

Wealth Management Questionnaire

Your Name(s)

Date

Financial Advisor/Team Name

Financial Advisor/Team Phone Number

Financial Advisor Email

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Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
Are Not Deposits	Are Not Insured by Any Federal Government Agency	Are Not a Condition to Any Banking Service or Activity

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INCLUDED IN THIS QUESTIONNAIRE:

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Merrill Lynch
Bank of America Corporation

Your Goals Matter To Us

Whether you're interested in getting a better understanding of your assets and liabilities, trying to figure out what you can expect when you retire, or looking to help your children pay for college, meeting your financial goals could depend, in large part, on the success of the investment approach you adopt today. At Merrill Lynch, we are guided by a structured, five-step Goals-Based Wealth Management process designed to help you pursue your goals.

The first step of the Goals-Based Wealth Management process involves defining your attitudes toward investing and assessing your financial situation. This questionnaire will assist your Financial Advisor in gathering information about your goals and expenses, income, assets and liabilities. As you will see, it's helpful to provide copies of financial statements so that your Financial Advisor can pull current, detailed information directly from there. He or she may also ask you to complete an Investment Personality Questionnaire to better understand who you are as an investor and what is important to you.

Building on this foundation, your Financial Advisor will work with you to identify, define and prioritize your goals. This questionnaire will not only help your Financial Advisor collect information about your goals, but it's also the first step in opening a dialogue about your needs, concerns and priorities.

Once you and your Financial Advisor have developed and implemented goals-based portfolios tailored to your goals, be sure to review the approach regularly to track progress to your goals. It is important to keep your Financial Advisor informed as life events take place or there are changes in your financial situation, needs, and goals, so that you can discuss changes to the investment approach as needed.

Personal Information

Client 1

BIOGRAPHICAL INFORMATION

Full Name _____ Gender M F
First, Middle, Last, Suffix

Preferred Name _____

Date of Birth _____ SSN _____
mm/dd/yyyy

Marital Status Single Married Domestic Partnership Separated Divorced Widowed

CONTACT INFORMATION

Current Street Address _____

City _____ State _____ ZIP Code _____

Country _____ Email _____

Preferred Phone Number Work Home Mobile Other _____ Best Time to Call _____

Do you own or rent? Own Rent

Restricted/control person:

A person, such as a director or large shareholder, in a relationship of control (the power to direct the management and policies or the company in question) with the issuer of restricted/control securities.

Politically exposed person:

A person who has been entrusted with a prominent public function, or an individual who is closely related to such a person.

EMPLOYMENT INFORMATION

Employment Status _____ Employer _____

Occupation/Title _____ Start Date (mm/dd/yyyy) _____

Employer Street Address _____

City _____ State _____ ZIP Code _____

Country _____ Industry _____

Are you a restricted/control person? No Yes

IF YES Company Name _____ IF YES Company Ticker Symbol _____

Are you a senior political person or politically exposed person? No Yes

CITIZENSHIP

Are you a U.S. citizen? No Yes _____
IF NO Country of Citizenship

Country of Dual Citizenship, if applicable _____

Client 2

BIOGRAPHICAL INFORMATION

Full Name _____ Gender M F
First, Middle, Last, Suffix

Preferred Name _____

Date of Birth _____ mm/dd/yyyy SSN _____

Marital Status Single Married Domestic Partnership Separated Divorced Widowed

CONTACT INFORMATION

Current Street Address _____

City _____ State _____ ZIP Code _____

Country _____ Email _____

Preferred Phone Number Work Home Mobile Other Best Time to Call _____

Do you own or rent? Own Rent

Restricted/control person:

A person, such as a director or large shareholder, in a relationship of control (the power to direct the management and policies or the company in question) with the issuer of restricted/control securities.

EMPLOYMENT INFORMATION

Employment Status _____ Employer _____

Occupation/Title _____ Start Date (mm/dd/yyyy) _____

Employer Street Address _____

City _____ State _____ ZIP Code _____

Country _____ Industry _____

Are you a restricted/control person? No Yes

IF YES Company Name _____ IF YES Company Ticker Symbol _____

Are you a senior political person or politically exposed person? No Yes

CITIZENSHIP

Are you a U.S. citizen? No Yes
 IF NO Country of Citizenship _____

Country of Dual Citizenship, if applicable _____

Politically exposed person:

A person who has been entrusted with a prominent public function, or an individual who is closely related to such a person.

All Clients

DEPENDENT INFORMATION

Name (First and Last)	Date of Birth (mm/dd/yyyy)	Gender	Relationship
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____

OTHER ADVISORS

First and Last Name

Firm Name

Type (Attorney, CPA, Insurance Agent, etc.)

