

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## Confidential Personal Questionnaire

### Living Objectives

*To set the agenda for our meeting today, I'd first like to spend some time discussing the personal, professional, and financial goals that are most important to you.*

Personal/Professional

Financial

Looking at the short term, what would you like to achieve or accomplish in the next 3 years?

In the next 4 -10 years?

In the next 10+ years?

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**Northwestern Mutual®**

Living Objectives

## Notes

Is there any particular topic you want me to be sure to cover in our time together?

Personal and Family Information

	Individual	Spouse
Name		
Is there a nickname you prefer?		
Date and place of birth		
Home address		city, state
Home phone:	Cell phone:	E-mail:
Married?	<input type="checkbox"/> yes <input type="checkbox"/> no	

Children's Names (nickname)	Sex	Age/Birth Date	Children's Names (nickname)	Sex	Age/Birth Date

Are you planning to have (more) children? ☐ yes ☐ no How many?

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?) ☐ yes ☐ no

Tell me about your extended family (parents, grandparents, brothers, sisters) – names, ages, still living, still working, still married?

	Individual	Spouse
Mother		
Father		
Brother(s)		
Sister(s)		

Is there anyone you are supporting now, or will be in the future, who may affect your financial situation?  
☐ yes ☐ no Who?

**Employment**

	Individual	Spouse
What is the name of your employer?		
How long have you worked there?		
What is your title?		
What are your specific job duties?		
Describe the nature of the business		
Who owns the business?		
What is the business structure?		
Business address		
Business phone/fax		
E-mail address		
What are your future career plans?		

**Interests/Hobbies**

	Individual	Spouse
How do you spend your time away from work? (outside activities, organizations, clubs, etc.)		
What other activities/avocations do you enjoy? (hang-gliding, skydiving, rock climbing, etc.)		

**Objectives**

On a scale of 1 to 10, how important are the following objectives to you and your family? (10 being very important and 1 being not important)

Priority		Notes
_____	Funding your child(ren)'s education <a href="#">page 3</a>	
_____	Funding a comfortable retirement <a href="#">page 4</a>	
_____	Providing for your family in the event of death <a href="#">page 7</a>	
_____	Providing for you and your family in the event of a disability <a href="#">page 8</a>	
_____	Providing for long-term care needs <a href="#">page 9</a>	
_____	Properly addressing your estate settlement needs <a href="#">page 10</a>	
_____	Evaluating your investment portfolio <a href="#">page 11</a>	

## 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?

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	Individual	Spouse
When have you been the best saver in your life?	<hr/>	<hr/>
Do you consider yourself a disciplined saver?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
What percentage of your total income do you feel should be set aside to meet your financial goals?	<hr/> %	
What does this mean in dollars on an annual basis?	\$ <hr/>	
Are you currently doing this?	<input type="checkbox"/> yes <input type="checkbox"/> no	
If not, what would help you save more money?	<hr/>	
Who manages your finances and pays your monthly expenses?	<hr/>	

## 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. (school(s), major, active in alumni?)	<hr/>	<hr/>
How did you fund your education?	<hr/>	<hr/>
What are your thoughts regarding your child(ren)'s future education?	<hr/>	
Do you intend on sending your child(ren) to private elementary school or high school?	<input type="checkbox"/> yes <input type="checkbox"/> no	
What is the current cost per year for these education goals?	\$ <hr/>	
Do you intend on partially or fully funding your child(ren)'s college education? If so, what percentage?	<input type="checkbox"/> yes <input type="checkbox"/> no	<hr/> %
What would be the total cost per year to send your child(ren) to the college of their/your choice today?	\$ <hr/>	Years to fund: <hr/>
How would you feel if you couldn't provide this?	<hr/>	
How important is it to provide this if you died or became disabled?	<hr/>	
How are you currently saving to fund your child(ren)'s education?	<a href="#">Post on Assets Sheet (page 5)</a>	
How do you feel about your current plan to meet this goal?	<hr/>	
The cost of a college education has increased at a rate substantially higher than the inflation rate, on average 7 percent. Do you feel comfortable using this rate in our calculation?	<input type="checkbox"/> yes <input type="checkbox"/> 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? \_\_\_\_\_

If you retired today, is it safe to assume you'd like to continue the same lifestyle you have today? ☐ yes ☐ no

If no, 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 goal? **• Post on Assets Sheet (page 5)**

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? \_\_\_\_\_

	Individual	Spouse
Does your employer provide a defined benefit plan/pension?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

	Description	Annual Retirement Income	Beginning Age	Pre-Retirement Death Benefit	Annual Disability Benefit	Cost of Living	Cash Settlement Option
Individual		\$		\$	\$	%	\$
Spouse		\$		\$	\$	%	\$

**• NOTE: Obtain the employee benefits booklet •**

## Inheritance

Are you or your spouse anticipating any inheritance?

