

Financial Advisor Name

Financial Advisor Rep Code

Financial Advisor Assistant's Name

Date

**STEP 1: Provide Your Personal Information**

	Client 1 (C1)	Client 2 (C2)
First Name		
Last Name		
Date of Birth		
Gender		
Home Address		
Phone Number		
Email Address		
Marital Status		
Employment Status		
Employer		
Occupation		
Employment Income	\$ /year	\$ /year
U.S. Citizen*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your current state of residence? _____		
In what state do you plan on retiring? <input type="checkbox"/> Same as current state <input type="checkbox"/> Other state _____		

\* The software includes variables based on the assumption that you are a U.S. citizen residing in the United States.

**Who else is a part of your plan?**

List anyone who you have designated as a beneficiary (e.g., children, grandchildren, Irrevocable Life Insurance Trust (ILIT)).

	Name	Date of Birth	Relationship
Beneficiaries			

## Step 2: Select Which Concerns You Would Like Addressed

### ☐ Financial Goal Plan *(Includes an Asset Allocation, Retirement and Social Security analysis)*

☐ Net Worth   ☐ Disability   ☐ Life Insurance   ☐ Long-Term Care   ☐ Estate   ☐ Education Calculator

### ☐ Advanced Analysis\*

☐ Detailed Income Tax Analysis   ☐ Detailed Estate Analysis   ☐ Insurance Policy Review   ☐ Annuity Policy Review

\*A detailed review will extend the overall turn-around time of the financial plan.

NOTE: ADVANCED ANALYSES CANNOT BE COMPLETED WITHOUT REQUIRED DOCUMENTATION (SEE BELOW)

## STEP 3: Gather Applicable Documentation

Documents to Provide:	Required for:
<input type="checkbox"/> Most recent bank, brokerage, 529 plan, mutual fund, and annuity statements	Retirement, Net Worth, Education, Disability, Life Insurance, Estate
<input type="checkbox"/> List of all CDs, government/treasury securities, stocks, municipal bonds, and other securities held in a safe deposit box or not listed on the requested statements	Retirement, Net Worth, Education, Disability, Life Insurance, Estate
<input type="checkbox"/> Most recent IRA, 401(k), pension, profit sharing, and employee benefit statements	Retirement, Net Worth, Life Insurance, Estate
<input type="checkbox"/> Vesting schedule, grant details and restricted stock/option agreements	Retirement, Net Worth, Life Insurance, Estate
<input type="checkbox"/> Most recent Social Security statements	Retirement, Social Security, Life Insurance
<input type="checkbox"/> Most recent liability statements	Retirement, Net Worth, Life Insurance, Estate
<input type="checkbox"/> Life, long-term care, and disability insurance contracts and policies	Net Worth, Disability, Life Insurance, Long-Term Care, Estate, Estate Plan Advanced Analysis
<input type="checkbox"/> Personal umbrella liability policies	Estate, Estate Plan Advanced Analysis
<input type="checkbox"/> Two most recent federal and state income tax returns	Income Tax Advanced Analysis
<input type="checkbox"/> Estate planning documents (Wills, Trusts, Powers of Attorney, Health Care Powers of Attorney, Living Wills, Irrevocable Life Insurance Trusts, etc.) NOTE: WE DO NOT ACCEPT ORIGINAL ESTATE DOCUMENTS	Estate, Estate Plan Advanced Analysis

## STEP 4: Complete Questionnaire

Use the following key to determine what sections of this questionnaire must be completed.

Asset Allocation	1, 7, 16
Social Security	5, 6, 16
Retirement	1-10, 16
Net Worth	7, 9, 10, 11
Education	4, 16
Disability	6, 12, 16
Life Insurance	2-11, 16
Long-Term Care	6, 13, 16
Estate	7, 9, 10, 11, 14, 15, 16

## Risk Tolerance *(mark only one answer per question)*

1. Risk Tolerance – The client believes maximizing long-term returns is more important than protecting the principal value of this investment account(s).
 

<input type="checkbox"/> Agree	8
<input type="checkbox"/> Somewhat Agree	6
<input type="checkbox"/> Somewhat Disagree	2
<input type="checkbox"/> Disagree	0
2. Investment Attitude – What is the client's general attitude toward investing?
 