City

State

ZIP Code

Phone

Email

First and Last Name

Firm Name

Type (Attorney, CPA, Insurance Agent, etc.)

City

State

ZIP Code

Phone

Email

First and Last Name

Firm Name

Type (Attorney, CPA, Insurance Agent, etc.)

City

State

ZIP Code

Phone

Email

Enter your current and expected effective tax rates, or check here if you would like us to project them based on income.

TAX INFORMATION

Project my tax rates based on income

Income Tax _____%

Current Rate _____%

Expected Retirement Rate

Capital Gains Tax _____%

Current Rate _____%

Expected Retirement Rate

Goals & Projected Expenses








How do you feel about your financial picture?

Do you feel like you have: Not enough money Just enough money More than enough money

What's important to you?

Your financial advisor can help you make investment-related decisions tailored to your financial circumstances, needs, goals, liquidity requirements, risk tolerance, time horizon, and investment objectives. To create a starting point for a conversation about your goals, think about what's important to you. As you list your needs and concerns by the categories below, talk to your advisor about how you feel about and prioritize these areas of your life.

.....

 Finances	
 Family	 Work
 Health	 Home
 Leisure	 Giving

.....

Attach additional sheets if necessary.

GOAL INFORMATION

Goal Name _____

Priority *How important is this goal? Plot on the continuum below:*

.....

Essential	Important	Aspirational
_____	_____	\$ _____
Goal Owner	Start Date and Duration (Number of Years or Lifetime)	Target Amount or Range (in Today's Dollars)

To pursue this goal, I'd be willing to... *(Examples: Retire later, Reduce spending, Save more)*

Today's Dollars

Enter the amount of money in today's dollars (not adjusted for inflation) you think you'll need for each goal.

Inflation Assumption

Unless you specify an inflation assumption, your Financial Advisor will use a standard annual inflation rate to adjust both the amount needed to fund your goals and the value of income sources over time. If you are unsure, your Financial Advisor can help you determine an appropriate specific inflation assumption for each of your goals and income sources.

Goal Name _____

Priority *How important is this goal? Plot on the continuum below:*

.....

Essential	Important	Aspirational
_____	_____	\$ _____
Goal Owner	Start Date and Duration (Number of Years or Lifetime)	Target Amount or Range (in Today's Dollars)

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Essential	Important	Aspirational
_____	_____	\$ _____
Goal Owner	Start Date and Duration (Number of Years or Lifetime)	Target Amount or Range (in Today's Dollars)

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Goal Name _____

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Essential	Important	Aspirational
_____	_____	\$ _____
Goal Owner	Start Date and Duration (Number of Years or Lifetime)	Target Amount or Range (in Today's Dollars)

To pursue this goal, I'd be willing to... *(Examples: Retire later, Reduce spending, Save more)*

Attach additional sheets if necessary.

GOAL INFORMATION

Goal Name _____

Priority *How important is this goal? Plot on the continuum below:*

Essential	Important	Aspirational
Goal Owner	Start Date and Duration (Number of Years or Lifetime)	\$ Target Amount or Range (in Today's Dollars)

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Goal Owner	Start Date and Duration (Number of Years or Lifetime)	\$ Target Amount or Range (in Today's Dollars)

To pursue this goal, I'd be willing to... *(Examples: Retire later, Reduce spending, Save more)*

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Priority *How important is this goal? Plot on the continuum below:*

Essential	Important	Aspirational
Goal Owner	Start Date and Duration (Number of Years or Lifetime)	\$ Target Amount or Range (in Today's Dollars)

To pursue this goal, I'd be willing to... *(Examples: Retire later, Reduce spending, Save more)*

Goal Name _____

Priority *How important is this goal? Plot on the continuum below:*

Essential	Important	Aspirational
Goal Owner	Start Date and Duration (Number of Years or Lifetime)	\$ Target Amount or Range (in Today's Dollars)

To pursue this goal, I'd be willing to... *(Examples: Retire later, Reduce spending, Save more)*

Income

All Clients

Enter information about your salary and other earned income sources (such as alimony, rental income, etc.). Do not include income from investments, pensions, Social Security, etc., which are covered in later sections.

Inflation Assumption

Unless you specify an inflation assumption, your Financial Advisor will use a standard annual inflation rate to adjust both the amount needed to fund your goals and the value of income sources over time. If you are unsure, your Financial Advisor can help you determine an appropriate specific inflation assumption for each of your goals and income sources.

EARNED INCOME

Description _____
Salary, Self-Employment, etc.

