset allocation strategy. Please answer all of the questions. Please remember these are only suggested allocations; the final decision is up to you.

Your Personal Financial Situation

Your Investment Goal* (please select those that apply)

What is the primary goal of this investment?

- a. Education funding
- b. Retirement funding
- c. Estate planning or inheritance for my heirs
- d. Funding for another goal (long or short time frame, e.g. down payment on a house) _____

* Variable life insurance products are designed to provide death benefit protection while also offering the potential for long-term cash value accumulation. Variable life insurance is inappropriate if you need immediate access to your cash value, and is generally not appropriate for timeframes of less than 10 years.

Your Time Horizon

The amount of time that you can let your investments grow until you need them can impact the amount of risk you should take with the money. Please select an answer here that reflects the time you have until you need your money.

1. How many years remain before you plan to take a significant disbursement from this account?
 - a. Less than 5 years
 - b. 5 to 9 years
 - c. 10 to 20 years
 - d. Over 20 years or I plan to leave this money to my heirs

Understanding your personal financial situation and your attitude towards your financial goals is an important aspect of determining a suggested asset allocation strategy for you. Please answer the next 4 questions with the answers that best reflect your situation and feelings.

2. Inflation (the price increase for goods and services over time) can reduce the purchasing power of your money. Given that the inflation rate has averaged 3% over the last 20 years, how would you best describe your expected future salary or earnings in the next five years?
 - a. I expect my salary or earnings increases to outpace inflation.
 - b. I expect my salary or earnings increases to keep pace with inflation.
 - c. I expect my salary or earnings to lag inflation or decrease.

3. Do you intend to withdraw any of your retirement savings to pay for non-retirement expenses?
 - a. Yes, if immediate goals become a priority I would make significant withdrawals.
 - b. Yes, but only in limited amounts and only in case of personal financial emergency.
 - c. Yes, but only once and very limited in quantity.
 - d. No, I have no intention of ever making such a withdrawal.

4. How long would your long-term savings last in the event of a personal financial emergency?
 - a. 0–3 months
 - b. 4–6 months
 - c. 7–12 months
 - d. More than 12 months

5. About how much of your monthly income do you use to pay installment debt (auto loans, credit cards, etc., but not mortgages)?
 - a. I have no installment debt.
 - b. Less than a quarter of my monthly income is used to pay installment debt.
 - c. Between a quarter and a half of my monthly income is used to pay installment debt.
 - d. More than half of my monthly income is used to pay installment debt.

Risk Tolerance (cont'd)

Your Investment Experience and Risk Tolerance

Understanding your overall appetite and attitude for dealing with the various aspects of investment risk—such as loss of principal, volatility/fluctuation of values of your investments, and other factors will have an influence on the suggested asset allocation strategy that makes sense for you. Please carefully read and answer the following questions.

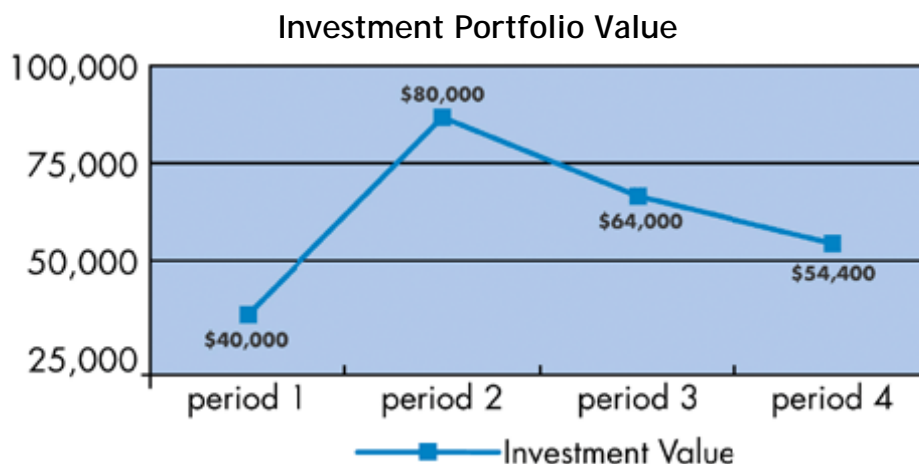
6. The purchasing power of your savings is eroded by the destructive effect of inflation (the price increase for goods and services over time). One way to offset this impact is to attempt to achieve a return on your investments that exceeds inflation. Investments that have achieved long-term returns that exceed inflation often have much higher levels of volatility (risk of loss) and can incur substantial declines in value along the way. Given this information, would you be willing to take more risk for your investment performance to exceed inflation?

- a. No
- b. Yes

7. While past performance is no guarantee of future results, for the 40 years since the beginning of 1964, the S&P 500 has averaged an annual return of 11.5% price appreciation. Generally, long-run equity market growth has averaged approximately 13% per year. Occasionally there have been protracted periods of steep decline, such as the 48% drop in the S&P 500 Index from March 2000 to September 2002. How would you react to a substantial decline in the equity market?

