

DETAILED QUESTIONNAIRE

Personal and Confidential

Financial Advisor: _____

Date:_____

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Personal Information

Personal Information

	Client	Co-Client
Full name		
Gender	Male Female	Male Female
Date of birth	/	/
Marital status	Single Married Divorced	Single Married Divorced Separated Widowed
Email address		
Employment status	 Retired Employed Business Owner Homemaker Not Currently Employed 	Retired Employed Business Owner Homemaker Not Currently Employed
Employment income	\$	\$
Other pre-retirement income (non investment)	\$	\$
Citizenship		
State of residence		

Enter children, grandchildren, other dependents or any other person whom you will give a Gift, designate as a Beneficiary or assign ownership of an insurance policy. Note: Date of Birth is only required for Children, Grandchildren and Other Dependents.

Name	Date of Birth	Relationship
		🗌 Child 🔲 Grandchild 🗌 Other Dependent
	/	Beneficiary/Donee Charity Trust
		Child Grandchild Other Dependent
	/	Beneficiary/Donee Charity Trust
		🗌 Child 🔲 Grandchild 🗌 Other Dependent
	/	Beneficiary/Donee Charity Trust
		🗌 Child 🔲 Grandchild 🗌 Other Dependent
	/	Beneficiary/Donee Charity Trust

Retirement Goal

Goal Importance (circle one)

	10	9	8	7	6	5	4	3	2	1
		Needs		Wa	nts		١	Vishes		
Age to ret	tire:			_						
		Client	Co-Client							
Life expec	ctancy: _	Client	Co-Client	t						
Retiremer	nt Living Exp	penses:								
Enter l	living expens	es for the f	ollowing r	etirem	ent peri	ods:				
Ex	pense Perioc	l 1 Client	retired/C	o-Clier	nt workii	ng \$			per [Month
Ex	pense Perioc	l 2 – Co-Cli	ent retirec	l/Clien	t workin	g \$			per [Month

Expense Period 4 -- Client alone

Expense Period 5 -- Co-Client alone

\$ _ per	Month	Year
\$ _ per	Month	Year
\$ _ per	Month	Year
\$ per	Month	Year
\$ _ per	Month	Year

Expenses that end during retirement (*e.g.*, mortgage, loan):

Expense Period 3 -- Client AND Co-Client retired

Description	Year Expense Will End	Amount (Current Dollars)	Inflate
		\$ Mth 🗌 Yr	🗌 Yes 🗌 No
		\$ Mth	Yes No
		\$ Mth	🗌 Yes 🗌 No
		\$ Mth	🗌 Yes 🗌 No

Will this amount infl	ill this amount inflate? 🗌 No 🗌 Yes, Base Inflation Rate 🗌 Yes, Base Inflation Rate +/										
Will you change stat	es in retirement? 🗌 No	Yes									
State where y	ou will move:	_									
When Will Yo	u Move? 🗌 Client's Retire	ement 🗌 Co-Client's	Retirement OR Ye	ear							
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	name:	Yea	r to start:	#	[#] of years o	f college:	
Goal In	nportance (circle one)						
	10 9 8		5	4 3	2	1	
	Needs	Wants		Wishes			
oct or	stimate: (fill in A, B, or C)						
	My cost estimate: \$	(Annual	Cost)				
D	Lice on average cost:						
D.	Use an average cost: Public In-State (4-year) -	¢20.220)f-State (4-yea	-r) ¢27.270)	
	Public In-State (4-year) -)f-State (4-yea			
	Private (4-year) - \$40,476	_	Average All -	-	ai) - \$22,912	-	
	\square			Ψ∠∪,UJ∠			
	-						
c	Specific college:		Г		duate 🗌 G	raduato	
C.	Specific college:			Under Gra	duate 🗌 G	iraduate	
C.	State in which the college	s located:		Under Gra	duate 🗌 G	iraduate	
C.		is located: ring: <i>(Check which to ir</i> tate fees 🗌 Roon	n <i>elude)</i> n & Board [] Books & Su	upplies	Other Costs	
	State in which the college Include costs for the follow Tuition Out-of-S	is located: /ing: (<i>Check which to ir</i> tate fees Room lege using a 529 F	nclude) n & Board [Prepaid Tuiti	Books & Su	upplies 🗌 🛛 No 🗌 Yes	Other Costs	
	State in which the college Include costs for the follow Tuition Out-of-S Have you prepaid for col How many years of tu	is located: ring: <i>(Check which to ir</i> tate fees Room lege using a 529 F tion and fees will b	n & Board [Prepaid Tuiti Pe covered fo	Books & Su	upplies 🗌 🛛 No 🗌 Yes	Other Costs	
	State in which the college Include costs for the follow Tuition Out-of-S Have you prepaid for col How many years of tu	is located: ing: <i>(Check which to ir</i> tate fees Room lege using a 529 F tion and fees will b college: <i>(annual am</i>	nclude) n & Board [Prepaid Tuiti pe covered fo	Books & Su on Plan?	upplies 🗌 🕅 No 🗌 Yes ?	Other Costs	
	State in which the college Include costs for the follow Tuition Out-of-S Have you prepaid for col How many years of tu e funding for college (optional) Other funding sources during	is located: ring: (<i>Check which to ir</i> itate fees Room lege using a 529 F tion and fees will b college: (annual and Stude	nclude) n & Board [Prepaid Tuiti pe covered fo punts) ent employme	Books & Su on Plan?	upplies 🗌 (No 🗌 Yes ?	Other Costs	
	State in which the college Include costs for the follow Tuition Out-of-S Have you prepaid for col How many years of tu e funding for college (optional) Other funding sources during Scholarships: \$	is located: ring: (Check which to ir tate fees Room lege using a 529 F tion and fees will b college: (annual and Stude Stude Gifts	n & Board Prepaid Tuiti pe covered for punts) ent employment and other: \$_	Books & Su on Plan?	upplies 🗌 (No 🗌 Yes ?	Other Costs	
Outsid	State in which the college Include costs for the follow Tuition Out-of-S Have you prepaid for col How many years of tu e funding for college (optional) Other funding sources during Scholarships: \$ Student loans: \$	is located: ing: (Check which to in tate fees Room lege using a 529 F tion and fees will b college: (annual amount Stude Gifts Your	nclude) n & Board Prepaid Tuiti pe covered fo pounts) ent employme and other: \$_ loans: \$	Books & Su on Plan?	upplies 🗌 (No 🗌 Yes ?	Other Costs	
Outsid	State in which the college Include costs for the follow Tuition Out-of-S Have you prepaid for col How many years of tu How many years of tu e funding for college (optional) Other funding sources during Scholarships: \$ Student loans: \$ Your own income: \$	is located: ring: (Check which to in itate fees Room lege using a 529 F tion and fees will b college: (annual anno- Stude Gifts Your at will be used to pay for	nclude) n & Board [Prepaid Tuiti pe covered fo punts) ent employme and other: \$ loans: \$ r this college, not	Books & Su on Plan?	No () Yes No () Yes ?	Other Costs	
Outsid	State in which the college Include costs for the follow Tuition Out-of-S Have you prepaid for col How many years of tu How many years of tu Other funding sources during Scholarships: \$ Student loans: \$ Your own income: \$ e assets (Assets not owned by you th	is located: ing: (Check which to in tate fees Room lege using a 529 F tion and fees will b college: (annual ann college: (annual ann Gifts Stude Gifts Your	nclude) n & Board [Prepaid Tuiti pe covered fo bunts) ent employme and other: \$_ loans: \$ r this college, not Desc	Books & Su on Plan?	No () Yes No () Yes ?	Other Costs	
Outsid Outsid 1.	State in which the college Include costs for the follow Tuition Out-of-S Have you prepaid for col How many years of tu How many years of tu e funding for college (optional) Other funding sources during Scholarships: \$ Student loans: \$ Your own income: \$ Type of asset:	is located: ing: (Check which to in itate fees Room lege using a 529 F tion and fees will b college: (annual and Stude Gifts Your at will be used to pay for Annual	nclude) n & Board [Prepaid Tuiti pe covered fo ounts) ent employme and other: \$_ loans: \$ r this college, non Dese addition: \$	Books & Su on Plan?	Upplies No Yes ? A's, UTMA's, or : Growth r	Other Costs	