<input type="checkbox"/> The client wants to maximize the return on this investment account(s) and is willing to accept large fluctuations in value. The client understands and accepts that aggressive investments can result in substantial losses to investment principal.	8
<input type="checkbox"/> The client is willing to accept considerable risk in order to pursue higher long-term returns. While capital preservation is important over a long time frame, the client is willing to accept significant short-term fluctuations in this investment account(s).	6
<input type="checkbox"/> The client is willing to accept moderate risk in order to pursue somewhat higher long-term returns. Both reducing risk and enhancing returns are important to the client.	2
<input type="checkbox"/> The client is most concerned with preserving the principal value of this investment account(s). The client is comfortable with lower returns associated with more conservative investments.	0
3. Temperament – What approximate loss in any one-year period is the client willing to accept before seriously considering liquidation of this investment account(s)?
 

<input type="checkbox"/> Greater than (25%) loss	8
<input type="checkbox"/> (16%) to (25%) loss	6
<input type="checkbox"/> (11%) to (15%) loss	4
<input type="checkbox"/> (5%) to (10%) loss	2
<input type="checkbox"/> Minimal loss	0
4. Expected Return – On a long-term basis, what average annual rate of return best reflects the client's objective for "total return" on this investment account(s)?
 

<input type="checkbox"/> More than 10% per year	8
<input type="checkbox"/> 9% to 10% per year	6
<input type="checkbox"/> 7% to 8% per year	4
<input type="checkbox"/> 4% to 6% per year	2
<input type="checkbox"/> Less than 4% per year	0
5. Loss Recovery – The client is willing to wait several years in an attempt to recover from losses incurred in an extended down market.
 

<input type="checkbox"/> Agree	8
<input type="checkbox"/> Somewhat Agree	6
<input type="checkbox"/> Somewhat Disagree	2
<input type="checkbox"/> Disagree	0
6. Current Resources – The client has sufficient income to provide for any current financial needs and adequate resources for potential emergencies.
 

<input type="checkbox"/> Agree	10
<input type="checkbox"/> Somewhat Agree	7
<input type="checkbox"/> Somewhat Disagree	3
<input type="checkbox"/> Disagree	0

### Risk Tolerance Score:

#### INVESTOR PROFILE SCORING MATRIX

Conservative	10 or less
Moderately Conservative	11 - 30
Moderate	31 - 50
Moderate Growth	51 - 70
Moderately Aggressive Growth	71 - 90
Aggressive Growth	91 - 100

7. Investment Income – When does the client expect this investment account(s) to provide a regular source of income?
 

<input type="checkbox"/> More than 20 years or never	10
<input type="checkbox"/> 11 to 20 years	8
<input type="checkbox"/> 6 to 10 years	5
<input type="checkbox"/> 3 to 5 years	2
<input type="checkbox"/> Less than 3 years	0
8. Time Horizon – How long does the client intend to maintain this investment account(s)?
 

<input type="checkbox"/> More than 20 years	10
<input type="checkbox"/> 11 to 20 years	8
<input type="checkbox"/> 6 to 10 years	5
<input type="checkbox"/> 3 to 5 years	2
<input type="checkbox"/> Less than 3 years	0
9. Liquidity – When does the client expect to begin taking principal withdrawals from this investment account(s)?
 

<input type="checkbox"/> More than 20 years or never	10
<input type="checkbox"/> 11 to 20 years	8
<input type="checkbox"/> 6 to 10 years	5
<input type="checkbox"/> 3 to 5 years	2
<input type="checkbox"/> Less than 3 years	0
10. Investable Assets – What percentage of the client's total investable assets (excluding primary residence) will this investment account(s) represent?
 

<input type="checkbox"/> Less than 20%	10
<input type="checkbox"/> 20% to 40%	8
<input type="checkbox"/> 41% to 60%	5
<input type="checkbox"/> 61% to 80%	2
<input type="checkbox"/> 81% to 100%	0
<input type="checkbox"/> Refuse to disclose	0
11. Investment Experience – The client has prior experience with and understands the concept of investment risk related to stocks, bonds, mutual funds, and other investments (excluding primary residence).
 

