VALUES AND GOALS ASSESSMENT

PERSONAL PROFILE

PERSONAL PROFILE FOR:

Date _____

Representative _____

Representative Number _____

How We Work Together

Collect Information and Discuss Your Goals

Our needs-based approach means learning more about your financial needs and goals. We gather information through face-to-face meetings, phone conversations and written communications.

Analyze and Make Recommendations

We study the information carefully, evaluate different options and prepare recommendations based on the information gathered.

Put Plan into Action

Then, working closely together, you'll have access to the information and products and services that will help you achieve your goals. Any decisions you make and any actions you take are entirely up to you.

Conduct Periodic Reviews

People, personal circumstances and the economy change. Through periodic reviews, we can make sure your plan keeps you on course to meet your financial needs and goals.

How did you hear about this financial program?

☐ CU Staff ☐ Friend ☐ Newsletter ☐ Letter ☐ Lobby Display
☐ Statement Stuffer ☐ Internet ☐ Sign ☐ Flyer ☐ Workshop/Seminar
☐ Other

If referred, who referred you? _____

VALUES AND GOALS ASSESSMENT

Personal Financial Management Goals

What do you expect to accomplish today? _____

What are your long-term financial goals? _____

What are your interests, passions and hobbies? _____

Please mark the items with a ✓ that are most important to you at this time.* (Please select at least one item from the list below.)

☐ Developing a Complete Financial Plan ☐ Retirement Planning ☐ Long-Term Care ☐ Life Insurance
☐ Investment Management ☐ Debt Reduction ☐ Estate Planning ☐ Education Funding ☐ Tax Saving
☐ Generating Income ☐ Short-Term Saving ☐ Other _____

**Please note: Highlighted items are required for account opening.*

Household Information

Relationship	Name	Date of Birth*	Age	Gender	Social Security Number*
Member				☐ M ☐ F	___-___-___
Spouse/Partner				☐ M ☐ F	___-___-___
Dependents				☐ M ☐ F	___-___-___
				☐ M ☐ F	___-___-___
				☐ M ☐ F	___-___-___
				☐ M ☐ F	___-___-___
				☐ M ☐ F	___-___-___

Grandchildren? ☐ Yes ☐ No How many? _____ Any plans to assist them financially? _____

Any special needs for dependents/elderly parents? ☐ Yes ☐ No Explain: _____

Do you have a college savings plan? ☐ Yes ☐ No How much saved? _____ Type of college: _____

Do you have a will? ☐ Yes ☐ No Do you have a trust? ☐ Yes ☐ No Date last updated: _____

Are you aware of any major changes in your financial or family situation that may occur in the next 12 months? ☐ Yes ☐ No

Explain: _____

Will you or your family members have any major medical expenses in the next year?* ☐ No ☐ Yes $_____

If yes, please describe: _____

Address/Phone Information

Address _____

City _____ State _____ Zip _____

Home Phone (_____)_____ ☐

Mobile Phone (_____)_____ ☐

Mailing Address (if different) _____

City _____ State _____ Zip _____

Work Phone (_____)_____ ☐

E-mail _____

Please indicate best phone number to contact you with a ✓.

Occupation/Income Information

Member		Spouse/Partner	
Employer*		Employer*	
Occupation		Occupation	
Annual Income*	$	Annual Income*	$
Additional Pay	$	Additional Pay	$
Pension Income	$	Pension Income	$
Social Security Income	$	Social Security Income	$
Other Sources of Income	$	Other Sources of Income	$
Total Income All Sources	$	Total Income All Sources	$

How long at your job(s)? _____ mos. /_____ yrs. What are your career plans? _____

Do you foresee any change in your income in the next two years? ☐ Yes ☐ No Explain: _____

What % do you save in a company retirement plan? _____ Member _____ Spouse/Partner

What is the company match? _____ Member _____ Spouse/Partner

Do you also have a traditional pension plan? ☐ Yes ☐ No How does it work? _____

At what age do you plan to retire? _____ mos. /_____ yrs. What % of your pre-retirement income do you want? _____ /_____

**Please note: Highlighted items are required for account opening.*

FINANCIAL ASSETS

Cash Assets (Checking, Savings, Money Markets, CDs < 1 year, etc.)

Investment Name	Financial Institution	Current Value	Maturity Date	Tax Qualification**	Rate of Return	Ongoing Contribution
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
	Total Cash Assets	$				

How much in emergency funds do you feel comfortable having? _____

Income Assets (CDs > 1 year, Fixed Annuities, Bonds, Bond Funds, etc.)