Child's name: _	Year	to start	•	#	# of yea	rs of co	llege: _				
Goal Importan	ce (circle one)										
	10 9	8	7	6	5	4	3	2	1		
	Needs		War	115			Wishes				
Cost estimate:	(fill in A, B, or C)										
A. My cost	estimate: \$		(/	Annual Co	ost)						
B. Use an a	verage cost:										
🗌 Pu	blic In-State (4-yea	r) - \$20,3	39	- P	ublic Ou	ıt-Of-S	tate (4-ye	ar) - \$32	2,329		
🗌 Pu	blic In-State (2-yea	r) - \$14,6	37	- P	ublic Ou	it-Of-S	tate (2-ye	ar) - \$22	2,912		
Pri	vate (4-year) - \$40,	476			verage A	All - \$2	6,832				
							Under Gra	oduato		duate	
C. Specific	college:						under ore	auuale			
	college: e in which the colle							auuale			
State	-	ge is loca	ated:					duale			
State	e in which the colle	ge is loca llowing: (ated: Check wh	nich to inc	lude)						
State Inclu	e in which the colle ide costs for the fo] Tuition 🔲 Out-o	ge is loca llowing: (of-State f	ated: Check wh	nich to incl	lude) & Board	В	ooks & Su	pplies	Othe		
State Inclu Hav	e in which the colle ide costs for the fo] Tuition 🔲 Out-o e you prepaid for	ge is loca llowing: (ر of-State f college ر	ated: Check wh Tees using a	nich to incl Room 529 Pr	lude) & Board epaid To	B uition	ooks & Su Plan?	pplies No	Othe		
State Inclu Hav	e in which the colle ide costs for the fo] Tuition 🔲 Out-o	ge is loca llowing: (ر of-State f college ر	ated: Check wh Tees using a	nich to incl Room 529 Pr	lude) & Board epaid To	B uition	ooks & Su Plan?	pplies No	Othe		
State Inclu Hav	e in which the colle ide costs for the fo] Tuition 🔲 Out-o e you prepaid for	ge is loca llowing: ش of-State f college t f tuition a	ated: Check wh Tees using a	nich to incl Room 529 Pr	lude) & Board epaid To	B uition	ooks & Su Plan?	pplies No	Othe		
State Inclu Hav	e in which the colle de costs for the fo Tuition Out-o e you prepaid for How many years o	ge is loca llowing: (of-State f college (f tuition a mal)	ated: Check wh ees using a and fees	nich to incl Room 529 Pr s will be	lude) & Board epaid T i coverec	B uition	ooks & Su Plan?	pplies No	Othe		
State Inclu Hav Outside fundin Other fu	e in which the colle ide costs for the fo Tuition Out-o e you prepaid for How many years o	ge is loca llowing: (of-State f college t f tuition a mal) ring colleg	ated: Check wh Tees using a and fees ge: (anr	nich to incl Room 529 Pr s will be	lude) & Board epaid To coverec	B uition d for th	ooks & Su Plan?	npplies No?	Othe Yes	r Costs	
State Inclu Hav Outside fundin Other fo	e in which the colle ide costs for the fo Tuition Out-o e you prepaid for How many years or ig for college (option unding sources dur Scholarships: \$	ge is loca llowing: (of-State f college t f tuition a mal) ring colleg	ated: Check wh Tees using a and fees ge: (anr	nich to inco Room 529 Pr s will be nual amou	lude) & Board epaid Tr coverec Ints) t emplo	Bi uition I for th yment:	ooks & Su Plan? iis college	pplies No?	_ Othe	r Costs	
State Inclu Hav Outside fundin Other fu	e in which the colle ide costs for the fo] Tuition ① Out-o e you prepaid for How many years or ig for college (option unding sources dur	ge is loca llowing: (of-State f college (f tuition a nal) ing colleg	ated: Check wh Tees using a and fees ge: (anr	nich to incl Room 529 Pr s will be nual amou Studen Gifts ar	(ude) & Board epaid Tr coverec (nts) It emplo	Ba uition d for th yment: ; \$	ooks & Su Plan? is college	pplies No?	Othe	r Costs	_
State Inclu Hav Outside fundin Other fu	e in which the colle ide costs for the fo] Tuition ① Out-o e you prepaid for How many years o g for college (option unding sources dur Scholarships: \$ Student loans: \$	ge is loca llowing: (of-State f college (f tuition a nal) ing colleg	ated: Check wh Tees using a and fees ge: (anr	nich to incl Room 529 Pr s will be nual amou Studen Gifts ar	(ude) & Board epaid Tr coverec (nts) It emplo	Ba uition d for th yment: ; \$	ooks & Su Plan? is college	pplies No?	Othe	r Costs	_
State Inclu Hav Outside fundin Other fi	e in which the colle ide costs for the fo] Tuition ① Out-o e you prepaid for How many years o g for college (option unding sources dur Scholarships: \$ Student loans: \$	ge is loca llowing: (of-State f college t f tuition a mat) ring colleg <u></u>	ated: Check wh Tees using a and fees ge: (anr	nich to inco Room 529 Pr s will be nual amou Studen Gifts ar Your Ic	lude) & Board epaid Tr covered (nts) It emplo nd other pans: \$	B uition d for th yment: : \$	ooks & Su Plan? iis college	No?	_ Othe	r Costs	_
State Inclu Hav Outside fundin Other fo	e in which the colle ide costs for the fo] Tuition Out-o e you prepaid for How many years of ag for college (option unding sources dur Scholarships: \$ Student loans: \$ Your own income:	ge is loca llowing: (of-State f college t f tuition a f tuition a	ated: Check wh Tees using a and fees ge: (anr be used to	nich to inco Room 529 Pr s will be nual amou Studen Gifts an Your Ic	(ude) & Board epaid Tr coverec (nts) (t emplo nd other pans: \$ (his college	Ba uition d for the yment: ; \$ <i>p</i> , <i>not inc</i>	ooks & Su Plan? iis college	No?	Othe	er Costs	-
State Inclu Hav Outside fundin Other fu Outside assets 3. Type of	e in which the colle ide costs for the fo] Tuition Out-o e you prepaid for How many years of g for college (option unding sources dur Scholarships: \$ Student loans: \$ Your own income: (Assets not owned by you	ge is loca llowing: (of-State f college t f tuition a f tuition a f tuition a f tuition a f tuition a f tuition a f tuition a	ated: Check wh Tees using a and fees ge: (anr be used to	nich to inco Room 529 Pr s will be nual amou Studen Gifts an Your Ic	lude) & Board epaid Tr covered (nts) It emplo nd other bans: \$ his college	Bi uition I for th yment: \$, not inc Descrip	ooks & Su Plan? is college is college is uding UGM, otion:	NO ? A's, UTMA*	Othe	er Costs	-
State Inclu Hav Outside fundin Other fo Outside assets 3. Type of Current	e in which the colle ide costs for the fo] Tuition ① Out-o e you prepaid for How many years of Inding sources dur Scholarships: \$ Student loans: \$ Your own income: (Assets not owned by your asset:	ge is loca llowing: (of-State f college t f tuition a f tuition a mal) ring colleg \$ bu that will b	ated: Check wh Tees [] using a and fees ge: (anr be used to A	nich to inco Room 529 Pr s will be nual amou Studen Gifts ar Your Ic o pay for t	lude) & Board epaid Tr covered (nts) It emplo nd other pans: \$ his college [ddition:	Bi uition d for th yment: ; \$ p, not inc Descrip \$	ooks & Su Plan? is college is college is uding UGM, otion:	No No A's, UTMA'	Othe	er Costs	-

Lhild's name:				Year t	o start:	#	# of years of school:		
Goal Importance (circle one):								
	10 9 Need		7	6 Wants		4	3 V	2 Vishes	1
Annual cost: \$ Vill this amount i					e 🗌 Ye	s. Base	Inflatior	Rate +/-	-
									of school:
Child's name: Goal Importance (i edi t	0 start		"	or years	
	10 9 Need		7	6 Wants		4	3 V	2 Vishes	1
Annual cost: \$			-		_				
Vill this amount i	nflate? 🔝 I	No 🗌 Ye	s, Base Inf	flation Ra	te 🗌 Y	es, Base	e Inflatic	n Rate +	/
Child's name:				year t	o start:		#	of years	of school
Goal Importance (circle one):								
	10 9	s 8	7	6 Wants	5	4	3	2 Vishes	1

			weuuin	gs, Travel	, New 110	. ,					
Description	:										
Goal Impor	tance <i>(circle on</i>	e):									
	10 N	9 eeds	8	7	6 Want	5	4	3 V	2 Vishes	1	
Year of goa	l:										
Cost: \$		Month	🗌 Yea	r							
Will this am	ount inflate?	No [Yes,	Base Infl	ation Ra	te 🗌 Y	es, Base	Inflatior	Rate +/		%
Is this goal	recurring? 🗌	No 🗌	Yes								
How of	ten will it occur	r: Every		year(s)							
When v	vill it end:	Client	's Retire	ment, [Co-Cl	ent's Re	tiremen	t, 🗌 En	d of Clie	nt's Plar	ı
		End o	f Co-Clie	ent's Pla	n, 🗌 Er	nd of Pla	n OR, [Total	Occurrer	ices:	
	: tance <i>(circle on</i>										
			8	7	6	5	4	3	2	1]
•	tance <i>(circle on</i>	e):			6 Want	-	4	-	2 Vishes	1]
	tance <i>(circle on</i>	<i>e):</i> 9			-	-	4	-		1]
Goal Import Year of goa	tance <i>(circle on</i> 10 N	e): 9 eeds	8	7	-	-	4	-		1]
Goal Import Year of goa	tance <i>(circle on</i> 10 N	e): 9 eeds	8	7	-	-	4	-		1]
Goal Import Year of goa Cost: \$	tance <i>(circle on</i> 10 N	e): 9 eeds Month	8	7 .r	Want	5		V	Vishes		%
Goal Import Year of goa Cost: \$ Will this am	tance <i>(circle on</i> 10 N	e): 9 eeds Month No	8	7 .r	Want	5		V	Vishes]%
Goal Import Year of goa Cost: \$ Will this am Is this goal	tance <i>(circle on</i> 10 I:	e): 9 eeds Month No No	8 Vea Yes, Yes	7 r Base Inf	Want	5		V	Vishes		%
Goal Import Year of goa Cost: \$ Will this am Is this goal How of	tance <i>(circle on</i> 10 N I: nount inflate? [recurring?] ten will it occur	e): 9 eeds Month No No r: Every	8	7 Ir Base Inf year(s)	Want	s	Yes, Bas	se Inflatio	Vishes on Rate -	+/	

Description:
Goal Importance (circle one):
10 9 8 7 6 5 4 3 2 1 Needs Wants Wishes Wishes
Year of goal:
Gift or Donation
Description:
End of Co-Client's Plan, End of Plan OR Total Occurrences:
Description:
Importance (circle one)
10 9 8 7 6 5 4 3 2 1 Needs Wants Wishes
Who is the donor? Who will receive this gift? Year you plan to give this gift or donation: Amount of gift or donation: \$ per D Month Year

My Financial Goals	
Will this amount inflate? 🗌 No 📄 Yes, Base Inflation Rate 📄 Yes, Base Inflation Rate +/%	
Is this gift recurring? 🗌 No 📄 Yes	
How often will it occur: Every year(s)	
When will it end: 🛛 🗌 Client's Retirement, 🔲 Co-Client's Retirement, 🔲 End of Client's Plan	
End of Co-Client's Plan, 🗌 End of Plan OR 🗌 Total Occurrences:	
Leave Bequest	
Description/Recipient:	
Importance (circle one)	
10 9 8 7 6 5 4 3 2 1	
Needs Wants Wishes	
Who will receive this gift?	
When will the bequest be made: 🗌 End of Client's Plan 🗌 End of Co-Client's Plan	
Amount of bequest: \$ (today's dollars)	
Will this amount inflate? 🗌 No 🗌 Yes, Base Inflation Rate 🗌 Yes, Base Inflation Rate +/%	
Description/Recipient:	
Importance (circle one)	
10 9 8 7 6 5 4 3 2 1	
Needs Wants Wishes	
Who will receive this gift?	
When will the bequest be made: End of Client's Plan End of Co-Client's Plan	
Amount of bequest: \$ (today's dollars)	
Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/%	

Risk Tolerance Questionnaire

Risk Assessment

On a scale of 1-100 with 1 being the lowest and 100 the highest, how much risk are you willing to accept? Enter your score in the space provided. Compare yourself to other investors. The average risk score for all investors is 50. Two thirds of all investors score between 40 and 60, and only 1 in 1000 selects a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?

Household Score _____

Client _____ Co-Client _____

Investment Attitude Risk Questionnaire

1.	How important is capital preservation?	

Check the box next to the number to answer each of the six risk tolerance questions below.

	Not at all			Modera	Moderately important				Very important		
	1	2	3	4	5	6	7	8	9		
2.	2. How important is growth?										
	Not at all			Modera	ately importe	ant		Very	, important		
	1	2	3	4	5	6	7	8	9		
3.	How import	ant is low vola	ntility?								
	Not at all			Modera	ately importe	ant		Very	r important		
	1	2	3	4	5	6	7	8	9		
4.	How import	ant is inflation	protection?								
	Not at all			Modera	itely importa	ant		Very	, important		
	1	2	3	4	5	6	7	8	9		
5.	How import	ant is current	cash flow?								
	Not at all			Modera	itely importa	ant		Very	, important		
	1	2	3	4	5	6	7	8	9		
6.	. How much risk are you willing to take to achieve a higher return?										
	Not at all			A Mode	erate amoun	t			A lot		
	1	2	3	4	5	6	7	8	9		
W/b	at Averago A	nnual Rate of	Return* do vo	u want to or		nortfolio to	reach vour	financial co	alc?		
VVII	What Average Annual Rate of Return* do you want to earn on your portfolio to reach your financial goals?										

