# **Family Information**

# Client

Date 05/14/2016

| Name (First/Lost)                          |                   |               |  |
|--|-------------------|---------------|--|
| Name (First/Last)                          |                   | 0             |  |
| Date of Birth:                             | o morried         | Gender:       |  |
| Marital Status: (singl                     |                   |               |  |
| separated, divorced, partnership, widow, v |                   |               |  |
| partnership, widow,                        | widowei)          |               |  |
| Spouse                                     |                   |               |  |
| Name (First/Last)                          |                   |               |  |
| Date of Birth:                             |                   | Gender:       |  |
| Date of Birth                              |                   | Gondon        |  |
| Contact Info                               |                   |               |  |
| Address:                                   |                   |               |  |
| City:                                      | State:            | Zip:          |  |
| Home Phone:                                | -                 |               |  |
| Cell Phone:                                |                   |               |  |
| Spouse Cell Phone:                         |                   |               |  |
| Fax:                                       |                   |               |  |
| Client Preferred E-mail:                   | test1@iexodus.com |               |  |
| Spouse Preferred E-<br>mail:               |                   |               |  |
| Employment - Clier                         | nt                |               |  |
| Employer Name:                             |                   |               |  |
| Employer Address:                          |                   |               |  |
| City:                                      | State:            | Zip:          |  |
| Work Phone:                                |                   |               |  |
| Work Fax:                                  |                   |               |  |
| Work Email                                 |                   |               |  |
| Address:                                   |                   |               |  |
| Title/Position:                            |                   |               |  |
| Years Employed:                            |                   |               |  |
| Employment - Spor                          | use               |               |  |
| Employer Name:                             |                   |               |  |
| Employer Address                           |                   |               |  |
| Line:                                      |                   |               |  |
| City:                                      | State:            | Zip:          |  |
| Work Phone:                                | Oldio.            | <b>⊢</b> .'∀. |  |
| Work Fax:                                  |                   |               |  |
| Work Email                                 |                   |               |  |
| Address:                                   |                   |               |  |

| Years Employed:   |         |              |                  |           |               |                     |                   |
|---|---------|--------------|------------------|-----------|---------------|---------------------|-------------------|
| Children  |         |              |                  |           |               |                     |                   |
| maren   |         |              |                  |           |               |                     |                   |
| First/Last Name Addi                                    | ress    | DOB          | M/F              | Ма        | arital Status | Telephone/E<br>Mail | Special Needs?    |
|   |         |              |                  |           |               | Iviali              |                   |
|   |         |              |                  |           |               |                     |                   |
|   |         |              |                  |           |               |                     |                   |
|   |         |              |                  |           |               |                     |                   |
|   |         |              |                  |           |               |                     |                   |
|   |         |              |                  |           |               |                     |                   |
| nvestments  |         |              |                  |           |               |                     |                   |
| Real Estate   |         |              |                  |           |               |                     |                   |
| teal Estate   |         |              |                  |           |               |                     |                   |
|   | Primary | Residence    | Secondary Re     | esidence  | Investment I  | Property In         | vestment Property |
| Property Name:  |         |              | ,                |           |               | . ,                 | , ,               |
| Address 1:  |         |              |                  |           |               |                     |                   |
| Address 2:  |         |              |                  |           |               |                     |                   |
| City:   |         |              |                  |           |               |                     |                   |
| State:  |         |              |                  |           |               |                     |                   |
| lip:  |         |              |                  |           |               |                     |                   |
| Property Type:  |         |              |                  |           |               |                     |                   |
| Residence, Non-   |         |              |                  |           |               |                     |                   |
| Residence)  |         |              |                  |           |               |                     |                   |
| Current Value:  |         |              |                  |           |               |                     |                   |
| Mortgage Balance:                                       |         |              |                  |           |               |                     |                   |
| Owner: (Client, Spous                                   | se,     |              |                  |           |               |                     |                   |
| Joint, etc.)  |         |              |                  |           |               |                     |                   |
| Faxable Investments                                     | (1)     | Plans        | (2)              | (3)       |               | (4)                 | (5)               |
| Asset Name:   | (1)     |              | (~)              | (3)       |               | (7)                 | (0)               |
| Current Value:  |         |              |                  |           |               |                     |                   |
| Owner: (Client,   |         |              |                  |           |               |                     |                   |
| Spouse, Joint, etc.)                                    |         |              |                  |           |               |                     |                   |
| Beneficiary:  |         |              |                  |           |               |                     |                   |
| ,   |         | *            |                  |           |               |                     |                   |
| 0 110 15 0  | i       |              |                  |           |               |                     |                   |
| Qualified Retirement<br>(401(k), IRA, Money             |         | Profit Shari | ng, 403(b), Pens | ion, SEP, | Other)        |                     |                   |
|   |         |              |                  |           |               |                     |                   |
|   | (1)     |              | (2)              | (3)       |               | (4)                 | (5)               |
| Asset Name:   |         |              |                  |           |               |                     |                   |
| Type: (Traditional<br>401(k), Roth401(k),<br>IRA, Money |         |              |                  |           |               |                     |                   |
| Purchase,<br>ProfitSharing.                             |         |              |                  |           |               |                     |                   |

