



Centered On You.

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# AXIAL FINANCIAL PLANNING WORKBOOK

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This workbook is intended to help you consolidate the information needed to build your Retirement Plan which includes your goals and the means available to fund them. Gathering information from the checklist below will assist in the completion of this workbook. Please collect as much of this material as possible before you begin filling in the workbook.

## Statements

Bank	College Savings	Mortgage
Investments	Retirement Accounts	Social Security

## Future Goals and Costs

Which of the following may you need or want in the future and how much will that item cost?

Retirement Living Expenses	Health Care	Travel	Automobile(s)	New House
Caring for a Loved One	College	Home Renovation		Start a Business

## Income During Retirement

Source of income and the amount.

Social Security Benefit	Pension	Alimony	Part-Time Work	Annuity Income
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## Investable Assets

You will be able to enter the asset type, approximate value, and annual savings amount.

Retirement Plans	Tax-Free Account	Mutual Funds, Stocks, ETFs, Bonds, etc.
Traditional & Roth IRAs	College Saving Plan	Tax Deferred Accounts

## Other Assets

Please be able to provide an estimated dollar value for any item that applies.

House	Real Estate	Business
Life Insurance	Inheritance	Personal Property

## Liabilities

Please be able to provide an estimated dollar value for any item that applies.

Mortgage	Credit Cards	Line of Credit
Student Loans	Vehicle Loans	Business Loans

## Additional Information

Current Annual Savings	When Will Liabilities End	Estate Planning Paperwork
Company Stock Options	Employer Benefits	Long-Term Care Policy
Car Insurance Policy	House Insurance Policy	Health Insurance Premiums

This comprehensive personal financial summary is designed to help us take inventory of your financial life. It is an essential first step in creating a customized financial plan for your future. Please take note of the following:

- Please complete this form *prior* to your appointment. Information can be mailed, e-mailed, or faxed to us.
- Should you have any questions while working through this booklet, please feel free to call us.
- You can approximate amounts and include attachments if additional space is needed.

**Client #1**

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:    Male        Female

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Legal Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employed        Retired        Homemaker

Business Owner        Unemployed

Employment Income: \$ \_\_\_\_\_/year

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Client #2**

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:    Male        Female

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Legal Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employed        Retired        Homemaker

Business Owner        Unemployed

Employment Income: \$ \_\_\_\_\_/year

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Children and Other Dependents**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Parents Living**

**Client 1:**

Mother's Name: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_

**Client 2:**

Mother's Name: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_

**What do you most look forward to? What concerns you?**

Check all that applies.

Retirement Expectations			Retirement Concerns		
	Client 1	Client 2		Client 1	Client 2
Active Lifestyle			Running Out of Money		
Quiet Lifestyle			Investment Losses		
Moving to a New Home			Leaving Money to Others		
Time to Travel			Cost of Long-Term Care		
Less Stress—Peace of Mind			Health Care Costs		
Time with Family			Dying Early		
Work by Choice			Living Too Long		

**Retirement Age and Living Expenses**

What age would you like to retire?

**Client 1:** \_\_\_\_\_ **Client 2:** \_\_\_\_\_

What amount would you like to receive monthly **after tax** to fund your retirement living expenses?

\$ \_\_\_\_\_ /month

**Please note:** *If you are **unsure of your monthly expenses** please complete the Expense Worksheet attached to this workbook. We can also estimate a need based on 70% of your current income until the worksheet can be completed.*

**Goals & Expenses**

Please list any goals that you have **prior to retirement** that you will use your current savings to fund (i.e., education, renovations, large purchases and/or vacation/rental property prior to retirement).

Goal / Objective	Start Year	End Year	Frequency	Cost

Please list any additional goals/expenses that you anticipate **during retirement** (i.e., travel in retirement, home renovations, large purchases in retirement, health care costs).