<input type="checkbox"/> Agree	5
<input type="checkbox"/> Somewhat Agree	4
<input type="checkbox"/> Somewhat Disagree	1
<input type="checkbox"/> Disagree	0
12. Portfolio Evaluation – What is an adequate time frame for evaluating portfolio returns?
 

<input type="checkbox"/> More than 10 years	5
<input type="checkbox"/> 6 to 10 years	4
<input type="checkbox"/> 4 to 5 years	3
<input type="checkbox"/> 1 to 3 years	1
<input type="checkbox"/> Less than 1 year	0

Client Initials & Date: \_\_\_\_\_

☐ Check here if you anticipate your risk tolerance (and consequently your portfolio return) will decrease once you begin retirement.

## Retirement Preferences

### Retirement Age & Living Expense

Retirement Preferences	Client 1:	Client 2:
What is your Target Retirement Age?	<input type="checkbox"/> Age: _____ <input type="checkbox"/> Currently Retired	<input type="checkbox"/> Same Year as Client 1 <input type="checkbox"/> Age: _____ <input type="checkbox"/> Currently Retired
What is your desired Retirement Living Expense?	Target After-Tax Amount: \$ _____/year	
<div style="display: flex; justify-content: space-between;"> <div> <b>"INCLUDE"</b>            ✓ Basic Expenses (food, clothes, utilities, etc.)    ✓ Liability Payments         </div> <div> <b>"DO NOT INCLUDE"</b>            ✗ Health Care Expenses    ✗ Additional Goals (travel, new home)         </div> </div>		
If one spouse retires before the other, what amount is needed for living expenses in addition to the working spouse's earnings?	<input type="checkbox"/> Target After Tax Amount: \$ _____/year <input type="checkbox"/> \$0 (will live solely on working spouse's wage income)	
What portion of Retirement Living Expense would you like to provide to the surviving spouse?	_____ %	

### Health Care Costs

Estimated Health Care Expenses will be added in addition to your retirement living expense unless you indicate otherwise.	<input type="checkbox"/> Exclude health care expenses	
If you are retiring prior to age 65, we will use private insurance expense estimates based upon your state of residence unless you indicate otherwise	Client 1:	Client 2:
	<input type="checkbox"/> Use program estimate (default) <input type="checkbox"/> Use my own _____ /yr	<input type="checkbox"/> Use program estimate (default) <input type="checkbox"/> Use my own _____ /yr

## Lifestyle Goals: Before & During Retirement

### GOAL IMPORTANCE SCALE

Rate the importance of each Goal on a scale of 10 to 1, with 10 being the most important.



### Additional Spending Goals *(not included in Retirement Living Expense above)*

Description	Importance High – Low 10      1	Start Year	Target Amount	How Often (if reoccurring)	End Year	Apply Inflation
			\$ _____ /yr	Every ____ years		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$ _____ /yr	Every ____ years		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$ _____ /yr	Every ____ years		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$ _____ /yr	Every ____ years		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$ _____ /yr	Every ____ years		<input type="checkbox"/> Yes <input type="checkbox"/> No

Changes to Retirement Goals

If necessary, what preferences would you be willing to change in order to make retirement successful?

1. How willing are you to retire later than your Target Retirement Age?	<input type="checkbox"/> Not At All <input type="checkbox"/> Slightly Willing	<input type="checkbox"/> Somewhat Willing <input type="checkbox"/> Very Willing
2. How willing are you to reduce your Goal Amounts that you classified as NEEDS?	<input type="checkbox"/> Not At All <input type="checkbox"/> Slightly Willing	<input type="checkbox"/> Somewhat Willing <input type="checkbox"/> Very Willing
3. How willing are you to reduce your Goal Amounts that you classified as WANTS?	<input type="checkbox"/> Not At All <input type="checkbox"/> Slightly Willing	<input type="checkbox"/> Somewhat Willing <input type="checkbox"/> Very Willing

Education Funding

- ☐ Education Calculator
- ☐ Include Education Goal in Retirement Analysis\*

\*Remaining education expenses which are not funded with education assets and future savings listed below will be funded from retirement assets.