Investment Name	Financial Institution	Current Value	Maturity Date	Tax Qualification**	Rate of Return	Ongoing Contribution
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
	Total Income Assets	$				

Do you currently use these investments for income or reinvest the earnings? _____

Growth Assets (Stocks, Growth Mutual Funds, Variable Annuities)

Investment Name	Financial Institution		Maturity Date	Tax Qualification**	Rate of Return	Ongoing Contribution
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
		$				/mo.
	Total Growth Assets	$				

TOTAL FINANCIAL ASSETS $

Can you provide recent detailed statements on all of these investments? ☐ Yes ☐ No

Do you have an asset allocation strategy? ☐ Yes ☐ No Please describe: _____

_____

***Non-qualified (leave blank), IRA, Roth IRA, 401(k), 403(B), Section 529, Pension Plan, SEP, Simple IRA, other*

Physical Assets

Physical Asset	Current Value	As of Date	Who Owns the Asset?
House	$		
Other Real Estate	$		
Auto	$		
Personal Property	$		
Collectibles	$		
	$		
	$		
	$		
Total Physical Assets	$		

TOTAL ASSETS*
(Financial + Physical) $

Liabilities

Liabilities Insured	Current Balance	Financial Institution	Interest Rate	Monthly Payment	Term Remaining	Loan Insured
Mortgage (P&I)	$					☐ Yes ☐ No
2nd Mortgage / Home Equity	$					☐ Yes ☐ No
Auto Loan	$					☐ Yes ☐ No
Loan	$					☐ Yes ☐ No
Credit Card	$					☐ Yes ☐ No
Credit Card	$					☐ Yes ☐ No
	$					☐ Yes ☐ No
	$					☐ Yes ☐ No
TOTAL LIABILITIES*	$					

TOTAL ASSETS* *(Financial + Physical)* $ – **TOTAL LIABILITIES*** $ = **NET WORTH*** $

TOTAL FINANCIAL ASSETS $ – **TOTAL LIABILITIES** $ = **LIQUID NET WORTH** $

Notes

**Please note: Highlighted items are required for account opening.*

INSURANCE

Life Insurance *(M = Member/client, S = Spouse/partner, D = Dependent, T = Trust, O = Other)*

Do you have life insurance?* ☐ No ☐ Yes What is the total death benefit of your life insurance? $_____ M
$_____ S/P

Insured	Owner	Company	Face Amount	Cash Value	As of Date	Annual Premium	Employer Paid?	Type of Insurance*
M S D	M S D T O	_____	$_____	$_____	_____	$_____	☐ Yes ☐ No	☐ T ☐ W ☐ UL ☐ VUL ☐ GL
M S D	M S D T O	_____	$_____	$_____	_____	$_____	☐ Yes ☐ No	☐ T ☐ W ☐ UL ☐ VUL ☐ GL
M S D	M S D T O	_____	$_____	$_____	_____	$_____	☐ Yes ☐ No	☐ T ☐ W ☐ UL ☐ VUL ☐ GL
M S D	M S D T O	_____	$_____	$_____	_____	$_____	☐ Yes ☐ No	☐ T ☐ W ☐ UL ☐ VUL ☐ GL
M S D	M S D T O	_____	$_____	$_____	_____	$_____	☐ Yes ☐ No	☐ T ☐ W ☐ UL ☐ VUL ☐ GL

** T = Term, W = Whole Life, UL = Universal Life, VUL = Variable Universal Life, GL = Group Life*

What do you want your life insurance to do for you and your family? *(check all that apply)*

☐ Replace Income ☐ Pay Off Mortgage ☐ Pay Off Debts/Loans ☐ Fund Education ☐ Leave for Inheritance ☐ Burial

☐ Other _____

Do you feel your life insurance is adequate to provide for your family's needs? ☐ Yes ☐ No

Has anyone reviewed your life insurance coverage in the last 12 months? ☐ Yes ☐ No

Long-Term Care Insurance

Insured	Insurance Company	Max. Daily Benefit	Waiting Period	Max. Benefit Period	Inflation Rider?	Employer Paid?	Annual Premium
Member/Client	_____	$_____	_____	_____	☐ Yes ☐ No	☐ Yes ☐ No	$_____
Spouse/Partner	_____	$_____	_____	_____	☐ Yes ☐ No	☐ Yes ☐ No	$_____
Parents/Others	_____	$_____	_____	_____	☐ Yes ☐ No	☐ Yes ☐ No	$_____

How do you intend to pay for your long-term care needs? ☐ Medicaid (Welfare) ☐ Personal Savings ☐ Insurance

Have you ever been involved in the long-term care of a relative? ☐ Yes ☐ No

Please describe: _____

Has anyone reviewed your long-term care coverage in the last 12 months? ☐ Yes ☐ No