- a. I would be comfortable and would see it as a buying opportunity.
- b. I would be comfortable but would do nothing.
- c. I would be uncomfortable but would do nothing.
- d. I would be uncomfortable and would switch to less volatile investments.

Please refer to this graph when answering questions 8 and 9.



8. From an original investment of \$40,000 your portfolio, now worth \$80,000, drops \$16,000 or 20%. How would you react?

- a. Sell the investments entirely.
- b. Make no adjustments to the investments in my portfolio.
- c. Make additional purchases to the current investments in my portfolio.
- d. Try to avoid the investments that might suddenly decline by 20%.

9. Your portfolio from question 8, now worth \$64,000, suddenly declines another \$9,600 or 15% to \$54,400. How would you react?

- a. Sell the investments entirely.
- b. Make no adjustments to the investments in my portfolio.
- c. Make additional purchases to the current investments in my portfolio.
- d. Try to avoid the investments that might suddenly decline by 15%.

Risk Tolerance (cont'd)

10. How would you best describe the depth and length of your experience as an investor?
- a. I have no experience.
 - b. I have some experience investing in mutual funds or individual stocks and bonds.
 - c. I have extensive experience investing and have a broad understanding of capital markets.

Calculate Your Score

The first step in selecting an asset allocation strategy is to calculate your score. Select the numerical score that corresponds to the answer you selected for each of the questions on the questionnaire and write it in the indicated box for each question. Add up your score as indicated to arrive at your total risk tolerance score.

Question	A	B	C	D	Your Score*
1	0	5	10	15	
2	3	1	0	n/a	
3	0	1	2	3	
4	0	1	2	3	
5	5	4	2	0	
6	0	1	n/a	n/a	
7	3	2	1	0	
8	1	3	5	0	
9	1	4	7	0	
10	0	1	2	n/a	

Add the scores to get your risk tolerance score

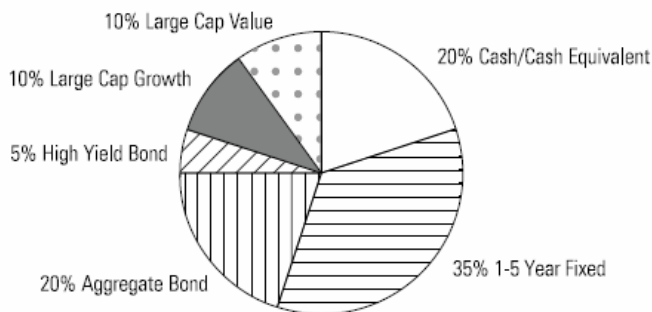
Look Up Your Suggested Strategy

Total Score	Suggested Strategy
0-9	Conservative
10-19	Conservative to Moderate
20-30	Moderate
31-41	Moderate to Aggressive
42-47	Aggressive

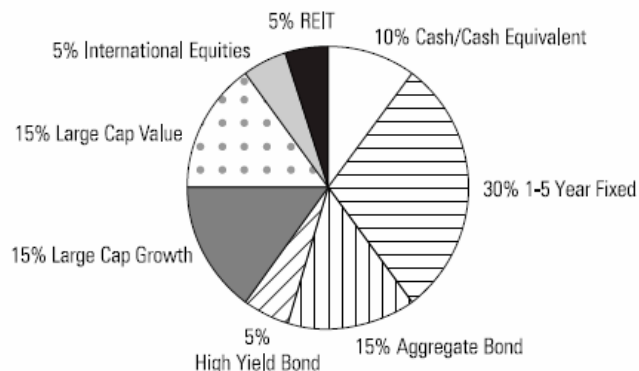
Risk Tolerance (cont'd)