	Student 1	Student 2	Student 3	Student 4
Student's Name				
Date of Birth				
Current Taxable Account Balance	\$	\$	\$	\$
Future Taxable Contributions	\$ /year	\$ /year	\$ /year	\$ /year
Current 529 Plan Balance	\$	\$	\$	\$
Future 529 Contributions	\$ /year	\$ /year	\$ /year	\$ /year
Contributions will end when goal	<input type="checkbox"/> Begins <input type="checkbox"/> Ends	<input type="checkbox"/> Begins <input type="checkbox"/> Ends	<input type="checkbox"/> Begins <input type="checkbox"/> Ends	<input type="checkbox"/> Begins <input type="checkbox"/> Ends
Age to Begin College	_____ (default is 18)	_____ (default is 18)	_____ (default is 18)	_____ (default is 18)
Number of Years Attending	_____ (default is 4)	_____ (default is 4)	_____ (default is 4)	_____ (default is 4)
Annual Cost OR Name of College (Today's Dollars)				
Anticipated Grants/Scholarships	\$ /year	\$ /year	\$ /year	\$ /year
Amount Student Pays/Borrows	\$ /year	\$ /year	\$ /year	\$ /year
Goal Importance High – Low 10 1				

# Social Security

		Client 1 (C1)	Client 2 (C2)
Are you eligible for benefits now or in the future?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete one of the following:	Currently Receiving SS	Current Gross Monthly Benefit	\$ /month
		Age Benefit Began	____ yrs ____ months
	Use Recent SS Estimate	Monthly Benefit at Full Retirement Age (FRA)	\$ /month
		Age You Plan on Filing	<input type="checkbox"/> At FRA <input type="checkbox"/> At Retirement <input type="checkbox"/> ____ yrs ____ months
	Estimate Using Earned Income	Age You Plan on Filing	<input type="checkbox"/> At FRA <input type="checkbox"/> At Retirement <input type="checkbox"/> ____ yrs ____ months

Please provide information about any previous spouses you have had.

Former Spouse's First Name	Date of Birth (mm/dd/yyyy)	FRA Monthly Benefit	Date of Marriage (mm/dd/yyyy)	Date of Divorce (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)
1.		\$ /month			
2.		\$ /month			
3.		\$ /month			

Visit [www.ssa.gov](http://www.ssa.gov) to access your most recent Social Security statement.

## Income

Enter current or expected income in addition to Social Security and investment income (e.g., rental income, pension, or trust income).

Income Source Description	Owner	Annual Pre-Tax Amount*	Start Date	End Date	Inflation After Start	% Available to Survivor
		\$ /yr			%	%
		\$ /yr			%	%
		\$ /yr			%	%
		\$ /yr			%	%

\* For rental income, please provide the net cash flow (gross income – expenses + depreciation) of income generated.

## Non-Covered Pension

Please provide details for any pension (listed above) from an employer where you did **NOT** pay into Social Security.

Non-Covered Pension	
Income Source Description: _____	Income Source Description: _____

# Investment Assets

**Stifel Accounts** (List the account number and annual contributions for each of your Stifel accounts)

Stifel Account Number	Account Title/Owner	Beneficiary	Annual Contributions	Year Contributions End	
				<input type="checkbox"/> 20____	<input type="checkbox"/> At Retirement
				<input type="checkbox"/> 20____	<input type="checkbox"/> At Retirement
				<input type="checkbox"/> 20____	<input type="checkbox"/> At Retirement
				<input type="checkbox"/> 20____	<input type="checkbox"/> At Retirement
				<input type="checkbox"/> 20____	<input type="checkbox"/> At Retirement
				<input type="checkbox"/> 20____	<input type="checkbox"/> At Retirement