Disability Income Insurance

Insured	Insurance Company	Monthly Benefit	Waiting Period	Max. Benefit Period	Inflation Rider?	Employer Paid?	Annual Premium
Member/Client	_____	$_____	_____	_____	☐ Yes ☐ No	☐ Yes ☐ No	$_____
Spouse/Partner	_____	$_____	_____	_____	☐ Yes ☐ No	☐ Yes ☐ No	$_____
Parents/Others	_____	$_____	_____	_____	☐ Yes ☐ No	☐ Yes ☐ No	$_____

Please explain how your disability income insurance works: _____

Auto/Home Coverage (M = Member/client, S = Spouse/partner, D = Dependent)

Insured	Auto/Home Company	Expiration Date	Term of Insurance	Annual Premium	Type of Insurance*
M S D	_____	_____	☐ 6 mo. ☐ 1 yr.	$_____	☐ A ☐ H ☐ R ☐ U
M S D	_____	_____	☐ 6 mo. ☐ 1 yr.	$_____	☐ A ☐ H ☐ R ☐ U
M S D	_____	_____	☐ 6 mo. ☐ 1 yr.	$_____	☐ A ☐ H ☐ R ☐ U
M S D	_____	_____	☐ 6 mo. ☐ 1 yr.	$_____	☐ A ☐ H ☐ R ☐ U
M S D	_____	_____	☐ 6 mo. ☐ 1 yr.	$_____	☐ A ☐ H ☐ R ☐ U

** A = Auto, H = Home, R = Renters, U = Umbrella*

Has anyone reviewed your auto and homeowner's coverage in the past 12 months? ☐ Yes ☐ No

**Please note: Highlighted items are required for account opening.*

LIFE INSURANCE NEEDS ANALYSIS

	Member / Client	Spouse / Partner
Income: How much income do you want replaced and for how many years? Use your Income Replacement calculator to determine this cost or use the Income Replacement Worksheet below.	$_____	$_____
Mortgage/Debt Fund: Determine the amount of debt you would like your survivors to pay off in the event of your death, including items such as mortgages, loans, credit cards.	$_____	$_____
Emergency Fund: A discretionary fund that is often calculated at six months of income.	$_____	$_____
Education/Dependent Fund: Typically, a family would like to establish an education fund for surviving children. This fund should also contain funding for dependents with special needs. Enter an amount or use the College Cost Worksheet below for help in determining an estimate.	$_____	$_____
Funeral/Administration Fund: Funding for funeral costs, last illness expenses, taxes and other legal fees.	$_____	$_____
Estimated Total Cash Needs*	$	$
Less: Current Life Insurance	$(_____)	$(_____)
Less: Available Liquid Assets	$(_____)	$(_____)
= Estimated Total Life Insurance Needs*	$	$

**Total needs calculated are an estimate and may vary due to individual circumstances.*

Income Replacement Worksheet

1. Total annual income your family would need if you died today. What your family needs, before taxes, to maintain its current standard of living. (Typically 60%-75% of total income) $_____
2. Annual income your family would receive from other sources. (Social Security may be available) $_____
3. Income to be replaced. Subtract line 2 from line 1 $_____
4. Capital needed for income. Multiply line 3 by appropriate factor in Table A $_____

College Cost Worksheet

1. Enter amount for each child to be funded, in today's dollars. 2017-2018 average 4-year costs, including room and board, tuition and fees, books and supplies are: Public $88,080, Private $192,680) $_____
2. Capital needed for college. Multiply line 1 by appropriate factor in Table B $_____
3. Repeat each child $_____
4. Total of capital required $_____

Table A

Years income needed	Factor
10	8.1
15	11.1
20	13.6
25	15.6
30	17.3
35	18.7
40	20.0

