



**THE FINANCIAL PLAN
DISCOVERY PROCESS**

Getting To Know You

Prepared by:

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PERSONAL DOCUMENTS NEEDED FOR ANALYSIS

This certifies that I have received from _____ the following documents listed below for the purposes of reviewing their provisions and benefits.

Date _____ **Signed** _____

<u>Item Furnished</u>	<u>Item Returned</u>	<u>Not Applicable</u>	<u>Not Available</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual Income Tax Returns for the Previous 3 Years (Federal & State)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will & Trust Agreements Affecting Client, Spouse or Children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Divorce Settlements and/or Pre-marital Agreements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Real Estate Deeds, Contracts and Leases
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Notes, Other Loan Documents and Closing Statements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule of Copies of Securities, Bonds, Certificates of Deposit, Investment Partnerships
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance Policies including most recent policy statements and dividend information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disability and Health Insurance Policies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current Employees Benefit Statements and Descriptions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closely Held Business Financial Statements for Previous 3 Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business Ownership and Shareholder Agreement Documents and Related Financial Statements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Previous Analysis Prepared Regarding Insurance Investments or Estate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

I hereby acknowledge that all of the policies and documents checked above have been returned to me by: _____

Date _____ **Signed** _____

CLIENT AND SPOUSE INFORMATION

Date _____

Full Name _____ Social Security No. _____ Birthdate _____

Home Address _____ Home Phone () _____

City, State, Zip _____

Employer _____ Business Phone () _____

Business Address _____

City, State, Zip _____

Do you have health problems? Y N Explain _____

Spouse's Name _____ Social Security No. _____ Birthdate _____

Spouse's Occupation Title _____ Date Started _____

Employer _____ Business Phone () _____

Business Address _____

City, State, Zip _____

Does he/she have health problems? Y N Explain _____

CHILDREN AND DEPENDENT INFORMATION

Child's Name _____ Social Security No. _____ Birthdate _____

Name of Spouse _____ No. Children _____ Claim Child as a Dependent? Y N

Ann. Educ. Costs: Primary \$ _____ Secondary \$ _____

College \$ _____ # yrs. _____ Graduate \$ _____ # yrs. _____

Anticipated Gifts or Grants Received by Child and/or After-tax Earnings of the Child:

Gifts Grants: Primary \$ _____ Secondary \$ _____ College \$ _____ Graduate \$ _____

Earnings: Primary \$ _____ Secondary \$ _____ College \$ _____ Graduate \$ _____

Assumed Inflation Rate for Education Expenses _____%

Current Annual Parental Funding Earmarked for Education \$ _____ Increase Rate _____%

Is this gifted to the child? Y N Is this funding in cash? Y N After-tax Earnings Rate of Fund _____%

Use your funds first? Y N

Child of both you and your spouse Your child only Your spouse's child only Adopted child

Child's Name _____ Social Security No. _____ Birthdate _____

Name of Spouse _____ No. Children _____ Claim Child as a Dependent? Y N

Ann. Educ. Costs: Primary \$_____ Secondary \$_____

College \$_____ # yrs. _____ Graduate \$_____ # yrs. _____

Anticipated Gifts or Grants Received by Child and/or After-tax Earnings of the Child:

Gifts Grants: Primary \$_____ Secondary \$_____ College \$_____ Graduate \$_____

Earnings: Primary \$_____ Secondary \$_____ College \$_____ Graduate \$_____

Assumed Inflation Rate for Education Expenses _____%

Current Annual Parental Funding Earmarked for Education \$_____ Increase Rate _____%

Is this gifted to the child? Y N Is this funding in cash? Y N After-tax Earnings Rate of Fund _____%

Use your funds first? Y N

Child of both you and your spouse Your child only Your spouse's child only Adopted child

Child's Name _____ Social Security No. _____ Birthdate _____

Name of Spouse _____ No. Children _____ Claim Child as a Dependent? Y N

Ann. Educ. Costs: Primary \$_____ Secondary \$_____

College \$_____ # yrs. _____ Graduate \$_____ # yrs. _____

Anticipated Gifts or Grants Received by Child and/or After-tax Earnings of the Child:

Gifts Grants: Primary \$_____ Secondary \$_____ College \$_____ Graduate \$_____

Earnings: Primary \$_____ Secondary \$_____ College \$_____ Graduate \$_____

Assumed Inflation Rate for Education Expenses _____%

Current Annual Parental Funding Earmarked for Education \$_____ Increase Rate _____%

Is this gifted to the child? Y N Is this funding in cash? Y N After-tax Earnings Rate of Fund _____%