Title/Position:

Traditional 403(b), Roth403(b),

| Pension, SEP,                                       |                     |        |  |
|---|---------------------|--------|--|
| Other)  |                     |        |  |
| Current Value:                                      |                     |        |  |
| Owner: (Client,                                     |                     |        |  |
| Spouse)   |                     |        |  |
| Beneficiary:  |                     |        |  |
| General Contribution Information                    |                     |        |  |
|   | Client              | Spouse |  |
| Contributions Based On: (All Earned Income, Salary) |                     |        |  |
| Employee Annual Contributions (Fo                   | r 401(k) or 403(b)) | Spauge |  |
| Types (Dereant of Colony Motob                      | Ollerit             | Spouse |  |

|   | Client | Spouse |
|---|--------|--------|
| Type: (Percent of Salary, Match Percent, Fixed Amount, Maximum) |        |        |
| Percent:  |        |        |
| Dollar Amount:  |        |        |

#### Employer Annual Contributions (For 401(k), Money Purchase, 403(b), SEP, or Profit Sharing)

|                                    | Client | Spouse |
|------------------------------------|--------|--------|
| Type: (Percent of Salary, Match    |        |        |
| Percent, Fixed Amount, Maximum)    |        |        |
| Employer Percent Match of Employee |        |        |
| Contribution:                      |        |        |
| Dollar Amount:                     |        |        |

## Annuities (Fixed/Variable)

|  | (1) | (2) | (3) | (4) | (5) |
|--|-----|-----|-----|-----|-----|
| Asset Name:                                    |     |     |     |     |     |
| Asset Type: (Fixed / Variable)                 |     |     |     |     |     |
| Type of Funds:<br>(Qualified, NQ, Tax<br>Free) |     |     |     |     |     |
| Current Value:                                 |     |     |     |     |     |
| Owner: (Client,                                |     |     |     |     |     |
| Spouse, Joint, etc.))                          |     |     |     |     |     |
| Beneficiary:                                   |     |     |     |     |     |

## Insurance

#### **Life Insurance**

|                        | (1) | (2) | (3) | (4) |
|------------------------|-----|-----|-----|-----|
| Policy Name & Carrier: |     |     |     |     |
|                        |     |     |     |     |

| Policy Type: (Whole<br>Life, VWL, Term, UL,<br>VUL, Group, Other) |  |  |
|---|--|--|
| Term Ends at<br>Retirement: (Group Life<br>Only) (Yes / No)       |  |  |
| Insured: (Client,<br>Spouse, Survivorship,<br>etc.)               |  |  |
| Owner: (Client, Spouse, Joint, etc.)                              |  |  |
| Beneficiary: (Client, Spouse, Survivor,etc)                       |  |  |
| Current Death Benefit:  |  |  |
| Annual Premium:   |  |  |
|   |  |  |