☐ yes ☐ no ☐ yes ☐ no

If so, how much?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

When do you anticipate receiving this inheritance?

\_\_\_\_\_

Should this inheritance be included in your resources for your retirement goal?

☐ yes ☐ no ☐ yes ☐ no

Are you currently covered by Social Security?

☐ yes ☐ no ☐ yes ☐ no

Do you want Social Security to be included as a resource for your retirement goal?

☐ yes ☐ no ☐ yes ☐ no

What is your Social Security number?

\_\_\_\_\_

## Assets, Liabilities, and 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	\$	\$	\$	%				%
Mutual Funds	\$	\$	\$	%				%
Stocks	\$	\$	\$	%				%
	\$	\$	\$	%				%
	\$	\$	\$	%				%
	\$	\$	\$	%				%
	\$	\$	\$	%				%
	\$	\$	\$	%				%
	\$	\$	\$	%				%

### Tax-Deferred Assets

Description	Current Value	Cost Basis (NQ Only)	EE Contribution	ER Contribution	Annual Contribution Increase	Owner	Purpose (ED, RI, OT)	Rollover at Death? Y/N	Growth Rate
401(k)	\$	\$			%				%
Annuities	\$	\$			%				%
IRAs	\$	\$			%				%
529 Plan	\$	\$			%				%
	\$	\$			%				%
	\$	\$			%				%
	\$	\$			%				%
401(k)	\$	\$			%				%
Annuities	\$	\$			%				%
IRAs	\$	\$			%				%
529 Plan	\$	\$			%				%
	\$	\$			%				%
	\$	\$			%				%
	\$	\$			%				%

### Personal/Business

Description	Current Value	Purchase Price	Owner	Liquid at Death? Y/N	Growth Rate
Residence	\$	\$			%
Autos	\$	\$			%
Personal Property	\$	\$			%
Business Interest	\$	\$			%
	\$	\$			%

TOTAL Assets \$ \_\_\_\_\_

TOTAL Assets Available at Death \$ \_\_\_\_\_

Enter Financial Data > Net Worth > Accounts and/or Annuities

Enter Financial Data >  
Net Worth > Assets/  
Liabilities

## Liabilities

What is the current outstanding balance of ...	Amount Owed	Monthly Payment	Interest Rate	Time Remaining	Person Liable	Payable at Death? Y/N
Home Mortgage	\$	\$	%	yrs.		
Equity Loans	\$	\$	%	yrs.		
Personal/Student Loans	\$	\$	%	yrs.		
Auto Loans	\$	\$	%	yrs.		
Credit Cards	\$	\$	%	yrs.		
	\$	\$	%	yrs.		
	\$	\$	%	yrs.		

TOTAL 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 to 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 on Assets Sheet \(page 5\)](#)

Enter Financial Data > Net Worth > Assets/Liabilities

## Income

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

	Last Year	This Year	Next Year	5 Years from Now
Salary	\$	\$	\$	\$
Bonus (when?)	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
Salary	\$	\$	\$	\$
Bonus (when?)	\$	\$	\$	\$
Other Income	\$	\$	\$	\$

Individual

Spouse

At what rate do you expect your income to grow long term? \_\_\_\_\_%

Do you anticipate any significant changes in your total income in the future? (special bonus) ☐ yes ☐ no ☐ yes ☐ no

Do you feel it is important to save all or part of your future raises? ☐ yes ☐ no ☐ 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 taxes? \_\_\_\_\_%

Do you normally receive a tax refund? ☐ yes ☐ no How much? \$ \_\_\_\_\_ Purpose? \_\_\_\_\_

Are you working with an accountant/CPA? ☐ yes ☐ no Name or name of firm: \_\_\_\_\_

What is your monthly take-home pay? \$ \_\_\_\_\_ \$ \_\_\_\_\_

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

How is the difference being used for your benefit? \_\_\_\_\_

Enter Financial Data > Cash Flow

Plan Management > Assumptions > General



## Risk Management

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

### Survivor Income

What are your thoughts about life insurance in general? \_\_\_\_\_

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

Insured	Face Amount	Type*	Company	Cash Value	Premium*	Beneficiary	Owner/Payor
Employer	\$			\$	\$		
Personal	\$			\$	\$		
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.