**Non-Stifel Accounts** (For plan accuracy, please provide statements for ALL Non-Stifel accounts)

Taxable Accounts (i.e., checking, savings, money markets, taxable brokerage accounts)						
Description/Type	Owner	Current Value	Cost Basis	Current Allocation using asset classes below	Annual Contributions	Year Contributions End
		\$	\$			<input type="checkbox"/> 20____ <input type="checkbox"/> At Retirement
		\$	\$			<input type="checkbox"/> 20____ <input type="checkbox"/> At Retirement
		\$	\$			<input type="checkbox"/> 20____ <input type="checkbox"/> At Retirement
		\$	\$			<input type="checkbox"/> 20____ <input type="checkbox"/> At Retirement
		\$	\$			<input type="checkbox"/> 20____ <input type="checkbox"/> At Retirement
		\$	\$			<input type="checkbox"/> 20____ <input type="checkbox"/> At Retirement

Retirement Accounts (i.e., 401(k), 403b, Traditional IRA, Roth IRA)				
Description/Type	Owner		Current Value	Current Allocation using asset classes below
	C1	C2		
	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	\$	

Asset Classes			
1. Cash and Equivalents	6. Preferred Stocks	10. International Developed Equity	14. Managed Futures
2. US Fixed Income	7. US Large Cap Equity	11. Emerging Markets Equity	15. Private Assets
3. US Municipal Fixed Income	8. US Mid Cap Equity	12. Real Estate	16. Directional Alternatives
4. High Yield Fixed Income	9. US Small Cap Equity	13. Commodities	17. Non-Directional Alternatives
5. International Fixed Income			

## Additions to Retirement Accounts

We will assume all contributions will continue until retirement unless indicated otherwise in the notes box below.

Account Description	Employee Contribution		Employer Matching Contribution	Maximum Match (if any)
	\$ or %	Annual Amount		
			Employer will match ____% of the first ____% of your contribution.	\$ ____/yr
			Employer will match ____% of the first ____% of your contribution.	\$ ____/yr
			Employer will match ____% of the first ____% of your contribution.	\$ ____/yr
			Employer will match ____% of the first ____% of your contribution.	\$ ____/yr

### Qualified After-Tax Contributions (do not include Roth contributions)

Account Description	After-Tax Basis/Contributions	Future After-Tax Contributions
	\$ ____	\$ ____/year
	\$ ____	\$ ____/year

### Inherited IRA

Do you have any inherited IRAs? (non-spousal)	Account Description	Year Inherited?
<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Additional Savings Potential

How willing are you to save more money?	<input type="checkbox"/> Not At All	<input type="checkbox"/> Somewhat Willing
	<input type="checkbox"/> Slightly Willing	<input type="checkbox"/> Very Willing
If you had to save more, what is the maximum additional amount you could save annually? This amount is above and beyond the total additions you are already making to investment assets.		\$_____/year

### Beneficiary Information

Is the Client the primary beneficiary of all the Co-Client's accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Account(s): _____ Beneficiary: _____
Is the Co-Client the primary beneficiary of all the Client's accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Account(s): _____ Beneficiary: _____

## Liabilities

☐ Check here if there are no existing liabilities to include in the analysis.

Type	Responsible Party	Outstanding Balance	Interest Rate	Monthly Payment (principal & interest only)	Year Matures	Check below if your retirement living expense will reduce once paid off
1 <sup>st</sup> Mortgage	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$ ____	% ____	\$ ____/month	20 ____	<input type="checkbox"/>
2 <sup>nd</sup> Mortgage	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$ ____	% ____	\$ ____/month	20 ____	<input type="checkbox"/>
Home Equity Line	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$ ____	% ____	\$ ____/month	20 ____	<input type="checkbox"/>
Business Loan	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$ ____	% ____	\$ ____/month	20 ____	<input type="checkbox"/>
Car Loan	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$ ____	% ____	\$ ____/month	20 ____	<input type="checkbox"/>
Other: _____	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$ ____	% ____	\$ ____/month	20 ____	<input type="checkbox"/>
Other: _____	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$ ____	% ____	\$ ____/month	20 ____	<input type="checkbox"/>



## Other Assets (Required for Net Worth & Estate)

### Personal Assets

Description	Owner	Current Value
Home	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$
Other Residence	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$
Collectibles	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$
Personal Property	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$

Description	Owner	Current Value
Vehicle	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$
Vehicle	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$
Other: _____	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$
Other: _____	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Joint	\$