Owner _____ Current or Anticipated Start Year _____
 \$ _____ % _____
 Annual Amount in Today's Dollars Inflation Assumption Duration (Number of Years or Lifetime)

Description _____
Salary, Self-Employment, etc.

Owner _____ Current or Anticipated Start Year _____
 \$ _____ % _____
 Annual Amount in Today's Dollars Inflation Assumption Duration (Number of Years or Lifetime)

Description _____
Salary, Self-Employment, etc.

Owner _____ Current or Anticipated Start Year _____
 \$ _____ % _____
 Annual Amount in Today's Dollars Inflation Assumption Duration (Number of Years or Lifetime)

SOCIAL SECURITY

All Clients

Owner _____ Age You Started or Plan to Start Taking Social Security _____ \$ _____
 Annual Amount
 Owner _____ Age You Started or Plan to Start Taking Social Security _____ \$ _____
 Annual Amount

Check here if you would like us to estimate your annual amount based on earnings.

All Clients

RETIREMENT INCOME

Enter information about additional retirement income (pension, annuity, etc.) that you are receiving or anticipate receiving.

Description _____

Owner _____ \$ _____
Annual Amount in Today's Dollars

Start Date and Duration (Number of Years or Lifetime) _____ Inflation Indexed: No Yes _____%
IF YES Rate

Survivor Benefit: No Yes _____% Tax Exempt: No Yes
IF YES Rate

Description _____

Owner _____ \$ _____
Annual Amount in Today's Dollars

Start Date and Duration (Number of Years or Lifetime) _____ Inflation Indexed: No Yes _____%
IF YES Rate

Survivor Benefit: No Yes _____% Tax Exempt: No Yes
IF YES Rate

Description _____

Owner _____ \$ _____
Annual Amount in Today's Dollars

Start Date and Duration (Number of Years or Lifetime) _____ Inflation Indexed: No Yes _____%
IF YES Rate

Survivor Benefit: No Yes _____% Tax Exempt: No Yes
IF YES Rate

Description _____

Owner _____ \$ _____
Annual Amount in Today's Dollars

Start Date and Duration (Number of Years or Lifetime) _____ Inflation Indexed: No Yes _____%
IF YES Rate

Survivor Benefit: No Yes _____% Tax Exempt: No Yes
IF YES Rate

Assets

All Clients

TAXABLE INVESTMENT ACCOUNTS

Attach statements or complete this section for all non-Merrill Lynch or Bank of America taxable accounts.

Annual contribution in dollar amount or percentage of salary

Description _____
Account Name and Description

Financial Institution _____

Account Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

\$ _____ \$ _____
Cost Basis Market Value

Annual Contribution in Today's Dollars _____ Inflation Assumption _____% Start Date and Duration _____

Who are your designated beneficiaries?

Description _____
Account Name and Description

Financial Institution _____

Account Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

\$ _____ \$ _____
Cost Basis Market Value

Annual Contribution in Today's Dollars _____ Inflation Assumption _____% Start Date and Duration _____

Who are your designated beneficiaries?

Description _____
Account Name and Description

Financial Institution _____

Account Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

\$ _____ \$ _____
Cost Basis Market Value

Annual Contribution in Today's Dollars _____ Inflation Assumption _____% Start Date and Duration _____

Who are your designated beneficiaries?

TAXABLE INVESTMENT ACCOUNTS (CONTINUED)

Description _____
Account Name and Description

Financial Institution _____

Account Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

\$ _____ Cost Basis Market Value \$ _____

Annual Contribution in Today's Dollars _____ Inflation Assumption _____% Start Date and Duration _____

Who are your designated beneficiaries?

Attach statements or complete this section for all non-Merrill Lynch or Bank of America taxable accounts.

TAXABLE INVESTMENT ACCOUNTS: ASSET ALLOCATION

Client 1

_____ %
CASH

_____ %
EQUITY

_____ %
FIXED INCOME

_____ %
Taxable

_____ %
Tax-Free

_____ %
ALTERNATIVE INVESTMENTS

_____ %
Real Assets

_____ %
Hedge Fund Strategies

_____ %
Private Equity

\$ _____
Annual Taxable Savings Target

Client 2

_____ %
CASH

_____ %
EQUITY

_____ %
FIXED INCOME

_____ %
Taxable

_____ %
Tax-Free

_____ %
ALTERNATIVE INVESTMENTS

_____ %
Real Assets

_____ %
Hedge Fund Strategies

_____ %
Private Equity

\$ _____
Annual Taxable Savings Target

All Clients

RETIREMENT ACCOUNTS

Attach statements or complete this section for all retirement accounts (e.g., IRA, Roth IRA, KEOGH, 401(k), Profit-Sharing, SEP, SIMPLE). Where appropriate, please indicate pre-tax, post-tax or Roth contribution.