Asset Allocation Models

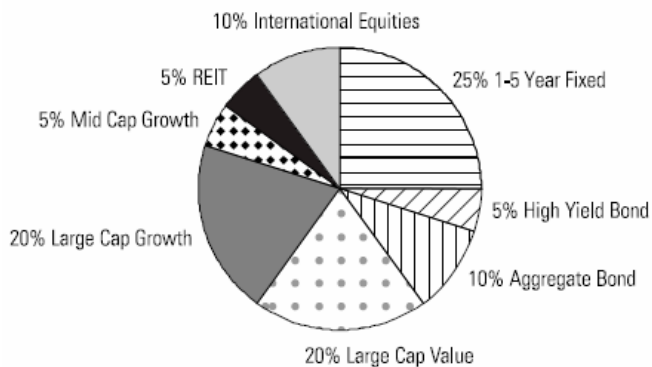
Conservative



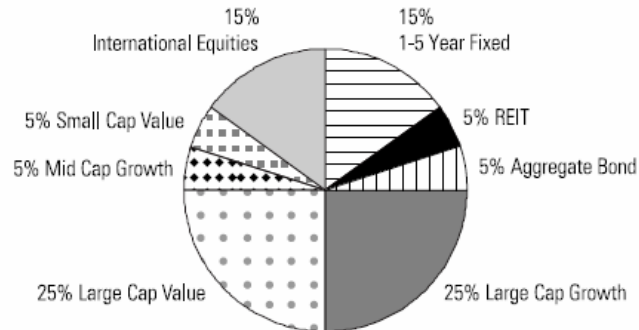
Conservative to Moderate



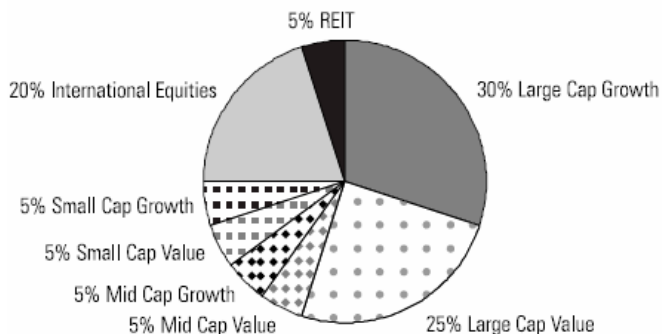
Moderate



Moderate to Aggressive



Aggressive



Legend

	Small Cap Value ^{S,V}		International Equities ^F
	Small Cap Growth ^{S,G}		Real Estate Investment Trust (REIT) ^R
	Mid Cap Value ^{M,V}		High Yield Bond ^{S,H}
	Mid Cap Growth ^{S,M}		Aggregate Bond ^A
	Large Cap Value ^{L,V}		1-5 Year Fixed ^F
	Large Cap Growth ^{S,L}		Cash/Cash Equivalent ^Z

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An investment based upon any of these asset allocation models should only be made after consulting with a registered representative and with an understanding of the risks associated with any investment in securities, including, but not limited to, market risk, currency risk, political and credit risks, the risk of economic recession and the risk that issuers of securities or general stock market conditions may worsen, over time. As with any investment, investment returns and principal value will fluctuate, so that when redeemed, an investor's shares may be worth more or less than their original cost. SPIAS is not responsible for suitability for MetLife's programs and products.

While diversification through an asset allocation strategy is a useful technique that can help to manage overall portfolio risk and volatility, there is no certainty or assurance that a diversified portfolio will enhance overall return or outperform one that is not diversified. An investment made according to one of these asset allocation models neither guarantees a profit nor prevents the possibility of loss.

-
- B. Bond and other fixed-income securities involve both credit risk and market risk, which includes interest rate risk. Credit risk is the risk that the security's issuer will not pay the interest, dividends or principal that it has promised to pay. Market risk is the risk that the value of the security will fall because of changes in market rates of interest or other factors. Interest rate risk reflects the fact that the values of fixed-income securities tend to fall as interest rates rise. When interest rates go down, interest earned on fixed-income securities will tend to decline.
 - F. Foreign securities pose additional risks that are not associated with U.S. domestic issues, such as changes in currency exchange rates and different governmental regulations, economic conditions and accounting standards.
 - G. Invests in growth stocks, the prices of which may be more sensitive to changes in current or expected earnings than the prices of other stocks. Growth stocks may not perform as well as value stocks or the stock market in general.
 - H. Lower rated high yield, high risk securities generally involve more credit risk. These securities may also be subject to greater market price fluctuations than lower yielding, higher rated debt securities.
 - L. Invests in the common stock of large capitalization companies. These investments may not be able to attain the growth rates as high as those of successful smaller capitalization companies, especially during extended periods of economic expansion.
 - M. The common stocks of medium-sized companies may be more volatile than those of larger, more established companies.
 - R. Investing in real estate involves special risks, which may not be associated with investing in stocks, including possible declines in real estate values, adverse economic conditions, and changes in interest rates.
 - S. Investments in small capitalization and emerging growth companies involve greater than average risk. Such securities may have limited marketability and the issuers may have limited product lines, markets and financial resources. The value of such investments may fluctuate more widely than investments in larger, more established companies.
 - V. Invests in stocks that tend to trade at lower prices relative to their fundamental financial characteristics and are therefore considered undervalued. Value stocks can perform differently than other categories of stocks (e.g., growth stocks) and can continue to be undervalued by the market for long periods of time.
 - Z. **An investment in the Portfolio is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although the Portfolio seeks to preserve the value of your investment, it is possible to lose money by investing in the Portfolio.**