What would you want to have happen if:

### Existing Debt and Final Expenses

What amount would you want to provide to pay off:

- Mortgage [page 6](#)
- Existing debt [page 6](#)

What amount would you want for final expenses such as:

- Funeral costs, emergency fund, readjustment fund

TOTAL Debt and Expenses

You Die	Your Spouse Dies
\$	\$
\$	\$
+	\$
\$	\$

A

### Cost of Education

How much would you need to create a nest egg for college education?  
[annual cost x number of years x number of children] [page 3](#)

\$	\$
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B

### Income Needs

If the mortgage, final expenses, and education are taken care of, how much after tax monthly income would your family need to maintain their current lifestyle?

\$

- Minus surviving spouse's monthly income
- Remaining monthly income needed
- Assuming you were investing for income, what rate of return would you like to use? \_\_\_\_\_%
- Years of income needed? \_\_\_\_\_

Approximate capital needed to produce income  
(if 6% rate of return given above, see [page 16](#))

TOTAL Capital Needed (A + B + C)

-	\$	\$
=	\$	\$
	\$	\$
	\$	\$

C

- Minus total assets available at death [page 5](#)  
and life insurance coverage in force

The approximate additional capital you would need to achieve your survivor income goals is:

-	\$	\$
=	\$	\$

How do you feel about this number? \_\_\_\_\_

Have you ever lost someone close to you? \_\_\_\_\_

What impact did life insurance have in that situation? \_\_\_\_\_

## Health

How is your health?

Are you satisfied with your existing health insurance coverage?

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

If none, how are you providing for those costs?

Who is the benefits administrator at your company?

Do you regularly see a personal physician?

Doctor or name of group/clinic

When was your last physical exam and what were the results?

Blood pressure

Cholesterol

What (if any) medication(s) are you 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 three years?

Individual	Spouse
<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
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> 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):*

Insured	Monthly Benefit	Begin Date	Benefit Period	Premium	Company	Payor	Cost of Living Adjust.	Max. Monthly Benefit	Offset by S.S.? Y/N
Employer	\$			\$				\$	
Personal	\$			\$				\$	
Employer	\$			\$				\$	
Personal	\$			\$				\$	

• **Note: Obtain the employee benefits booklet** • (Many plans cover less than 70 percent of salary, may exclude bonus and commission, may be taxable, do not protect against inflation, and can be restrictive.)

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

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

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?

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?

\_\_\_\_\_

Individual	Spouse
<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

Enter Financial Data >  
Insurance Coverage

Set Goals > Disability Income >  
Income Needs

## Long-Term Care

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

Spouse/Individual

Insured	Daily Benefit	Beginning Date	Benefit Period	Company	Premium
Employer	\$				\$
Personal	\$				\$
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 so, 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 insurance?

☐ 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

Costs 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) did need 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

## Wealth Preservation and Distribution

### Wills

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 a U.S. citizen?

☐ yes ☐ no

☐ yes ☐ no

Do you work with an attorney?

☐ yes ☐ no

☐ yes ☐ no

Name or name of firm

\_\_\_\_\_

\_\_\_\_\_

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

[If yes, complete Estate Distribution section below].

☐ yes ☐ no

☐ yes ☐ no

### Estate Distribution

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, 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?

<b>-14</b>	<b>3</b>	<b>6</b>	<b>9</b>	<b>11</b>
Preservation of principal	Generate income	Income with some growth	Growth with some income	Capital appreciation and growth

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

<b>-14</b>	<b>3</b>	<b>6</b>	<b>9</b>	<b>11</b>
Less than 3 years	3 to 5 years	5 to 10 years	10 to 20 years	More than 20 years

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

<b>1</b>	<b>3</b>	<b>6</b>	<b>9</b>	<b>11</b>
One-time lump sum distribution	1 to 5 years	5 to 10 years	10 to 20 years	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 the returns do not keep pace with the rate of inflation.

