

ALLEGIS

Financial Workbook

This confidential fact finder is designed to help you and your advisor analyze and improve your financial health.

1 Client Profile

1.1 PERSONAL DETAILS	CLIENT #1	CLIENT #2
Name		
Birthdate		
Age		
Home Address		
City, State, Zip		
Primary Residence?		
Home Phone		
Cell Phone		
Personal Email		
Anniversary Date		

Children's Names	M	F	Birthdate (mm/dd/yyyy)	Age
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Grandchildren's Names	M	F	Birthdate (mm/dd/yyyy)	Age
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

1.2 WORK DETAILS	CLIENT #1	CLIENT #2
Occupation		
Work Address		
Work City, State, Zip		
Work Email		
Work Phone		
Retirement Date		
Age at Retirement		

1.3 FINANCIAL CONCERNS / INTERESTS

Please rate the following financial concerns or interests. 1 = No concern/interest, 5 = Very concerned,interested

	1	2	3	4	5
Financial Health Assessment (or Second Opinion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a Comprehensive Financial Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Income and Cash Flow Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Strategies Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Investment / Portfolio Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Risk / Protecting My Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining Higher Return Rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
401(k) Investment Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRA Rollover Strategies / Roth Conversions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuity Analysis / Annuity Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension Benefits Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Taxes / Tax Return Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance Review / Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Needs (LTC, Health, Disability, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate, Legacy or Charitable Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Planning or Education Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.4 FINANCIAL CONFIDENCE RANKING

On a scale from one to ten, rate the level of your peace-of-mind regarding your investments and finances.

1 = Things couldn't be worse, 10 = Everything is perfect

	1	2	3	4	5	6	7	8	9	10
Client 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Background Details

2.1 FOUNDATIONAL QUESTIONNAIRE

1. Who advises you or manages your investments currently, and how long have you had this relationship?

2. Do you have concerns about how your investments have been managed? If so, how have you addressed those concerns?

3. What's the primary reason you have decided to consider our advice?

4. Does anyone else participate or get involved in helping you make your financial decisions? If so, who?

5. In the space below, rank your order of importance for each of the following priorities. Rank your priorities with "1" being your highest priority and "5" being your lowest priority. Use each number only once.

	Income	Preservation	Growth	Liquidity	Legacy
Client 1					
Client 2					
Agreed					

2.2 INVESTMENT APPROACH QUESTIONNAIRE

1. Where do you look currently for credible investment-related information and counsel?

2. Agree or Disagree – company fundamentals are more important than technical trends when considering a stock.

3. Given a promising opportunity, would you typically prefer to lend a company money at a compelling interest rate (asset-backed) or own a piece of the company with future growth prospects.

4. How important is the liquidity of your investments. (i.e. – how quickly you can convert your investments to cash)

5. What portion of your traditional liquid assets (ie – stocks and bonds) do you view as 'short term' in nature (1 to 3 years).

6. What portion of your traditional liquid assets do you view as long-term assets (5 to 7 years or longer)?

7. When do you plan on spending your traditional investment assets?

8. If you had to rank the following investment characteristics on a priority basis from 1 to 4 (with 1 being most important to you), how would you rank them:

- Future returns
- Regular cash flow (from dividends, interest, coupons, etc)
- Stability of principal
- Liquidity (how quickly they can be converted to cash)

9. When making investment decisions, which is typically more important to you: investments with the lowest fees or optimal risk-adjusted performance

10. When making investments, are you typically more concerned with price volatility and potential capital losses or future returns?

11. Please describe the level of involvement you'd like to have in decision making in the portfolio.

12. Please describe how frequently you prefer to be updated on the portfolio.

3 Cash Flow

3.1 CURRENT & FUTURE INCOME

Cash flow and income planning is a major component of building a successful financial plan. The negative side-effects of not having enough income can be felt throughout many different areas of your life.

	CURRENT		POST-RETIREMENT		Notes
	Client #1	Client #2	Client #1	Client #2	
Social Security					
IRA Distributions					
Investments					
Trusts					
Pensions					
Salary					
Other Income					

	MONTH TOTAL	ANNUAL TOTAL
Current Income		
Current Budgeted Expenses		
Current Net Cash Flow		
Post-Retirement Income		
Post-Retirement Budgeted Expenses		
Post-Retirement Net Cash Flow		

Additional Notes

3.2 ADDITIONAL CASH FLOW DETAILS

1. What are your current monthly expenses? \$ _____

2. Are there major changes in expenses in the future (e.g.: college costs, purchasing a second home, automobile, etc.)? If so, how much?