Goal / Expense	Start Year	End Year	Frequency	Cost

**Health Insurance**

**Client 1**

Health Care Premium: \$ \_\_\_\_\_ /year

Out-of-Pocket Expenses: \$ \_\_\_\_\_ /year

Dental: \$ \_\_\_\_\_ /year Vision: \$ \_\_\_\_\_ /year

**Client 2**

Health Care Premium: \$ \_\_\_\_\_ /year

Out-of-Pocket Expenses: \$ \_\_\_\_\_ /year

Dental: \$ \_\_\_\_\_ /year Vision: \$ \_\_\_\_\_ /year

If on **MEDICARE**, complete these additional sections:

Part A: \$ \_\_\_\_\_ Free \_\_\_\_\_ /year Part C: \$ \_\_\_\_\_ /year

Part B: \$ \_\_\_\_\_ /year Part D: \$ \_\_\_\_\_ /year

Medigap: \$ \_\_\_\_\_ /year Other: \$ \_\_\_\_\_ /year

Part A: \$ \_\_\_\_\_ Free \_\_\_\_\_ /year Part C: \$ \_\_\_\_\_ /year

Part B: \$ \_\_\_\_\_ /year Part D: \$ \_\_\_\_\_ /year

Medigap: \$ \_\_\_\_\_ /year Other: \$ \_\_\_\_\_ /year

**Social Security Income**

Attach your most recent statement/report.

**Client 1**

Are you eligible?    Yes    No  
If receiving now, enter amount: \$ \_\_\_\_\_/month  
Gross Estimated Benefit: \$ \_\_\_\_\_/year  
Age to Begin Taking: \_\_\_\_\_

**Client 2**

Are you eligible?    Yes    No  
If receiving now, enter amount: \$ \_\_\_\_\_/month  
Gross Estimated Benefit: \$ \_\_\_\_\_/year  
Age to Begin Taking: \_\_\_\_\_

**Pension Plans**

Attach your most recent statement/report.

**Client 1**

Company: \_\_\_\_\_  
Income Begins: \_\_\_\_\_

**Client 2**

Company: \_\_\_\_\_  
Income Begins: \_\_\_\_\_

Please list the different **gross** payout amounts if you have a pension statement.

Single Life 100%: \$ \_\_\_\_\_/year  
Joint 100% Survivor: \$ \_\_\_\_\_/year  
Joint 50% Survivor: \$ \_\_\_\_\_/year  
Lump Sum: \$ \_\_\_\_\_/year  
Additional Option: \$ \_\_\_\_\_/year  
Cost of Living Adjustment: \_\_\_\_\_%

Single Life 100%: \$ \_\_\_\_\_/year  
Joint 100% Survivor: \$ \_\_\_\_\_/year  
Joint 50% Survivor: \$ \_\_\_\_\_/year  
Lump Sum: \$ \_\_\_\_\_/year  
Additional Option: \$ \_\_\_\_\_/year  
Cost of Living Adjustment: \_\_\_\_\_%

**Other Income**

(i.e. rental income, annuity income stream, part-time employment, bonuses, trusts)

**Client 1**

Description: \_\_\_\_\_  
Income Begins: \_\_\_\_\_  
**Net** of Tax Benefit Amount: \$ \_\_\_\_\_/year  
Survivor Benefit: \_\_\_\_\_%

**Client 2**

Description: \_\_\_\_\_  
Income Begins: \_\_\_\_\_  
**Net** of Tax Benefit Amount: \$ \_\_\_\_\_/year  
Survivor Benefit: \_\_\_\_\_%

Do you have any large expected future inflows (i.e., inheritance, business payout, sale of house)? If yes, please explain:

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**Bank, Savings and Loan & Credit Union Accounts (Non-IRA Assets)**

(i.e., checking, savings and money market accounts)

Name of Institution	Owner	Account Type	Annual Additions	Int. Rate	Approximate Balance
				%	\$
				%	\$
				%	\$
				%	\$

**IRA Accounts**

Attach your most recent statement/report.

Name of Institution	Owner	Account Type (i.e., IRA, Roth)	Current Contribution	Approximate Market Value
				\$
				\$
				\$
				\$

**Employer Sponsored Retirement Accounts**

Attach your most recent statement/report.

Name of Institution	Owner	Account Type (i.e., 401(k), 403(b))	Current Contribution	Current Match	Approximate Market Value
					\$
					\$
					\$
					\$

**Mutual Fund, Brokerage Accounts, Stocks & Bonds**

Attach your most recent statement/report.

Name of Institution	Owner(s)	Type of Investment	Current Contribution	Approximate Market Value
				\$
				\$
				\$
				\$

**Education Accounts**

Attach your most recent statement/report (i.e. 529 Plans, Coverdell).

