



SCHULTZ FINANCIAL GROUP

A Legacy of Trust and Innovation

Date of Meeting:

The following worksheets will help us prepare your Integrative Personal Plan. There are three sections to complete. Section I includes requests for basic personal information about you and your family, questions regarding your preferences about delivery of our services, requests for contact information for other professionals with whom you would like us to work and a list of documents needed in order to prepare your financial plan. Section II includes requests for financial information. Finally, Section III is designed to help you begin to identify your financial and personal goals. Although it is the last section of this document, in many ways it is the most important. These goals are the heart of your Integrative Personal Plan so please take time to review and complete these worksheets. These worksheets will be an important part of our discussion in our next meeting.

Please do not hesitate to contact Cynthia Osborn, your Client Service Administrator, at 775-850-5620 with any questions that you may have.



Section I. Personal Information

A. Client(s)

	Client	Co-Client
Legal Name	_____	_____
Name You Go By	_____	_____
Social Security Number	_____	_____
Date of Birth/ State	_____	_____
Home Address	_____	_____
	_____	_____
How Long (Month/Year)	_____	_____
Home Phone	_____	_____
Home Fax	_____	_____
Email	_____	_____
Cellular Phone	_____	_____
Marital Status	_____	_____
Date/ Place of Marriage	_____	_____
Education	_____	_____
Occupation	_____	_____
Employer	_____	_____
Date of Hire	_____	_____
Business Address	_____	_____
	_____	_____
Business Phone	_____	_____
Business Email	_____	_____
Business Fax	_____	_____

B. Dependents

Children	SSN	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Grandchildren	SSN	Date of Birth
_____	_____	_____
_____	_____	_____

C. Preferences

The purpose of the following survey is to enhance our understanding of how we may customize our services to meet your needs.

1. How would you like to be reminded of your meeting?

Phone: _____ Email: _____ Other (Please Specify): _____

2. Other than SFG, who would you like to attend your meeting and how often (ex: other advisors, other family members, etc.)?

Attendee #1: _____ How Often: _____ Send a separate reminder: _____
Attendee #2: _____ How Often: _____ Send a separate reminder: _____

3. Which day of the week would you prefer to meet?

MON: ____ TUES: ____ WED: ____ THU: ____ FRI: ____ No Preference: ____

4. What time of the day would you prefer to meet?

Morning: _____ Afternoon: _____ No Preference: _____

5. What is your preferred method of communication between meetings?

Phone: _____ Email: _____ Other (Please Specify): _____

6. How would you like to receive your meeting notes?

Email: ____ Mail: ____ Fax: ____ Not at all: ____ Other (Please Specify): _____

7. What is/are your preferred email address(es)?

Name: _____ Email Address: _____
Name: _____ Email Address: _____



D. Collaborative Partners' Information

CPA: _____
Company Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____
Authorized to release information: ___ Yes ___ No

Bookkeeper: _____
Company Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____
Authorized to release information: ___ Yes ___ No

Attorney: _____
Company Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____
Authorized to release information: ___ Yes ___ No

Attorney: _____
Company Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____
Authorized to release information: ___ Yes ___ No

Property Insurance: _____
Company Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____
Authorized to release information: ___ Yes ___ No

Life Insurance: _____
Company Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____
Authorized to release information: ___ Yes ___ No

Other: _____
Company Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____
Authorized to release information: ___ Yes ___ No

Other: _____
Company Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____
Authorized to release information: ___ Yes ___ No

** At our next meeting, we will discuss in detail who you would like us to involve in the planning process. Releases of information will be signed at that time.

E. Documents Needed for Analysis

Please provide copies of all documents, as we prefer not to hold originals on site. If you do provide us with originals, please alert us to the original document so that we can make a copy for our files and return it to you as soon as possible.

Assets

- Personal Brokerage Statements
- Retirement Brokerage Statements
- Bank Statements
- Personal Financial Statements
- Certificates of Deposit Statements
- Real Estate Property Valuations
- Notes Receivable
- Annuity Statements
- Cost Basis Information

Insurance

- Life Insurance Policies
- Disability Insurance Policies
- Health Insurance Policies
- Homeowners Insurance Policies
- Auto Insurance Policies
- Personal Umbrella Liability Insurance Policies
- Long Term Care Insurance Policies
- Business Insurance Policies (e.g., overhead, malpractices, key man, etc.)