## Long Term Care

|                                  | (1) | (2) | (3) |
|----------------------------------|-----|-----|-----|
| Policy Name & Carrier:           |     |     |     |
| Insured: (Client, Spouse, Joint) |     |     |     |
| Benefit Amount:                  |     |     |     |
| Period for Benefit Amount:       |     |     |     |
| (Annually, Quarterly, Monthly,   |     |     |     |
| Weekly, Daily):                  |     |     |     |
| Owner: (Client, Spouse, Joint)   |     |     |     |
| Annual Premium:                  |     |     |     |

## Disability

|                                | (1) | (2) | (3) |
|--------------------------------|-----|-----|-----|
| Policy Name & Carrier:         |     |     |     |
| Policy Type: (Group Short      |     |     |     |
| Term, Group Long Term          |     |     |     |
| Personal Short Term,           |     |     |     |
| Personal Long Term, Other)     |     |     |     |
| Insured: (Client, Spouse)      |     |     |     |
| Benefit Type: (Fixed Amount,   |     |     |     |
| Percent Of Salary)             |     |     |     |
| Benefit Amount:                |     |     |     |
| Period for Benefit Amount:     |     |     |     |
| (Annually, Quarterly, Monthly, |     |     |     |
| Weekly, Daily):                |     |     |     |
| Owner: (Client, Spouse, Joint) |     |     |     |
| Annual Premium:                |     |     |     |

#### Income/Retirement

## Salary & Bonus

|                                | (1) | (2) | (3) | (4) |
|--------------------------------|-----|-----|-----|-----|
| Salary / Bonus Name:           |     |     |     |     |
| Annual Amount:                 |     |     |     |     |
| Owner: (Client, Spouse, Joint) |     |     |     |     |
| Self-Employment? (Yes          |     |     |     |     |

| No)               |                    |                             |               |             |              |                  |           |            |          |       |
|-------------------|--------------------|-----------------------------|---------------|-------------|--------------|------------------|-----------|------------|----------|-------|
| etireme           | ent Dates          |                             |               |             |              |                  |           |            |          |       |
|                   |                    |                             | Se            | emi-Retire  | ement Date/  | 'Age w/Exped     | cted Full | Retirement | Date/Age |       |
|                   |                    |                             |               | come        |              | 3 1              |           |            | 3.       |       |
| Client:           |                    |                             |               |             |              |                  |           |            |          |       |
| Spouse:           |                    |                             |               |             |              |                  |           |            |          |       |
| ocial Se          | ecurity (di        | sregard if s                | supplying S   | ocial Se    | curity state | ements)          |           |            |          |       |
|                   |                    |                             | CI            | ient        |              |                  | Spor      | use        |          |       |
| Retiremer         | nt Benefit         | at Age 62:                  |               |             |              |                  |           |            |          |       |
| Retiremer<br>Nge: | nt Benefit a       | at Full Retir               | ement         |             |              |                  |           |            |          |       |
| .iving Ex         | kpenses -          | All values                  | are net afte  | er-tax in t | today's doll | lars             |           |            |          |       |
| Current M         | Ionthly Sta        | andard of Li                | vina:         |             |              |                  |           |            |          |       |
|                   |                    |                             | dard of Livin | g (if appl  | icable):     |                  |           |            |          |       |
|                   |                    | Standard o                  |               | 9 ( - -     |              |                  |           |            |          |       |
|                   |                    | fore Retiren<br>Retirement: | nent:         |             |              |                  |           |            |          |       |
| Spouse's          | s Monthly          | Standard o                  | of Living in  | Event of    | †:           |                  |           |            |          |       |
| Client's D        | eath Befor         | re Retireme                 | nt:           |             |              |                  |           |            |          |       |
| Client's D        | eath in Re         | etirement:                  |               |             |              |                  |           |            |          |       |
|                   |                    |                             | and Gifti     | •           | e            |                  |           |            |          |       |
|                   | Will               | Rev Trus                    | t Irr Trust   | ILIT        | FLP          | Planned<br>Gifts | CLT       | CRT        | Buy/Sell | Other |
| Client            |                    |                             |               |             |              |                  |           |            |          |       |
| pouse             |                    |                             |               |             |              |                  |           |            |          |       |
| )<br>Djectiv      | VOC.               |                             |               |             |              |                  |           |            |          |       |
| -                 | ves<br>ent/ Invest | ment                        |               |             |              |                  |           |            |          |       |
|                   |                    |                             |               |             |              |                  |           |            |          |       |
|                   | ording to          | ce of each                  |               |             |              |                  |           |            |          |       |
|                   | ement goa          | als I                       | _OW           |             |              |                  |           |            |          |       |
| Jul 18till        | omem goa           | LIO L                       | _0 vv         |             |              |                  |           |            |          |       |