Assets

	Personal Residence	Second Residence	Future Residence	Rental Property
Owner <i>(Joint / Client / Co-Client)</i>				
Community Property?	Y / N	Y / N	Y / N	Y / N
Purchase Date				
Purchase Price	\$	\$	\$ <i>(today's dollars)</i>	\$
Current Value	\$	\$		\$
Current Value as of Date				
Future Sale Date				
Future Purchase Deposit			\$ <i>(today's dollars)</i>	
Property Taxes	\$	\$	\$ <i>(today's dollars)</i>	
Property Tax Frequency <i>(Annual / Quarterly / Monthly)</i>				
Property Tax Increase <i>(Inflation or Other Percent)</i>	%	%	%	
Monthly Net Rental Income				\$
Annual Increase in Net Rental Income				%

Description	Owner (Joint / Client / Co-Client)	Purchase Details	Current Value
Client's Vehicle		Cost: \$ Date: __ / __ / __	Value: \$ As of: __ / __ / __
Co-Client's Vehicle		Cost: \$ Date: __ / __ / __	Value: \$ As of: __ / __ / __
Jewelry		Cost: \$ Date: __ / __ / __	Value: \$ As of: __ / __ / __
Electronics/Computers		Cost: \$ Date: __ / __ / __	Value: \$ As of: __ / __ / __
Other Personal Assets		Cost: \$ Date: __ / __ / __	Value: \$ As of: __ / __ / __

Liabilities

	Whose? <i>(Jt / Client / Co-Client)</i>	Payment	Extra Payment	Freq <i>(Annual / Monthly)</i>	Balance & As of Date	Int Rate	Int Only?
Residence Mortgage		\$	\$		Bal: \$ As of: __ / __ / __	%	Y / N
Home Equity Line/Loan		\$	\$		Bal: \$ As of: __ / __ / __	%	Y / N
2nd Residence Mortgage		\$	\$		Bal: \$ As of: __ / __ / __	%	Y / N
Client's Car Loan		\$	\$		Bal: \$ As of: __ / __ / __	%	
Co-Client's Car Loan		\$	\$		Bal: \$ As of: __ / __ / __	%	
Credit Card #1		\$	\$		Bal: \$ As of: __ / __ / __	%	
Credit Card #2		\$	\$		Bal: \$ As of: __ / __ / __	%	
Credit Card #3		\$	\$		Bal: \$ As of: __ / __ / __	%	
Personal Loan		\$	\$		Bal: \$ As of: __ / __ / __	%	
Other Debt		\$	\$		Bal: \$ As of: __ / __ / __	%	
<i>(Enter Description)</i>		\$	\$		Bal: \$ As of: __ / __ / __	%	
<i>(Enter Description)</i>		\$	\$		Bal: \$ As of: __ / __ / __	%	
<i>(Enter Description)</i>		\$	\$		Bal: \$ As of: __ / __ / __	%	
<i>(Enter Description)</i>		\$	\$		Bal: \$ As of: __ / __ / __	%	

Accounts

As an alternative to completing this form, you may submit statements for each of your investment accounts to your planner. Also, you may copy this page if you need to provide information regarding additional accounts.

	Acct #1	Acct #2	Acct #3	Acct #4	Acct #5	Acct #6
Description						
Owner <i>(Joint, Client, Co-Client, Child)</i>						
Type* <i>(see choices below)</i>						
Community Property?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Market Value	\$	\$	\$	\$	\$	\$
As of Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
Cost Basis	\$	\$	\$	\$	\$	\$
Pre-Tax Savings <i>(Dollar amount or % salary)</i>						
Post-Tax Savings <i>(Dollar amount or % salary)</i>						
Employer Contributions <i>(Dollar amount or % salary)</i>						
Savings Frequency <i>(Annual / Quarterly / Monthly)</i>						
Savings Start Date <i>(Age, Date or Event)</i>						
Savings End Date <i>(Age, Date or Event)</i>						
Annual Savings Increase	%	%	%	%	%	%
Primary Beneficiary <i>(Spouse, Child, Other?)</i>						
Intended Use <i>(How do you intend to use this money? Enter Emergency Fund, Retirement, Education Goals, Major Purchase Goals, or Not Designated. You may enter multiple goals.)</i>						

*Enter Account Type from the choices below:

- | | | | |
|-------------------|------------------------|------------------|----------------------------|
| 1 - Non-Qualified | 5 - IRA | 9 - 401(k) | 13 - 457 |
| 2 - 529 Plan | 6 - IRA – Spousal, | 10 - Roth 401(k) | 14 - Other Employer Paid |
| 3 - SARSEP | 7 - Roth IRA | 11 - 403(b) | 15 - Other Self-Employed |
| 4 - KEOGH | 8 - Roth IRA – Spousal | 12 - Roth 403(b) | 16 - Other Salary Deferral |

Annuities

As an alternative to completing this form, you may submit statements for each of your investment accounts to your planner.