Average Annual Rate of Return* You Want: ______%

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

Social Security – Client

When will you begin taking Social Security?
Full Retirement Age (FRA)
As early as possible
Retirement
Age
I am ineligible for Social Security benefits
Do you plan to use a strategy to maximize Social Security? If yes check the applicable option.
Restricted Application
Select one option for the benefit amount:
Use this amount: \$ Month Year (pre-tax, current dollars)
Use the planner estimate (based on current employment income)
Estimate the benefit using my Primary Insurance Amount: \$
Assign – How to Use: (choose one)
Fund All Goals Earmark to One Goal:
Social Security – Co-Client
When will you begin taking Social Security?
Full Retirement Age (FRA)
As early as possible
Retirement
Age
I am ineligible for Social Security benefits
Do you plan to use a strategy to maximize Social Security? If yes check the applicable option.
Restricted Application
Select one option for the benefit amount:
Use this amount: \$ Month Year (pre-tax, current dollars)
Use the planner estimate (based on current employment income)
Estimate the benefit using my Primary Insurance Amount: \$
Assign – How to Use: (choose one)
Fund All Goals Earmark to One Goal:

Pension

Whose pension: Client Co-Client						
Description:						
Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year						
Amount of benefit <i>(estimate of pre-tax future value)</i> : \$ per 🗌 Month 🗌 Year						
Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/% (Note: Inflation will begin in the year payments begin.)						
Survivor benefit:%						
Assign – How to Use: (choose one)						
Fund All Goals Earmark to One Goal:						
Whose pension: Client Co-Client						
Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year						
Amount of benefit (estimate of pre-tax future value): \$ per Der Month Year						
Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/% (Note: Inflation will begin in the year payments begin.)						
Survivor benefit:%						
Assign – How to Use: (choose one)						
Fund All Goals Earmark to One Goal:						

Part-Time Employment						
Whose income: 🗌 Client 🗌 Co-Client						
Description:						
Income begins: 🗌 Client's Retirement 🗌 Co-Client's Retirement 🗌 Receiving Now 🗌 Year						
Number of years:						
Income amount (pre-tax, today's dollars): \$ per 🗌 Month 🗌 Year						
Will this amount inflate? 🗌 No 🗌 Yes, Base Inflation Rate 🗌 Yes, Base Inflation Rate +/%						
Assign – How to Use: (choose one)						
Fund All Goals Earmark to One Goal:						
Whose income: Client Co-Client						
Description:						
Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year						
Number of years:						
Income amount <i>(pre-tax, today's dollars)</i> : \$ per Month Year						
Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/%						
Assign – How to Use: (choose one)						
Fund All Goals Earmark to One Goal:						
Annuity Income						
Whose annuity: Client Co-Client						
Description:						
Year annuity payments start:						
Value at annuitization: \$ Cost basis: \$						
Amount of annuity payments (pre-tax, future value): \$ Month Year						
Income growth rate:% Exclusion ratio:%						
Annuity Type (choose one option)						
Joint Life						
Income Guaranty: 🔄 Period Certain 🔛 Lifetime Only 🔛 Installment Refund 🔛 Cash Refund						
If Period Certain, enter years:						
Income to Co-Client%						
Single Life						
Income Guaranty: 🗌 Period Certain 🗌 Lifetime Only 🗌 Installment Refund 🗌 Cash Refund						
If Period Certain, enter years:						
Specific Period Enter years:						
Assign – How to Use: (choose one)						
Fund All Goals Earmark to One Goal:						
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Rental	Property	Income

Whose income: Client Co-Client
Description:
Income begins: 🗌 Client's Retirement 🗌 Co-Client's Retirement 🗌 Receiving Now 🗌 Year
Income ends: 🛛 End of Client's Plan 🗌 End of Co-Client's Plan 🗌 End of Plan 🗌 Year
Amount of net rental income (pre-tax rental income less expenses): \$ Month _ Year
Will this amount inflate? 🗌 No 🗌 Yes, Base Inflation Rate 🗌 Yes, Base Inflation Rate +/%
Assign – How to Use: (choose one)
Fund All Goals Earmark to One Goal:
Other Retirement Income
Whose income: Client Co-Client Description:
Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year
Income ends: 🛛 End of Client's Plan 🗌 End of Co-Client's Plan 🗌 End of Plan 🗌 Year
Amount of income (pre-tax, today's dollars): \$ per 🗌 Month 🔲 Year
Is this income tax-free? 🗌 No 🔲 Yes
Will this amount inflate? 🗌 No 🗌 Yes, Base Inflation Rate 🗌 Yes, Base Inflation Rate +/%
Assign – How to Use: (choose one)
Fund All Goals Earmark to One Goal:
Whose income: Client Co-Client Description:
Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year
Income ends: Incom
Amount of income (pre-tax, today's dollars): \$ per [] Month [] Year
Is this income tax-free? No Yes
Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/%
Assign – How to Use: (choose one)
Fund All Goals Earmark to One Goal:
Whose income: Client Co-Client Description:
Whose income: Client Co-Client Description: Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year
Income ends: End of Client's Plan End of Co-Client's Plan End of Plan Year
Amount of income (pre-tax, today's dollars): \$ per Month Year
Is this income tax-free? No Yes
Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/%
Assign – How to Use: (choose one)
Fund All Goals Earmark to One Goal:

Whose income:	Client Co-Client Description:					
Income begins:	Client's Retirement Co-Client's Retirement Receiving Now Year					
Income ends:	End of Client's Plan End of Co-Client's Plan End of Plan Year					
Amount of income (pre-tax, today's dollars): \$ per 🗌 Month 🔲 Year						
Is this income tax-free? 🗌 No 🔲 Yes						
Will this amount inflate? 🗌 No 🔲 Yes, Base Inflation Rate 🗌 Yes, Base Inflation Rate +/%						
Assign – How to Use: (choose one)						
🗌 Fund	All Goals Earmark to One Goal:					

Other Irrevocable Trust Income

Whose income: Client Co-Client
Description:
Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year
Income ends: End of Client's Plan End of Co-Client's Plan End of Plan Year
Amount of income (pre-tax, today's dollars): \$ per 🗌 Month 🔲 Year
Is this income tax-free? 🗌 No 📄 Yes
Will this amount inflate? 🗌 No 🗌 Yes, Base Inflation Rate 🗌 Yes, Base Inflation Rate +/%
Assign – How to Use: (choose one)
Fund All Goals Earmark to One Goal:
Whose income: Client Co-Client
Description:
Income begins: Client's Retirement Co-Client's Retirement Receiving Now Year
Income ends: End of Client's Plan End of Co-Client's Plan End of Plan Year
Amount of income (pre-tax, today's dollars): \$ per 🗌 Month 🔲 Year
Is this income tax-free? 🗌 No 📄 Yes
Will this amount Inflate? 🗌 No 🗌 Yes, Base Inflation Rate 🗌 Yes, Base Inflation Rate +/%
Assign – How to Use: (choose one)
Fund All Goals Earmark to One Goal:

401(k) Plans									
Description:					Whose plan: 🗌 Client 🔲 Co-Client					
Current total value: \$			After-tax value (non-Roth): \$							
Current	: Roth value: \$									
Asset C	lass Distribu	tion:								
							LTB			
			MCS	%	SCS	%	IDS	%	IES	%
	UC									
	- How to Use									
					ore Goals: _					
	ot Used in Plar	ו ו	Leave to Est	ate						
Income										
	Total income									
Vour	Will this amo ontributions:	unt ir	iflate? 🔝 N	o 🗌 Yes	s, Base Inflat	tion Rate	Yes, Base Ir	nflation	Rate +/	%
rource		ibutic	nc: Entor %	of appual	incomo %	or \Box A	ssume max co	ntribut	ion oach voa	-
	After-tax contr							ntiibut	ion each year	
	Roth contribu			Jui)	70					
	Roth contribu									
	Year contribu									
			_			liont's Dot	irement 🗌 Ye	ar		
Employ				Retireme		lients ket		ar		
	yer contributi					a a ati a a				
If your (employer mat	,			•					
	Employer wil					%				
	Up until your						0 /			
	Then your en				•		%			
	Up until your			n reaches	this %:	%				
	yer contributi									
	um annual dol				_					
	llans also have a ove. If your plan					nployer will	contribute in a y	/ear, reg	ardless of the	percentage
Additic	onal employe	r con	tributions -	Profit sh	aring					
-	mployer makes ter those contril						nere.			
	Contribut	ion as	s a % of inco	me:	%					
	Contribut	ions a	as dollar amo	ount: \$		Gro	w annually by		%	
	Contribution	s End:	Client's	Retireme	ent 🗌 Co-C	Client's Ret	irement 🗌 Y	ear		

Legend For Asset Class Distribution STB = Short Term Bonds LCVS = Large Cap Value Stocks SCS = Small Cap Stocks Unclassified = All Other Asset Classes

Type of plan: Description:		
		Client Co-Client
Current total value: \$	After-tax value	(non-Roth): \$
Current Roth value: \$		· · · · ·
Asset class distribution:		
CE% STB% ITB	% LTB	% LCVS%
LCGS% MCS% SCS UC%	% IDS	% IES%
Assign – How to Use: (check one)		
Fund All Goals Earmark to One or More Goals: _		
Not Used in Plan 🗌 Leave to Estate		
Income		
Total income from this employer: \$		
Will this amount inflate? 🗌 No 🗌 Yes, Base Infla	ation Rate 🗌 Yes, Ba	se Inflation Rate +/%
Your contributions:		
Pre-tax contributions: Enter % of annual income %	6 or 🗌 Assume ma	x contribution each year
After-tax contributions (non-Roth):%		
Roth contributions:%		
Roth contributions: \$		
Year contributions begin:		
Contributions end: 🗌 Client's Retirement 🗌 Co-	-Client's Retirement [Year
Employer contributions		
If your Employer matches your contributions, complete this	s section.	
Employer will match this % of your contribution:	%	
Up until your contribution reaches this %:%	0	
Then your employer will match this % of your cont	ribution:%	
Up until your total contribution reaches this %:	%	
Employer contributions limit		
Maximum annual dollar limit: \$		
(Some plans also have a maximum limit on the total dollars the employer your plan has such a limit, enter the amount.)	will contribute in a year, re	gardless of the percentage limit above.
Additional employer contributions - Profit sharing		
If your employer makes contributions in addition to those above, enter th Only enter those contributions you are confident you will actually receive.		
Contribution as a % of income:%	0	
Contributions as dollar amount: \$	Grow annually	/ by%
••••••••••••••••••••••••••••••••		Year

Legend For Asset Class Distribution STB = Short Term Bonds LCVS = Large Cap Value Stocks SCS = Small Cap Stocks Unclassified = All Other Asset Classes

Traditional IRAs	
Who is the owner: 🗌 Client 🗌 Co-Client	Description:
Current value: \$	After tax-value: \$
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or More 0	Goals:
Not Used in Plan Leave to Estate	
Annual additions: (check one)	
Pre-tax: Additions: \$	Inflate? 🗌 No 🗌 Yes
Maximum contribution each year	
After-tax: 🗌 Additions: \$	
Maximum contribution each year	
Year additions begin:	
Year additions end: 🗌 Client's Retirement 🔲	Co-Client's Retirement 🔲 Year
Asset class distribution:	
CE% STB% IT	B% LTB% LCVS%
LCGS% MCS% S0	CS% IDS% IES%
UC%	
Who is the owner: 🗌 Client 🗌 Co-Client Current value: \$	Description: After-tax value: \$
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or More G	Goals:
🗌 Not Used in Plan 🗌 Leave to Estate	
Annual additions: (check one)	
Pre-tax: Additions: \$	Inflate? 🗌 No 📄 Yes
Maximum contribution each year	
After-tax: 🗌 Additions: \$	
Maximum contribution each year	
Year additions begin:	
Year additions end: 🗌 Client's Retirement 🔲	Co-Client's Retirement 🔲 Year
Asset class distribution:	
CE% STB% IT	B% LTB% LCVS%
	CS% IDS% IES%
UC%	

Legend For Asset Class Distribution STB = Short Term Bonds LCVS = Large Cap Value Stocks SCS = Small Cap Stocks Unclassified = All Other Asset Classes

Traditional IRAs	
Who is the owner: Client Co-Client	Description:
Current value: \$	After-tax value: \$
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or More C	Goals:
🗌 Not Used in Plan 🗌 Leave to Estate	
Annual additions: (check one)	
Pre-tax: Additions: \$	Inflate? 🗌 No 🔲 Yes
Maximum contribution each year	
After-tax: 🗌 Additions: \$	
Maximum contribution each year	
Year additions begin:	
Year additions end: Client's Retirement	Co-Client's Retirement 🔲 Year
Asset class distribution:	
CE% STB% IT	TB% LTB% LCVS%
LCGS% MCS% S	CS% IDS% IES%
UC%	
Who is the owner: Client Co-Client Current value:	After-tax value: \$
Pre-tax: Additions: \$	Inflate?
$\square Maximum contribution each year$	
After-tax: Additions: \$	
Maximum contribution each year	
Year additions begin:	
Year additions end: Client's Retirement	Co. Client's Patiroment 🗌 Vear
Asset class distribution:	
	ГВ% LTВ% LCVS%
LCGS% MCS % S	SCS % IDS % IES %
UC%	