### 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 Portfolios	Worst 3-Month Return	Worst 12-Month Return	Average Annual Return
<b>1</b>	Portfolio A	-7%	-7%	5.0%
<b>3</b>	Portfolio B	-14%	-18%	5.5%
<b>6</b>	Portfolio C	-19%	-25%	6.0%
<b>9</b>	Portfolio D	-24%	-33%	6.5%
<b>11</b>	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. With how much volatility are you comfortable?

- 14** I'm not comfortable with any volatility.
- 3** I prefer to minimize volatility and focus on stability.
- 6** I don't mind modest volatility to create a potential for growth.
- 9** I'm comfortable with moderate volatility to increase potential returns.
- 11** I expect substantial volatility in pursuit of higher returns.

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- 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 my 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 risk with all of your money

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

**Hypothetical outcome of \$100,000 invested for three years**

	\$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 towards 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

### Scoring

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

**Total Score:** \_\_\_\_\_

Compare your total score to the risk profile ranges.

Range of Scores	Risk Profile
-59 to 22	Conservative
23 to 54	Moderately Conservative
55 to 84	Balanced
85 to 109	Aggressive
110 to 121	Very Aggressive

**Risk Profile:** \_\_\_\_\_

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

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**Notes:**

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## Discovery Agreement

Based on the discussions we have had today, have any of your objectives (page 2) changed in importance?

We've talked a lot about life insurance, disability income insurance, your children's education, and what retirement means to you. If I could help solve three of these needs, which ones would you rank as being most important?

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

In what order would you prefer to solve them?

Earlier you indicated that \_\_\_\_\_ % of your total income or \$ \_\_\_\_\_ (page 3) should be set aside annually to meet your financial goals.

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

Earlier we discussed your expectations for the future increases in income. (page 6)  
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 we go 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

How did you feel when I first called you to set this appointment? \_\_\_\_\_

Now that you’ve seen the process to this point, how do you feel about it? Why? \_\_\_\_\_

\_\_\_\_\_

.....

Introductions

- Successful: attorneys, CPAs, doctors, salespeople, business owners, other professionals
- Neighbors, associates, friends, family
- Recently: married, promoted, purchased a home, changed jobs, or had a child

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

Do you know someone who is looking for a career opportunity? ☐ yes ☐ no

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Notes

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## Budget

To complete your current financial profile, it is important to review your monthly expenses.

Budget

Housing	Household/Personal	Loan Payments/Savings
Mortgage/Rent \$ _____	Groceries \$ _____	Credit Card Payments \$ _____
Property Taxes \$ _____	Personal Care \$ _____	Other Loan Payments \$ _____
Home Maintenance \$ _____	Clothing/Dry Cleaning \$ _____	Savings/Investing \$ _____
Homeowner's Ins. \$ _____	Domestic Help \$ _____	
Utilities (Electric, Gas, Water, Cable, etc.) \$ _____	Professional Dues \$ _____	
Telephone \$ _____	Dependent/Child Care \$ _____	<b>Discretionary</b>
Other ( ) \$ _____	Education/School \$ _____	Dining Out \$ _____
	Cash/Allowances \$ _____	Recreation/Club Dues \$ _____
		Movies/Sporting Events \$ _____
<b>Transportation</b>		Hobbies \$ _____
Auto Payment(s) \$ _____	<b>Personal Insurance</b>	Vacation/Travel \$ _____
Auto Insurance \$ _____	Health Insurance \$ _____	Child Care \$ _____
Gas \$ _____	Life Insurance \$ _____	Gifts/Contributions \$ _____
Maintenance/License \$ _____	Disability Income Insurance \$ _____	Other ( ) \$ _____
Parking/Tolls/Bus/Train \$ _____	Long-Term Care Insurance \$ _____	Other ( ) \$ _____
Other ( ) \$ _____	Medical/Dental/Drugs \$ _____	Other ( ) \$ _____
<b>Column 1 Total</b> \$ _____	<b>Column 2 Total</b> \$ _____	<b>Column 3 Total</b> \$ _____