Beginning year: _____ For how long: _____ \$ _____

Beginning year: _____ For how long: _____ \$ _____

Beginning year: _____ For how long: _____ \$ _____

Beginning year: _____ For how long: _____ \$ _____

3. What steps have you taken or planned to take to increase income to offset inflation?

4. What steps have you taken to implement the recommendations from your Social Security Timing Report?

5. Is income a cause of worry, stress or fear for you now or for the future? Yes No
 If so, to what degree does it effect you? (Use scale to the right where 1=A little and 5=A lot) 1 2 3 4 5

EXAMPLE INFLATION COSTS

Current Annual Expenses	In 5 years	In 10 years	In 15 years	In 30 years
\$35,000	\$41,049	\$48,145	\$56,466	\$91,098
\$50,000	\$58,642	\$68,778	\$80,666	\$130,140
\$75,000	\$87,963	\$103,167	\$120,999	\$195,209
\$100,000	\$117,284	\$137,556	\$161,332	\$260,279

*3.24% inflation rate assumed. If your income isn't listed above, just multiply it by 1.324 for a rough inflation adjusted estimate in 10 years. Data from inflationdata.com

4 Product Allocation

4.1 FINANCIAL PRODUCT CLASSES & INVESTABLE ASSETS

Understanding all of your choices when it comes to choosing financial products or investments is an essential step towards successfully planning your finances and reaching your financial goals.

Remember that every product has pros and cons and proper use in your planning!

Principal Guaranteed or Insured*				Non-Principal Guaranteed or Insured*				
Checking, Savings, Money Market***	CDs, Treasuries, Fixed Interest Annuities	Fixed Index Annuities	Cash Value Indexed/ Whole Life Insurance	Cash Value Variable Life Insurance	Variable Annuities	Stocks, Bonds, Mutual Funds, ETFs	REITS, Commodities, Options	
\$	\$	\$	\$	\$	\$	\$	\$	
\$	\$	\$	\$	\$	\$	\$	\$	
\$	\$	\$	\$	\$	\$	\$	\$	
\$	\$	\$	\$	\$	\$	\$	\$	
Principal Guaranteed Subtotal				Non-Principal Guaranteed Subtotal				
\$				+	\$			
%				%				
Total Investable Assets								
=								
\$								

*Individual guarantees or insurance vary for each product.

** Financial Professionals must be properly licensed before entering into any discussion regarding the repositioning of assets from one assetclass to another.

*** While Money Market Funds are not principal guaranteed, we have included them here because of their relatively high level of safety.

5 Tax Considerations

5.1 QUALIFIED AND NON-QUALIFIED ASSETS

IRAs and other investment vehicles can accumulate substantial value along with substantial tax liabilities. Because of this, it often makes sense to look at strategies which may improve your tax efficiency.

The Four Categories of Tax Planning*

	Non-Qualified	Qualified	Qualified Tax-Free	Tax-Free
Product or Asset	Savings, Checking, CDs, Stocks, Bonds, Mutual Funds, Dividends	Non-Qualified Annuities, 401(k) Plans, Qualified Annuities	Roth IRA, Roth 401(k), Municipals**	Specially Designed Life Insurance
Tax Status	Taxed on Growth or Taxed on Withdrawal Estate-Taxable	Tax-Deferred Growth Taxed on Withdrawal Estate-Taxable	Tax-Deferred Growth Tax-Free Withdrawal Estate-Taxable	Tax-Deferred Growth Tax-Free Withdrawal Estate Tax-Free Potential
Current Amount	\$	\$	\$	\$

*Qualified Plans (IRAs, TSAs, 401(k)s, etc.) Always consult with a tax professional before making decisions regarding taxes.

** Assumes no premature (before age 59½) withdrawals.

This workbook is designed to gather general information on the subjects covered. It is not, however, intended to provide specific legal or tax advice and cannot be used to avoid tax penalties or to promote, market or recommend any tax plan, legal plan or arrangement.

Total Investable Assets

= \$

5.2 IMPORTANT TAX QUESTIONS

1. What is your current tax bracket and filing status?

2. What plans do you have in place to reduce or minimize taxes on your RMDs?

3. What plans do you have in place to reduce or eliminate taxes on your Social Security?

4. What plans do you have for reducing or eliminating taxes on qualified funds and estate to heirs?

5 Tax Considerations (contd.)

5. Have you explored any options for creating tax-free income? Is that something you're interested in?

6. Have you had your tax-returns reviewed recently?

7. Who do you currently work with for taxes?

8. Are there any substantial unrealized capital gains we should be aware of in your investment accounts?

9. Are there any other significant tax matters we should be aware of? (ie – large loss carry-forward, liens, etc)

6 Basic Risk Assessment

6.1 GROWTH AND RISK EXPECTATIONS

It's very common to spend all your time focusing on growth goals but without considering how much risk you are taking. Have you completed a risk versus return analysis? How do you feel about it?