Legend For Asset Class Distribution STB = Short Term Bonds LCVS = Large Cap Value Stocks SCS = Small Cap Stocks Unclassified = All Other Asset Classes

SEPP IRA – 72(t)		
Who is the owner: 🗌 Client 🔲 Co-Client	Description:	
Ticker symbol:	Units:	
Current value: \$		
Assign – How to Use: (check one)		
🗌 Fund All Goals 🛛 🗌 Earmark to One or M	Nore Goals:	
🗌 Not Used in Plan 🔲 Leave to Estate		
72(t) distributions		
Annual distribution amount: \$	Year distribution began:	
Asset class distribution:		
CE% STB%	ITB% LTB% LCVS%	
LCGS% MCS%	SCS% IDS% IES%	
UC%		
Who is the owner: Client Co-Client	Description:	
Ticker symbol:		
Current value: \$		
	After-tax value: \$	
Assign – How to Use: (check one)	Aava Caala	
	Nore Goals:	
Not Used in Plan Leave to Estate		
72(t) distributions		
Annual distribution amount: \$	Year distribution began:	
Asset class distribution:		
	ITB% LTB% LCVS%	
	SCS% IDS% IES%	
UC%		

Legend For Asset Class Distribution STB = Short Term Bonds LCVS = Large Cap Value Stocks SCS = Small Cap Stocks Unclassified = All Other Asset Classes

Roth IRAs	
Who is the owner: 🗌 Client 🔲 Co-Client	Description:
Current value: \$	_
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or More	re Goals:
🗌 Not Used in Plan 🗌 Leave to Estate	
Annual additions: (check one)	
Pre-tax: Additions: \$	Inflate? 🗌 No 📄 Yes
Maximum contribution each yea	ear
After-tax: 🗌 Additions: \$	-
Year additions begin:	-
Year additions end: 🔲 Client's Retirement [🗌 Co-Client's Retirement 🔲 Year
Asset class distribution:	
	ITB% LTB% LCVS%
	SCS% IDS% IES%
UC%	
Current value: \$ Assign – How to Use: (check one)	Description:
Annual additions: (Check one)	
Pre-tax: Additions: \$	Inflate?
Maximum contribution each yea	
After-tax: Additions: \$	
Year additions begin:	-
	Co-Client's RetirementYear
Asset Class Distribution:	
CE% STB%	ITB% LTB% LCVS%
LCGS% MCS%	ITB % LTB % LCVS % SCS % IDS % IES %
UC%	

Legend For Asset Class Distribution STB = Short Term Bonds LCVS = Large Cap Value Stocks SCS = Small Cap Stocks Unclassified = All Other Asset Classes

Coverdell Accounts (ESA)			
Who is the owner: 🗌 Custodial		Description:	
Current value: \$			
Assign – How to Use: (check one)			
🗌 Fund All Goals 🛛 🗌 Earmark to One o	or Mo	pre Goals:	
🗌 Not Used in Plan 🗌 Leave to Estate			
Annual additions: (check one)			
Additions: \$		_ Inflate? 🗌 No 🗌 Yes	
Maximum contribution each year			
Year additions begin		_	
Year additions end: 🗌 Client's Retirem	ent [🗌 Co-Client's Retirement 🔲 Year	
Asset class distribution:			
		ITB% LTB% LCVS	
	_%	SCS% IDS% IES	%
UC%			
Who is the owner: 🗌 Custodial		Description:	
Current value: \$		_	
Assign – How to Use: (check one)			
🗌 Fund All Goals 🛛 🗌 Earmark to One o	or Mo	ore Goals:	
🗌 Not Used in Plan 🗌 Leave to Estate			
Annual additions: (check one)			
Additions: \$		_ Inflate? 🗌 No 📄 Yes	
Maximum contribution each year			
Year additions begin:		_	
Year additions end: 🗌 Client's Retirem	ent [Co-Client's Retirement 🗌 Year	
Asset class distribution:			
CE% STB	_%	ITB% LTB% LCVS	%
		SCS% IDS% IES	
UC %			

Legend For Asset Class Distribution STB = Short Term Bonds LCVS = Large Cap Value Stocks SCS = Small Cap Stocks Unclassified = All Other Asset Classes

529 Savings Plan		
Who is the owner: Client Co-Client	Description:	
Beneficiaries/Percentage		
Estate%	Other	%
Surviving Client%	Other	%
Current value: \$	Is this asset subject to state taxes? 🗌 No 📃 Yes	
Assign – How to Use: (check one)	-	
🗌 Fund All Goals 🛛 🗌 Earmark to One or M	lore Goals:	
🗌 Not Used in Plan 🗌 Leave to Estate		
Annual additions: (check one)		
Additions: \$	Inflate? 🗌 No 📃 Yes	
Year additions begin:		
Year additions end: 🗌 Client's Retirement	t 🔲 Co-Client's Retirement 🔲 Year	
Asset class distribution:		
	ITB% LTB% LCVS	<u>%</u>
	SCS% IDS% IES	%
UC%		
Who is the owner: Client Co-Client Beneficiaries/Percentage	Description:	
Estate%		%
Surviving Client%	Other	%
Current value: \$	Is this asset subject to state taxes? 🗌 No 🗌 Yes	
Assign – How to Use: (check one)		
	lore Goals:	
Not Used in Plan Leave to Estate		
Annual additions: (check one)		
Additions: \$	Inflate? No Yes	
Year additions begin:		
Year additions end: 🗌 Client's Retirement	t 🗌 Co-Client's Retirement 🔲 Year	
Asset class distribution:		
	ITB% LTB% LCVS	
	SCS% IDS% IES	<u>%</u>
UC%		

Legend For Asset Class Distribution STB = Short Term Bonds LCVS = Large Cap Value Stocks SCS = Small Cap Stocks Unclassified = All Other Asset Classes

Annuities		
Who is the owner: 🗌 Client 🗌 Co-Client	Description:	
Current value: \$	Cost basis: \$	
Assign – How to Use: (check one)		
🗌 Fund All Goals 🛛 Earmark to One or Mo	ore Goals:	
🗌 Not Used in Plan 🗌 Leave to Estate		
Annual additions: (check one)		
Additions: \$	Inflate? 🗌 No 📃 Yes	
Year additions begin:	_	
Year additions end: 🗌 Client's Retirement	🗌 Co-Client's Retirement 🔲 Year	
Asset class distribution:		
	ITB% LTB% LCVS	
	SCS% IDS% IES	%
UC%		
Who is the owner: 🗌 Client 🔲 Co-Client	Description:	
Current Value: \$	·	
Assign – How to Use: (check one)		
	ore Goals:	
Not Used in Plan Leave to Estate		
Annual additions: (check one)		
Additions: \$	Inflate? 🗌 No 🗍 Yes	
Year Additions Begin:		
<u> </u>	 Co-Client's Retirement Year	
Asset class distribution:		
	ITB% LTB% LCVS	%
	SCS% IDS% IES	
UC%		

Legend For Asset Class Distribution STB = Short Term Bonds LCVS = Large Cap Value Stocks SCS = Small Cap Stocks Unclassified = All Other Asset Classes

Annuities (continued)		
Who is the owner: Client Co-Clie		
Current value: \$	Cost basis: \$	
Assign – How to Use: (check one)		
	e or More Goals:	
Not Used in Plan Leave to Estate		
Annual additions: (check one)		
Additions: \$	Inflate? No Yes	
Year additions begin:		
Year additions end: 🗌 Client's Retir	ement 🗌 Co-Client's Retirement 🗌 Year	
Asset class distribution:		
	% ITB% LTB% LCVS _	
	% SCS% IDS% IES	%
UC%		
Cash Value Life: Variable Life		
Cash Value Life: Variable Life		
	Insured: Client Co-Client 1 st to Die] 2 nd to Die
Name or Description:		
Beneficiaries:		0/
	% Other	
	% Other	%
Current value: \$		
Asset class distribution:		0/
	% ITB% LTB% LCVS _ % SCS% IDS% IES	
UC% MUS UC%	% SCS% IDS% IES	%
00/		
Cost basis: \$	Insurance amount: \$	
Assign – How to Use: (check one)		
🗌 Fund All Goals 🛛 🗌 Earmark to On	e or More Goals:	
🗌 Not Used in Plan 🗌 Leave to Estate		
Annual additions: (check one)		
Pre-tax: Additions: \$	Inflate? 🗌 No 📄 Yes	
Maximum contribution	each year	
After-tax: 🗌 Additions: \$		
Year additions begin:		
Year additions end: Client's Retire	ement 🗌 Co-Client's Retirement 🔲 Year	
	Legend For Asset Class Distribution	
CE = Cash & Cash Equivalents LTB = Long Term Bonds	STB = Short Term BondsITB = Intermediate Term BondsLCVS = Large Cap Value StocksLCGS = Large Cap Growth	
MCS = Mid Cap Stocks IES = International Emerging Stocks	SCS = Small Cap Stocks IDS = International Develop Unclassified = All Other Asset Classes	

Cash Value Life: Variable Life
Owner: Client Co-Client Insured: Client Co-Client 1st to Die 2nd to Die
Name or Description:
Beneficiaries:
Estate % Other% Other%
Surviving Client % Other% % Other% %
Current value: \$
Asset class distribution:
CE% STB% ITB% LTB% LCVS%
LCGS% MCS% SCS% IDS% IES%
UC%
Cost basis: \$ Insurance amount: \$
Assign – How to Use: (check one)
Fund All Goals Earmark to One or More Goals:
Not Used in Plan 🗌 Leave to Estate
Annual additions: (check one)
Pre-tax: 🗌 Additions: \$ Inflate? 🗌 No 🗌 Yes
Maximum contribution each year
After-tax: Additions: \$
Year additions begin:
Year additions end: 🗌 Client's Retirement 🗌 Co-Client's Retirement 🗌 Year

Legend For Asset Class Distribution STB = Short Term Bonds LCVS = Large Cap Value Stocks SCS = Small Cap Stocks Unclassified = All Other Asset Classes

Other Tax-Deferred	
Who is the owner: 🗌 Client 🗌 Co-Client	Description:
Current value: \$	Cost basis: \$
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or Mo	pre Goals:
🗌 Not Used in Plan 🗌 Leave to Estate	
Annual additions: (check one)	
Additions: \$	_ Inflate? 🗌 No 🗌 Yes
Year additions begin:	_
Year additions end: 🗌 Client's Retirement [🗌 Co-Client's Retirement 🔲 Year
Asset class distribution:	
	ITB% LTB% LCVS%
	SCS% IDS% IES%
UC%	
U.S. Savings Bond	
Who is the owner: 🗌 Client 🗌 Co-Client	Description:
Current value: \$	Cost basis: \$
Assign – How to Use: (check one)	
Fund All Goals Earmark to One or Mo	pre Goals:
🗌 Not Used in Plan 🗌 Leave to Estate	
Annual additions: (check one)	
Additions: \$	Inflate? 🛄 No 🔄 Yes
Year additions begin:	_
Year additions end: Client's Retirement	🗌 Co-Client's Retirement 🔲 Year
Asset class distribution:	
CE% STB%	ITB% LTB% LCVS%
LCGS% MCS%	SCS% IDS% IES%
UC%	