Annual contribution in dollar amount or percentage of salary

Description _____
Account Name and Description

Financial Institution _____

Account Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

\$ _____ \$ _____ \$ _____
Cost Basis Market Value Mandatory Withdrawals (If applicable)

\$ _____ % _____
Annual Contribution in Today's Dollars Inflation Assumption Start Date and Duration

Employer will match _____% of first \$/% _____ contributed by employee.

Employer will match _____% of next \$/% _____ contributed by employee.

Employer maximum matching contribution limit \$ _____

Do you have company profit sharing? No Yes **If Yes** \$/% _____

Who are your designated beneficiaries?

Description _____
Account Name and Description

Financial Institution _____

Account Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

\$ _____ \$ _____ \$ _____
Cost Basis Market Value Mandatory Withdrawals (If applicable)

\$ _____ % _____
Annual Contribution in Today's Dollars Inflation Assumption Start Date and Duration

Employer will match _____% of first \$/% _____ contributed by employee.

Employer will match _____% of next \$/% _____ contributed by employee.

Employer maximum matching contribution limit \$ _____

Do you have company profit sharing? No Yes **If Yes** \$/% _____

Who are your designated beneficiaries?

All Clients

Attach statements or complete this section for all retirement accounts (e.g., IRA, Roth IRA, KEOGH, 401(k), Profit-Sharing, SEP, SIMPLE). Where appropriate, please indicate pre-tax, post-tax or Roth contribution.

Annual contribution in dollar amount or percentage of salary

RETIREMENT ACCOUNTS (CONTINUED)

Description _____
Account Name and Description

Financial Institution _____

Account Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

\$ _____ \$ _____ \$ _____
Cost Basis Market Value Mandatory Withdrawals (If applicable)

\$ _____ % _____
Annual Contribution in Today's Dollars Inflation Assumption Start Date and Duration

Employer will match _____% of first \$/% _____ contributed by employee.

Employer will match _____% of next \$/% _____ contributed by employee.

Employer maximum matching contribution limit \$ _____

Do you have company profit sharing? No Yes **If Yes** \$/% _____

Who are your designated beneficiaries?

Description _____
Account Name and Description

Financial Institution _____

Account Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

\$ _____ \$ _____ \$ _____
Cost Basis Market Value Mandatory Withdrawals (If applicable)

\$ _____ % _____
Annual Contribution in Today's Dollars Inflation Assumption Start Date and Duration

Employer will match _____% of first \$/% _____ contributed by employee.

Employer will match _____% of next \$/% _____ contributed by employee.

Employer maximum matching contribution limit \$ _____

Do you have company profit sharing? No Yes **If Yes** \$/% _____

Who are your designated beneficiaries?

All Clients

Attach any applicable NQDC plan information.

DEFERRED COMPENSATION PAYOUT

Description _____
Account Name and Description

Financial Institution _____ Owner _____

Ownership (Single, Joint, Trust, etc.) _____ Account Value (current) _____

Payout Start Year _____ Payout Duration (years) _____ Plan Type (fixed or variable) _____ Earnings Rate (fixed only) _____%

\$ _____ Annual Contributions in Today's Dollars _____ Inflation Assumption _____% Start Date and Duration _____

Who are your designated beneficiaries?

Description _____
Account Name and Description

Financial Institution _____ Owner _____

Ownership (Single, Joint, Trust, etc.) _____ Account Value (current) _____

Payout Start Year _____ Payout Duration (years) _____ Plan Type (fixed or variable) _____ Earnings Rate (fixed only) _____%

\$ _____ Annual Contributions in Today's Dollars _____ Inflation Assumption _____% Start Date and Duration _____

Who are your designated beneficiaries?

RETIREMENT ACCOUNTS: ASSET ALLOCATION

Client 1

_____ %	_____ %	_____ %
CASH	EQUITY	FIXED INCOME
_____ %	_____ %	_____ %
Taxable	Tax-Free	ALTERNATIVE INVESTMENTS
_____ %	_____ %	_____ %
Real Assets	Hedge Fund Strategies	Private Equity

Client 2

_____ %	_____ %	_____ %
CASH	EQUITY	FIXED INCOME
_____ %	_____ %	_____ %
Taxable	Tax-Free	ALTERNATIVE INVESTMENTS
_____ %	_____ %	_____ %
Real Assets	Hedge Fund Strategies	Private Equity

All Clients

EDUCATION SAVINGS

Complete this section for all education accounts (529 College Savings Plan, Coverdell Education Savings Account, etc.) or other education-oriented savings. Please indicate the investment objective for each account (e.g., growth, income).