	Annuity #1	Annuity #2	Annuity #3	Annuity #4
Description				
Type*				
Owner <i>(Joint, Client, Co-Client, Child)</i>				
Annuitant <i>(Joint, Client, Co-Client)</i>				
Market Value	\$	\$	\$	\$
As of Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
Cost Basis	\$	\$	\$	\$
Pre-Tax Savings <i>(Dollar amount or % salary)</i>				
Post-Tax Savings <i>(Dollar amount or % salary)</i>				
Employer Contributions <i>(Dollar amount or % salary)</i>				
Savings Frequency <i>(Annual / Quarterly / Monthly)</i>				
Savings Start Date <i>(Enter Age or Date)</i>				
Savings End Date <i>(Enter Age, Date or Event)</i>				
Annual Savings Increase	%	%	%	%
Primary Beneficiary <i>(Spouse, Child, Estate, Other)</i>				
Contingent Beneficiary <i>(Spouse, Child, Estate, Other)</i>				
Annuitization Type <i>(Amount or Term Certain, Life Income, As Needed)</i>				
Annuity Start Date				
Annuity Payment and Frequency <i>(Annual, Quarterly, or Monthly)</i>				

*Enter Account Type from the choices below:

- | | | | |
|---------------------|------------------------|------------------|----------------------------|
| 1 - Non-Qualified | 5 - IRA | 9 - 401(k) | 13 - 457 |
| 2 - Traditional IRA | 6 - IRA – Spousal, | 10 - Roth 401(k) | 14 - Other Employer Paid |
| 3 - SARSEP | 7 - Roth IRA | 11 - 403(b) | 15 - Other Self-Employed |
| 4 - KEOGH | 8 - Roth IRA – Spousal | 12 - Roth 403(b) | 16 - Other Salary Deferral |

Income

Income Type*	Whose <i>(Client, Co-Client, Joint)</i>	Amount	Frequency <i>(Annual, Monthly, Once)</i>	Start <i>(Date, Age, or Event)</i>	End <i>(Date, Age, or Event)</i>	Annual Increase
Salary	Client	\$				%
Salary	Co-Client	\$				%
Bonus	Client	\$				%
Bonus	Co-Client	\$				%
Self-Employment	Client	\$				%
Self-Employment	Co-Client	\$				%
		\$				%
		\$				%
		\$				%
		\$				%
		\$				%
		\$				%
		\$				%
		\$				%

*Include Income Types from these choices:

F = Tax-Free Income

R = Royalty Income

A = Alimony

I = Inheritance

TL = Taxable Life Insurance

FL = Tax-Free Life Insurance

O = Other Taxable

C = Child Support

Income (Cont'd)

SOCIAL SECURITY RETIREMENT BENEFITS		
	Client	Co-Client
Eligible for Social Security Benefits? <i>(Circle one)</i>	Yes / No	Yes / No
Eligible for Social Security Spousal Benefits? <i>(Circle one)</i>	Yes / No	Yes / No
Include in Retirement Analysis? <i>(Circle one)</i>	Yes / No	Yes / No
Currently receiving Social Security Benefits? <i>(Circle which to include in the analysis)</i>	No / Retirement / Disability	No / Retirement / Disability
Monthly Retirement Benefit <i>(From Statement or amount currently receiving)</i>	\$	\$
Start Date <i>(Date, Age or Event)</i>		
Annual Increase <i>(Inflation or Other %)</i>	%	%
Monthly Disability Benefit <i>(From Statement or amount currently receiving)</i>	\$	\$

PENSION BENEFITS						
Pension Income	Monthly Amount or Percent of Salary	% of Which Salary?	Start <i>(Age, Date or Event)</i>	Survivor Percent**	Annl Incr	Lump Sum?
Client	\$ / %			%	%	Y / N
Client	\$ / %			%	%	Y / N
Co-Client	\$ / %			%	%	Y / N
Co-Client	\$ / %			%	%	Y / N

**Complete if Joint-and-Survivor option will be elected

Expenses

HOUSEHOLD EXPENSES							
Description	Owner <i>(Client, Co-Client, Joint)</i>	Amount	Frequency <i>(Annual, Monthly, One-Time)</i>	Start <i>(Age, Date or Event)</i>	End <i>(Age, Date or Event)</i>	Whose Age?	Annual Increase
Rent		\$					%
Cable/Satellite Service		\$					%
Phone		\$					%
Alarm Monitoring Fee		\$					%
Trash		\$					%
Water		\$					%
Sewer		\$					%
Gas		\$					%
Electric		\$					%
Exterminator/Termite Contract		\$					%
Maintenance or Repairs		\$					%
Cleaning		\$					%
Association Fees		\$					%
Private Mortgage Ins (PMI)		\$					%

HEALTH, AUTOMOBILE AND HOMEOWNERS' INSURANCE PREMIUMS							
Description	Owner	Amount	Frequency	Start	End	Whose Age?	Annual Increase
Health Insurance		\$					%
Dental Insurance		\$					%
Umbrella Insurance		\$					%
Automobile Insurance		\$					%
Homeowner's/Renter's Insurance		\$					%

Expenses (Cont'd)