Legend For Asset Class Distribution STB = Short Term Bonds LCVS = Large Cap Value Stocks SCS = Small Cap Stocks Unclassified = All Other Asset Classes

Taxable		
Who is the owner:	o-Client 🗌 Joint 🗌 Custodial	
If Joint, what kind? Survivorship	Common 🗌 Entirety 🗌 Community Property	
Other w/ Clie	ent 🗌 Other w/ Co-Client	
Description:		
Ticker symbol:	Units:	
Current value: \$	Cost basis: \$	
Assign – How to Use: (check one)		
🗌 Fund All Goals 🛛 🗌 Earmark to On	e or More Goals:	
Not Used in Plan 🗌 Leave to Estate	9	
Annual additions: (check one)		
Additions: \$	Inflate? 🗌 No 🗌 Yes	
Year additions begin:		
Year additions end: 🔲 Client's Retir	rement 🗌 Co-Client's Retirement 🗌 Year	
Asset class distribution:		
	% ITB% LTB% LCVS	
	% SCS% IDS% IES	%
UC%		
Who is the owner: \Box Client \Box C	o-Client 🗍 Joint 🦳 Custodial	
	Common Entirety Community Property	
	ent Other w/ Co-Client	
Description:		
Ticker symbol:		
Current value: \$		
Assign – How to Use: (check one)		
	e or More Goals:	
Not Used in Plan Leave to Estate		
Annual additions: (check one)		
Additions: \$	Inflate? 🗌 No 📄 Yes	
Year additions begin:		
Year additions end: 🔲 Client's Retir	rement 🔲 Co-Client's Retirement 🔲 Year	
Asset class distribution:		
	% ITB% LTB% LCVS	
	% SCS% IDS% IES	%
UC %		

Legend For Asset Class Distribution STB = Short Term Bonds LCVS = Large Cap Value Stocks SCS = Small Cap Stocks Unclassified = All Other Asset Classes

Tax-Free						
Who is the owner:] Client 🔲 Co-Clie	ent 🗌 Joint 🗌	Custodial			
If Joint, what kind?] Survivorship 🔲 (Common 🗌 E	ntirety 🗌 Com	nmunity Proper	ty	
] Other w/ Client] Other w/ Co	-Client			
Description:						
Ticker symbol:			ts:			
Current value: \$		Cos	t basis: \$			
Is this asset subject to state	e taxes? 🗌 No	Yes				
Assign – How to Use: (che	ck one)					
Fund All Goals	Earmark to One or I	More Goals:				
🗌 Not Used in Plan 🗌 I	Leave to Estate					
Annual additions: (check on	ie)					
Additions: \$		Inflate?	🗌 No 🗌 Ye	s		
Year additions begin:						
Year additions end:			t's Retirement	Year		
Asset class distribution:	_		-			
CE%	STB9	6 ITB	% LTB	%	LCVS	%
LCGS%						
UC%						
Who is the owner:	Client Co-Clie	ant 🗌 Ioint 🗌				
	Survivorship			munity Proper	tv	
] Other w/ Client	_		induity Floper	Ly	
L Description:						
Ticker symbol:			ts:			
Current value: \$			t basis: \$			
is this asset subject to state			τ 5α313. ψ			
Assign – How to Use: (che						
Fund All Goals		More Goals				
Not Used in Plan						
Annual additions: (check on						
Additions: \$,	Inflate?		۶C		
				.5		
Year additions begin: Year additions end:						
] Client's Retiremer		t's Retirement	Year		
Asset class distribution:				0/		0/
CE% LCGS%						
UC%	WICS7	° 303 <u> </u>	<u></u> % IDS	70	IE3	70
	Lege	end For Asset Clas	s Distribution			
CE = Cash & Cash Equivalents	STB:	= Short Term Bond		ITB = Intermedia		ke

LTB = Long Term Bonds MCS = Mid Cap Stocks IES = International Emerging Stocks STB = Short Term Bonds LCVS = Large Cap Value Stocks SCS = Small Cap Stocks Unclassified = All Other Asset Classes

Adjust Preferences

Willingness to Adjust Preferences

1. How willing are you to retire later than your Target retirement age?

🗌 Not at All

Slightly Willing

Somewhat Willing

Very Willing

2. In what order do you prefer to retire?

Both retire in the same year

Either can retire first

Client can retire first

Co-Client can retire first

3. If you had to save more, what is the maximum extra amount you could save annually to meet your goals? This amount is the above and beyond the total additions you are already making to investment assets.

\$_____

4. How willing are you to save more money?

Slightly Willing Somewhat Willing

- Very Willing
- 5. When considering all of the goals you have classified as **NEEDS**, how willing are you to reduce your Goal Amounts from the Target?
 - Slightly Willing

Somewhat Willing

Very Willing

6. When considering all of the goals you have classified as **WANTS**, how willing are you to reduce your Goal Amounts from the Target?



Somewhat Willing

Very Willing

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Stock Options Pla	ьтоск	υρτι	ons	Plai
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Stock C	Options P	Plan										
Who is th	ne owner:	Client	Co-Cl	ient								
Stock nar	me:											
	SS: (check one											
	arge Cap V	alue	Large Cap (Growth	Small Ca	o 🗌 Mic	l Cap					
_	nternationa		- ·									
		•				Undate [.]						
	Market Price: \$ Last Update: Do all options vest at death? No											
Vectina	Vesting Schedule											
					% Veste	d by Year						
Name	1	2	3	4	5	6	7	8	9	10		
Stock Op	otions Grai	nt										
Grant dat	te:				Grant name:							
Type: 🗌		IQO										
	granted:				Options already exercised:							
	n date:				Grant price:							
Select ve	sting sched	lule:										
-	otions Grai				Grant name:							
	te:											
Type: ISO NQO					Options already aversised							
Options granted: Expiration date:					Options already exercised: Grant price:							
Select ve	sting sched	lule:			Ulan	t price						
Stock Or	otions Grai	nt										
-	te:				Grant name:							
	granted:				Options already exercised:							
Expiration	n date:				Grant price:							
Select ve	sting sched	lule:								<u> </u>		
Stock Op	otions Grai	nt										
	te:				Grant name:							
	ISO 🗌 N	-										
	granted:				Options already exercised:							
Expiration date:					Grant price:							

Select vesting schedule:

Long Data Gathering

Stock C	Options F	Plan										
Who is th	ne owner:	Client	Co-Clie	ent								
Stock name:												
Asset clas	SS: (check one	2)										
Πι	arge Cap \	/alue 🗍	Large Cap	Growth [Small Ca	iM 🗌 a	d Cap					
			ed 🗌 Inte				[-					
						Undate [.]						
•			? 🗌 No 🛛		Lust	opuute. <u> </u>						
		at acatin										
Voctina	Schedule											
Name				_	% Veste	d by Year						
Name	1	2	3	4	5	6	7	8	9	10		
Stock Or	otions Gra	nt										
-					Gran	t name [.]						
	ISO 🗌 N				Cruit	<u> </u>						
					Options already exercised:							
Select ve	sting scheo	lule:										
-	otions Gra											
					Grant name:							
· -	ISO IN	-			Options already exercised							
					Options already exercised: Grant price:							
Select ve	sting sched	dule:										
••••••	5											
Stock Or	otions Gra	nt										
-					Grant name:							
Grant date: Type: ISO NQO												
Options granted:					Options already exercised:							
Expiration date:					Grant price:							
Select ve	sting scheo	lule:										
_												
-	otions Gra											
Grant date:					Grant name:							
Type: ISO NQO												
Options granted:					Options already exercised: Grant price:							
Expiration date: Select vesting schedule:												
20.000.00	stang seried											

Grant date: Grant name: Type: ISO NQO Options granted: Expiration date: Grant price: Select vesting schedule: Grant date: Grant price: Grant price: Grant price: Select vesting schedule:	Stock Options Grant	
Options granted:	Grant date:	Grant name:
Expiration date:	Type: 🗌 ISO 📃 NQO	
Expiration date:	Options granted:	Options already exercised:
Stock Options Grant Grant name:	Expiration date:	Grant price:
Grant date: Grant name: Type: ISO NQO Options granted: Grant price: Expiration date: Grant name: Stock Options Grant Grant name: Grant date: Grant name: Type: ISO NQO Options granted: Options already exercised: Grant name: Expiration date: Grant name: Grant price: Stock Options Grant Grant price: Grant price: Grant price: Stock Options Grant Grant price: Grant price: Grant price: Grant price: Stock Options Grant Grant price: Grant price: Grant price: Grant price: Grant price: Gran	Select vesting schedule:	
Grant date: Grant name: Type: ISO NQO Options granted: Grant price: Expiration date: Grant name: Stock Options Grant Grant name: Grant date: Grant name: Type: ISO NQO Options granted: Options already exercised: Grant name: Expiration date: Grant name: Grant price: Stock Options Grant Grant price: Grant price: Grant price: Stock Options Grant Grant price: Grant price: Grant price: Grant price: Stock Options Grant Grant price: Grant price: Grant price: Grant price: Grant price: Gran	Stock Options Grant	
Type: ISO NQO Options granted:		Grant name:
Options granted:		
Expiration date: Grant price: Select vesting schedule: Grant name: Grant date: Grant name: Type: ISO NQO Options already exercised: Select vesting schedule: Grant name: Stock Options Grant Grant name: Grant date: Grant name: Stock Options Grant Grant name: Grant date: Grant name: Stock Options Grant Grant name: Grant date: Grant name: Stock Options Grant Grant name: Grant date: Grant price: Stock Options Grant Grant name: Grant date: Grant price: Stock Options Grant Grant name: Grant date: Grant name: Type: ISO NQO Options already exercised: Stock Options Grant Grant name: Grant date: Grant price: Stock Options Grant Grant price: Grant date: Grant price: Stock Options Grant Grant price: Grant date: Grant price: Stock Options Grant Grant price: Grant date: Grant price: Stock Options Grant Grant price: Grant date: Grant price:		Options already exercised:
Select vesting schedule:		
Grant date:	•	•
Grant date:	Charle Outlines Count	
Type: ISO NQO Options granted:	-	Grant name:
Options granted: Options already exercised: Expiration date: Grant price: Stock Options Grant Grant name: Grant date: Grant name: Type: ISO NQO Options granted: Options already exercised: Grant name: Stock Options Grant Grant price: Grant price: Stock Options granted: Grant price: Grant price: Stock Options Grant Grant name: Grant price: Stock Options Grant Grant price: Grant price: Stock Options granted: Options already exercised: Grant price: Stock Options Grant Grant price: Grant price: Grant price: Stock Options Grant Grant name: Grant price: Grant price: Stock Options Grant Grant price: Grant price: Grant price: Grant price: Type: ISO NQO		
Expiration date: Grant price: Stock Options Grant Grant date: Type: ISO NQO Options already exercised: Expiration date: Grant price: Stock Options Grant Grant date: Grant price: Grant price: Stock Options Grant Grant date: Gra		Ontions already avariand
Select vesting schedule:	Expiration date:	Options already exercised
Stock Options Grant Grant date:		
Grant date:		
Type: ISO NQO Options granted:	Stock Options Grant	
Type: ISO NQO Options granted:	Grant date:	Grant name:
Options granted:		
Expiration date:		Options already exercised:
Select vesting schedule:		
Grant date:		
Grant date:	Stock Ontions Grant	
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Select vesting schedule: Stock Options Grant Grant date:		
Stock Options Grant Grant date:		
Grant date: Grant name: Type: ISO NQO Options granted: Options already exercised: Expiration date: Grant price:		
Type: ISO NQO Options granted: Options already exercised: Expiration date: Grant price:	Stock Options Grant	
Type: ISO NQO Options granted: Options already exercised: Expiration date: Grant price:	Grant date:	Grant name:
Options granted: Options already exercised: Expiration date: Grant price:		
Expiration date: Grant price:		Options already exercised:
	Expiration date:	Grant price:
	Select vesting schedule:	

Stock Options - Cash Receipt Schedule: As an alternative to letting the program calculate the future value of Stock Options, enter the after-tax, future cash amount(s) below.