Description _____
Account Name and Description Account Type

Financial Institution _____ Owner _____

Student _____ \$ _____
Account Value (current) Investment Objective

Annual Contribution in Today's Dollars _____ %
Inflation Assumption Start Date and Duration

Description _____
Account Name and Description Account Type

Financial Institution _____ Owner _____

Student _____ \$ _____
Account Value (current) Investment Objective

Annual Contribution in Today's Dollars _____ %
Inflation Assumption Start Date and Duration

Description _____
Account Name and Description Account Type

Financial Institution _____ Owner _____

Student _____ \$ _____
Account Value (current) Investment Objective

Annual Contribution in Today's Dollars _____ %
Inflation Assumption Start Date and Duration

Description _____
Account Name and Description Account Type

Financial Institution _____ Owner _____

Student _____ \$ _____
Account Value (current) Investment Objective

Annual Contribution in Today's Dollars _____ %
Inflation Assumption Start Date and Duration

All Clients

BANK ACCOUNTS

Annual contribution in dollar amount or percentage of salary

Description _____
Savings, Checking, CDs, etc. Financial Institution

Account Owner _____ Ownership Type (Single, Joint, Trust, etc.) \$ _____
Balance

\$ _____ %
Annual Contribution in Today's Dollars Inflation Assumption Start Date and Duration

Who are your designated beneficiaries?

Description _____
Savings, Checking, CDs, etc. Financial Institution

Account Owner _____ Ownership Type (Single, Joint, Trust, etc.) \$ _____
Balance

\$ _____ %
Annual Contribution in Today's Dollars Inflation Assumption Start Date and Duration

Who are your designated beneficiaries?

Description _____
Savings, Checking, CDs, etc. Financial Institution

Account Owner _____ Ownership Type (Single, Joint, Trust, etc.) \$ _____
Balance

\$ _____ %
Annual Contribution in Today's Dollars Inflation Assumption Start Date and Duration

Who are your designated beneficiaries?

Description _____
Savings, Checking, CDs, etc. Financial Institution

Account Owner _____ Ownership Type (Single, Joint, Trust, etc.) \$ _____
Balance

\$ _____ %
Annual Contribution in Today's Dollars Inflation Assumption Start Date and Duration

Who are your designated beneficiaries?

BANK ACCOUNTS (CONTINUED)

Description _____
 Savings, Checking, CDs, etc. Financial Institution

Account Owner _____ Ownership Type (Single, Joint, Trust, etc.) \$ _____
 Balance

\$ _____ %
 Annual Contribution in Today's Dollars Inflation Assumption Start Date and Duration

Annual contribution in dollar amount or percentage of salary

Who are your designated beneficiaries?

All Clients

Attach additional pages as needed.

REAL ESTATE ASSETS

Description _____
 Primary Residence, Vacation Home, Investment Property, etc.

Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

Street Address _____

City _____ State _____ ZIP Code _____

\$ _____ Use Proceeds to Fund Goals: No Yes
 Estimated Market Value

Who are your designated beneficiaries?

Description _____
 Primary Residence, Vacation Home, Investment Property, etc.

Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

Street Address _____

City _____ State _____ ZIP Code _____

\$ _____ Use Proceeds to Fund Goals: No Yes
 Estimated Market Value

Who are your designated beneficiaries?

All Clients

Enter information about any other assets potentially available to fund goals.

PERSONAL ASSETS

Description _____
Business Interest, Expected Inheritance, Boat, etc.

Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

\$ _____ Use Proceeds to Fund Goals: No Yes
Estimated Market Value

Who are your designated beneficiaries?

Description _____
Business Interest, Expected Inheritance, Boat, etc.

Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

\$ _____ Use Proceeds to Fund Goals: No Yes
Estimated Market Value

Who are your designated beneficiaries?

Description _____
Business Interest, Expected Inheritance, Boat, etc.

Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

\$ _____ Use Proceeds to Fund Goals: No Yes
Estimated Market Value

Who are your designated beneficiaries?

All Clients

STOCK OPTIONS

Nonqualified (NSO) Noncash employee compensation. Must be reported as ordinary income (excess of fair market value over option price) when exercised.

Incentive (ISO)

Considered a statutory stock option. Generally, a statutory stock option is not included in your gross income when granted. If certain requirements are met when the option is exercised, the entire gain is taxed as long-term capital gains.

Restricted Stock A grant of employer stock subject to non-transferability and vesting restrictions. Restricted stock usually includes voting and dividend rights. It is not taxable until the restrictions lapse, unless the employee makes an 83(b) election to be taxed at grant.