Risk Assessment Instructions

Using the scale below, circle what level of risk you feel most comfortable with. Not sure? Use the additional risk questions below to help you understand how you approach risk versus reward conceptually.



6.2 ADDITIONAL GROWTH AND RISK QUESTIONS

Principal Guaranteed Money

What is your growth goal? _____%

How much are you willing to risk? _____%

Reasons For Wanting Guaranteed Money:

- More control
- Easier for planning
- Predictability
- Less stressful
- Peace of mind
- Advice from others
- Other: _____

Non-Principal Guaranteed Money

What is your growth goal? _____%

How much are you willing to risk? _____%

What was your worst loss ever? \$ _____

Reasons For Wanting Non-Guaranteed Money:

- Need higher return
- Want higher return
- Enjoy the excitement
- Make up recent losses
- Advice from others
- Enjoy the research
- Other: _____

Additional Notes

8 Real Estate, Business & Net Worth

8.1 REAL ESTATE CHECKLIST

TOTAL VALUE REAL ESTATE \$ _____

- Primary Residence Vacation Home Rental Property Other
 Secondary Residence Investment Property Business Property

Property	Type/Purpose	Value	Mortgage Amt.	Mortgage Payment	Taxes	Net Income
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

Are you planning on **selling** any property in the future?

Which? _____ When? _____

Which? _____ When? _____

Are you planning on **purchasing** any property in the future?

Which? _____ When? _____

Which? _____ When? _____

8.2 BUSINESS INTERESTS OR OWNERSHIP

TOTAL VALUE BUSINESS ASSETS \$ _____

Name of Company	Original Investment	Market Value	Ownership %	Date Acquired
	\$	\$	%	
	\$	\$	%	
	\$	\$	%	
	\$	\$	%	

8.3 NET WORTH CALCULATION

Total Value Money Assets **+** Total Value Real Estate **+** Total Value Business Assets **-** Total Value Liabilities and Debt **=** Total Net Worth

\$ _____

\$ _____

\$ _____

\$ _____

\$

9 Long Term Care & Health Planning

9.1 LONG TERM CARE AND HEALTH COVERAGE

It's important to be aware of your health and healthcare related costs, as they can significantly impact your finances.

Long Term Care

Client	Type of LTC (Traditional/Combo)	Daily Rate	# Years	Date Purchased	Inflation Rider
		\$			
		\$			

Health Insurance

Client	Private Provider	Private Cost	Part B Cost	Supp. Provider	Supp. Cost
		\$	\$		\$
		\$	\$		\$

Overall Health

Client	HBP	Heart Attack or Bypass	Cancer	Diabetes	Stroke	Other

Medications

Client	Medications	Purpose

Personal

Client	Height	Weight	Smoker	When Smoker	Alcohol

1. Who do you currently work with for LTC insurance? _____
2. Who do you currently work with for health insurance? _____
3. Date last reviewed coverages? _____
4. Check and initial here if LTC coverage was discussed but not interested in purchasing at this time: _____
Initial

10 Legal Documents & Estate Planning

10.1 LEGAL DOCUMENTS & ESTATE PLANNING CHECKLISTS

The following checklists will help you identify key areas to focus on regarding your legal and estate matters.

Legal Documents*

Do You Have:	Client #1	Client #2	Notes
A Healthcare Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A Financial Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A Living Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have a trust, is it a Joint Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A Prenuptial Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Legal & Estate Planning Questions*

Do You Have:	Client #1	Client #2	Notes
Ever been divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any dependents with special needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A desire to disinherit any of your children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A parent who requires special care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A parent you expect to care for in the future	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any joint accounts with parents	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any joint accounts with children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any expectations of an inheritance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A desire to help a charity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever been a Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calculated your potential estate tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Who do you currently work with on legal matters? _____

2. Date last reviewed legal documents? _____

*Always consult with an attorney before making decisions regarding legal documents.

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11 Discovered Goals & Next Steps

11.1 DISCOVERED GOALS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

11.2 WORKBOOK COMPLETION ACKNOWLEDGMENT

This workbook was completed based on information I provided to the agent or adviser taking me through the process. This information may be incomplete because I either would not provide the information or did not have the information readily available.

Client Signature

Client Name (print)

Date

Client #2 Signature

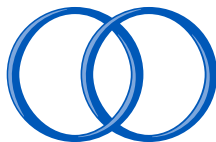
Client #2 Name (print)

Date

Advisor Representative Signature

Advisor Representative Name (print)

Date



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