Name of Institution	Owner(s) & Beneficiary	Type of Investment	Current Contribution	Approximate Market Value
			\$ /yr	\$
			\$ /yr	\$

**Real Estate**

(i.e., personal, business, investment property)

1. Asset Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_ Rate: \_\_\_\_\_ %  
 Approximate Value: \_\_\_\_\_ Debt/Mortgage: \$ \_\_\_\_\_ Original Cost: \$ \_\_\_\_\_  
 Principle: \_\_\_\_\_ Interest: \_\_\_\_\_ Taxes: \_\_\_\_\_
2. Asset Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_ Rate: \_\_\_\_\_ %  
 Approximate Value: \_\_\_\_\_ Debt/Mortgage: \$ \_\_\_\_\_ Original Cost: \$ \_\_\_\_\_  
 Principle: \_\_\_\_\_ Interest: \_\_\_\_\_ Taxes: \_\_\_\_\_

**Life Insurance**

Attach your most recent statement/report. Type: Whole, Term, Universal, Variable.

1. Name of Institution: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
 Owner(s) & Beneficiary: \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_ End Date: \_\_\_\_\_  
 Type of Insurance: \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_
2. Name of Institution: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
 Owner(s) & Beneficiary: \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_ End Date: \_\_\_\_\_  
 Type of Insurance: \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_
3. Name of Institution: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
 Owner(s) & Beneficiary: \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_ End Date: \_\_\_\_\_  
 Type of Insurance: \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

**Company Stock Options**

Attach your most recent statement/report.

Company Name	Owner(s)	Original Cost	Approx. Value	Ticker	Vesting Schedule
		\$	\$		
		\$	\$		

**Liabilities**

(i.e., HELOC, education, credit cards, car payments)

Name of Institution	Owner(s)	Type	Origination Date & Number of years	Interest Rate	Amount of Liability	Monthly Payment
			/	%	\$	
			/	%	\$	
			/	%	\$	
			/	%	\$	

**Other Professionals**

Attorney's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Accountant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Property & Casualty Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

**Estate Planning Items**

Please bring a recent copy of your wills, trusts, and other estate documents.

Do you have a current will? Yes No If yes, when was this last revised: \_\_\_\_\_  
Do you have a current Power of Attorney? Yes No  
Do you have a current Living Will? Yes No  
Do you have a current Pet Protection Agreement? Yes No  
Do you have a Health Care Proxy? Yes No  
Do you have a Trust? Yes No  
Name of Trust(s): \_\_\_\_\_ / \_\_\_\_\_  
Type of Trust: Revocable Irrevocable Other  
Name(s) of Trustees: \_\_\_\_\_  
Date Trust(s) Established: \_\_\_\_\_ / \_\_\_\_\_

**Trusted Contact**

A trusted contact is someone to whom you would authorize us to disclose information about your account(s).

Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Legal Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Beneficiary(ies)**

Primary: \_\_\_\_\_  
Contingent: \_\_\_\_\_  
Contingent: \_\_\_\_\_  
Contingent: \_\_\_\_\_  
Contingent: \_\_\_\_\_

**Liability Coverage**

Please bring a recent copy of your homeowners and auto coverage.

Do you have Umbrella/Personal Liability?                      Yes      No

Coverage Amount: \$ \_\_\_\_\_                      Company Name: \_\_\_\_\_

Do you have a Long-Term Care Policy?                      Yes      No

Please indicate whether or not you have ownership/participate in any of the following items.

Secondary Home                      Yes      No      Location: \_\_\_\_\_

Watercraft                      Yes      No      Type: \_\_\_\_\_

Automobile(s)                      Yes      No      Number of vehicles: \_\_\_\_\_

Type(s) of automobiles and year? \_\_\_\_\_

What is your current Liability Automobile coverage? (i.e. \$250k/\$500k/\$100k)      \$ \_\_\_\_\_ k/\$ \_\_\_\_\_ k/\$ \_\_\_\_\_ k

Other personal P&C items/policies?                      Yes      No      Type: \_\_\_\_\_

Do you have a Home Equity Line of Credit?                      Yes      No

Current Balance: \$ \_\_\_\_\_      Available Balance: \$ \_\_\_\_\_

Current interest rate: \_\_\_\_\_%

# EXPENSE WORKSHEET

This form will help define your retirement living expenses. At the end of each section, there are spaces for any other categories that we have not included.

