

# The Envision<sup>®</sup> 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 \_\_\_\_\_

Filing status:  Single  Married  Partners/Other

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 \_\_\_\_\_

## 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%) |
|-------------|---------------|--------------|------------|------------|----------|--------------------------|
| _____       | \$ _____      | _____        | _____      | _____      | _____    | _____ %                  |
| _____       | \$ _____      | _____        | _____      | _____      | _____    | _____ %                  |
| _____       | \$ _____      | _____        | _____      | _____      | _____    | _____ %                  |
| _____       | \$ _____      | _____        | _____      | _____      | _____    | _____ %                  |
| _____       | \$ _____      | _____        | _____      | _____      | _____    | _____ %                  |

Investment and Insurance Products: ► NOT FDIC Insured ► NO Bank Guarantee ► MAY Lose Value

## 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<br>(Name of account holder) | Account number | Cost basis                |               |          | Annual contribution      | Tax status               |                          |            |
|--|----------------|---------------------------|---------------|----------|--------------------------|--------------------------|--------------------------|------------|
|  |                | (Original purchase price) | Current value |          |                          | 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<br>(0%-14%) |
|-------------|---------------|-------|-----------------------------|
| _____       | \$ _____      | _____ | _____ %                     |
| _____       | \$ _____      | _____ | _____ %                     |
| _____       | \$ _____      | _____ | _____ %                     |
| _____       | \$ _____      | _____ | _____ %                     |

## Other liabilities

Please indicate debts, mortgages, loans, etc.

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

## Notes

