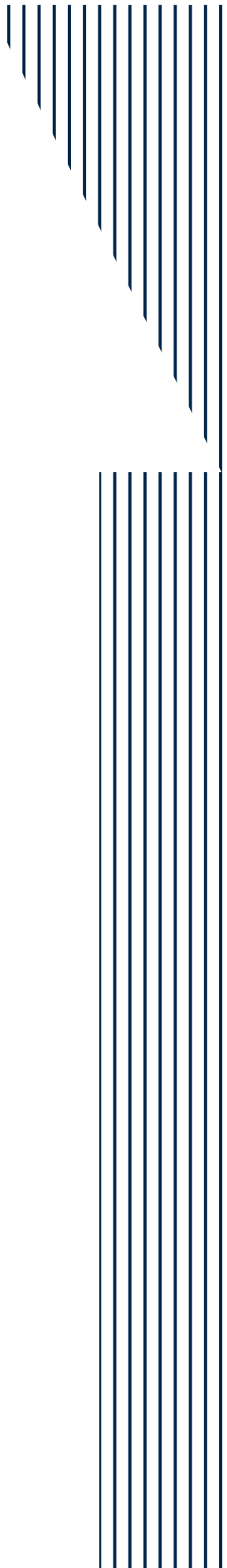


▶ PLEASE SUBMIT for REVIEW

- THE LAST TWO (2) YEARS TAX RETURNS
- ALL INSURANCE POLICIES
- CURRENT (NON-RETIREMENT INVESTMENT) BROKERAGE or MUTUAL FUND STATEMENTS
- CURRENT (RETIREMENT INVESTMENT) STATEMENTS

Notes:

CONFIDENTIAL
Financial Planning Data Sheet



INTERVIEW DATE	INTERVIEWED BY	REFERRED BY	PLAN FEE
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Family Data

	BIRTH DATE	BIRTH PLACE	SOCIAL SECURITY	US CITIZEN
LAST NAME			- -	Y N
CLIENT			- -	Y N
SPOUSE/CO-CLIENT			- -	Y N
DEPENDENT			- -	Y N
DEPENDENT			- -	Y N
DEPENDENT			- -	Y N

STREET ADDRESS	YRS AT THIS ADDRESS
----------------	---------------------

CITY	STATE	ZIP
------	-------	-----

Cleveland		
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HOME PHONE	CELLULAR	EMAIL ADDRESS
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CLIENT WORK PHONE	CELLULAR	EMAIL ADDRESS
-------------------	----------	---------------

SPOUSE WORK PHONE	CELLULAR	EMAIL ADDRESS
-------------------	----------	---------------

MARRIED <input type="checkbox"/> Y <input type="checkbox"/> N	DIVORCED <input type="checkbox"/> Y <input type="checkbox"/> N	REMARIED <input type="checkbox"/> Y <input type="checkbox"/> N	WIDOW <input type="checkbox"/> Y <input type="checkbox"/> N
DATE	DATE	DATE	DATE

Employment Data

SELF EMPLOYED <input type="checkbox"/> Y <input type="checkbox"/> N	INCORPORATED <input type="checkbox"/> Y <input type="checkbox"/> N	DATE	STATE	CORPORATION YEAR
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EMPLOYER CLIENT	OCCUPATION	YRS W/THIS EMPLOYER
-----------------	------------	---------------------

BUSINESS ADDRESS

RETIREMENT PLAN

EMPLOYER SPOUSE	OCCUPATION	YRS W/THIS EMPLOYER
-----------------	------------	---------------------

BUSINESS ADDRESS

RETIREMENT PLAN

Personal Data

ARE YOUR PARENTS LIVING? CLIENT	SPOUSE
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DO YOU HAVE A CURRENT WILL? CLIENT <input type="checkbox"/> Y <input type="checkbox"/> N	SPOUSE <input type="checkbox"/> Y <input type="checkbox"/> N
DATE LAST REVIEWED	DATE LAST REVIEWED

TIME HORIZON

What is the time frame for you to achieve your financial goals?

0-5 years	1
5-10 years	4
10-15 years	7
15 years or longer	10

What is your primary financial goal?

Wealth preservation	1
Education funding	4
Retirement planning	7
Long-term wealth accumulation	10

What is your age?

Over 56	1
46-55	4
36-45	7
20-35	10

RISK TOLERANCE

You just received your retirement plan in a lump sum of money. How would you invest it?