**TOTAL Monthly Expenses** \$ \_\_\_\_\_

**Net Monthly Income** \$ \_\_\_\_\_

**Less Expenses** \$ \_\_\_\_\_

**TOTAL Surplus/Deficit** \$ \_\_\_\_\_

# Survivor Needs – Income Needs

(Based on 6% Investment Return and 20% Effective Tax Rate)

Years of Income Needed	5	10	15	20	25	30	35	40	45	50	55	60
Annual Income Needed (After tax, in today's dollars, assuming 3% inflation)	<b>\$18,000</b> \$1,500/mo.	166,706	239,834	306,894	368,390	424,783	476,496	523,918	567,406	607,284	643,854	677,389
	<b>\$24,000</b> \$2,000/mo.	222,275	319,779	409,192	491,187	566,377	635,328	698,558	756,541	809,713	858,472	903,186
	<b>\$30,000</b> \$2,500/mo.	277,844	399,724	511,491	613,983	707,971	794,160	873,197	945,676	1,012,141	1,073,090	1,128,982
	<b>\$36,000</b> \$3,000/mo.	333,412	479,669	613,789	736,780	849,565	952,992	1,047,837	1,134,811	1,214,569	1,287,708	1,354,779
	<b>\$42,000</b> \$3,500/mo.	388,981	559,613	716,087	859,576	991,159	1,111,824	1,222,476	1,323,946	1,416,997	1,502,326	1,580,575
	<b>\$48,000</b> \$4,000/mo.	444,550	639,558	818,385	982,373	1,132,754	1,270,656	1,397,116	1,513,082	1,619,425	1,716,944	1,806,372
	<b>\$54,000</b> \$4,500/mo.	500,119	719,503	920,683	1,105,170	1,274,348	1,429,488	1,571,755	1,702,217	1,821,853	1,931,563	2,032,168
	<b>\$60,000</b> \$5,000/mo.	555,687	799,448	1,022,981	1,227,966	1,415,942	1,588,320	1,746,394	1,891,352	2,024,281	2,146,181	2,257,965
	<b>\$66,000</b> \$5,500/mo.	611,256	879,392	1,125,279	1,350,763	1,557,536	1,747,152	1,921,034	2,080,487	2,226,710	2,360,799	2,483,761
	<b>\$72,000</b> \$6,000/mo.	666,825	959,337	1,227,577	1,473,560	1,699,131	1,905,984	2,095,673	2,269,623	2,429,138	2,575,417	2,709,558
	<b>\$78,000</b> \$6,500/mo.	722,394	1,039,282	1,329,876	1,596,356	1,840,725	2,064,816	2,270,313	2,458,758	2,631,566	2,790,035	2,935,354
	<b>\$84,000</b> \$7,000/mo.	777,962	1,119,227	1,432,174	1,719,153	1,982,319	2,223,648	2,444,952	2,647,893	2,833,994	3,004,653	3,161,151
	<b>\$90,000</b> \$7,500/mo.	833,531	1,199,172	1,534,472	1,841,949	2,123,913	2,382,480	2,619,592	2,837,028	3,036,422	3,219,271	3,386,947
	<b>\$96,000</b> \$8,000/mo.	889,100	1,279,116	1,636,770	1,964,746	2,265,507	2,541,312	2,794,231	3,026,163	3,238,850	3,433,889	3,612,744
	<b>\$102,000</b> \$8,500/mo.	944,669	1,359,061	1,739,068	2,087,543	2,407,102	2,700,144	2,968,871	3,215,299	3,441,278	3,648,507	3,838,540
	<b>\$108,000</b> \$9,000/mo.	1,000,237	1,439,006	1,841,366	2,210,339	2,548,696	2,858,976	3,143,510	3,404,434	3,643,707	3,863,125	4,064,337
	<b>\$114,000</b> \$9,500/mo.	1,055,806	1,518,951	1,943,664	2,333,136	2,690,290	3,017,808	3,318,149	3,593,569	3,846,135	4,077,743	4,290,133
	<b>\$120,000</b> \$10,000/mo.	1,111,375	1,598,895	2,045,962	2,455,933	2,831,884	3,176,640	3,492,789	3,782,704	4,048,563	4,292,361	4,515,930

## Notes

## Notes

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