## Personal and Family Expenses

Category	Monthly Cost
Alimony	
Annual Credit Card Fee	
Business Expense	
Charitable Donations	
Child Allowance/Expense	
Child Care	
Child Support	
Clothing	
Child Activities	
Club Dues	
Credit Card Debt Payment	
Dining Out	
Entertainment	
Gifts	
Groceries	
Healthcare	
Hobbies	
Household Items	
Laundry/Dry Cleaning	
Personal Care	
Pet Care	
Recreation	
Vacation/Travel	
<b>Subtotal</b>	

## Personal Insurance

Income	Monthly Cost
Disability for Client	
Disability for Spouse	
Life for Client	
Life for Spouse	
Long-Term Care for Client	
Long-Term Care for Spouse	
Medical for Client	
Medical for Spouse	
Umbrella Liability	
<b>Subtotal</b>	

## Home Expenses

Category	Monthly Cost
Mortgage Expenses	
Rent	
Equity Line	
Real Estate Tax	
Homeowner's Insurance	
Association Fees	
Electricity	
Gas/Oil	
Trash Pickup	
Water	
Sewer	
Cell/Phone	
Internet	
Lawn Care	
Maintenance	
Furniture	
<b>Subtotal</b>	

## Vehicle Expenses

Category	Monthly Cost
Loan/Lease Payment	
Insurance	
Fees and Taxes	
Fuel	
Repairs/Maintenance	
Parking/Tolls	
<b>Subtotal</b>	

## Total All Expenses

Expenses	Monthly Cost
Personal Expenses	
Personal Insurance	
Home Expenses	
Vehicle Expenses	
<b>Total Expenses</b>	

## RISK TOLERANCE QUESTIONNAIRE

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The answers provided will help indicate which investment strategy may be appropriate for your current needs. Circle the corresponding point value, and then use the calculation provided to give you your total. Match the total to the strategy listed at the end of the score sheet. **Examine the time frame for the investment you're planning to make, as it's important to consider how long your money can be invested.**

- |   |               |
|---|---------------|
| 1. In approximately how many years do you expect to need this money?  | <b>Points</b> |
| A. 2–3 years  | 20            |
| B. 4–6 years  | 38            |
| C. 7–10 years   | 50            |
| D. 10+ years  | 69            |
| 2. Do you expect to withdraw more than one-third of the money in this account within seven years (e.g., for retirement income, home down payment, college tuition)? | <b>Points</b> |
| A. No   | 20            |
| B. Yes, in 2–3 years  | 0             |
| C. Yes, in 4–7 years  | 12            |
| 3. Do you have an emergency fund (i.e., savings of at least six months' after-tax income)?  | <b>Points</b> |
| A. No, I do not have an emergency fund.   | 8             |
| B. I have an emergency fund, but it's less than six months' after-tax income.   | 3             |
| C. Yes, I have an adequate emergency fund.  | 0             |
| 4. If you anticipate other major expenses (e.g., college tuition, home down payment, home repairs), do you have a separate savings plan for them?                   | <b>Points</b> |
| A. Yes, I have a separate savings plan for these expenses.  | 0             |
| B. I do not expect to have any such expenses.   | 1             |
| C. I intend to withdraw a portion of this money for these expenses, and I have answered question 2 accordingly.   | 3             |
| D. I have no separate savings plan for these items.   | 4             |
| 5. Approximately what portion of your total investable assets* is designated for this account?  | <b>Points</b> |
| A. Less than 25%  | 0             |
| B. Between 25% and 50%  | 1             |
| C. Between 51% and 75%  | 2             |
| D. More than 75%  | 4             |

*\*Investable assets include your emergency fund, this account, bank accounts, retirement assets, CDs, mutual funds, cash value of life insurance, stocks or bonds, investment real estate, and so on. They do not include your principal residence or vacation home.*