Use your funds first? Y N

Child of both you and your spouse Your child only Your spouse's child only Adopted child

RETIREMENT INFORMATION

Client's Desired Retirement Age _____ Alternate Ages _____, _____

Spouse's Desired Retirement Age _____ Alternate Ages _____, _____

Client Coverages: Social Security Y N Civil Service Y N U.S. Military Y N Nonprofit Y N

Does Client wish to rely on Social Security for:

Disability Benefits? Y N Retirement Benefits? Y N Survivor Benefits? Y N

Spouse Coverages: Social Security Y N Civil Service Y N U.S. Military Y N Nonprofit Y N

Does Spouse wish to rely on Social Security for:

Disability Benefits? Y N Retirement Benefits? Y N Survivor Benefits? Y N

Desired Annual After-tax Retirement Income (in today's \$) \$_____ (Guideline: 80% of current gross income)

ESTATE INFORMATION

Estate Planning

Desired Annual After-tax Survivor Income Until Youngest Child is 17 \$_____ (Guideline: 75% of current gross income)

Desired Annual After-tax Survivor Income After Youngest Child is 17 \$_____ (Guideline: 60% of current gross income)

Have you made provisions for any charitable bequests at your death? \$_____ Spouse's Death? \$_____

Last Death? \$_____ Explain: _____

Other than charitable, have you ever provided for any bequests to non-family members at your death? \$_____

Spouse's Death? \$_____ Last Death? \$_____ Explain: _____

What do you estimate the final expenses of your death to be?

Client \$_____ (min. \$5,000) Spouse \$_____ (min. \$8,000)

Are there any trusts or custodial accounts established affecting client, spouse or children? Y N
(If yes, please furnish copies.)

Do you already have a Will? Y N

Are you now serving as an Executor, a Trustee or Guardian? Y N

Are you the beneficiary under an existing trust? Y N

Describe any inheritances or change in financial circumstance expected imminently: _____

Have you ever filed a U.S. Gift Tax Return? Y N

Do you have a separation agreement? Y N

Have you given anyone a Power of Attorney? Y N

Have you signed a Living Will or Health Care Proxy? Y N

Lifetime Gifts

Total Value of Net Adjusted Taxable Lifetime Gifts Made Subsequent to 12/31/76 (Exclude gifts to spouse and/or annual exclusions for these gifts in determining the Net Adjusted Taxable Value)

	Client	Spouse
Life Insurance Cash Values	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____

Face Value of Life Insurance Policies Gifted within the Past Three Years

To Spouse	\$ _____	\$ _____
To Others	\$ _____	\$ _____

Gift Taxes

Total Amount of Federal Gift Taxes Paid on Gifts Made:

Prior to the Last Three Years	\$ _____	\$ _____
Within the Last Three Years	\$ _____	\$ _____

Note: For gifts of community property, divide the amount of gift and gift tax equally between spouses.

Have you used any portion of the Unified Credit for Estate and Gift Taxes? Client \$ _____ Spouse \$ _____

RECORD OF ASSETS

Asset	Type	Owner	Market Value	Liability	Probate Value	Growth	% Spent
Residence	_____	_____	_____	_____	_____	%	%
Real Estate	_____	_____	_____	_____	_____	%	%
Securities	_____	_____	_____	_____	_____	%	%
Business	_____	_____	_____	_____	_____	%	%
Cash	_____	_____	_____	_____	_____	%	%
Automobiles	_____	_____	_____	_____	_____	%	%
Household	_____	_____	_____	_____	_____	%	%
Personal	_____	_____	_____	_____	_____	%	%
_____	_____	_____	_____	_____	_____	%	%
_____	_____	_____	_____	_____	_____	%	%
_____	_____	_____	_____	_____	_____	%	%
_____	_____	_____	_____	_____	_____	%	%
_____	_____	_____	_____	_____	_____	%	%
_____	_____	_____	_____	_____	_____	%	%
_____	_____	_____	_____	_____	_____	%	%
_____	_____	_____	_____	_____	_____	%	%
_____	_____	_____	_____	_____	_____	%	%
_____	_____	_____	_____	_____	_____	%	%

Type: R=Residence, B=Business, L=Liquid, R/E=Real Estate, O=Other

Owner: H=Husband, W=Wife, J=Joint with spouse, C=Community Property
 HS=Joint with Survivorship (Husband with someone other than Wife)
 WS=Joint with Survivorship (Wife with someone other than Husband)

If property is owned by the husband/wife with someone other than the spouse, but not as survivorship, enter the husband or the wife as the owner and enter the value of his/her portion of the asset value in the Market Value column and his/her portion of the liability in the Liability column.

