

The *Envision*[®] Process

Personal information

Name (Last, First, MI) _____

Street address _____

City, state and zip code _____

Email _____

Date of birth (mm/dd/yyyy) _____

Total annual earned income _____

Spouse/Partner's name (Last, First, MI) _____

Street address _____

City, state and zip code _____

Email _____

Date of birth (mm/dd/yyyy) _____

Total annual earned income _____

Filing status: Single Married Partners/Other

Retirement goals

Description	Ideal	Acceptable
Client retirement age:	_____	_____
Spouse/Partner retirement age:	_____	_____
Retirement spending goal (after tax)	\$ _____	\$ _____
Estate goal	\$ _____	\$ _____
Annual savings	\$ _____	\$ _____

Social Security

Description	Client	Spouse/Partner
Estimate my benefit for me:	<input type="checkbox"/>	<input type="checkbox"/>
Currently collecting:	\$ _____	\$ _____
Expect to collect:	\$ _____	\$ _____
Do not include Social Security:	<input type="checkbox"/>	<input type="checkbox"/>

Please choose only one Social Security option per person

Other goals

Please indicate specific spending goals, in addition to your retirement spending goal, that you would like to include in this Envision investment plan. (i.e., weddings, education, travel)

Description	Annual amount	Net or Gross	Whose age?	Start age?	End age?	Annual increase (0%–14%)
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %

Other income

Please list all other sources of income.

Description	Annual amount	Net or Gross	Whose age?	Start age?	End age?	Annual increase (0%–14%)
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %

Account summary and future savings

Please list the total value and account details of each financial account in which you hold an interest.

Account name (Name of account holder)	Account number	Cost basis (Original purchase price)	Current value	Annual contribution	Tax status		
					Taxable	Tax-deferred	Tax-exempt
_____	_____	\$ _____	\$ _____	\$ _____	<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"/>
_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insurance policies

Please list all insurance policies. (i.e., life, long-term care)

Company	Type	Insured	Owner	Beneficiary	Death benefit	Net cash value	Annual premium
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

Other assets

Please list all additional assets. (i.e., home, business assets, rental property, automobiles)

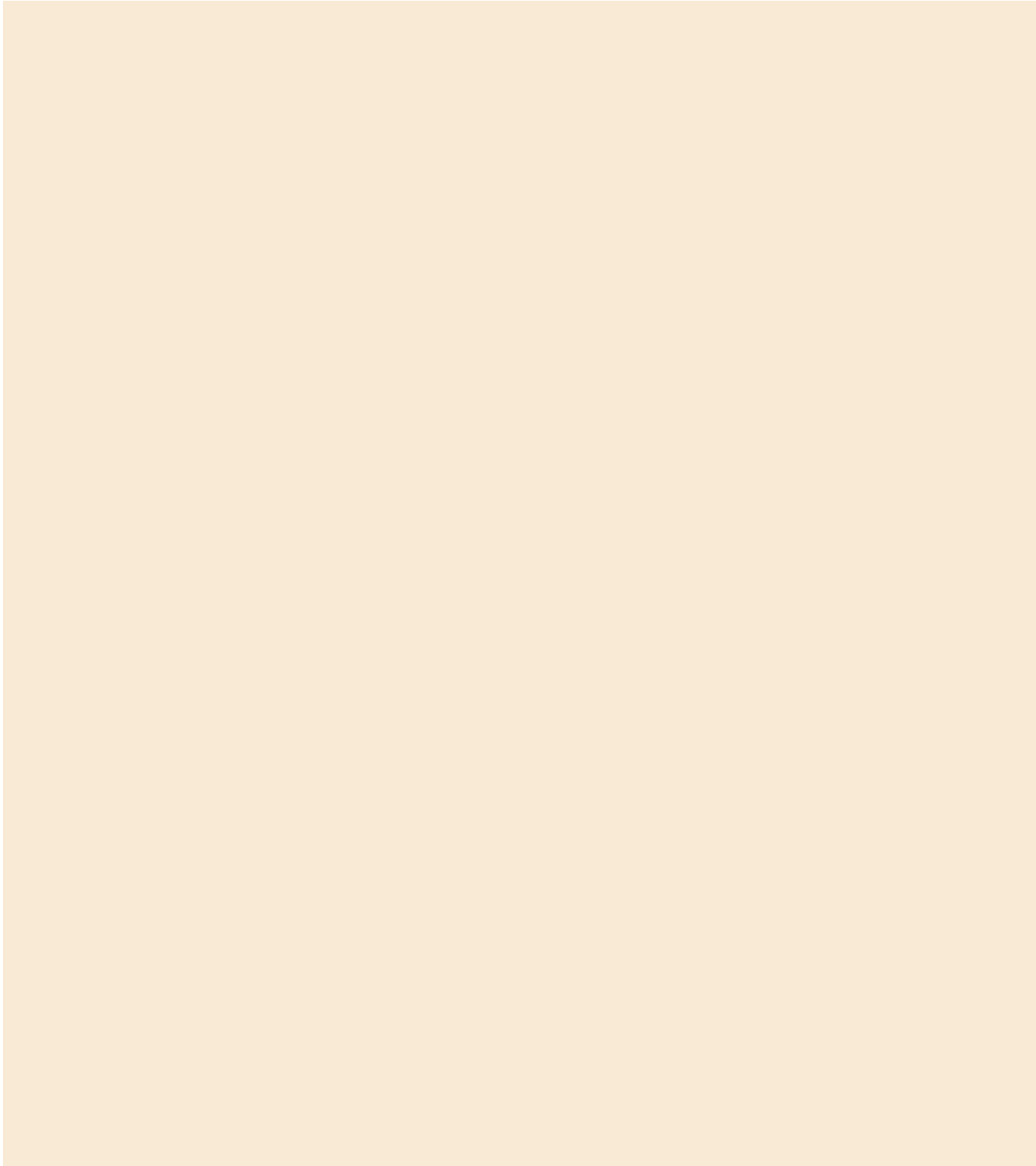
Description	Current value	Owner	Annual increase (0%–14%)
_____	\$ _____	_____	_____ %
_____	\$ _____	_____	_____ %
_____	\$ _____	_____	_____ %
_____	\$ _____	_____	_____ %

Other liabilities

Please indicate debts, mortgages, loans, etc.

Description	Liability type (Mortgage, loan, other)	Current amount	Owner	Monthly payment	Interest rate
_____	_____	\$ _____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____	\$ _____	_____ %

Notes



Investment and Insurance Products:

▶ **NOT FDIC Insured** ▶ **NO Bank Guarantee** ▶ **MAY Lose Value**

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