SAR Stock appreciation right. A right usually granted to an employee, to receive a bonus equal to the appreciation in the company's stock over a specified period. The employee is not required to pay the exercise price, but rather receives the amount of the increase in cash or stock.

RSU Restricted Stock Unit. The right to receive a future delivery of shares subject to vesting. A Restricted Stock Unit award offers no ownership rights until vesting but may provide for dividend equivalent units.

Vested bargain element

Also known as the gain, it is calculated by subtracting the exercise price from the market price of the company stock on the date that the option is exercised.

Type	Nonqualified	Incentive	Restricted Stock	SAR	RSU	Other
_____ Company Name or Symbol				_____ Owner		
_____ Grant Date (mm/dd/yyyy)				_____ Expiration Date (mm/dd/yyyy)		
\$ _____ Strike Price		_____ Number of Shares Unexercised		_____ Number of Shares Vested		_____ Vested Bargain Element
_____ Next Vesting Date (mm/dd/yyyy)				_____ Number of Shares Vesting		_____ Frequency (years)

Type	Nonqualified	Incentive	Restricted Stock	SAR	RSU	Other
_____ Company Name or Symbol				_____ Owner		
_____ Grant Date (mm/dd/yyyy)				_____ Expiration Date (mm/dd/yyyy)		
\$ _____ Strike Price		_____ Number of Shares Unexercised		_____ Number of Shares Vested		_____ Vested Bargain Element
_____ Next Vesting Date (mm/dd/yyyy)				_____ Number of Shares Vesting		_____ Frequency (years)

Type	Nonqualified	Incentive	Restricted Stock	SAR	RSU	Other
_____ Company Name or Symbol				_____ Owner		
_____ Grant Date (mm/dd/yyyy)				_____ Expiration Date (mm/dd/yyyy)		
\$ _____ Strike Price		_____ Number of Shares Unexercised		_____ Number of Shares Vested		_____ Vested Bargain Element
_____ Next Vesting Date (mm/dd/yyyy)				_____ Number of Shares Vesting		_____ Frequency (years)

Type	Nonqualified	Incentive	Restricted Stock	SAR	RSU	Other
_____ Company Name or Symbol				_____ Owner		
_____ Grant Date (mm/dd/yyyy)				_____ Expiration Date (mm/dd/yyyy)		
\$ _____ Strike Price		_____ Number of Shares Unexercised		_____ Number of Shares Vested		_____ Vested Bargain Element
_____ Next Vesting Date (mm/dd/yyyy)				_____ Number of Shares Vesting		_____ Frequency (years)

Who are your designated beneficiaries?

Liabilities

All Clients

MORTGAGES

Enter information about any mortgages you hold.

Description _____
Primary Residence, Vacation Home, Investment Property, etc.

Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

\$ _____ %
Balance Current Interest Rate Monthly Payment (Principal and Interest)

Loan Type: Fixed Adjustable Fixed-Adjustable _____
Adjustment Period Begins (mm/dd/yyyy)

Payments Remaining (months) _____ Holding Period (years) _____

Description _____
Primary Residence, Vacation Home, Investment Property, etc.

Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

\$ _____ %
Balance Current Interest Rate Monthly Payment (Principal and Interest)

Loan Type: Fixed Adjustable Fixed-Adjustable _____
Adjustment Period Begins (mm/dd/yyyy)

Payments Remaining (months) _____ Holding Period (years) _____

Description _____
Primary Residence, Vacation Home, Investment Property, etc.

Owner _____ Ownership Type (Single, Joint, Trust, etc.) _____

\$ _____ %
Balance Current Interest Rate Monthly Payment (Principal and Interest)

Loan Type: Fixed Adjustable Fixed-Adjustable _____
Adjustment Period Begins (mm/dd/yyyy)

Payments Remaining (months) _____ Holding Period (years) _____

Enter information about any other liabilities (lines of credit, security-based loans, credit cards, student loans, auto loans, etc.) that you hold.

OTHER LIABILITIES

Description _____

Owner _____	Ownership Type (Single, Joint, Trust, etc.) _____	
\$ _____	_____ %	\$ _____
Balance	Current Interest Rate	Monthly Payment (Principal and Interest)

Description _____

Owner _____	Ownership Type (Single, Joint, Trust, etc.) _____	
\$ _____	_____ %	\$ _____
Balance	Current Interest Rate	Monthly Payment (Principal and Interest)

Description _____

Owner _____	Ownership Type (Single, Joint, Trust, etc.) _____	
\$ _____	_____ %	\$ _____
Balance	Current Interest Rate	Monthly Payment (Principal and Interest)

Description _____

Owner _____	Ownership Type (Single, Joint, Trust, etc.) _____	
\$ _____	_____ %	\$ _____
Balance	Current Interest Rate	Monthly Payment (Principal and Interest)

