



Confidential WealthCare Questionnaire

The WealthCare Process™

A Financial Roadmap
for your Lifetime
and Beyond

1

The Right Fit Discussion™

*Can we help you?
Do you want us to?*



2

The Discovery Dialogue™

*Understanding
People
Before
Numbers*



3

The Critical Factors Analysis™

*Identifying
Risks
&
Opportunities*



4

The Family Wealth Blueprint™

*A Dynamic
&
Coordinated
Financial
Portal*



5

The Implementation Process™

*Prioritizing
&
Implementing

Observations
&
Recommendations*



6

The Future Focus System™

*A disciplined
Process of
plan reviews
and updates*

Focused on:

• *Minimizing
Risks*

&

• *Maximizing
Opportunities*



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www.familywealthadvisory.com

Personal Data

Client A

Name _____
 Date of Birth _____
 SS # _____
 Address _____
 City _____
 State _____ Zip _____
 Home Phone _____
 Cell Phone _____
 Fax _____
 Veteran Status: Yes / No If Yes: Who? _____
 Did you serve at least 90 days? Yes / No

Client B

Name _____
 Date of Birth _____
 SS # _____
 Address _____
 City _____
 State _____ Zip _____
 Home Phone _____
 Cell Phone _____
 Fax _____
 If Yes: At least one day during a war? Yes / No

Family Members (please list children and other dependents)

Name	Relationship	Date of Birth	Dependent?	Resides
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____

Occupation

Client A

Job Title _____
 Employer _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Ext. _____
 Fax _____ Email _____
 Number of Years with this Employer _____
 When do you plan to retire? _____

Client B

Job Title _____
 Employer _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Ext. _____
 Fax _____ Email _____
 Number of Years with this Employer _____
 When do you plan to retire? _____

Income

Client A

	Monthly	Annual
Salary	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____
Bonus/Commissions	\$ _____	\$ _____
Interest & Dividends	\$ _____	\$ _____
Pensions & Annuities	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Rental Property (Net)	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

Client B

Salary	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____
Bonus/Commissions	\$ _____	\$ _____
Interest & Dividends	\$ _____	\$ _____
Pensions & Annuities	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Rental Property (Net)	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

Tax & Estate Planning

Who prepares your tax return? _____

Phone _____

Name _____

Fax _____

City _____ State _____ Zip _____

Email _____

Do you have estate planning documents?

	Year Drafted	State Drafted
<input type="checkbox"/> Wills	_____	_____
<input type="checkbox"/> Living Trusts	_____	_____
<input type="checkbox"/> Powers of Attorney	_____	_____
<input type="checkbox"/> Living Wills	_____	_____
<input type="checkbox"/> Other Documents	_____	_____

Financial Options/Preferences

Of the following statements, summarize your attitudes or beliefs using a scale of 1-5.

Client A	Client B	1=Most True, 5=Least True
_____	_____	I would rather work longer than reduce my standard of living in retirement.
_____	_____	I feel that I/we can reduce our current living expenses to save more for the future if needed.
_____	_____	I am more concerned about protecting my assets than about growth.
_____	_____	I prefer the ease of mutual funds over individual securities.
_____	_____	I am comfortable with investments that promise slow, long term appreciation and growth.
_____	_____	I feel comfortable with aggressive growth investments.
_____	_____	My immediate concern is for income rather than growth opportunities.
_____	_____	I need to focus my investment efforts on building cash reserves.
_____	_____	I don't brood over bad investment decisions I've made.
_____	_____	I am optimistic about my financial future.
_____	_____	I make investment decisions comfortably and quickly.
_____	_____	I prefer predictable, steady return on my investments, even if the return is low.

How were your current investment assets selected? _____

Advisors

	Name	Firm	Phone
Accountant	_____	_____	_____
Attorney	_____	_____	_____
Insurance Agent (life/health)	_____	_____	_____
Insurance Agent (home/auto)	_____	_____	_____
Stockbroker	_____	_____	_____

Family Protection

Income Needs

	Client	Spouse
What percent of your income would you like to protect for the family?	_____ %	_____ %
Income to be protected	\$ _____	\$ _____
How many years to protect this income?	_____ yrs	_____ yrs
Net rate of return	_____ %	_____ %
Capital sum needed to fund family income needs	\$ _____	\$ _____

Cash Needs

Outstanding loans (mortgages/others)	\$ _____	\$ _____
Immediate cash needs at death (funerals, etc.)	\$ _____	\$ _____
Charitable bequests	\$ _____	\$ _____
Total	\$ _____	\$ _____

Life Insurance

Insurance Policy	Insured (HIW)	Owner	Beneficiary	Current Net Death Benefit	Annual Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Attach Policies

Disability

Insurance Policy	Insured (HIW)	Type	Monthly Benefit	Annual Premium	Elimination Period	Benefit Period	COLA
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Attach Policies

Long Term Care

Insurance Policy	Insured (HIW)	Owner	Daily Benefit	Annual Premium	Elimination Period (days)	Benefit Period (Years)	COLA
Attach Policies							

Discovery Questions: Please answer in detail

What do you want this life insurance to do for you?