I would invest in something that offered...	
...moderate current income and was very safe.	1
...high current income with a moderate amount of risk.	2
...high total return (current income plus capital appreciation) with a moderately high amount of risk.	3
...substantial capital appreciation even though it had a high amount of risk.	4

Which of the following statements best describes your reaction if the value of your portfolio declined 15% to 20%?

I would be very concerned because I cannot accept fluctuations in the value of my portfolio.	1
If the amount of income I received was unaffected, it would not bother me.	2
I invest for long-term growth but would be concerned about even a temporary decline.	3
I invest for long-term growth and accept temporary fluctuations due to market influences.	4

Which of the following investments would you feel most comfortable owning?

Certificates of deposit	1
U.S. Government securities	2
Stocks of older, established companies	3
Stocks of newer, growing companies	4

How optimistic are you about the long-term prospects for the U.S. economy?

Pessimistic	1
Unsure	2
Somewhat optimistic	3
Very optimistic	4

Which of the following best describes your attitude about investments outside the U.S.?

Pessimistic	1
Unsure	2
May provide attractive investment opportunities	3
Provide very attractive investment opportunities	4

TOTAL

0

X

SIGNATURE OF INVESTOR	DATE	NAME OF ADVISOR
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Non-Retirement Investments (Stocks, Bonds, Mutual Funds)

INVESTMENT NAME	OWNER	SHARES	PURCHASE DATE	COST	MARKET VALUE	MATURITY	YIELD

	VALUE	WHERE	INTEREST RATE	CONTRIB./YEAR	OWNER	ISSUE DATE
FIXED ANNUITIES						
VARIABLE ANNUITIES						
STOCK OPTIONS						

Retirement Investments: Vested Amounts

OWNER	TYPE (401k, IRA, etc.)	VALUE	ANNUAL CONTRIB.	COMPANY MATCH

Risk Profile and Investment Objections

INVESTMENT OBJECTIVES

Which of the following best describes your investment objectives?

- Preserving principal and earning a moderate amount of current income
- Generating a high amount of current income
- Generating some current income and increasing the value of my assets
- Increasing the value of my assets substantially

- 1
- 2
- 3
- 4

Five years from now, what do you expect your standard of living to be?

- The same as it is now
- Somewhat better than it is now
- Substantially better than it is now

- 1
- 2
- 3

Ten years from now, what do you expect your portfolio value to be?

- The same as or a little more than it is today
- Moderately greater than it is today
- Substantially greater than it is today

- 1
- 2
- 3

What are your current income needs from this portfolio?

- More than 4% annually
- 2% to 4% annually
- 0% to 2% annually

- 1
- 2
- 3

What is the ultimate goal for your accumulated estate?

- To deplete it during your lifetime
- Primarily for your needs w/bequests to heirs secondary
- Primarily for your needs w/endowment of any remainder to charity or organization

- 1
- 2
- 3

This profile will help in building the base of information needed to determine the selection of your asset allocation. Please circle the number to the right that best matches your situation.

Personal Data CONTINUED

DO YOU HAVE A TRUST? Y N DO YOU HAVE A DURABLE POWER OF ATTORNEY? Y N

ACCOUNTANT'S NAME _____ PHONE _____

LAWYER'S NAME _____ PHONE _____

LIFE INSURANCE AGENT _____ PHONE _____

COMPREHENSIVE (AUTO, HOME) AGENT _____ PHONE _____

BANKING NAME _____ CHECKING _____

WHAT GRADE ARE YOUR CHILDREN IN?

WILL YOU PAY FOR YOUR CHILDREN'S or GRANDCHILDREN'S EDUCATION? Y N UNDECIDED

PUBLIC COLLEGE? Y N PRIVATE COLLEGE? Y N

ESTIMATE (In today's dollars) FOR COLLEGE AND/OR POST GRADUATE SCHOOL PER CHILD, PER YEAR \$ _____

ANY POTENTIAL GIFTS or SAVINGS PLANNED? Y N \$ _____ ASSETS SET ASIDE FOR YOUR CHILDREN? Y N \$ _____

Family Income

	ANNUAL SALARY	BONUS	SELF EMPLOYED	SOCIAL SECURITY	INVESTMENT INCOME	OTHER
CLIENT						
SPOUSE						

ANY ANTICIPATED INHERITANCE? Y N AMOUNT \$ _____

Investment Planning

INDICATE THE ITEMS YOU CONSIDER MOST IMPORTANT IN YOUR PERSONAL FINANCIAL MANAGEMENT PROGRAM USE 1 AS MOST IMPORTANT and 5 AS LEAST IMPORTANT (PLEASE CIRCLE)