### Business/Rental Property

	Asset 1	Asset 2	Asset 3
Name/Description			
Owner			
Business Type (e.g., S-Corp, LLC)			
Value			
Basis			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquidate to fund retirement?	Liquidate in what year? 20_____ Est. After-Tax Proceeds \$_____	Liquidate in what year? 20_____ Est. After-Tax Proceeds \$_____	Liquidate in what year? 20_____ Est. After-Tax Proceeds \$_____
Sell immediately if C1 passed away today?	<input type="checkbox"/> Yes <input type="checkbox"/> No Est. After-Tax Proceeds \$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Est. After-Tax Proceeds \$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Est. After-Tax Proceeds \$_____
Sell immediately if C2 passed away today?	<input type="checkbox"/> Yes <input type="checkbox"/> No Est. After-Tax Proceeds \$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Est. After-Tax Proceeds \$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Est. After-Tax Proceeds \$_____

### Restricted Stock & Options (Please provide vesting schedule, grant details and restricted stock/option agreements.)

<b>Restricted Stock</b>	Do you have Restricted Stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If restricted stock vests prior to retirement, will proceeds be saved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will unvested restricted stock be forfeited upon retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do all shares vest at death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Stock Options</b>	Do you have Non-Qualified Stock Options?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have Incentive Stock Options?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will proceeds from exercising options be saved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will unvested options be forfeited upon retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Upon retirement, will options be subject to accelerated expiration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do all options vest at death?	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Life Insurance

## What would happen to your survivors?

Indicate below the annual after-tax amount each spouse would need if the other client were to pass away today. This is not income replacement, but rather the annual amount needed to meet living expenses without considering current income, assets, or insurance.

<b>Spending</b>	Annual after-tax amount you would need if your spouse were to pass away today?	
	If C1 is survivor: \$ _____/year	If C2 is survivor: \$ _____/year
<b>Debt</b>	If C1 is survivor, immediately pay off: <input type="checkbox"/> All debt <input type="checkbox"/> Primary Mortgage <input type="checkbox"/> Other _____	If C2 is survivor, immediately pay off: <input type="checkbox"/> All debt <input type="checkbox"/> Primary Mortgage <input type="checkbox"/> Other _____
	Would you still include your additional goals from page 4 in the event of C1/C2's death (e.g., education, travel, new car)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, please indicate which goal(s) to exclude: _____	
<b>Goals</b>		

## Do you have Life Insurance Policies?

☐ Check here if there are no existing life insurance policies to include in the analysis.

	Life Policy 1	Life Policy 2	Life Policy 3	Life Policy 4
Insurance Provider				
Owner	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Other _____	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Other _____	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Other _____	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Other _____
Insured	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Other _____	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Other _____	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Other _____	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Other _____
Beneficiary	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Other _____	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Other _____	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Other _____	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Other _____
Policy Type	<input type="checkbox"/> Term <input type="checkbox"/> Term(Group) <input type="checkbox"/> Variable <input type="checkbox"/> Universal <input type="checkbox"/> Whole Life	<input type="checkbox"/> Term <input type="checkbox"/> Term(Group) <input type="checkbox"/> Variable <input type="checkbox"/> Universal <input type="checkbox"/> Whole Life	<input type="checkbox"/> Term <input type="checkbox"/> Term(Group) <input type="checkbox"/> Variable <input type="checkbox"/> Universal <input type="checkbox"/> Whole Life	<input type="checkbox"/> Term <input type="checkbox"/> Term(Group) <input type="checkbox"/> Variable <input type="checkbox"/> Universal <input type="checkbox"/> Whole Life
Death Benefit	\$ _____	\$ _____	\$ _____	\$ _____
Cash Value (N/A for term)	\$ _____	\$ _____	\$ _____	\$ _____
Policy Termination	<input type="checkbox"/> When insured dies <input type="checkbox"/> When insured retires <input type="checkbox"/> Specific Year _____	<input type="checkbox"/> When insured dies <input type="checkbox"/> When insured retires <input type="checkbox"/> Specific Year _____	<input type="checkbox"/> When insured dies <input type="checkbox"/> When insured retires <input type="checkbox"/> Specific Year _____	<input type="checkbox"/> When insured dies <input type="checkbox"/> When insured retires <input type="checkbox"/> Specific Year _____
Premium	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month
Premiums will be paid:	<input type="checkbox"/> Until insured dies or policy terminates <input type="checkbox"/> _____ more years	<input type="checkbox"/> Until insured dies or policy terminates <input type="checkbox"/> _____ more years	<input type="checkbox"/> Until insured dies or policy terminates <input type="checkbox"/> _____ more years	<input type="checkbox"/> Until insured dies or policy terminates <input type="checkbox"/> _____ more years