How did you arrive at the amount of life insurance you have?

From whom did you buy your last policy?

Are you obligated to do business with anyone else?

Have your special hobbies or health conditions affected your insurance planning?

Are you and family members covered by health insurance?

Will you be caring for elderly parents?

In the future, will you receive any income (monthly or lump sum) from any plan, family trust or inheritance?

General Insurance

Policy Type	Policy Name	Policy Benefit	Annual Premium
Liability			
Homeowner's	Attach Policies		
Medical			
Auto Values \$			

Assets

(If you have this information available in another format, please omit this and attach necessary information.)

Bank Accounts Checking (C), Savings (S), Money Market (MM)

Bank Name	C	S	M	Ownership	Average Balance
_____	<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"/>	_____	\$ _____

Attach Statements

CD's Institution	Interest Rate	Maturity Date	Ownership	Average Balance
_____	_____	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	\$ _____
_____	_____	____/____/____	_____	\$ _____

Investments

Type of Investment (Pers/IRA, 401k, etc.)	Owner	Institution	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach Statements

Please provide copies of your most recent statements.

Do you have a pension?

Client A No Yes - estimated monthly benefit is \$ _____ at age _____. COLA? Yes No
 Client B No Yes - estimated monthly benefit is \$ _____ at age _____. COLA? Yes No

Personal Property

	Estimated Value
Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle	_____
Vehicle	_____
Rental Property	_____
Other	_____

Personal Liabilities

Credit Cards	Interest Rates	Avg. Monthly Payment	Current Balance
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

Attach Statements

Debts (Residence, Auto, Business, School, etc.)	Terms	Interest Rate	Payment	Approximate Balance
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____

Attach Statements

Savings

To estimate the likelihood of meeting your goals, we need to know how much you are saving each year. If you do not have detailed information for items like matching employer contributions, matches on deferred compensation, etc., please provide your best estimate for amount. Please provide the total amount and circle either "annually" or "monthly".

Client A

401k, SEP, 403b, IRA, Deferred Compensation, etc. Amount: \$ _____ (annually / monthly)

Roth IRA Amount: \$ _____ (annually / monthly)

Taxable/Other Savings Amount: \$ _____ (annually / monthly)

Attach Statements

Client B

401k, SEP, 403b, IRA, Deferred Compensation, etc. Amount: \$ _____ (annually / monthly)

Roth IRA Amount: \$ _____ (annually / monthly)

Taxable/Other Savings Amount: \$ _____ (annually / monthly)

Goals

The money should be a servant to a plan” which is why WealthCare is different from traditional wealth management services that only focus on the investing of the assets. It considers what the purpose of your assets are and identifies what matching goals can be attained and at what required rate of return.

1. Ideally, I would like to retire at age _____, but if needed to meet other more important financial goals, I would be willing to work to age _____. (Input "now" if already retired.)

2. My spouse will retire at the same time as I will: YES or NO.

(If no, my spouse would ideally like to retire at age _____, but if needed to meet other more important financial goals, he/she would be willing to work to age _____. [Input "now" if already retired.])

3. If possible, I would like to leave an estate worth at least \$ _____, but would be willing to leave as little as \$ _____ if necessary to meet other important financial goals.

4. How would you like us to estimate your retirement income needs? (check one)

- I would like you to estimate my retirement income needs based on my current income and your estimates of what would be needed to maintain my lifestyle)do no select this option if already retired, input your annual spending below)

- I would ideally retire on an annual retirement spending budget of \$_____, BUT in no case less than \$_____.

5. Which best describes your attitude about Social Security? (check one)

- I would prefer not to be dependent on Social Security in retirement.
- I would like to include estimated Social Security benefits into our WealthCare Plan.

6. OPTIONAL: I have other specific goals that I will need money for and would like to include these expenditures in our WealthCare Plan, such as, extraordinary travel, buy exotic car, vacation home, etc. (Do NOT include basic retirement income goals, estate, or children's college educational goals here.)

Description	Annual Amount	Starting Age	Ending Age	Client	Growth Rate
_____	_____	_____	_____	A or B	_____
_____	_____	_____	_____	A or B	_____
_____	_____	_____	_____	A or B	_____
_____	_____	_____	_____	A or B	_____

Priorities

Your WealthCare Plan will be designed to help you have a high confidence level that your most important financial goals will be achieved. To design the optimal set of the hundreds of potential choices, we need to prioritize your goals to identify those alternatives that make the most sense for what you want to accomplish.