TRANSPORTATION EXPENSES							
Description	Owner	Amount	Frequency	Start	End	Whose Age?	Annual Increase
Gas and Oil		\$					%
Parking		\$					%
Tolls		\$					%
Car Lease Payment		\$					%
Public Transportation		\$					%
Registration Fee		\$					%
License Fee		\$					%
Maintenance		\$					%
Repairs		\$					%

DISCRETIONARY EXPENSES							
Description	Owner	Amount	Frequency	Start	End	Whose Age?	Annual Increase
Gifts		\$					%
Charitable Gifts		\$					%
Theatre, Entertainment		\$					%
Hobby/Craft Expenses		\$					%
Meals, Dining Out		\$					%
Misc. Spending Money		\$					%
Electronics		\$					%
Vacations, Plane Fare		\$					%
Books, Magazines, etc.		\$					%
Tobacco Products		\$					%
Other Discretionary Expense		\$					%

Expenses (Cont'd)

FOOD AND CLOTHING EXPENSES							
Description	Owner	Amount	Frequency	Start	End	Whose Age?	Annual Increase
Groceries		\$					%
Lunches		\$					%
Clothing/Shoes		\$					%
Laundry/Dry Cleaning		\$					%

OTHER BASIC EXPENSES							
Description	Owner	Amount	Frequency	Start	End	Whose Age?	Annual Increase
Cellular Phone		\$					%
Non-Reimbursed Dental Expenses		\$					%
Non-Reimbursed Medical Expenses		\$					%
Non-Reimbursed Vision Expenses		\$					%
Non-Reimbursed Prescriptions		\$					%
Bank Charges		\$					%
Alimony/Child Support		\$					%
Child/Dependent Care, Camp		\$					%
Safe Deposit Box Fee		\$					%
Children's Allowance		\$					%
Education		\$					%
Hair Care/Toiletries		\$					%
Non-Reimbursed Business Exp		\$					%
Organization Dues/Prof Srvcs		\$					%
Postage		\$					%
Pet Care/Boarding		\$					%

Life Insurance Policies

	Policy #1	Policy #2	Policy #3	Policy #4	Policy #5
Policy Name or Description					
Policy Type*					
Insured <i>(Client / Co-Client / 1st to Die / 2nd to Die / Other)</i>					
Beneficiary <i>(Client / Co-Client / Child (specify) / Other)</i>					
Policy Owner <i>(Client / Co-Client / Joint / Other)</i>					
Community Property?	Y / N	Y / N	Y / N	Y / N	Y / N
Death Benefit					
Cash Value					
Coverage Ends At... <i>(Age, Date or Event)</i>					
Premium Amount					
Premium Frequency <i>(Annual or Monthly)</i>					
Premium Payer <i>(Client / Co-Client / Joint / Other)</i>					
Premiums End At... <i>(Age, Date or Event)</i>					
Disability Waiver of Premium?	Y / N	Y / N	Y / N	Y / N	Y / N

*Policy Types include:

Whole Life *Universal Life* *Variable Life* *Variable Universal Life* *Other (specify)*
Term 1 *Term 5* *Term 10* *Term 20*

Disability Insurance Policies

	Policy #1	Policy #2	Policy #3	Policy #4	Policy #5
Policy Name or Description					
Policy Type <i>(Group Short or Long Term, or Individual)</i>					
Insured <i>(Client / Co-Client)</i>					
Policy Owner <i>(Client / Co-Client)</i>					
Benefit Amount <i>(Enter Percent of Salary or Dollar Amount)</i>	\$ %	\$ %	\$ %	\$ %	\$ %
Benefit Payment Frequency <i>(Monthly or Annual)</i>					
Benefit Taxable? <i>(Leave Blank if Unknown)</i>	Y / N	Y / N	Y / N	Y / N	Y / N
Benefit Indexed? <i>(Enter Percent if "Yes", 0% if "No")</i>	%	%	%	%	%
Waiting Period <i>(Specify Days, Weeks, Months, Years)</i>					
Benefit Period <i>(Specify Days, Weeks, Months, Years, Age)</i>					
Offset by Social Security?	Y / N	Y / N	Y / N	Y / N	Y / N
Premium Payer <i>(Client / Co-Client / Other)</i>					
Premium Amount	\$	\$	\$	\$	\$
Premium Frequency <i>(Monthly or Annual)</i>					
Premiums Cease At <i>(Age, Date or Event)</i>					
Annual Premium Increase	%	%	%	%	%

Long Term Care Insurance Policies

	Policy #1	Policy #2	Policy #3	Policy #4
Policy Name or Description				
Insured <i>(Client / Co-Client)</i>				
Policy Effective Date				
Daily Benefit Amount <i>(Enter Daily Benefit Amount)</i>	\$	\$	\$	\$
Benefit Indexed Before LTC Event <i>(Enter Percent if "Yes", 0% if "No")</i>	%	%	%	%
Benefit Indexed After LTC Event <i>(Enter Percent if "Yes", 0% if "No")</i>	%	%	%	%
Waiting Period <i>(Days, Weeks, Months or Years)</i>				
Benefit Period <i>(Days, Weeks, Months or Years)</i>				
Premium Amount	\$	\$	\$	\$
Premium Frequency <i>(Monthly or Annual)</i>				
Annual Premium Increase	%	%	%	%
Premium Payer <i>(Client / Co-Client / Other)</i>				
Premiums Cease At <i>(Age, Date or Event)</i>				