Stock Options	
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$

Other Assets

Who is the owner: Client Stock name:	Restrict	ted Stock	c Plan		U	iler ASS	ets						
Ticker: Stock name: Asset class: (check ane)	Who is th	e owner:	Client	Co-Cli	ent								
Asset class; (check one)						Stock	k name:						
International Developed International Emerging Market price: \$													
International Developed International Emerging Market price: \$		arge Cap V	́ alue □ L	arge Cap	Growth	Small Car	o 🗌 Mic	d Cap					
Market price: \$ Last update:		• ·		· ·				- -					
Do all shares vest at death? No Yes Vesting Schedule Name % Vested by Year 1 2 3 4 5 6 7 8 9 10 Image: I							undate [.]						
Vesting Schedule Name 1 2 3 4 5 6 7 8 9 10 I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I						Lust	upuute. <u> </u>						
Name % Vested by Year 1 2 3 4 5 6 7 8 9 10 Image: Im	Do un sin		it acatii.										
Name % Vested by Year 1 2 3 4 5 6 7 8 9 10 Image: Im	Vocting 9	Schodulo											
Name 1 2 3 4 5 6 7 8 9 10 Image:						% Vester	d by Year						
Grant date: Grant name: Shares granted: Grant name: Select vesting schedule: Grant name: Restricted Stock Grant Grant date: Select vesting schedule: Restricted Stock Grant Grant date:	Name	1	2	3	4		1	7	8	9	10		
Grant date: Grant name: Shares granted: Grant name: Select vesting schedule: Grant name: Restricted Stock Grant Grant date: Select vesting schedule: Restricted Stock Grant Grant date:													
Grant date: Grant name: Shares granted: Grant name: Select vesting schedule: Grant name: Restricted Stock Grant Grant date: Select vesting schedule: Restricted Stock Grant Grant date:													
Grant date: Grant name: Shares granted: Grant name: Select vesting schedule: Grant name: Restricted Stock Grant Grant date: Select vesting schedule: Restricted Stock Grant Grant date:													
Grant date: Grant name: Shares granted: Grant name: Select vesting schedule: Grant name: Restricted Stock Grant Grant date: Select vesting schedule: Restricted Stock Grant Grant date:													
Grant date: Grant name: Shares granted: Grant name: Select vesting schedule: Grant name: Restricted Stock Grant Grant date: Select vesting schedule: Restricted Stock Grant Grant date:													
Shares granted: Select vesting schedule: Grant date: Grant date: Select vesting schedule: Select vesting schedule: Grant date: Grant date: Grant date: Grant date: Grant date: Select vesting schedule:	Restricte	d Stock Gı	rant										
Shares granted: Select vesting schedule: Grant date: Grant date: Select vesting schedule: Select vesting schedule: Grant date: Select vesting schedule:	Grant dat	e:				Gran	t name:						
Restricted Stock Grant Grant date:	Shares gr	anted:											
Grant date: Grant name: Shares granted: Grant name: Select vesting schedule: Grant name: Grant date: Grant name: Shares granted: Grant name: Select vesting schedule: Grant date: Grant d	Select ves	sting sched	lule:										
Grant date: Grant name: Shares granted: Grant name: Select vesting schedule: Grant name: Grant date: Grant name: Shares granted: Grant name: Select vesting schedule: Grant date: Grant d													
Shares granted:													
Select vesting schedule: Restricted Stock Grant Grant date: Shares granted: Select vesting schedule: Restricted Stock Grant Grant date: Shares granted: Select vesting schedule: Grant name: Grant name: Grant date: Grant date: Grant date: Grant date: Grant date: Grant date: Grant date: Grant date: Grant date: Grant name:													
Restricted Stock Grant Grant date: Shares granted: Select vesting schedule: Grant name: Grant date: Grant date: Shares granted: Select vesting schedule: Grant name: Grant name: Grant name: Grant date: Grant name: Grant name: <													
Grant date: Grant name: Shares granted: Select vesting schedule: Restricted Stock Grant Grant date: Shares granted: Select vesting schedule: Grant name: Grant date: Shares granted: Grant date: Grant name: Grant name:	Select ves	sting scheu	iule										
Grant date: Grant name: Shares granted: Select vesting schedule: Restricted Stock Grant Grant date: Shares granted: Select vesting schedule: Grant name: Grant date: Shares granted: Grant date: Grant name: Grant name:	Rostricto	d Stock Gu	rant										
Shares granted:						Grant name:							
Select vesting schedule: Restricted Stock Grant Grant date: Shares granted: Select vesting schedule: Restricted Stock Grant Grant date: Shares granted: Grant name:													
Grant date: Grant name: Shares granted: Select vesting schedule: Restricted Stock Grant Grant date: Grant name: Shares granted:													
Grant date: Grant name: Shares granted: Select vesting schedule: Restricted Stock Grant Grant date: Grant name: Shares granted:													
Shares granted: Select vesting schedule: Restricted Stock Grant Grant date: Shares granted: Grant name:	Restricte	d Stock Gi	rant										
Shares granted: Select vesting schedule: Restricted Stock Grant Grant date: Shares granted: Grant name:	Grant date:					Grant name:							
Restricted Stock Grant Grant date:	Shares granted:												
Grant date: Grant name: Shares granted:	Select ves	sting sched	lule:										
Grant date: Grant name: Shares granted:	D												
Shares granted:													
						Gran	t name:						
Restrict	ed Stock	(Plan											
---------------------------------------------	-----------------------------------------	------------	-----------	--------------	-------------	---------	-------	---	---	----			
Who is th	e owner:	Client	Co-Cli	ent									
Ticker:					Stock	name:							
Asset clas	S: (check one,)											
🗌 La	arge Cap Va	alue 🗌 I	_arge Cap	Growth] Small Cap	Mie Mie	d Cap						
🗌 In	iternational	l Develope	ed 🗌 Inte	ernational E	Emerging								
Market p	rice: \$				Last u	ıpdate:							
Do all sh	ares vest a	t death?	No [Yes									
Vesting S	Schedule												
Name					% Vestec								
	1	2	3	4	5	6	7	8	9	10			
-													
	d Stock Gr				c .								
	e: anted:				Grant	name:							
0													
	J												
Restricte	d Stock Gr	ant											
Grant dat	e:				Grant name:								
	anted:												
Select ves	sting sched	ule:											
Restricte	d Stock Gr	ant											
Grant date:				Grant name:									
Shares granted: Select vesting schedule:													
Select ves	sting scheu	ule											
Restricte	d Stock Gr	ant											
Grant date:				Grant	name.								
	Grant date: Grant name: Shares granted:												
Select vesting schedule:													

Restricted Stock Grant

Grant date:	Grant name:
Shares granted:	
Select vesting schedule:	

Restricted Stock - Cash Receipt Schedule: As an alternative to letting the program calculate the future value of Restricted Stock, enter the after-tax, future cash amount(s) below.

Restricted Stock Grants	
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value (after tax) Low: \$
Year cash received	Future value (after tax) Expected: \$
	Future value (after tax) High: \$
Name of grant	Future value <i>(after tax)</i> Low: \$
Year cash received	
	Future value (after tax) High: \$
Name of grant	Future value <i>(after tax)</i> Low: \$
Year cash received	
	Future value (after tax) High: \$

Personal and Business Assets						
(Homes, Vehicles, Personal Property, Business Assets, Real Estate, etc.)						
Owner: Client Co-Client Joint Custodial						
If Joint, what kind? Survivorship Common Entirety						
Other w/ Client Other w/ Co-Client	¢					
Description: Current value: \$						
Will the value of this asset increase each year? No Yes	_					
Do you intend to sell this asset to help fund your goals? No						
	e (after tax) Low: \$					
	e (after tax) Expected: \$					
	e (after tax) High: \$					
Assign – How to Use: (check one)						
Fund All Goals Earmark to One or More Goals:						
Not Used in Plan Leave to Estate						
Owner: 🗌 Client 🗌 Co-Client 🗌 Joint 🗌 Custodial						
If Joint, what kind? 🗌 Survivorship 🗌 Common 🗌 Entirety	Community Property					
Other w/ Client Other w/ Co-Client						
Description: Current val	ue: \$					
Will the value of this asset increase each year? No	%					
Do you intend to sell this asset to help fund your goals?] Yes (If Yes, complete the remaining items)					
Year to sell Future valu	e (after tax) Low: \$					
Future valu	e (after tax) Expected: \$					
Future value	e (after tax) High: \$					
Assign – How to Use: (check one)						
Fund All Goals Earmark to One or More Goals:						
Not Used in Plan 🗌 Leave to Estate						
Owner: Client Co-Client Joint Custodial						
If Joint, what kind?	Community Property					
Other w/ Client Other w/ Co-Client						
	ue: \$					
Will the value of this asset increase each year? No Yes						
Do you intend to sell this asset to help fund your goals?						
	e (after tax) Low: \$					
	e (after tax) Expected: \$					
	e (after tax) High: \$					
Assign – How to Use: (check one)	- (αμετιώλ) ΤΠΥΠ. Ψ					
Fund All Goals Earmark to One or More Goals: Not Used in Plan Leave to Estate						

Pension - Lump Sum Distribution			
Owner: Client Co-Client	Description: Year of distribution:		
Current value: \$			
Value of distribution \$	Value is: (check one) 🗌 Pre-tax 🗌 After-tax		
Assign – How to Use: (check one)			
Fund All Goals Earmark to One or More Goals			
🗌 Not Used in Plan 🗌 Leave to Estate			
Deferred Compensation (Receiving Now)			
Owner: 🗌 Client 🗌 Co-Client	Description:		
Current value (today's dollars): \$			
Distribution period			
Number of years:	Annual payment (pre-tax) \$		
Assign – How to Use: (check one)			
Fund All Goals Earmark to One or More Goals	·		
🗌 Not Used in Plan 🗌 Leave to Estate			
Owner: 🗌 Client 🗌 Co-Client	Description:		
Current value (today's dollars): \$			
Distribution period			
Number of years:	Annual payment (pre-tax) \$		
Assign – How to Use: (check one)			
Fund All Goals Earmark to One or More Goals			
🗌 Not Used in Plan 🗌 Leave to Estate			

Deferred Compensation (Futur	e)				
Owner: Client Co-Client	Descripti	ion:			
Current value (today's dollars): \$					
Contributions					
Amount – Select method					
None None					
Percentage of income	Annual Income: \$ % Contribution:	Grow Annually by:	%		
Dollar amount	\$	Grow Annually by:	%		
Period					
Start year:					
Year additions end: 🗌 Client's I	Retirement 🗌 Co-Client's Re	etirement 🗌 Year			
Value at start of distribution					
Rate of return during accumulati	on:%				
Year distributions begin: 🗌 Clie	Year distributions begin: 🗌 Client's Retirement 🔲 Co-Client's Retirement 🔲 Year				
Distribution period					
Number of years:	Number of years: Annual payment (pre-tax) \$				
Annual distribution					
Rate of Return during distributio	n:%				
Assign – How to Use: (check one)					
Fund All Goals Earmark to One or More Goals:					
Not Used in Plan Leave to Estate					