## Disability Insurance

What percentage of your current household earned income would you need if you became disabled?

☐ Use 100% (Default)    OR    ☐ Other Percent: \_\_\_\_\_% of current, pre-tax income if C1 is disabled  
 \_\_\_\_\_% of current, pre-tax income if C2 is disabled

### Do you have Disability Insurance Policies?

☐ Check here if there are no existing disability insurance policies to include in the analysis.

	Disability Policy 1	Disability Policy 2	Disability Policy 3	Disability Policy 4
Insurance Provider				
Policy Type	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Group <input type="checkbox"/> Individual
Insured	<input type="checkbox"/> C1 <input type="checkbox"/> C2	<input type="checkbox"/> C1 <input type="checkbox"/> C2	<input type="checkbox"/> C1 <input type="checkbox"/> C2	<input type="checkbox"/> C1 <input type="checkbox"/> C2
Monthly Benefit	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month
Monthly Premium	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month
Are you paying premiums with after-tax dollars?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elimination Period	_____ <input type="checkbox"/> Days <input type="checkbox"/> Months	_____ <input type="checkbox"/> Days <input type="checkbox"/> Months	_____ <input type="checkbox"/> Days <input type="checkbox"/> Months	_____ <input type="checkbox"/> Days <input type="checkbox"/> Months
Benefit Period	_____ <input type="checkbox"/> Days <input type="checkbox"/> Years <input type="checkbox"/> Until Age	_____ <input type="checkbox"/> Days <input type="checkbox"/> Years <input type="checkbox"/> Until Age	_____ <input type="checkbox"/> Days <input type="checkbox"/> Years <input type="checkbox"/> Until Age	_____ <input type="checkbox"/> Days <input type="checkbox"/> Years <input type="checkbox"/> Until Age
COLA Type	_____ % <input type="checkbox"/> Simple <input type="checkbox"/> Compound <input type="checkbox"/> No COLA	_____ % <input type="checkbox"/> Simple <input type="checkbox"/> Compound <input type="checkbox"/> No COLA	_____ % <input type="checkbox"/> Simple <input type="checkbox"/> Compound <input type="checkbox"/> No COLA	_____ % <input type="checkbox"/> Simple <input type="checkbox"/> Compound <input type="checkbox"/> No COLA

## Long-Term Care Insurance

### Do you have any Long-Term Care Insurance Policies?

☐ Check here if there are no existing long-term care insurance policies to include in the analysis.

	LTC Policy 1	LTC Policy 2	LTC Policy 3	LTC Policy 4
Insurance Provider				
Insured	<input type="checkbox"/> C1 <input type="checkbox"/> C2	<input type="checkbox"/> C1 <input type="checkbox"/> C2	<input type="checkbox"/> C1 <input type="checkbox"/> C2	<input type="checkbox"/> C1 <input type="checkbox"/> C2
Policy Start Date	(mm/yyyy)	(mm/yyyy)	(mm/yyyy)	(mm/yyyy)
Monthly Premium	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month
Daily Benefit Amount	\$ _____ /day	\$ _____ /day	\$ _____ /day	\$ _____ /day
Elimination Period	_____ days	_____ days	_____ days	_____ days
Benefit Period	_____ years	_____ years	_____ years	_____ years
COLA Type	_____ % <input type="checkbox"/> Simple <input type="checkbox"/> Compound <input type="checkbox"/> No COLA	_____ % <input type="checkbox"/> Simple <input type="checkbox"/> Compound <input type="checkbox"/> No COLA	_____ % <input type="checkbox"/> Simple <input type="checkbox"/> Compound <input type="checkbox"/> No COLA	_____ % <input type="checkbox"/> Simple <input type="checkbox"/> Compound <input type="checkbox"/> No COLA

## Property/Casualty Insurance

If you have **property/casualty insurance**, please provide the information below.