6. Which one of the following describes your expected future earnings over the next five years? (Assume inflation will average 4 percent.)	<b>Points</b>
A. I expect my earnings to far outpace inflation (e.g., due to promotions).	0
B. I expect my earnings to stay somewhat ahead of inflation.	1
C. I expect my earnings keep pace with inflation.	2
D. I expect my future earnings to decrease (i.e., due to retirement)	4
7. Approximately what portion of your monthly take-home income(s) goes toward paying off debt other than your home mortgage?	<b>Points</b>
A. Less than 10%	0
B. Between 10% and 25%	1
C. Between 26% and 50%	2
D. More than 50%	6
8. How many dependents (e.g., children you continue to support, elderly parents) do you have?	<b>Points</b>
A. None	0
B. 1	1
C. 2–3	2
D. More than 3	4
9. Have you ever invested in individual bonds or bond investment vehicles, aside from U.S. Savings bonds?	<b>Points</b>
A. No, and I would be uncomfortable with the risk if I did.	10
B. No, but I would be comfortable with the risk if I did.	4
C. Yes, but I was uncomfortable with the risk.	6
D. Yes, and I felt comfortable with the risk.	0
10. Have you ever invested in individual stocks or stock investment vehicles?	<b>Points</b>
A. No, and I would be uncomfortable with the risk if I did.	8
B. No, but I would be comfortable with the risk if I did.	3
C. Yes, but I was uncomfortable with the risk.	5
D. Yes, and I felt comfortable with the risk.	0

11. When thinking about your investments, where would you place yourself on a scale of 1–8 in terms of your comfort level with risk/potential reward?

Risk level	Less risk/less potential return			Moderate risk with greater potential return			Maximum potential return regardless of risk	
	1	2	3	4	5	6	7	8
Scale (1-8)	1	2	3	4	5	6	7	8
Points	12	7	5	3	2	1	0	0

12. Which **one** of the following statements describes your feelings toward choosing an investment? **Points**

- A. I prefer investment options with a low degree of risk (i.e., it is unlikely I would lose my original investment). 12
- B. I prefer a mix of investment options, with an emphasis on those with a low degree of risk, and a small portion in others that have a higher degree of risk, which may yield greater returns. 9
- C. I prefer a balanced mix of investment options, some with a low degree of risk and others with a higher degree of risk, which may yield greater returns. 5
- D. I prefer an aggressive mix of investment options, some with a low degree of risk, but with an emphasis on others with a higher degree of risk, which may yield greater returns. 1
- E. I would select only investment options with a higher degree of risk and a greater potential for higher returns. 0

13. If you could increase your chances of improving your returns by taking more risk, you would: **Points**

- A. Be willing to take a lot more risk with all my money. 0
- B. Be willing to take a little more risk with all my money. 3
- C. Be willing to take a little more risk with some of my money. 6
- D. Be unlikely to take much more risk. 10

14. Most investments fluctuate over the short term. If a \$10,000 investment you made for 10 years lost value in the first year, at what point would you sell and transfer the funds to a more stable investment rather than wait for a turnaround? **Points**

- A. \$9,500 10
- B. \$9,000 8
- C. \$8,500 6
- D. \$8,000 4
- E. Below \$8,000 2
- F. Would not sell 0

15. Considering your tax bracket, do you prefer to use tax-exempt fixed income investments, even though tax-exempt investments may provide a lower current yield than equivalent taxable investments?

Yes

No

What is your marginal federal tax bracket? \_\_\_\_\_

**Please note:** Tax-exempt investments are not appropriate for tax-deferred retirement arrangements.

16. Diversified portfolios often include international investments. Are there reasons you would not want international funds as part of your portfolio?

Yes

No

17. Do you have any specific financial or other concerns that you would like to discuss in our meeting?

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18. Please use this space provided to detail everything you feel is important for us to know about you and/or your current financial situation.

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### **Risk Score and Strategy**

Use the following calculation to determine your point score and identify the appropriate strategy listed below.

- A. Add your points for questions 1–2. \_\_\_\_\_
- B. Add your points for questions 3–14. \_\_\_\_\_
- C. Subtract B from A. \_\_\_\_\_ (total points)

#### **Points Strategy Asset Class Mix**

- 0–9 Income with Limited Growth: 80% Fixed Income, 20% Equity
- 10–19 Income with Moderate Growth: 60% Fixed Income, 40% Equity
- 20–49 Growth and Income: 40% Fixed Income, 60% Equity
- 50–69 Primarily Growth\*: 20% Fixed Income, 80% Equity
- 70+ Growth: 98% Equity, 2% Cash

Given your specific circumstances, if you believe that any of these strategies will be more suitable than the diversified strategy specified by the worksheet, your advisor will discuss the alternatives and make an appropriate recommendation.

*\*If your score points you to the Primarily Growth strategy, consider investing in the Growth strategy if the amount that you are investing for this goal represents the only aggressive portion of your total portfolio and if you already own more conservative investments—such as fixed income and short-term securities—that can provide a balance to the short-term fluctuations of stocks.*