Description _____

Owner _____	Ownership Type (Single, Joint, Trust, etc.) _____	
\$ _____	_____ %	\$ _____
Balance	Current Interest Rate	Monthly Payment (Principal and Interest)

Description _____

Owner _____	Ownership Type (Single, Joint, Trust, etc.) _____	
\$ _____	_____ %	\$ _____
Balance	Current Interest Rate	Monthly Payment (Principal and Interest)

Insurance

All Clients

LIFE INSURANCE

Description of Policy _____ Policy Owner _____
(Term, Whole, Variable, Universal)

Owner Type _____ Whose Life is Insured? _____
(Single, Joint, Common Property, ILIT, Other)

Insured Type _____ Net Death Benefit \$ _____
(Single, First to Die, Second to Die)

Insurance Company _____ Policy End Year (if Term) _____

Net Cash Surrender Value \$ _____ Amount Provided by Employer (if Any) \$ _____

Annual Premium \$ _____ Planned Premium Duration _____

Primary Beneficiary(ies)		Contingent Beneficiary(ies)	
Name _____	____%	Name _____	____%
Name _____	____%	Name _____	____%
Name _____	____%	Name _____	____%

Description of Policy _____ Policy Owner _____
(Term, Whole, Variable, Universal)

Owner Type _____ Whose Life is Insured? _____
(Single, Joint, Common Property, ILIT, Other)

Insured Type _____ Net Death Benefit \$ _____
(Single, First to Die, Second to Die)

Insurance Company _____ Policy End Year (if Term) _____

Net Cash Surrender Value \$ _____ Amount Provided by Employer (if Any) \$ _____

Annual Premium \$ _____ Planned Premium Duration _____

Primary Beneficiary(ies)		Contingent Beneficiary(ies)	
Name _____	____%	Name _____	____%
Name _____	____%	Name _____	____%
Name _____	____%	Name _____	____%

Net cash surrender value
 Current amount of equity built up in a permanent life insurance policy, less applicable surrender charges and any outstanding loans and accrued interest.

All Clients

LIFE INSURANCE (CONTINUED)

Description of Policy _____ Policy Owner _____
(Term, Whole, Variable, Universal)

Owner Type _____ Whose Life is Insured? _____
(Single, Joint, Common Property, ILIT, Other)

Insured Type _____ Net Death Benefit \$ _____
(Single, First to Die, Second to Die)

Insurance Company _____ Policy End Year (if Term) _____

Net Cash Surrender Value \$ _____ Amount Provided by Employer (if Any) \$ _____

Annual Premium \$ _____ Planned Premium Duration _____

Primary Beneficiary(ies)

Contingent Beneficiary(ies)

Name _____ %

Name _____ %

Name _____ %

Name _____ %

Name _____ %

Name _____ %

Net cash surrender value
 Current amount of equity built up in a permanent life insurance policy, less applicable surrender charges and any outstanding loans and accrued interest.

LONG-TERM CARE INSURANCE

Description of Policy _____ Policy Owner _____
(Traditional LTC or Life Insurance with LTC Rider)

Owner Type _____ Who is the Insured? _____
(Single, Joint, Common Property, ILIT, Other)

Premium Waiver No Yes Year Purchased _____ Elimination Period (Days) _____

Insurance Company _____ Annual Premium \$ _____

Tax Deductible No Yes Inflation Rider _____ Annual Benefit \$ _____

Benefit Increase Simple Compound Benefit Duration _____

Planned Premium Duration _____ Amount Provided by Employer (if Any) \$ _____

Description of Policy _____ Policy Owner _____
(Traditional LTC or Life Insurance with LTC Rider)

Owner Type _____ Who is the Insured? _____
(Single, Joint, Common Property, ILIT, Other)

Premium Waiver No Yes Year Purchased _____ Elimination Period (Days) _____

Insurance Company _____ Annual Premium \$ _____

All Clients

LONG-TERM CARE INSURANCE (CONTINUED)

Tax Deductible No Yes Inflation Rider _____ Annual Benefit \$ _____

Benefit Increase Simple Compound Benefit Duration _____

Planned Premium Duration _____ Amount Provided by Employer (if Any) \$ _____

Description of Policy _____ Policy Owner _____
(Traditional LTC or Life Insurance with LTC Rider)

Owner Type _____ Who is the Insured? _____
(Single, Joint, Common Property, ILIT, Other)