Do you have homeowners/renters insurance coverage in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have auto insurance coverage in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have personal umbrella liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much?	\$

## Estate

Provide information about your estate plan below.

### Basic Information

Do you have a ...	C1 Yes	C2 Yes
<b>Will</b>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does it include a Credit Shelter Provision (Bypass Trust)?	<input type="checkbox"/>	<input type="checkbox"/>
Date last updated? (mm/yyyy)	____/____	
<b>Revocable Living Trust</b>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does it include a Credit Shelter Provision (Bypass Trust)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has your trust been funded?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Advance Health Care Directive/Living Will</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Financial Power of Attorney</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Care Power of Attorney</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Irrevocable Life Insurance Trust (ILIT)</b>	<input type="checkbox"/>	<input type="checkbox"/>

### Expected Inheritance

If you have an **inheritance** that you expect will impact your estate, please provide the information below.

How much is the expected inheritance?	\$
Is the person from whom you will receive the inheritance already deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to include inheritance in an alternate retirement scenario?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What year do you expect to receive this inheritance?	20____
Who will receive this inheritance?	<input type="checkbox"/> C1 <input type="checkbox"/> C2

### Previous Marriage

Were you previously married?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children from previous marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Gifting to Family

Are you currently making any annual exclusion gifts (i.e., \$15,000 in 2018)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is this amount included in your Living Expense on page 4?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much to each of the following?	
Children: \$_____ 529: \$_____	
Insurance Trust: \$_____ Other: \$_____	
Have you ever had to file a gift tax return	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the total you have used of your lifetime exemption amount, if any	\$
To whom was the gift directed?	

### Charitable Gifting

If you **gift to charity** annually, please provide the information below.

How much do you gift per year?	\$
Is this amount included in your Living Expense on page 4?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have a **charitable trust**, please provide the information below.

What type of charitable trust (CRT, CLT, etc.)?	
What was the original contribution amount?	\$
What amount of income is or will be received annually from the charitable trust?	\$

## Plan Assumptions

### Do you want to change any of our default assumptions?

- Please indicate if you would like to use assumptions other than our defaults.

General Inflation Rate  
(Default is 2.5%)

\_\_\_\_\_ %

Education Inflation  
(Default is 6%)

\_\_\_\_\_ %

Health Care Inflation Rate  
(Default is 5.3%)

- This analysis will be run to each client's life expectancy. If you would prefer that the report be run to a different age, please indicate the preferred age here. C1: \_\_\_\_\_ C2: \_\_\_\_\_ (Maximum age is 115)
- Required minimum distributions will be taken from qualified tax-deferred assets at age 70½.
- If cost basis is not provided, the following assumptions will be utilized: 100% of Fair Market Value (FMV) for Cash, T-Notes, and CDs; 75% of FMV for fixed income investments; and 50% of FMV for equity investments.
- For purposes of illustrating your current allocation, the portion of your account you indicated is invested in Cash, Fixed Income, and Equity will be classified as Cash Equivalents, U.S. Fixed Income, and U.S. Large-Cap, respectively.
- Assumptions are subject to change.

## Professional Advisors

### Who are your Professional Advisors?

#### Attorney

Name

Firm

Street Address

City State Zip Code

Telephone

E-mail Address

#### Accountant

Name

Firm

Street Address

City State Zip Code

Telephone

E-mail Address

#### Insurance Agent

Name

Firm

Street Address

City State Zip Code

Telephone

E-mail Address

#### Business Partner/Other

Name

Firm

Street Address

City State Zip Code

Telephone

E-mail Address

## This image shows a full page of blank, lined paper. It features approximately 20 horizontal blue lines spaced evenly across the page, typical of notebook paper. The lines are thin and light blue, set against a plain white background. There is no handwriting or other markings on the page.

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