Percent Spent: Enter the portion of the growth income that is consumed each year (100%=all spent).

QUALIFIED PLAN ASSETS

	Plan 1	Plan 2	Plan 3	Plan 4
Qualified Plan Name:	_____	_____	_____	_____
Owner:	H W	H W	H W	H W
Community Property:	Y N	Y N	Y N	Y N
After Death Choices (select one per plan):				
Net to Heirs:	_____	_____	_____	_____
Spouse Rollover to IRA:	_____	_____	_____	_____
Plan to Charity:	_____	_____	_____	_____
Spousal IRA, then Charity:	_____	_____	_____	_____
Net to credit Shelter Trust:	_____	_____	_____	_____
Plan to Credit Shelter Trust:	_____	_____	_____	_____
Plan to Marital Trust:	_____	_____	_____	_____
Pre-Retirement Accumulations:				
Current Balance:	_____	_____	_____	_____
Annual Deposit:	_____	_____	_____	_____
Starting in Year:	_____	_____	_____	_____
Continue for Years:	_____	_____	_____	_____
Percent Increase per Year:	_____ %	_____ %	_____ %	_____ %
Interest Rate during Accumulation:	_____ %	_____ %	_____ %	_____ %
Retirement Distribution Phase				
Start distribution in Year:	_____	_____	_____	_____
Continue Distribution for Years:	_____	_____	_____	_____
Annual Distribution:	_____	_____	_____	_____
Pct Incr/Year for Distribution:	_____ %	_____ %	_____ %	_____ %
Interest Rate during Accumulation:	_____ %	_____ %	_____ %	_____ %
Spouse's Distributions from IRA:				
Spouse's Annual Distribution:	_____	_____	_____	_____
Starting in Year (Spouse):	_____	_____	_____	_____
Continue for Years:	_____	_____	_____	_____

EXISTING LIFE INSURANCE

Company/Policy No.:		Purpose: _____			
Owner	Beneficiary	Insured	Policy Death Benefit	Surrender Value	Growth Rate
_____	_____	_____	\$ _____	\$ _____	_____ %

Company/Policy No.:		Purpose: _____			
Owner	Beneficiary	Insured	Policy Death Benefit	Surrender Value	Growth Rate
_____	_____	_____	\$ _____	\$ _____	_____ %

Company/Policy No.:		Purpose: _____			
Owner	Beneficiary	Insured	Policy Death Benefit	Surrender Value	Growth Rate
_____	_____	_____	\$ _____	\$ _____	_____ %

Company/Policy No.:		Purpose: _____			
Owner	Beneficiary	Insured	Policy Death Benefit	Surrender Value	Growth Rate
_____	_____	_____	\$ _____	\$ _____	_____ %

Company/Policy No.:		Purpose: _____			
Owner	Beneficiary	Insured	Policy Death Benefit	Surrender Value	Growth Rate
_____	_____	_____	\$ _____	\$ _____	_____ %

Notes: _____

Insured: H=Husband, W=Wife, S=Survivor
 Owner/Beneficiary: H=Husband, W=Wife, T=Trust, O=Other

RATE ASSUMPTION INFORMATION

What is your best estimate of an average annual rate of inflation for the next 10 years? _____%

What do you consider to be a satisfactory or average after-tax return on investments? _____%

INVESTOR PROFILE INFORMATION

Please rate from 0-10 your feelings about the following areas. (0 = Very Low, 5 = Moderate, 10 = Very High)

		Client	Spouse
INFLATION	Degree of personal concern about inflation	_____	_____
LEVERAGE	Comfort with borrowing for investment	_____	_____
RISK TAKING	Conservative – 0; Speculative – 10	_____	_____
DIVERSIFICATION	Concern with lack of investment variety	_____	_____
CURRENT RETURN	Satisfactory – 0; Must be increased – 10	_____	_____
INVESTMENT INCOME	Desired later – 0; Desired now – 10	_____	_____
INCOME TAXES	Desire current tax reduction	_____	_____
AUDIT SENSITIVITY	Willingness to risk a tax audit	_____	_____
ESTATE PLAN	Comfort with your present arrangements	_____	_____
LIFE INSURANCE	Comfort with your present coverage	_____	_____
DISABILITY	Comfort with your present protection	_____	_____
RETIREMENT	Comfort with your present expected income	_____	_____
SAVINGS RATE	Satisfaction with your present allocation	_____	_____

Please check the single best description of your securities investment objective:

- MAXIMUM SAFETY:** Preservation of capital is my primary objective, income is secondary to capital preservation. Market risk is to be minimized.
- MAXIMUM INCOME:** Highest current income consistent with preservation of capital is my objective.
- MODERATE INCOME:** My primary objective is income with limited participation of up to 20% of the assets invested in securities for capital appreciation.
- BALANCED INCOME:** Both income and capital appreciation are important to me, but more emphasis should be given to income producing assets, with no more than 40% invested for capital appreciation.
- BALANCED GROWTH:** Both capital appreciation and income are important to me, but more emphasis should be given to investments in achieving capital appreciation (up to 60% of portfolio).
- MODERATE GROWTH:** My primary objective is capital appreciation. Up to 80% of portfolio should be invested for appreciation.
- MAXIMUM GROWTH:** My objective is capital appreciation without regard to current income.

Please indicate how you generally would like to invest your future investable dollars (should total 100%).

____% Speculative ____% Aggressive Growth ____% Moderate Growth ____% Conservative ____% No Risk

GOALS AND OBJECTIVES

The following objectives are the ones most often mentioned by our clients. Check those that are important to you and rank in order of importance to you (1 = most important).

- Obtain current income tax reductions.....
- Provide adequate funds for scheduled college expenses
- Maintain current standard of living, if disabled.....
- Develop a systematic monthly investment program.....
- Diversify investments to provide a more balanced portfolio.....
- Manage cash flow in order to reduce unnecessary expenditures.....
- Select the most appropriate investment for retirement funds
- After-tax retirement income to maintain current standards
- Determine the most effective retirement plan options.....
- Provide adequate survivor income to maintain current standards
- Sufficient liquidity to cover estate settlement expenses
- Assure distribution of your estate according to your wishes
- Determine the best way of disposing of business interests.....
- Other: _____

What are your most important short-term goals (less than 12 months)? _____

What are your most important intermediate-term goals (1 to 5 years)? _____

What are your most important long-term goals (5 years or longer)? _____

What obstacles do you feel will prevent your accomplishment of any of the above goals? _____

Please list any other financial goals (examples include: business opportunities, recreational items, trust funds for children, or any other large amounts of cash needed some time in the future). _____

Are there any advisors that you rely upon or to whom you feel committed (for the past performance, family or social reasons)? Y N Explain: _____

Are there any investments to which you are committed for any reason? Y N Please list and explain why: _____

Are there any investments to which you are opposed for any reason? Y N Please list and explain why: _____

Do you feel confident about your ability to invest large sums? Client Y N Spouse Y N

Have you, while married, lived in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA)? Y N

Explain when and where: _____

Do you or your spouse have an employment contract? Y N (Please provide a copy.)

How much would you like to invest this year from income? \$_____ From Capital? \$_____

Do you contemplate making special gifts of bequests to family members? Y N Explain: _____

If not working now, is spouse planning to work in the future such as at your death? Y N

If so, when and to what age? _____

Occupation _____ Income? \$_____

Will any training/retraining/education be necessary? Y N Estimated expenses? \$_____

Do you want to liquidate assets to meet your objectives, or are family assets to be conserved for your heirs?

Client _____ Spouse _____

Do you or your spouse consider any of your present assets to be the separate property of one or the other? Y N

Explain: _____

When and how should capital be distributed to your children? _____

Is there anyone whom you hold in high regard who is providing you with investment advice at this time? Y N

Who? _____

What is the best investment you have ever made? _____

What is the worst investment you have ever made? _____

What has been your investing pattern during periods of market volatility? _____

How do you measure your financial progress? _____

Are you satisfied with your progress? _____

In your opinion, are your investments adequately diversified? Y N

What is your diversification strategy? _____

On what information are your investment decisions based? _____

What amount of your total assets do you feel necessary to maintain liquid? \$_____

Which of your present assets would you prefer NOT TO SELL? _____

Which of your present assets would you LIKE TO SELL? _____

Are you pleased with your present assets in terms of:

	<u>Client</u>	<u>Spouse</u>
Safety	Y N	Y N
Income	Y N	Y N
Growth	Y N	Y N
Hedge Against Inflation	Y N	Y N

With regard to your present assets and future investments, which feature do you regard as most important?

	More Income	More Growth	Tax Savings	Preservation of Capital	More Diversification
Present	_____	_____	_____	_____	_____
Future	_____	_____	_____	_____	_____

Do you foresee any significant changes in your family or financial situation? _____

Do you or your spouse anticipate gifts or inheritances? Y N Please explain: _____

What would you like this planning engagement to accomplish for you? _____