Premium Waiver No Yes Year Purchased _____ Elimination Period (Days) _____

Insurance Company _____ Annual Premium \$ _____

Tax Deductible No Yes Inflation Rider _____ Annual Benefit \$ _____

Benefit Increase Simple Compound Benefit Duration _____

Planned Premium Duration _____ Amount Provided by Employer (if Any) \$ _____

DISABILITY INCOME INSURANCE

Description of Policy _____ Policy Owner _____
(Employer funded, Individually owned)

Owner Type _____ Who is the Insured? _____
(Single, Joint, Common Property, Other)

Insurance Company _____ Annual Premium \$ _____

Planned Premium Duration _____ Annual Benefit \$ _____ Benefit End Age _____

Are Benefits Taxable? No Yes

Description of Policy _____ Policy Owner _____
(Employer funded, Individually owned)

Owner Type _____ Who is the Insured? _____
(Single, Joint, Common Property, Other)

Insurance Company _____ Annual Premium \$ _____

Planned Premium Duration _____ Annual Benefit \$ _____ Benefit End Age _____

Are Benefits Taxable? No Yes

ESTATE

Client 1

Living trust

A legal document established during your lifetime containing assets that will pass outside your will. This is not a living will.

End of life expenses are in addition to any Probate or Estate Settlement Fees. Some examples of these expenses could be recurring bills or final medical bills.

Do you have a will? No Yes **IF YES** Have you reviewed it in the last three (3) years? No Yes

Do you have a living trust? No Yes _____
Attorney's Name (optional)

Who is your successor trustee? _____

Does your will/living trust have a unified credit provision? No Yes

Have you designated beneficiaries for applicable accounts and reviewed them recently? No Yes

Prior Gifts:

Total Taxable Gifts \$ _____ Federal Taxes Paid \$ _____ Other Credits \$ _____

Are there any end of life expenses you would like to plan for?

Funeral Expenses \$ _____ Emergency Expenses \$ _____ Other Expenses \$ _____

Are you the trustee of an irrevocable trust? No Yes **IF YES** Who are the beneficiaries?

Are you the beneficiary of an irrevocable trust? No Yes

Client 2

Unified credit provisions

A credit is an amount that reduces or eliminates tax. A unified credit applies to both gift tax and estate tax, and it equals the tax on the applicable exclusion amount. You must subtract the unified credit from any gift or estate tax that you owe. Any unified credit you use against gift tax in one year reduces the amount of credit that you can use against gift or estate taxes in a later year. A Credit Shelter Trust, sometimes referred to as a Bypass or A/B trust, moves an amount equal to the applicable exclusion amount out of your estate and into a trust, thus sheltering it from potential future estate taxation.

Do you have a will? No Yes **IF YES** Have you reviewed it in the last three (3) years? No Yes

Do you have a living trust? No Yes _____
Attorney's Name (optional)

Who is your successor trustee? _____

Does your will/living trust have a unified credit provision? No Yes

Have you designated beneficiaries for applicable accounts and reviewed them recently? No Yes

Prior Gifts:

Total Taxable Gifts \$ _____ Federal Taxes Paid \$ _____ Other Credits \$ _____

Are there any end of life expenses you would like to plan for?

Funeral Expenses \$ _____ Emergency Expenses \$ _____ Other Expenses \$ _____

Are you the trustee of an irrevocable trust? No Yes **IF YES** Who are the beneficiaries?

Are you the beneficiary of an irrevocable trust? No Yes

All Clients

Who are the individual or philanthropic beneficiaries of your estate?

Do you have a charitable remainder trust? No Yes

Do you have an irrevocable life insurance trust? No Yes

Do you have a credit shelter trust? No Yes

Enter information about any gifts or charitable donations you expect to give.

GIFTS AND CHARITABLE CONTRIBUTIONS

Gift/Contribution Name _____

Priority *How important is this goal? Plot on the continuum below:*

.....
Essential Important Aspirational

Donor _____ Start Date and Duration (Number of Years or Lifetime) _____ \$ _____
Gift/Contribution Amount (in Today's Dollars)

How much will be considered for the annual exclusion or lifetime exemption? \$ _____

Gift/Contribution Name _____

Priority *How important is this goal? Plot on the continuum below:*

.....
Essential Important Aspirational

Donor _____ Start Date and Duration (Number of Years or Lifetime) _____ \$ _____
Gift/Contribution Amount (in Today's Dollars)

How much will be considered for the annual exclusion or lifetime exemption? \$ _____

Gift/Contribution Name _____

Priority *How important is this goal? Plot on the continuum below:*

.....
Essential Important Aspirational

Donor _____ Start Date and Duration (Number of Years or Lifetime) _____ \$ _____
Gift/Contribution Amount (in Today's Dollars)

How much will be considered for the annual exclusion or lifetime exemption? \$ _____

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