WEALTH ADVISORS

Please compete the worksheet and return to Wealth Advisors by fax at 719-344-8692 or by email info@myWealthAdv.com

# Strategy Planning Worksheet

## *Personal Information*

Today's date: ______________________

Client initials: ______________________

Name on cover page: ________________________________________________________________

**Contact Information**

Individual 1

Full name: ____________________

Date of Birth: ____________________

Age: ___________

Retirement Age: ___________

Social Security #: ____ - ___ - ____ *(optional)*

Individual 2

Full name: ____________________

Date of Birth: ____________________

Age: ___________

Retirement Age: ___________

Social Security #: ____ - ___ - ____ *(optional)*

**Address & Employment Information** *(optional)*

Individual 1

Email: __________________________

Phone: __________________________

Address: __________________________

City: _____________ State: ___ Zip: _____

Individual 2

Email: __________________________

Phone: __________________________

Address: _________________________*(if different)*

City: _____________ State: ___ Zip: _____

**Employment**

Individual 1

Employer: __________________________

Job Title: __________________________

Phone: __________________________

Individual 2

Employer: __________________________

Job Title: __________________________

Phone: __________________________

## *Risk*

**Risk Profile**

Investment Attitude: ☐ Very Conservative ☐ Somewhat Conservative ☐ Moderate ☐ Somewhat Aggressive ☐ Very Aggressive

Investment Experience: ☐ None ☐ Very Little ☐ Moderate ☐ Significant ☐ Extensive



4585 Hilton Parkway, Suite 201
Colorado Springs, CO 80907-3559
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## Estate

**Check the box if you have any of the following:**

| | Individual 1 | Individual 2 |
|---|---|---|
| Will | ☐ | ☐ |
| Durable General Power of Attorney | ☐ | ☐ |
| Durable Health Care Power of Attorney | ☐ | ☐ |
| Living Will | ☐ | ☐ |
| Revocable Living Trust | ☐ | ☐ |
| Martial Trust Provisions | ☐ | ☐ |
| Credit Shelter Trust Provisions | ☐ | ☐ |
| QTIP Trust Provisions | ☐ | ☐ |
| Irrevocable Life Insurance Trust | ☐ | ☐ |
| Generation Skip Trust Provisions | ☐ | ☐ |
| Joint Revocable Trust | ☐ | ☐ |
| Testamentary Trust | ☐ | ☐ |

## Insurance

**Insurance Information** It's best to bring in your policy or you may need to review your insurance policies in order to get this information.

| | Individual 1 | Individual 2 |
|---|---|---|
| Permanent life insurance: | $___________________ | $___________________ |
| Term life insurance: | $___________________ | $___________________ |
| Cash values (less loans): | $___________________ | $___________________ |
| Long-term care insurance: | $___________________ | $___________________ |

## Pension, Earned Income & Social Security

**Defined Pension Information** Include information on pensions that provide an annual income level (i.e.: military pension, state pension, etc.)

| | Individual 1 | | Individual 2 | |
|---|---|---|---|---|
| | **Pension 1** | **Pension 2** | **Pension 1** | **Pension 2** |
| Anticipated annual amount: | $______________ | $______________ | $______________ | $_____________ |
| Starting age: | ______________ | ______________ | ______________ | _____________ |
| Increase rate before retirement: | _____________% | _____________% | _____________% | ____________% |
| Increase rate after retirement: | _____________% | _____________% | _____________% | ____________% |
| Survivor benefit (%): | _____________% | _____________% | _____________% | ____________% |

**Earned Income**

| | Individual 1 | Individual 2 |
|---|---|---|
| Earned income now: | $______________ | $______________ |
| Annual increase rate: | ______________% | ______________% |

**Social Security** (you may retrieve your statement at www.ssa.gov/estimator/ and include a copy for our review)

| | | |
|---|---|---|
| Age to start benefit: | ______________ | ______________ |
| Annual increase rate: | ______________% | ______________% |
| Estimated or current annual benefit: | $______________ | $______________ |



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## *Expenses*

Estimate annual figures for expenses related to shelter, food, clothing, transportation, insurance, loans, etc.
Do not include taxes.