|                                | I.    | I | I I |
|--------------------------------|-------|---|-----|
| Directing a portion of your    | Med   |   |     |
| personal savings or            |       |   |     |
| investment portfolio to a tax  |       |   |     |
| advantaged vehicle             |       |   |     |
|                                | Lliab |   |     |
|                                | High  |   |     |
| consolidated and analyzed to   |       |   |     |
| make sure your overall plan is |       |   |     |
| on track                       |       |   |     |
| Matching your risk tolerance   | High  |   |     |
| to that of your investment     |       |   |     |
| portfolio                      |       |   |     |
|                                | Med   |   |     |
|                                | ivied |   |     |
| performance against that of    |       |   |     |
| an index                       |       |   |     |
| 0,                             | Low   |   |     |
| performance against your       |       |   |     |
| plan                           |       |   |     |
| Reviewing alternative          |       |   |     |
| retirement methods             |       |   |     |
| Minimizing the taxes on your   |       |   |     |
| investment accounts            |       |   |     |
|                                |       |   |     |
| Reviewing techniques to save   |       |   |     |
| income tax and estate taxes    |       |   |     |
| on deferred money              |       |   |     |
| Asset protection in the result |       |   |     |
| of serious illness             |       |   |     |
| Protecting assets in the event |       |   |     |
| that you require long term     |       |   |     |
| care in the future             |       |   |     |
| Receiving adequate income in   |       |   |     |
|                                |       |   |     |
| the event of disability during |       |   |     |
| your working years             |       |   |     |
| Planning for income for your   |       |   |     |
| spouse in the event of your    |       |   |     |
| premature death                |       |   |     |
| Generating a guaranteed        |       |   |     |
| retirement income stream       |       |   |     |
| Planning for income for your   |       |   |     |
| children in the event of your  |       |   |     |
| premature death                |       |   |     |
| premature death                | l     | I |     |

#### **Estate**

| Low  |                   |                   |
|------|-------------------|-------------------|
| Med  |                   |                   |
| High |                   |                   |
| High |                   |                   |
| Med  |                   |                   |
| Low  |                   |                   |
|      | Low Med High High | Low Med High High |