Emergency Fund & Retirement Goals

OVERALL PRIORITIES

Rank these goals in order of importance (1=most important, 7 = least important):

	Retire comfortably
	Provide for my (our) children's education
	Achieve other specific goals (name them): _____ / _____ / _____ / _____
	Provide for survivors in the event of my (our) death(s)
	Protect my (our) resources in the event of a disability
	Obtain the greatest return on investments given my (our) risk profile
	Structure my (our) estate to minimize estate taxes and provide for my (our) heirs

EMERGENCY FUND OBJECTIVE

Number of Months of Expenses		- OR -	Specific Amount	\$
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RETIREMENT OBJECTIVE

(Retirement expenses will be based on current expenses unless you specify a percent of current expenses to target or you specify a specific objective below. You may specify additional incomes and expenses in addition, regardless of which method you use.)

Percent of Current Expenses <i>(Specify 100% or Other Percent)</i>		%	Or Specify an Objective Below		
	Amount	Frequency <i>(Monthly or Annual)</i>	Start <i>(Age, Date or Event)</i>	End <i>(Age, Date, First or Last Death)</i>	Whose? <i>(Joint, Client, Co-Client)</i>
Retirement Objective <i>(After Tax)</i>	\$				
Retirement Objective <i>(After Tax)</i>	\$				

ADDITIONAL RETIREMENT INCOMES AND EXPENSES

(You may specify additional incomes and expenses regardless of which method you chose above.)

	Description	Amount	Frequency <i>(Monthly or Annual)</i>	Start <i>(Age, Date or Event)</i>	End <i>(Age, Date, First or Last Death)</i>	Whose? <i>(Joint, Client, Co-Client)</i>
Additional Income <i>(Describe)</i>		\$				
Additional Income <i>(Describe)</i>		\$				
Additional Expense <i>(Describe)</i>		\$				
Additional Expense <i>(Describe)</i>		\$				

Education and Major Purchase Goals

EDUCATION GOALS					
	Goal #1	Goal #2	Goal #3	Goal #4	Goal #5
Description <i>(School, State)</i>					
Name <i>(Client, Co-Client or Dependent)</i>					
Start Date <i>(Age or Date)</i>					
Annual Increase <i>(Inflation or Other %)</i>	%	%	%	%	%
Years of school:					
Projected Cost:	\$	\$	\$	\$	\$
Number of Years					

MAJOR PURCHASE GOALS #1 THROUGH #5					
<i>(Enter Major Purchase Goals such as Automobile Purchases, etc.)</i>					
	Goal #1	Goal #2	Goal #3	Goal #4	Goal #5
Goal Description					
Name <i>(Client, Co-Client, Joint)</i>					
Target Date					
Cost of Goal					
Annual Increase <i>(Inflation or Other %)</i>	%	%	%	%	%

ADDITIONAL MAJOR PURCHASE GOALS #6 THROUGH #10					
<i>(Enter Major Purchase Goals such as Automobile Purchases, etc.)</i>					
	Goal #6	Goal #7	Goal #8	Goal #9	Goal #10
Goal Description					
Name <i>(Client, Co-Client, Joint)</i>					
Target Date					
Cost of Goal					
Annual Increase <i>(Inflation or Other %)</i>	%	%	%	%	%

Survivor Income Objectives

SURVIVOR INCOME NEEDS AND GOAL FUNDING			
	At Client's Death	At Co-Client's Death	If Both Were to Die
Percent of Current Lifestyle Expenses to Cover	%	%	
Percent of Current Education Goals to Cover	%	%	%
Percent of Current Major Purchase Goals to Cover	%	%	
Survivor Would Return to Work Earning This Salary <i>(If Not Currently Employed)</i>	\$	\$	

ADDITIONAL ANNUAL EXPENSES UPON DEATH							
<i>(List only those expenses that would be in addition to the expenses listed above.)</i>							
Description	Whose Death <i>(Client/Co-Client/ Either/Both)</i>	Whose Expense*	Amount	Freq**	Start Date, Age, Event	End Date, Age, Event	Infl
<i>(Enter Description)</i>			\$				%
<i>(Enter Description)</i>			\$				%
<i>(Enter Description)</i>			\$				%
<i>(Enter Description)</i>			\$				%

*Include dependent needs (child, parent, etc.) by specifying the dependent's name in the "Whose Expense" column.