Liabilities

- Mortgage Note(s)
- Auto Loan(s)
- Other Notes Payable

Retirement

- Retirement Plan Agreements
- Deferred Compensation Plan Agreements
- IRA/Retirement Plan Beneficiary Designations
- Social Security Earning and Benefit Statements

Cash Flow

- Most Recent Pay Stubs
- Trust Income
- Royalty Income
- Gifting Income
- Other Income
- Quicken Files (If Available)
- Other Expenses and Commitments

Other Documents

- Buy-Sell Agreements
- Stock Option Agreements
- Employment Agreements
- Employee Benefits Handbook
- Prenuptial/Postnuptial Agreements
- Child Support Agreements
- Divorce Decrees
- Deeds to Real Estate

Tax

- Personal Tax Returns for Past 2 Years
- Business Tax Returns for Past 2 Years
- Business Income & Expense Reports
- Business Balance Sheet

Estate

- Wills
- Trust Documents
- Directives and Power of Attorney
- Partnership Agreements

Section II. Financial Information

A. Investments

1. What types of investments are you currently involved in?

- | | |
|--|---|
| <input type="checkbox"/> Certificates of Deposit | <input type="checkbox"/> Municipal Bonds |
| <input type="checkbox"/> Common stock | <input type="checkbox"/> Raw Land |
| <input type="checkbox"/> Corporate bonds | <input type="checkbox"/> Income Producing Real Estate |
| <input type="checkbox"/> Treasury bills/notes | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Mutual funds | <input type="checkbox"/> Annuities |
| <input type="checkbox"/> Oil & Gas | <input type="checkbox"/> Mortgages |
| <input type="checkbox"/> Collectibles & Antiques | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Precious metals | <input type="checkbox"/> ETFs |
| <input type="checkbox"/> Hedge Funds | <input type="checkbox"/> Private Equity |
| | <input type="checkbox"/> Others (Specify: _____) |

2. With regard to your investments, which would you prefer? (check one or more)

- | | | | | |
|----------------|----------------|----------------|--------------|-------------------------|
| More
Income | More
Growth | Tax
Savings | Preservation | More
Diversification |
| () | () | () | () | () |

3. Which of the following best describes your investment objective?

- () **Capital Preservation:** Low risk, conservative, income oriented, low volatility.
- () **Conservative Income & Growth:** Moderate risk, consistent returns, income oriented, modest capital growth.
- () **Growth & Income:** Exposure to higher level of volatility with expectations of growth, with income as a secondary objective.
- () **Long Term Growth & Income:** Little concern for volatility, high expectations of growth, low level of income.
- () **Maximum Capital Appreciation:** Maximum capital growth, no concern for periodic volatility, negligible income.

4. How would you best position your investments to coincide with your current risk tolerance?

- A. Very conservatively (Conserving present capital is critical.) _____ %
- B. Conservatively (Conserving present capital is important, some growth is desirable.) _____ %
- C. Subject to moderate risk. (Growth is more important than preservation of capital.) _____ %
- D. Subject to high risk (Speculative growth is acceptable or desirable.) _____ %
- 100 %



5. Hypothetically, would you be willing to tolerate a short term loss for a potential greater long term gain?

___ Yes or ___ No

If so, how much decline would you be willing to tolerate in any one year?

___ 1 - 9% ___ 10 – 19% ___ 20 – 29% ___ 30 – 39% ___ 40 – 49%

6. What is your primary objective for this investment portfolio?

- ___ To ensure the safety of my principal.
- ___ To generate income. If so how much will you need annually? _____
- ___ To achieve a particular investment goal. If so, what goal(s)? _____
- ___ To accumulate assets for retirement.
- ___ Other. Please explain: _____

B. Living Expenses

Please fill in the following **living expense schedule**:

		Monthly	or	Annually
Food	Groceries	_____		_____
	Outside Meals	_____		_____
Housing - Primary Residence	Rent/Mortgage Pmts.	_____		_____
	Utilities	_____		_____
	Phone (including Cellular)	_____		_____
	Internet & computer	_____		_____
	Cable/Satellite TV	_____		_____
	Repairs/Maintenance	_____		_____
	Furniture/Appliances	_____		_____
	Property Taxes	_____		_____
	Association Fees	_____		_____
	Housekeeper	_____		_____
Housing - Secondary Residence	Gardener/Pool	_____		_____
	Rent/Mortgage Pmts.	_____		_____
	Utilities	_____		_____
	Phone (including cellular)	_____		_____
	Internet & computer	_____		_____
	Cable/Satellite TV	_____		_____
	Repairs/Maintenance	_____		_____
	Furniture/Appliances	_____		_____
	Property Taxes	_____		_____
	Association Fees	_____		_____
Housekeeper	_____		_____	
Gardener/Pool	_____		_____	

Transportation	Auto Payments	_____	_____
	Gas	_____	_____
	Repairs/Maintenance	_____	_____
	Boats/Airplanes	_____	_____
	License Fee (each auto)	_____	_____
Medical	Doctor	_____	_____
	Dentist	_____	_____
	Medicine/Drugs	_____	_____
Insurance	Medical	_____	_____
	Disability	_____	_____
	Life	_____	_____
	Property/Casualty	_____	_____
	Earthquake/Flood	_____	_____
	Auto	_____	_____
	Umbrella	_____	_____
Miscellaneous	Long-Term Care	_____	_____
	Clothing	_____	_____
	Cleaning/Laundry	_____	_____
	Entertainment	_____	_____
	Vacations	_____	_____
	Personal Care	_____	_____
	Gifts (holidays/birthdays)	_____	_____
	Child Care	_____	_____
	Children's Education	_____	_____
	Periodicals	_____	_____
	Memberships	_____	_____
	Pets	_____	_____
	Charities	_____	_____
	Legal & Accounting Fees	_____	_____
Other (Specify)	_____	_____	

Please add any extraordinary expenses you foresee in the future. Please specify cost in today's dollars and approximate date. Examples: college education, weddings, remodels, and etc.