| Contributing annually to                                   |                                   |                                  |                               |  |  |  |
|--|-----------------------------------|----------------------------------|-------------------------------|--|--|--|
| charity  |                                   |                                  |                               |  |  |  |
| Gifting to your children if it                             |                                   |                                  |                               |  |  |  |
| doesn't interfere with your                                |                                   |                                  |                               |  |  |  |
| financial independence                                     |                                   |                                  |                               |  |  |  |
| Planning for your  |                                   |                                  |                               |  |  |  |
| grandchildren's education                                  |                                   |                                  |                               |  |  |  |
| Reviewing your current will structure to eliminate         |                                   |                                  |                               |  |  |  |
| unnecessary taxes  |                                   |                                  |                               |  |  |  |
| Protecting your residence                                  |                                   |                                  |                               |  |  |  |
| and/or vacation home from                                  |                                   |                                  |                               |  |  |  |
| estate taxes   |                                   |                                  |                               |  |  |  |
| Having your estate in trust for                            |                                   |                                  |                               |  |  |  |
| your spouse in order to                                    |                                   |                                  |                               |  |  |  |
| protect your children's                                    |                                   |                                  |                               |  |  |  |
| inheritance  |                                   |                                  |                               |  |  |  |
| Risk Tolerance   |                                   |                                  |                               |  |  |  |
| If you own a home, do you have                             | ve more than 30% equity?          |                                  |                               |  |  |  |
|  | , ,                               |                                  |                               |  |  |  |
|  |                                   |                                  |                               |  |  |  |
| Which of the following best des                            | scribes your current employme     | ent situation?                   |                               |  |  |  |
|  |                                   |                                  |                               |  |  |  |
| Have you invested in Equities?                             | )                                 |                                  |                               |  |  |  |
|  |                                   |                                  |                               |  |  |  |
| Have you invested in Fixed Inc                             | nomes?                            |                                  |                               |  |  |  |
| Trave you invested in trixed inc                           | omes:                             |                                  |                               |  |  |  |
|  |                                   |                                  |                               |  |  |  |
| Have you invested in Mutual F                              | unds?                             |                                  |                               |  |  |  |
|  |                                   |                                  |                               |  |  |  |
| Have you invested in Options,                              | Futures, or Derivatives?          |                                  |                               |  |  |  |
|  |                                   |                                  |                               |  |  |  |
| Llavova da aprila va va                                    |                                   | 2                                |                               |  |  |  |
| How would you describe your level of investment knowledge? |                                   |                                  |                               |  |  |  |
|  |                                   |                                  |                               |  |  |  |
| How much investment experience do you have?                |                                   |                                  |                               |  |  |  |
|  |                                   |                                  |                               |  |  |  |
| Which of the following best des                            | coribos vour primary financial    | goal for this investment?        |                               |  |  |  |
| writer of the following best des                           | scribes your primary illiancial ( | goal for this investment?        |                               |  |  |  |
|  |                                   |                                  |                               |  |  |  |
| What is the time horizon for yo                            | ur investment?                    |                                  |                               |  |  |  |
|  |                                   |                                  |                               |  |  |  |
| The assets considered for inve                             | estment are what percentage o     | of your total investable assets? |                               |  |  |  |
| The assets considered for live                             | Simoni are what percentage c      | your total investable assets:    |                               |  |  |  |
|  |                                   |                                  |                               |  |  |  |
| Please choose the phrase that                              | best describes the degree to      | which you will rely on these as  | sets.                         |  |  |  |
|  |                                   |                                  |                               |  |  |  |
| How likely is it you will need to                          | withdraw a significant portion    | of these assets prior to your pl | anned time horizon to pay for |  |  |  |
| a home, education, or some of                              |                                   |                                  |                               |  |  |  |
| ,                    |                                   |                                  |                               |  |  |  |
|  |                                   |                                  |                               |  |  |  |
| If you do expect to withdraw a                             | significant portion of your acco  | ount, when is it likely to be?   |                               |  |  |  |
|  |                                   |                                  |                               |  |  |  |

| If you made a long-term investment of \$100,000, how much of a loss in a single year would you withstand before selling?   |                          |                           |                         |                |   |  |  |
|--|--------------------------|---------------------------|-------------------------|----------------|---|--|--|
| Suppose that, o  | ver a 2 or 3 year perio  | d, your portfolio has los | t value. What action wo | ould you take? |   |  |  |
| Assume your investment horizon is more than 10 years. During the second year of investment, your portfolio declines to less than its initial value. Where would you place your reaction along the following scale? (Check one) |                          |                           |                         |                |   |  |  |
| A  | B                        | C                         | D                       | E              | F |  |  |
| From the Invest  | or Profiles form, are yo | DU                        |                         |                |   |  |  |

## **Professional Contacts**

#### **Advisors**

| Advisor Type<br>(Accountant, Attorney, etc.)   | First/Last Name | e Company |                            | Address                  | Phone | , Fax, Email |
|--|-----------------|-----------|----------------------------|--------------------------|-------|--------------|
|  |                 |           |                            |                          |       |              |
| Do you have an Estate Planning Attorney?       |                 |           | Would you recommend        | like us to<br>I someone? |       |              |
| Do you have a CPA?                             |                 |           | Would you recommend        | like us to<br>I someone? |       |              |
| Is your Attorney a key decision maker for you? |                 |           | Is your CPA<br>maker for y | a key decision ou?       |       |              |

| N | $\mathbf{a}$ | +, | 2 | e | 1 |
|---|--------------|----|---|---|---|
|   | v            | ., | 5 | J |   |
|   |              |    |   |   |   |

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