**Enter frequencies of "A" (Annual), "M" (Monthly), or "L" (Lump Sum or One-Time).

ADDITIONAL ANNUAL INCOME UPON DEATH						
Description	Income Type*	Whose Death <i>(Client/Co-Client/Either)</i>	Annual Amount	Start Date or Event	End Date or Event	Infl
<i>(Enter Description)</i>			\$			%
<i>(Enter Description)</i>			\$			%
<i>(Enter Description)</i>			\$			%
<i>(Enter Description)</i>			\$			%

*Income Types are: Salary, Bonus, Social Security, Pension, or Other.

Survivor Income Objectives (Cont'd)

SURVIVOR LUMP SUM NEEDS			
Description	Repay at Whose Death? <i>(Client / Co-Client / Either First Death / Both)</i>	Amount	Inflation
Residence Mortgage			
Home Equity Line/Loan			
2 nd Residence Mortgage			
Client's Car Loan			
Co-Client's Car Loan			
Credit Card #1			
Credit Card #2			
Credit Card #3			
Personal Loan			
Other Debt			
Burial Expense		\$	%
<i>(Enter Description)</i>		\$	%
<i>(Enter Description)</i>		\$	%
<i>(Enter Description)</i>		\$	%

*Mortgages on properties being liquidated at either death will be automatically repaid.

ASSET AVAILABILITY	
	Liquidate at Whose Death? <i>(Client / Co-Client / Either First Death)</i>
Investment Real Estate	
<i>(Enter Description)</i>	
<i>(Enter Description)</i>	

Disability Objectives

DISABILITY INCOME NEEDS AND GOAL FUNDING		
	Client's Disability	Co-Client's Disability
Percent of Current Lifestyle Expenses to Cover	%	%
Percent of Current Education Goals to Cover	%	%
Percent of Current Major Purchase Goals to Cover*	%	%

**Or specify which Major Purchase Goals (by goal number) should still be funded.*

ADDITIONAL ANNUAL EXPENSES UPON DISABILITY					
<i>(List only those expenses that would be in addition to the expenses listed above.)</i>					
Description	Whose Disability <i>(Client / Co-Client / Either)</i>	Annual Amount	Number of Years	End Date, Age, Event	Infl
<i>(Enter Description)</i>		\$			%
<i>(Enter Description)</i>		\$			%
<i>(Enter Description)</i>		\$			%

DISABILITY LUMP SUM NEEDS			
Description	Required at Whose Disability? <i>(Client / Co-Client / Either)</i>	Amount	Inflation
<i>(Enter Description)</i>		\$	%
<i>(Enter Description)</i>		\$	%
<i>(Enter Description)</i>		\$	%

ASSET AVAILABILITY	
	Liquidate at Whose Disability? <i>(Client / Co-Client / Either)</i>
Investment Real Estate	
<i>(Enter Description)</i>	
<i>(Enter Description)</i>	

Requested Documents Checklist

Clients: _____ Planner: _____

Date: _____

The documents listed below will be needed in order to help me to complete my fact gathering. While you may not have every document listed, the task is easiest if you assemble those that you do have before we start to work. Please gather these documents and bring them with you to the initial interview.

Investment Statements

- Stocks
- Bonds
- Mutual Funds
- Real Estate
- Limited Partnerships
- Dividend/Interest Statements
- Other _____

Insurance Policies

- Life
- Disability Income
- Medical & Hospitalization
- Automobile & Homeowners
- Annuities
- Umbrella
- Long-Term Care
- Other _____

Employee Benefits

- Most Recent Social Security Benefit Statement
- Pension/Profit-Sharing
- Employee Stock Ownership
- Insurance Benefits
- Employee Benefit Book
- Other _____

Retirement Plans

- IRA, Keogh
- 401(k)
- Social Security Statement
- Company Plans
- Annual Benefits Statement
- Other _____

Income Tax Return

- Last Year: 2007 or _____
- Two Years Ago: 2006 or _____
- Three Years Ago: 2005 or _____
- Other _____

Expenses

- Checkbook & Cash Receipts
- Credit Card Statements
- Mortgage Records
- Auto Loans
- Personal/Family Budget
- Other _____

Estate items

- Wills/Codicils
- Trust Agreements
- Trust Tax Return
- Gift/Estate Tax Return
- Power of Attorney Agreements
- Other _____

Miscellaneous Documents

- Divorce Settlements or Decrees
- Including Alimony & Child Support
- Prenuptial Agreements
- Appraisals of Personal Property
- Notes Payable
- Notes Receivable
- Purchase/Sale/Lease
- Pay Stubs
- Advisors
- Location of Documents
- Other _____

Business Documents

- Valuations
- Buy-Sell Agreement & Tax Return
- Partnership Agreement & Tax Return
- Employment Agreement
- Deferred Comp. Agreement
- Financial Statements
- Incorporation Papers
- By-Laws
- Corporate Tax Returns
- (S-Corp, C-Corp, LLC)
- Other _____