Deferred Compensation (Future	re)			
Owner: 🗌 Client 🗌 Co-Client	Description:			
Current value (today's dollars): \$				
Contributions				
Amount – Select method				
None None				
Percentage of income	Annual income: \$	Grow annually by:	%	
	% Contribution:			
Dollar amount	\$	Grow annually by:	%	
Period				
Start year:				
Year additions end: 🗌 Clien	t's Retirement 🗌 Co-Client's Re	tirement 🗌 Year		
Value at start of distribution				
Rate of Return during accumulat	tion:%			
Year distributions begin: 🗌 Clie	nt's Retirement 🔲 Co-Client's R	etirement 🗌 Year		
Distribution period				
Number of years:	Annual payr	nent (pre-tax) \$		
Annual distribution				
Rate of return during distributio	n:%			
Assign – How to Use: (check one)				
Fund All Goals Earmark to One or More Goals:				
Not Used in Plan Leave to E	state			

Insurance Assets – Cash Value (Universal/	Variable/Whole/Other)	
Owner: Client Co-Client	Insured: \Box Client \Box Co-Client \Box 1 st to Die \Box 2 nd to	Die
Description:	_	
Current cash value: \$	(before tax – today's dollars)	
Average annual growth rate:	(excluding cost of insurance)	
Beneficiaries & Death Benefit		
Estate% Other	% Other	%
Surviving Client% Other	% Other	%
Death benefit amount:	_ Premium amount: \$ every	
How long will premiums be paid?		
🗌 Until insured dies 🗌 Until p	policy terminates 🔲 For this number of years	
When will this policy terminate?		
🗌 When insured dies 🗌 Year		
Do you intend to sell this asset to help fund you	r Goals? No Yes (If Yes, complete the remaining items)	
Year of withdrawal:	_	
Future cash value of policy: \$	(before tax – future dollars) Tax-free withdrawal: \$	
Assign – How to Use: (check one)		
Fund All Goals Earmark to One or Mo	ore Goals:	
🗌 Not Used in Plan 🗌 Leave to Estate		
Description: Current cash value: \$	(before tax – today's dollars)	Die
Average annual growth rate:	(excluding cost of insurance)	
Beneficiaries & Death Benefit		0/
	% Other	%
Surviving Client% Other		
	_ Premium amount: \$ every	
How long will premiums be paid?		
	policy terminates 🔲 For this number of years	
When will this policy terminate?		
When insured dies Year		
	r Goals? No Yes (If Yes, complete the remaining items)	
Year of withdrawal:		
	(before tax – future dollars) Tax-free withdrawal: \$	
Assign – How to Use: (check one)		
	pre Goals:	
Not Used in Plan Leave to Estate		

529 Savings Plan

Owner: 🗌 Client 🗌 Co-Client	Description:		
Current value: \$	Annual growth rate:		
Do you intend to sell this asset to help fund your goals?	No Yes (If Yes, complete the remaining items)		
Year to sell	Future value (after tax) Low: \$		
	Future value (after tax) Expected: \$		
	Future value (after tax) High: \$		
Assign – How to Use: (check one)			
Fund All Goals Earmark to One or More Goals	5		
Not Used in Plan 🗌 Leave to Estate			
Owner: Client Co-Client	Description:		
Current value: \$	Annual growth rate:		
Do you intend to sell this asset to help fund your goals?	No Yes (If Yes, complete the remaining items)		
Year to sell	Future value (after tax) Low: \$		
	Future value (after tax) Expected: \$		
	Future value (after tax) High: \$		
Assign – How to Use: (check one)			
Fund All Goals Earmark to One or More Goals	5		
Not Used in Plan Leave to Estate			

Future Assets Cash (Inheritance, Gift, Settlement, e	etc.)	
Owner: Client Co-Client Joint		
If Joint, what kind? Survivorship Common	Entirety 🗌 Community Property	
Other w/ Client Other	w/ Co-Client	
Description:		
Year to receive:	Future value (after tax) Low: \$	
	Future value (after tax) Expected: \$	
	Future value (after tax) High: \$	
Assign – How to Use: (check one)		
Fund All Goals Earmark to One or More	e Goals:	
🗌 Not Used in Plan 🗌 Leave to Estate		
Owner: Client Co-Client Joint		
If Joint, what kind?	າ 🗌 Entirety 🔲 Community Property	
Other w/ Client Other	w/ Co-Client	
Description:		
Year to receive:	Future value (after tax) Low: \$	
	Future value (after tax) Expected: \$	
	Future value (after tax) High: \$	
Assign – How to Use: (check one)		
Fund All Goals Earmark to One or More	e Goals:	
🗌 Not Used in Plan 🗌 Leave to Estate		

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Cash Value Life Policies owned by the Client or Co-Client				
Investment Asset (Variable Life)				
Owner: Client Co-Client Insure	ed: Client Co-Client 1 st to Die	2 nd to Die		
Name or Description:				
Beneficiaries & Death Benefit:				
Estate% Other	% Other	%		
Surviving Client% Other	% Other	%		
Current value: \$	Cost Basis: \$			
Insurance amount: \$				
Assign – How to Use: (check one)				
🗌 Fund All Goals 🛛 🗌 Earmark to One or More Goa	ls:	_		
🗌 Not Used in Plan 🗌 Leave to Estate				
Annual additions: (check one)				
Pre-tax: 🗌 Additions: \$ In	flate? 🗌 No 📄 Yes			
Maximum contribution each year				
After-tax: 🗌 Additions: \$				
Year additions begin:				
Year additions end: Client's Retirement Co-	-Client's Retirement 🗍 Year			
Asset class distribution:				
CE% STB% ITB_	% LTB% LCV\$	۶ <u></u> %		
LCGS% MCS% SCS				
UC%				

Other Asset (Universal/Variable/Whole Life,	(Other Life)
Owner: 🗌 Client 🗌 Co-Client	Insured: \Box Client \Box Co-Client \Box 1 st to Die \Box 2 nd to Die
Description:	Current cash value: \$
Average annual growth rate:	(excluding cost of insurance)
Beneficiaries & Death Benefit:	
Estate% Other	% Other%
Surviving Client% Other	% Other%
Death benefit amount:	Premium amount: \$ every
How long will premiums be paid?	
🗌 Until insured dies 🗌 Until policy te	rminates 🔲 For this number of years
When will this policy terminate?	
🗌 When insured dies 🗌 Year	
Do you intend to sell this asset to help func	your goals? No Yes (If Yes, complete the remaining items)
Year of withdrawal:	
Amount of withdrawal: \$	(before tax – future dollars) Tax-free withdrawal: \$
Assign – How to Use: (check one)	
🗌 Fund All Goals 🛛 Earmark to One c	r More Goals:
🗌 Not Used in Plan 🗌 Leave to Estate	

Cash Value Life Policies owned by Trus	t or Other Person or Ent	ity
Cash Value Life (Universal/Variable/Whole Life/O	ther)	
Owner: 🗌 Irrevocable Trust 🗌 Other Person	n or Entity	
Insured: \Box Client \Box Co-Client \Box 1 st to Die [2 nd to Die	
Description/Company:	Current cash value: \$	(before tax - today's dollars)
Beneficiaries & Death Benefit:		
Estate% Other	% Othe	r%
Surviving Client% Other	% Othe	r%
Death benefit (deduct policy loans):	Premium Amount: \$	every
How long will premiums be paid?		
🗌 Until insured dies 🗌 Until policy termina	tes 🗌 For this number of yea	rs
When will this policy terminate?		
When insured dies Year		
If ownership is of this policy was transferred, ente	r the year of transfer:	
Select the original owner of the policy: 🗌 Cl	ient 🗌 Co-Client	
Non-Cash Value Life Policies – All Own	ers	
Non-Cash Value Life (Term Life)		
Owner: Client Co-Client Irrevocable	e Trust 🗌 Other Person or Er	itity
Insured: Client Co-Client 1 st to Die	$\square 2^{nd}$ to Die	
Description/Company:		
Beneficiaries & Death Benefit:		
		r%
Surviving Client% Other	% Othe	r%
Death benefit amount:	Premium amount: \$	every
How long will premiums be paid?		
Until insured dies Until policy termina	tes 🗌 For this number of yea	rs
When will this policy terminate?		
When insured dies Year		
If ownership is of this policy was transferred, ente	r the year of transfer:	_
Select the original owner of the policy: 🗌 Cl	ient 🗌 Co-Client	

Non-Cash Value Life (Group Term/Other)		
Owner: Client Co-Client Irrevocable Trust	Other Person or Entity	
Insured: Client Co-Client		
Description/Company:		
Beneficiaries & Death Benefit:		
	% Other	
Surviving Client% Other	% Other	%
Death benefit amount:		
When will this policy terminate?		
When insured dies Year		
If ownership is of this policy was transferred, enter the y	ear of transfer:	
Select the original owner of the policy: \Box Client $[$	Co-Client	
Non-Cash Value Life Policies – All Owners		
Non-Cash Value Life (Group Term/Other)		
Owner: Client Co-Client Irrevocable Trust	Other Person or Entity	
Insured: Client Co-Client		
Description/Company:		
Beneficiaries & Death Benefit:		
Estate% Other	% Other	%
Surviving Client% Other	% Other	%
Death benefit amount:		
When will this policy terminate?		
🗌 When insured dies 📃 Year		
If ownership is of this policy was transferred, enter the y	ear of transfer:	
Select the original owner of the policy: 🗌 Client [Co-Client	
Other Insurance Policies		
Disability (Group/Personal/Other)		
Insured: Client Co-Client	Description/Co:	_
Premium amount: \$every	Tax Status: 🗌 Pre-Tax 🗌 After-Tax	(
Monthly benefit amount: \$	Elimination period: N	Ionths 🗌 Years
Benefit period (select one)		
Period of Time per		
Until this Age		
Inflation option: (check One) None Simple C	ompounded	
If you selected Simple or Compounded, enter ra	.te:%	

Insured: 🗌 Client 🗌 Co-Client	Description/Co:
Premium amount: \$ every	Tax status: 🗌 Pre-Tax 📄 After-Tax
Monthly Benefit Amount: \$	Elimination period: 🔲 Months 🗌 Years
Benefit period (select one)	
Period of time per	
Until this age	
Inflation option: (check One) None Simple	Compounded
If you selected Simple or Compounded, enter r	ate:%
Other Insurance Policies	
Long Torre (Long Care Only (Nursing Llong Care	(Others)
Long Term Care (Home Care Only/Nursing Home Care	
Insured:	
Premium amount: \$ per	
	3 4 5 6 7 8 9 10 Lifetime
Daily benefit amount: \$ E	
Inflation Option: (check One) None Simple C	
If you selected Simple or Compounded, enter r	ate:%
Insured:	Description/Co:
Premium amount: \$per	🗌 Month 🔲 Quarter 🔛 Six Months 🗌 Year
Benefit period: (check # of years or Lifetime)	3 4 5 6 7 8 9 10 Lifetime
Daily benefit amount: \$ E	limination Period:days
Inflation option: (check One) None Simple	ompounded
If you selected Simple or Compounded, enter r	ate:%
Medicare Supplement Insurance Policies	
Insured: Description/Co:	
Type: (check one)	
Premium amount: \$per [MonthQuarterSix MonthsYear
Insured: Description/Co:	
Type: (check one) A B C D E F] G 🗌 H 🔲 I 🗌 J 🗌 Other
Premium amount: \$per] Month 🗌 Quarter 🗌 Six Months 🗌 Year