Expense	Cost	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section III. PERSONAL AND FINANCIAL GOALS

At SFG, we care about helping our clients realize not just their financial goals but also their life goals and aspirations. The Integrative Personal Planning approach that SFG developed integrates many aspects of your life in order to determine the best way to approach your finances. You will notice that we have identified four areas for you to think about as you develop your goals.

- *Financial Capital* which is the value of all your accumulated monetary and material wealth
- *Physical Capital* which is your physical health and how it influences your decision-making
- *Psychological Capital* which is the way you think and feel about your wealth and resources as they relate to your long-term goals.
- *Intellectual Capital* which is the knowledge and training you can invest to increase your productivity and personal worth.

Although you will certainly have goals for Financial Capital, we encourage you to also develop goals for the remaining three areas. The goals that you identify are the heart of your financial plan and the plan will be designed to help you achieve them. Therefore, it is very important to devote time and thought to the identification of these goals.

Personal and financial goals can sometimes be difficult to articulate. Objectives such as faster asset growth, paying lower taxes and protecting assets against inflation are common concerns. However, these are not personal and financial goals. Personal and financial goals involve you and your family, your desired lifestyle, your interest, your children and their education, your career/business, your health and retirement.

The worksheets on the next few pages have been designed to help you start thinking about your goals. The first page will help you identify your key financial concerns and what aspects of financial planning are most important to you. The remaining pages are the goal planning worksheets for the Four Capitals. At our next meeting, we will help you further define and clarify your goals and their financial implications.

1. Please identify your top five financial concerns.

- | | |
|---|---|
| <input type="checkbox"/> Spendable current income | <input type="checkbox"/> Ability to retire |
| <input type="checkbox"/> Education of children | <input type="checkbox"/> Adequate death protection |
| <input type="checkbox"/> Tax reduction | <input type="checkbox"/> Inflation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Building of assets |
| <input type="checkbox"/> Liquidity | <input type="checkbox"/> Safety of principal |
| <input type="checkbox"/> Diversification | <input type="checkbox"/> Current standard of living |

2. Please rate the following items as they relate to your financial plan.

	Most important/Moderate/Least				
	1	2	3	4	5
Defining investment objectives	1	2	3	4	5
Increasing current income	1	2	3	4	5
Eliminate monthly negative cash flow	1	2	3	4	5
Budgetary control over expenditures	1	2	3	4	5
Debt level	1	2	3	4	5
Safety of capital	1	2	3	4	5
Asset growth	1	2	3	4	5
Reduce investment risk	1	2	3	4	5
Reduce my time managing investments	1	2	3	4	5
Income tax planning	1	2	3	4	5
Estate planning	1	2	3	4	5
Insurance (life, health, & long term care)	1	2	3	4	5
Insurance (property and casualty)	1	2	3	4	5
Charitable gifts	1	2	3	4	5
Hedge against inflation	1	2	3	4	5

FOUR CAPITALS GOAL WORKSHEET

FINANCIAL CAPITAL

The value of all your accumulated monetary and material wealth

Examples of financial goals:

- To be able to retire at a particular age without a notable change in lifestyle
- To maintain the current standard of living
- To provide a college education for children/grandchildren
- To provide for heirs

Please brainstorm a list of Financial Capital goals.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Now place your goals in the appropriate column:

Must Have

Ought to Have

Nice to Have

PSYCHOLOGICAL CAPITAL

**The way you think and feel about your wealth
and resources as they relate to your long-term goals**

Examples of Psychological Capital Goals:

- Increase the amount of time we spend with our grandchildren
- To learn strategies to help me cope more effectively with work stress

Please brainstorm a list of Psychological Capital goals.

1. _____
2. _____
3. _____
4. _____

Now place your goals in the appropriate column:

Must Have

Ought to Have

Nice to Have

INTELLECTUAL CAPITAL
**The knowledge and training you can invest
to increase your productivity and personal worth**

Examples of Intellectual Capital Goals:

- Become fluent in Italian
- To obtain board certification in my area of specialization

Please brainstorm a list of Intellectual Capital goals.

1. _____
2. _____
3. _____
4. _____

Now place your goals in the appropriate column:

Must Have

Ought to Have

Nice to Have

PHYSICAL CAPITAL
Your physical health and how it influences your decision making

Examples of Physical Capital Goals:

- Have an annual physical
- Begin and continue an exercise program
- Stop smoking

Please brainstorm a list of Physical Capital goals.

1. _____
2. _____
3. _____
4. _____

Now place your goals in the appropriate column:

Must Have

Ought to Have

Nice to Have