Increase current income	1	2	3	4	5	Conservation of capital for Heirs	1	2	3	4	5
Children's education	1	2	3	4	5	Provide care to elderly parents	1	2	3	4	5
Grandchildren's education	1	2	3	4	5	Leave legacy to a charity	1	2	3	4	5
Long-term growth of capital	1	2	3	4	5	Retirement/financial independence	1	2	3	4	5
						Risk management (Life, Disability Ins.)	1	2	3	4	5

EXPECTED ANNUAL PERCENTAGE GROWTH OF YOUR INVESTED ASSETS BEFORE TAXES _____

DO YOU SPEND TIME MANAGING YOUR ASSETS? Y SOME N

HOW EXPERIENCED ARE YOU AT MANAGING YOUR INVESTMENTS? NO EXPERIENCE MODERATE EXPERIENCED

DO YOU FOLLOW A PLAN FOR SAVINGS AND INVESTMENTS? Y N IF YES, DESCRIBE AND INDICATE HOW LONG YOU HAVE BEEN DOING SO

Investment Planning CONTINUED

LONG TERM FINANCIAL GOALS _____

SHORT TERM FINANCIAL GOALS _____

ADDITIONAL INFO THAT WOULD AFFECT YOUR FINANCIAL PLANNING _____

PLANS/DESIRES ONCE YOU NO LONGER NEED TO WORK _____

Retirement Planning

	CLIENT	SPOUSE
DESIRED RETIREMENT AGE		
EXPECTED MONTHLY PENSION AT RETIREMENT		
EXPECTED SOCIAL SECURITY		
OTHER EXPECTED RETIREMENT INCOME		
TOTAL MONTHLY INCOME DESIRED AT RETIREMENT (in today's dollars, after tax)		

Financial Status

	ORIGINAL COST	MARKET VALUE	BUY DATE	MORTGAGE DEBT	MONTHLY PYMT	TERM YEARS	INTEREST RATE	OWNER (C-S-J)
RESIDENCE								
2nd HOME								
other REAL ESTATE								
BUSINESS INTEREST								
JEWELRY, SILVER, etc								
PERSONAL PROPERTY								
OTHER								
LIABILITIES: LOANS LONG TERM								
LOANS SHORT TERM								
EQUITY LOAN								
ALIMONY PAYMENTS								
OTHER								
FAMILY'S TOTAL MONTHLY LIVING EXPENSES								\$

Insurance Data

CURRENT LIFE INSURANCE

TYPE	POLICY OWNER	INSURED	INSURANCE AMOUNT	ANNUAL PREMIUM	CASH VALUE	LOANS	INSURING COMPANY

IN THE EVENT OF PREMATURE DEATH OF A SPOUSE, WHAT IS THE MONTHLY INCOME NEED FOR THE SURVIVING SPOUSE AND CHILDREN

WIFE \$ _____ HUSBAND \$ _____

WILL THE SURVIVING SPOUSE WORK? Y N Y N POTENTIAL INCOME-WIFE \$ _____ HUSBAND \$ _____

ADDITIONAL SURVIVOR INCOME? Y N Y N MONTHLY INCOME \$ _____

DO YOU HAVE PERSONAL LIABILITY COVERAGE? Y N Y N AMOUNT \$ _____

DO YOU HAVE LONG TERM CARE INSURANCE? Y N Y N AMOUNT \$ _____

ANY CURRENT TOBACCO USE? CLIENT Y N SPOUSE Y N

CURRENT DISABILITY INSURANCE

	MONTHLY BENEFIT	ANNUAL PREMIUM	MONTHLY AMOUNT	WAITING PERIOD	PAYOUT PERIOD	INSURANCE COMPANY
CLIENT						
CLIENT EMPLOYER						
SPOUSE						
SPOUSE EMPLOYER						

DESIRED MONTHLY INCOME IF DISABLED? \$ _____ SPOUSE \$ _____

HOW LONG WOULD YOUR PRESENT SALARY CONTINUE IF DISABLED? _____ SPOUSE _____

SOCIAL SECURITY DISABILITY INCOME EXPECTED PER MONTH? \$ _____ SPOUSE \$ _____ OTHER INCOME \$ _____

Banking Data

	CLIENT	SPOUSE	JOINT	MATURITY	INTEREST RATE
PERSONAL CHECKING					
REGULAR SAVINGS					
BUSINESS CHECKING					
BUSINESS SAVINGS					
MONEY MARKET FUND					
CREDIT UNION					
CERT. OF DEPOSIT					
BONDS-TOTALS					
SAVINGS E or H					
CORPORATE					
MUNICIPALS					