Table B

Years before college	Factor
5	.82
10	.68
15	.56
20	.46

Source: The College Board, *Trends in College Pricing 2017.*

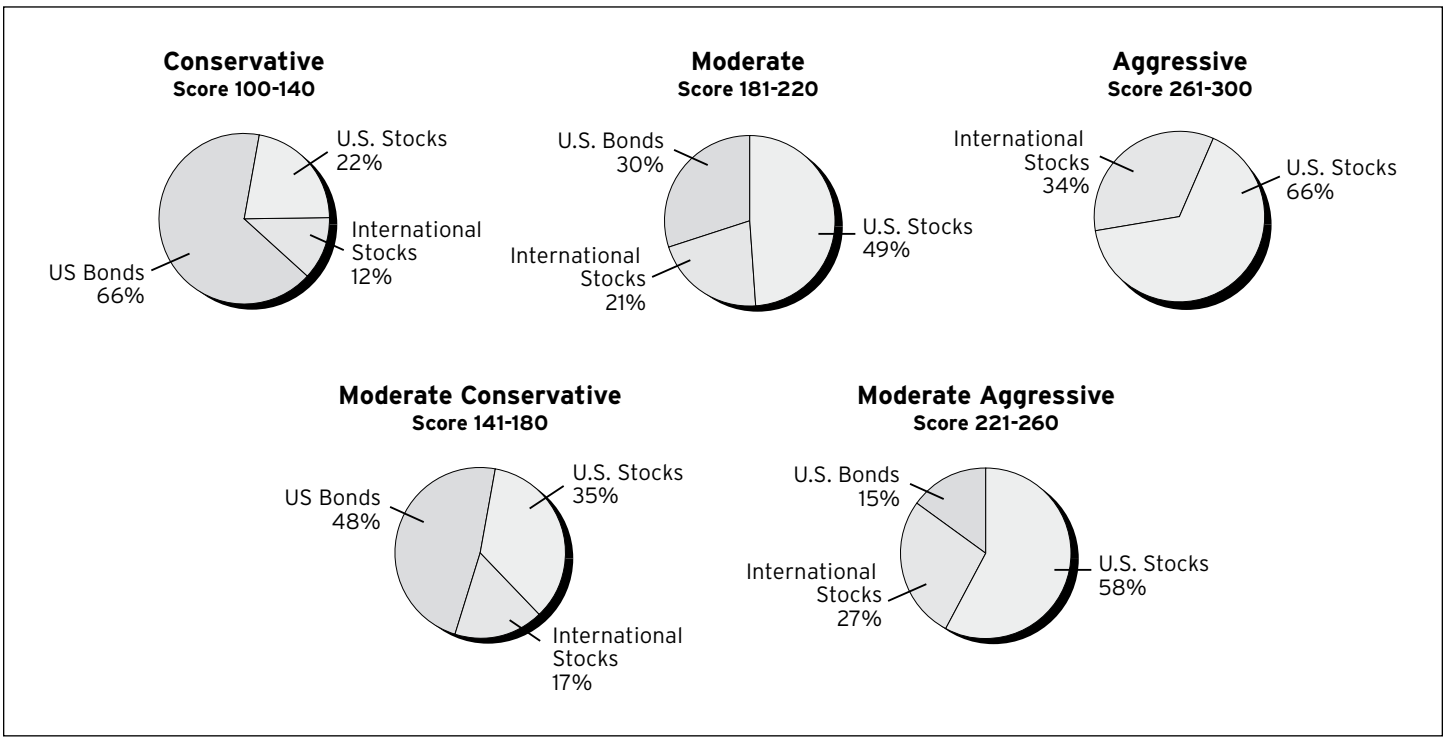
Time Horizon and Attitude Toward Risk

		Score
1.	How soon will you start spending this money?*	
	A. 0-5 years (100) **B. 6-10 years (150)** **C. 11-20 years (200)** **D. 21+ years (250)**	_____
2.	How would you describe your level of investment experience?*	_____
	A. Minimal (1) **B. Moderate (5)** **C. Extensive (10)**	_____
3.	How would you describe your tolerance for short-term fluctuations in the value of your portfolio?*	_____
	A. Low (1) **B. Moderate (5)** **C. High (15)**	_____
4.	Which of the following best describes your investment objective?*	_____
	A. Preserve Current Value (1) **B. Income (5)** **C. Growth and Income (10)**	
	D. Growth (15) **E. Aggressive Growth (20)**	_____
	Total	

Match your score to 1 of 5 model portfolios below.

Model Portfolios

Model portfolios are designed to provide guidance to investors based on a specific time horizon, risk tolerance and investment objective. The model portfolios presented here are *suggested allocations* based on the answers provided above. Investors may, however, choose their own allocations based on personal preference and unique needs.



**Please note: Highlighted items are required for account opening.*

NOTES AND ACTIVITIES

Needs Identified / Product(s) Recommended / Rationale for Recommendations

Need(s) Identified: _____ Accepted? ☐ Yes ☐ No

Recommendations: _____ Date: _____

Rationale (How does recommendation meet need?): _____

_____

Discussion of fees and expenses: _____

Need(s) Identified: _____ Accepted? ☐ Yes ☐ No

Recommendations: _____ Date: _____

Rationale: _____

_____

Discussion of fees and expenses: _____

Need(s) Identified: _____ Accepted? ☐ Yes ☐ No

Recommendations: _____ Date: _____

Rationale: _____

_____

Discussion of fees and expenses: _____

Need(s) Identified: _____ Accepted? ☐ Yes ☐ No

Recommendations: _____ Date: _____

Rationale (How does recommendation meet need?): _____

_____

Discussion of fees and expenses: _____

If not accepted, please explain: _____

Next appointment: Date _____ Time _____ ☐ am ☐ pm

Follow-up items for next meeting:

Member	Representative
☐ _____	☐ _____
☐ _____	☐ _____
☐ _____	☐ _____
☐ _____	☐ _____
☐ _____	☐ _____

Notes

Review Discussion Items

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