Property & Casualty Insurance Policies (Auto, H	neowners, Umbrella/Other)		
Description/Co:	_	Policy expiration date:	
Premium amount: \$	•	Month Quarter Six Months Year	
Description/Co:	-	Policy expiration date:	
Premium amount: \$	•	Month Quarter Six Months Year	
Description/Co:	-	Policy expiration date:	
Premium amount: \$	per	Month Quarter Six Months Year	
Description/Co:	_	Policy expiration date:	
	•	Month Quarter Six Months Year	
Description/Co:	_	Policy expiration date:	
Premium amount: \$	per	Month Quarter Six Months Year	
Liabilities Summary Input (Home & Land Loans, Vehicle Loans, Business Loans, Ot	her l	Personal Debt)	
Description:	_		
Whose debt?		If Joint, what kind?	
Outstanding balance: \$	-	Monthly payment: \$	
Description:	_		
Whose debt? Client Co-Client Joint		If Joint, what kind?	
Outstanding balance: \$	-	Monthly payment: \$	
Description:	_		
Whose debt? Client Co-Client Joint		If Joint, what kind?	
Outstanding balance: \$		Monthly payment: \$	
Description:			
Whose debt? Client Co-Client Joint		If Joint, what kind?	
Outstanding balance: \$	_	Monthly payment: \$	

Description:	
Whose debt? Client Co-Client Joint	If Joint, what kind?
Outstanding balance: \$	
Description:	
Whose debt? Client Co-Client Joint	If Joint, what kind?
Outstanding balance: \$	Monthly payment: \$
Description:	
Whose debt? Client Co-Client Joint	If Joint, what kind?
Outstanding balance: \$	Monthly payment: \$
Description:	
Whose debt? Client Co-Client Joint	If Joint, what kind?
Outstanding balance: \$	Monthly payment: \$
Description:	
Whose debt? Client Co-Client Joint	If Joint, what kind?
Outstanding balance: \$	Monthly payment: \$
Liabilities - Detailed Input (Home & Land Loans, Vehicle Loans, Business Loans, Other	· Personal Debt)
Description:	
Whose debt? Client Co-Client Joint	
If Joint, what kind?	
Lender:	Outstanding balance: \$
Initial loan amount: \$	Date loan began: Term:
	OR Date to pay full balance:
Description:	
Whose debt? Client Co-Client Joint	
If Joint, what kind? Survivorship Com	
Lender:	Outstanding balance: \$
Initial loan amount: \$	Date loan began: Term:
Interest rate: Monthly payment: \$	OR Date to pay full balance:

Description:			
Whose debt? 🗌 Client	Co-Client Joint		
If Joint, what kind?	Survivorship Com	non 🗌 Entirety 🗌	Community Property
	Other w/ Client Ot	her w/ Co-Client	
Lender:		Outstanding balance	e: \$
Initial loan amount: \$		Date loan began:	Term:
Interest rate:	Monthly payment: \$	OR	Date to pay full balance:
Description: Whose debt?			
	Survivorship Comn	non 🗌 Entirety 🗍	Community Property
	Other w/ Client Ot		
Lender:		Outstanding balance	e: \$
Initial loan amount: \$		Date loan began:	Term:
Interest rate:	Monthly payment: \$	OR	Date to pay full balance:

If Client Dies		If Co-Client Di
5	Existing Life Insurance to Include	\$
5	Additional Death Benefit	\$
	Amounts to be Paid at Death	
	Liabilities	\$
	Final Expenses	\$
	Bequests	\$
	Other Payments	\$
	Living Expenses for Survivors	
	Current Annual Amount (after tax)	\$
	Cover Expense until Surviving Client is this Age	
	Future Annual Amount (after tax)	\$
	Cover Expense until Surviving Client is this Age (<i>Life Expectancy</i>) If you die, there might be Goals in your Plan that you won't these would reduce the amount of Life Insurance you need. wouldn't want to fund if either the Client or Co-Client died.	
inancial Goals	<i>Expectancy)</i> If you die, there might be Goals in your Plan that you won't these would reduce the amount of Life Insurance you need.	
ell Other Assets	<i>Expectancy)</i> If you die, there might be Goals in your Plan that you won't these would reduce the amount of Life Insurance you need.	List any goals that yo
ell Other Assets	<i>Expectancy</i>) If you die, there might be Goals in your Plan that you won't these would reduce the amount of Life Insurance you need. wouldn't want to fund if either the Client or Co-Client died.	
ell Other Assets	<i>Expectancy)</i> If you die, there might be Goals in your Plan that you won't these would reduce the amount of Life Insurance you need.	List any goals that y
ell Other Assets Client Dies	<i>Expectancy</i>) If you die, there might be Goals in your Plan that you won't these would reduce the amount of Life Insurance you need. wouldn't want to fund if either the Client or Co-Client died.	List any goals that y
ell Other Assets Client Dies	<i>Expectancy</i>) If you die, there might be Goals in your Plan that you won't these would reduce the amount of Life Insurance you need. wouldn't want to fund if either the Client or Co-Client died.	List any goals that y
ell Other Assets f Client Dies	Expectancy) If you die, there might be Goals in your Plan that you won't these would reduce the amount of Life Insurance you need. wouldn't want to fund if either the Client or Co-Client died. Enter the total after-tax amount of Personal and Business Assets that would be sold at death.	List any goals that y
ell Other Assets f Client Dies	Expectancy) If you die, there might be Goals in your Plan that you won't these would reduce the amount of Life Insurance you need. wouldn't want to fund if either the Client or Co-Client died. Enter the total after-tax amount of Personal and Business Assets that would be sold at death. From Now Until Retirement	List any goals that y
ell Other Assets f Client Dies	Expectancy) If you die, there might be Goals in your Plan that you won't these would reduce the amount of Life Insurance you need. wouldn't want to fund if either the Client or Co-Client died. Enter the total after-tax amount of Personal and Business Assets that would be sold at death. From Now Until Retirement Annual Other Income Amount	List any goals that ye
Gell Other Assets	Expectancy) If you die, there might be Goals in your Plan that you won't these would reduce the amount of Life Insurance you need. wouldn't want to fund if either the Client or Co-Client died. Enter the total after-tax amount of Personal and Business Assets that would be sold at death. Enter the total after-tax amount of Personal and Business Assets that would be sold at death. Enter the total of the total of the total of the total after tax amount of Personal and Business Assets that would be sold at death. Enter the total of	List any goals that y
Sell Other Assets f Client Dies Other Income	Expectancy) If you die, there might be Goals in your Plan that you won't these would reduce the amount of Life Insurance you need. wouldn't want to fund if either the Client or Co-Client died. Enter the total after-tax amount of Personal and Business Assets that would be sold at death. Enter the total after-tax amount of Personal and Business Assets that would be sold at death. Enter the total after-tax amount of Personal and Business Assets that would be sold at death. Understand the sold at death. Enter the total of the sold at death. Understand the sold the sold at death. Understand the sold	List any goals that yes

Surviving Client Employment

If the Surviving C	Client is not currently	employed and we	ould seek em	nployment if the (Client or C	o-Client died,
enter the followi	ng:					

Start Year:	Stop Year:
Annual Income: \$	Inflate? 🗌 No 🗌 Yes

Dependents	List any der	endents that	would NOT b	e eligible fo	or Social Secur	ity Survivor	benefits:

Disability Needs Analysis fo	r Client
Do you want to include Social Secu	rity Disability Benefits in the analysis? 🔲 No 📃 Yes
Co-Client Employment	
If the Co-Client isn't currently er following:	nployed and would seek employment if the Client were disabled, enter the
Start Year: Stop Yea	r: Annual Income: \$ Inflate? 🗌 No 🗌 Yes
Income	
Enter any income the Client wo (Do not include Co-Client's employment	uld continue to receive if the Client were disabled.
Start Year: Stop Yea	r: Annual Income: \$ Inflate? 🗌 No 🗌 Yes
Income Needed – (Select One Option) A: Enter the pre-tax amount you	u would need if you were disabled.
Time Period	Monthly Amount
Year 1, Month1	\$
Year 1, Months 2-3	\$
Year 1, Months 4-5	\$
Year 1, Months 6-12	\$
Year 2	\$
Year 3-5	\$
Year 6 to Age 65	\$

B: Use a Percentage of Income Needed: _____%

Insurance	Ν	eeds	Α	nal	lvsi	is
insurance		ccas			· y 5·	

Disability Needs Analysis for Co-Client			
Do you want to include Social Securi	ity Disability Benefits in the analysis? 🗌 No 🗌 Yes		
Client Employment			
If the Client isn't currently employ following:	yed and would seek employment if the Co-Client were disabled, enter the		
Start Year: Stop Year	: Annual Income: \$ Inflate? 🗌 No 🗌 Yes		
Income			
Enter any income the Co-Client ((Do not include Client's employment inco	would continue to receive if the Co-Client were disabled.		
Start Year: Stop Year	: Annual Income: \$ Inflate? 🗌 No 🗌 Yes		
Income Needed – (Select One Option) A: Enter the pre-tax amount you	would need if you were disabled.		
Time Period	Monthly Amount		
Year 1, Month1	\$		
Year 1, Months 2-3	\$		
Year 1, Months 4-5	\$		
Year 1, Months 6-12	\$		
Year 2	\$		
Year 3-5	\$		
Year 6 to Age 65	\$		

B: Use a Percentage of Income Needed: _____%

Long-Term Care Needs Analysis

	Client	Co-Client
Cost of Long-Term Care		
	Nursing Home	Nursing Home
	Assisted Living	Assisted Living
Type of Long-Term Care	🗌 Home Care – 4hr/day	🗌 Home Care – 4hr/day
	🗌 Home Care – 8hr/day	🗌 Home Care – 8hr/day
	🗌 Home Care – 12hr/day	🗌 Home Care – 12hr/day
Inflation Rate for LTC Expenses	%	%
Long-Term Care Period		
Age at which care is needed		
Number of years of LTC		
Expense Adjustments		
Reduce expenses during Care Period by this amount each year:	\$	\$

Estate Analysis

Estate Documents

	Client	Co-Client
Will	🗌 No 🗌 Yes	No Yes
Includes Bypass Trust	🗌 No 🗌 Yes	
Date Last Reviewed		
Medical Directive	🗌 No 🗌 Yes	No Yes
Power of Attorney	🗌 No 🗌 Yes	No Yes

Budget

Personal and Family Expenses

	Monthly Budget Amount	
Category	Alt 1 /	
	Current	Retirement
Alimony		
Bank Charges		
Books/Magazine		
Business Expense		
Care for Parent/Other		
Cash - Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care		
Child Support		
Child Tutor		
Clothing - Client		
Clothing - Co-Client		
Clothing - Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare - Dental		
Healthcare - Medical		
Healthcare - Prescription		
Healthcare - Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Public Transportation		
Recreation		
Self Improvement		
Student Loan Payment		
Vacation/Travel		
Other		

Personal Insurance Expenses

	Monthly Budget Amount	
Category	Current	Alt 1 / Retirement
Disability for Client		
Disability for Co-Client		
Life for Client		
Life for Co-Client		
LTC for Client		
LTC for Co-Client		
Medical for Client		
Medical for Co-Client		
Umbrella Liability		
Other		

<u>Taxes</u>

	Monthly Budget Amount	
Category	Current	Alt 1 / Retirement
Client FICA		Kethement
Client Medicare		
Co-Client FICA		
Co-Client Medicare		
Federal Income		
State Income		
Local Income		
Other		

<u>Income</u>

	Monthly Budget Amount	
Category	Current	Alt 1 /
		Retirement
Employment		
Other		

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Budget

Home Expenses

Description:

	Monthly Budget Amount	
Category	Current	Alt 1 / Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Vehicle Expenses

Description:_____

	Monthly Budget Amount	
Category	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

Description:

	Monthly Budget Amount	
Category	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Budget

Home Expenses

Description:_____

	Monthly Budget Amount	
Category	Current	Alt 1 / Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Vehicle Expenses

Description:_____

	Monthly Budget Amount	
Category	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

Description:

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		