| **Annual Living Expenses (today's dollars)** | | **Annual inflation rates for living expenses** | |
|---|---|---|---|
| Now: | $______________ | Before Retirement: | 2.50 % |
| Current Surviving Household: | $______________ | Surviving Household: | 2.50 % |
| During Retirement: | $______________ | During Retirement: | 3.00 % |
| Single Retiree Survivor: | $______________ | Single Retiree Survivor: | 3.00 % |

## *Special Income/Expenses*

**Special Income/Expense** List any other sources of income or special expenses to be paid from your capital accounts.

| **Description** | **Annual amount** | **Increase rate** | **Starting year** | **# of years** | **Priority*** |
|---|---|---|---|---|---|
| ____________________ | $______________ | ___________% | ___________ | __________ | __________ |
| ____________________ | $______________ | ___________% | ___________ | __________ | __________ |
| ____________________ | $______________ | ___________% | ___________ | __________ | __________ |
| ____________________ | $______________ | ___________% | ___________ | __________ | __________ |
| ____________________ | $______________ | ___________% | ___________ | __________ | __________ |
| ____________________ | $______________ | ___________% | ___________ | __________ | __________ |

**Priority – Essential (E), Primary (P), Secondary (S), Optional (0)*

## *Education Funding*

**Children's Education and Fund Expenses**

| **Child's Name** | **Age** | **Age to start college** | **Cost per year*** | **# of years** | **Current college fund** |
|---|---|---|---|---|---|
| _______________ | ______ | ________________ | $___________ | ________ | $_________________ |
| _______________ | ______ | ________________ | $___________ | ________ | $_________________ |
| _______________ | ______ | ________________ | $___________ | ________ | $_________________ |
| _______________ | ______ | ________________ | $___________ | ________ | $_________________ |
| _______________ | ______ | ________________ | $___________ | ________ | $_________________ |
| _______________ | ______ | ________________ | $___________ | ________ | $_________________ |
| _______________ | ______ | ________________ | $___________ | ________ | $_________________ |

Inflation rate to use for college planner: ________%

Rate of return on college funds: ________%

College fund account types (529, UTMA, UGMA, UTMS, Etc.): ____________________

**In today's dollars*



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***Assets***

***List capital assets including banking accounts, investment accounts, stocks, bonds, mutual funds, business interests*** and other financial assets.

| **No.** | **Asset name** | **Current value*** | **Annual Additions** | **Account description** (i.e. stock, 401k, bank account, etc) | **Owner** (Ind. 1, Ind. 2, Joint) |
|---|---|---|---|---|---|
| 1 | _____________ | $____________ | $_________ | ___________________________________ | _______ |
| 2 | _____________ | $____________ | $_________ | ___________________________________ | _______ |
| 3 | _____________ | $____________ | $_________ | ___________________________________ | _______ |
| 4 | _____________ | $____________ | $_________ | ___________________________________ | _______ |
| 5 | _____________ | $____________ | $_________ | ___________________________________ | _______ |
| 6 | _____________ | $____________ | $_________ | ___________________________________ | _______ |
| 7 | _____________ | $____________ | $_________ | ___________________________________ | _______ |
| 8 | _____________ | $____________ | $_________ | ___________________________________ | _______ |
| 9 | _____________ | $____________ | $_________ | ___________________________________ | _______ |
| 10 | _____________ | $____________ | $_________ | ___________________________________ | _______ |
| 11 | _____________ | $____________ | $_________ | ___________________________________ | _______ |
| 12 | _____________ | $____________ | $_________ | ___________________________________ | _______ |

## ***Risk Assessment Questionnaire***

1. ☐ I am more concerned about protecting my assets than about growth.
2. ☐ Professional advisors and mutual funds may achieve higher growth than I can.
3. ☐ I am comfortable with investments that promise slow, long-term appreciation and growth.
4. ☐ I don’t brood over bad investment decisions I have made.
5. ☐ I feel comfortable with aggressive growth investments.
6. ☐ I do not like surprises.
7. ☐ I am optimistic about my financial future.
8. ☐ My immediate concern is for income rather than growth opportunities.
9. ☐ I am a risk taker.
10. ☐ I make investment decisions comfortably and quickly.
11. ☐ I like predictability and routine in my daily life.
12. ☐ I usually pick the tried and true, the slow, safe but sure investments.
13. ☐ I need to focus my investment efforts on reserve funds and insurance rather than growth.
14. ☐ I prefer predictable, steady returns on my investments, even if the return is low.



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