1. *Investment Risk (volatility or risk of losing money) is something we all wish to avoid if possible. With WealthCare, we can often take less than our maximum tolerance for risk by making relatively minor modifications to our other goals. I would be willing to do the following to design a plan that takes less risk than my maximum risk tolerance indicates (check all that apply):*

- Save \$_____ more a year than I'm currently saving
- Retire later than my ideal retirement
- Leave a smaller estate than my ideal estate
- Lower my retirement income to more modest levels.
- I'm comfortable with taking investment risk (based on my maximum tolerance) and I'd prefer to accept that level of investment risk rather than modify any of these other goals.

2. *Saving money is usually necessary to achieve your financial goals. However, it may also mean you are making sacrifices in your current lifestyle to achieve your future goals. If possible, I would like to reduce my current annual savings by \$ a year so I can improve my current lifestyle. To meet this goal I would be willing to modify the following goals (check all that apply):*

- Take more risk than my maximum risk tolerance indicates.
- Retire later than my ideal retirement age.
- Leave a smaller estate than my ideal estate.
- Lower my retirement income to more modest levels.
- I'm comfortable with saving more than my ideal annual savings amount rather than modify any of these other goals.

3. *When you plan to retire, it can have a significant impact on the probability of achieving your financial goals because is it the age when you stop saving and begin to withdraw from investments. To retire at my age, I would be willing to modify the following goals (check all that apply):*

- Take more risk than my maximum risk tolerance indicates.
- Save \$_____ more a year than I'm currently saving
- Leave a smaller estate than my ideal estate
- Lower my retirement income to more modest levels.
- Retiring at my ideal age isn't as important as these other goals, so I am comfortable delaying my retirement to a later age to avoid modifying these other goals.

4. *Many people have charitable desires or wish to pass wealth on to their family to provide financial security. Doing so can mean compromising other goals.* To achieve my ideal estate or charitable goals, I would be willing to modify the following goals (check all that apply):

- Take more risk than my maximum risk tolerance indicates.
- Retire later than my ideal retirement age.
- Save \$ _____ more a year than I'm currently saving
- Lower my retirement income to more modest levels.
- While I'd like to achieve my goals, doing so isn't as important as these other objectives, so I'd be willing to reduce my estate goal to avoid modifying these other goals.

5. *Your lifestyle in retirement is dependent both on the resources you have available and your personal preferences. Most people would like to have a comfortable retirement income and lifestyle.* To help maximize my retirement income, I would be willing to modify the following goals (check all that apply):

- Take more risk than my maximum risk tolerance indicates.
- Retire later than my ideal retirement age.
- Save \$ _____ more a year than I'm currently saving
- Leave a smaller estate than my ideal estate
- I'd like to have a very comfortable retirement, but I would be willing to live a more modest lifestyle in retirement rather than changing these goals.

The undersigned acknowledges that the information contained in the WealthCare Questionnaire is true and accurate, to the best of his/her knowledge.

Client A _____

Date _____

Client B _____

Date _____

Martin V. Higgins is a Registered Representative and offers securities through Mutual of Omaha Investor Services, Inc., a Registered Broker/Dealer Member FINRA/SIPC. He is also an Investment Advisor Representative and offers advisory services through Mutual of Omaha Investor Services, Inc. a SEC Registered Investment Advisory Firm. Family Wealth Management and Mutual of Omaha Investor Services, Inc. are not affiliated.

Document Checklist

Please provide the following documents:

Income & Taxes (most recent documents)

- Federal and State Tax Returns (including schedules)
- Pay Stub(s)
- Gift Tax Return

Savings and Investments (most recent statements)

- Bank (including certificates of deposit)
- Brokerage, Investment and Mutual Fund
- Retirement [e.g., 401(k), 403(b), IRA]
- Annuity
- Pension Plan
- Stock Options, ESPP, and Restricted Stock Grant Documents
- Education Funding Accounts (e.g., 529 Plan, UTMA)
- Cost Basis for Investment Purchases

Liabilities

- Mortgage
- Home Equity Loan or Line of Credit (HELOC)
- Other Loan(s)

Legal Documents

- Estate Documents (e.g., Wills, Trusts, etc.)
- Separation/Divorce Decree
- Pre- and Post-nuptial Agreements
- Partnership Agreements
- Articles of Incorporation

Insurance Policies and Statements

- Life
- Health
- Disability
- Long-term Care
- Personal Excess Umbrella Liability

Miscellaneous

- Cash Flow Worksheet
- Social Security Benefit Statements
- Employee Benefits Plan Information
- Two Forms of Identification per Client

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