



**Investment Experience:**  None  Very little  Moderate  Significant  Extensive

### Risk Profile - Risk Assessment Questionnaire

(To help us determine your Risk Profile please check a box next to the question that best describes your attitude on risk.)

1.  I am more concerned about protecting my assets than about growth.
2.  I prefer the ease of mutual funds to the uncertainty of trying to pick winning stocks.
3.  Professional advisors and mutual funds may achieve higher growth than I can.
4.  I am comfortable with investments that promise slow, long-term appreciation and growth.
5.  I don't brood over bad investment decisions I have made.
6.  I feel comfortable with aggressive growth investments.
7.  I do not like surprises.
8.  I am optimistic about my financial future.
9.  My immediate concern is for income rather than growth opportunities.
10.  I am a risk taker.
11.  I make investment decisions comfortably and quickly.
12.  I like predictability and routine in my daily life.
13.  I usually pick the tried and true, the slow, safe but sure investments.
14.  I need to focus my investment efforts on reserve funds and insurance rather than growth.
15.  I prefer predictable, steady returns on my investments, even if the return is low.

### Estate Planning

Please indicate if you have drafted any of the following documents:

	Individual 1	Individual 2
Will	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>

### Insurance Policies

To complete this section, please refer to your insurance policies.

	Individual 1	Individual 2
Permanent life Insurance:	\$	\$
Cash Values (less loans):	\$	\$
Term life Insurance:	\$	\$
MMBB Group Term Life Insurance:	\$	\$
Long-Term Care Insurance:	\$	\$

Pension/Annuity				
Please include information on pensions/annuities that provide an annual income level (i.e.: military, state pension, etc.)				
	Individual 1		Individual 2	
	Pension 1	Pension 2	Pension 1	Pension 2
Anticipated Annual Amount:	\$	\$	\$	\$
Starting Age:				
Increase Rate <u>Before</u> Retirement:	%	%	%	%
Increase Rate <u>After</u> Retirement:	%	%	%	%
Survivor Spouse's Benefit (%)	%	%	%	%
	<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Lump Sum

Earned Income (Salary)	Individual 1	Individual 2
Earned Income <u>Now</u> :	\$	\$
Earned Income Increase Rate	%	%

Social Security	Individual 1	Individual 2
Age to Start Benefit:		
Annual Increase Rate:	%	%
Estimated or Current Annual Benefit:	\$	\$

Annual Living Expenses	
If you need help completing this section, please use the budget worksheet at the end of questionnaire or call one of our Wealth Managers for additional assistance.	
Current annual expenses:	\$
Survivor's current annual expenses	\$
Annual expenses during retirement:	\$
Survivor's annual expenses during retirement:	\$

Special Income/Expenses				
Please list any other sources of income or special expenses you may have.				
Description	Annual Amount	Annual Increase Rate	Starting Year	# of Years
	\$	%		
	\$	%		
	\$	%		
	\$	%		

Assets					
Do you currently or have you ever participated in any other 403(b) plans? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Type	Account Name/Description	Current Value			Annual Additions
		Ind. 1	Ind. 2	Joint	
Cash:		\$	\$	\$	\$
Checking:		\$	\$	\$	\$
Savings:		\$	\$	\$	\$
CD's:		\$	\$	\$	\$
Money Market:		\$	\$	\$	\$
Treasury Bills:		\$	\$	\$	\$
U.S. Savings Bonds:		\$	\$	\$	\$
Other:		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>Retirement</b>					
Annuity:		\$	\$	\$	\$
Tax Sheltered Annuity:		\$	\$	\$	\$
IRA:		\$	\$	\$	\$
Roth IRA:		\$	\$	\$	\$
Roth 401k:		\$	\$	\$	\$
Roth 403b:		\$	\$	\$	\$
401(k):		\$	\$	\$	\$
403(b):		\$	\$	\$	\$
Other:		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>Other investments</b>					
Mutual Fund – Bond:		\$	\$	\$	\$
Mutual Fund – Stock:		\$	\$	\$	\$
Stocks:		\$	\$	\$	\$
Other:		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Additional Assets		
Please list any additional assets you may have.		
Other Assets	Values	Owner (Ind. 1, Ind. 2 or Joint)
Residence 1:	\$	
Residence 2:	\$	
Personal Property 1:	\$	
Personal Property 1:	\$	
Auto 1:	\$	
Auto 2:	\$	
Boats, RVs, etc.:	\$	
Other Assets:	\$	
	\$	
	\$	
	\$	

Debts/Liabilities						
Please list any debts or liabilities you may have.						
	Balance	Owner	# of Years Remaining	Current Monthly Payment	Interest Rate	Minimum Payment
Residence 1 Mortgage:	\$			\$	%	\$
Residence 2 Mortgage:	\$			\$	%	\$
Credit Card Balances:	\$			\$	%	\$
Personal Loan:	\$			\$	%	\$
Autos Loan 1:	\$			\$	%	\$
Autos Loan 2:	\$			\$	%	\$
Boats, RVs, Etc. Loans:	\$			\$	%	\$
Other debts:	\$			\$	%	\$
	\$			\$	%	\$
	\$			\$	%	\$
	\$			\$	%	\$

Monthly Living Expenses (Today's Dollars)				
Please estimate your monthly/annual figures for expenses related to shelter, food, clothing, transportation, insurance, loans, etc. Please do not include taxes.				
Monthly Budget Calculation Worksheet				
Expense Worksheet	Estimated 'Monthly' Expenses			
Items	Current Expenses:	Expenses during Retirement:	Survivor's Current Expenses:	Survivor Expenses during Retirement:
Rent or Lease payments				
Food & Household Incidentals				
Utilities, telephone				
Auto operating				
Clothing and personal items				
Property taxes				
Entertainment & vacations				
Charitable contributions				
Childcare				
Alimony, child support				
Books, papers, subscriptions				
Home furnishings				
Gifts, birthdays				
Medical expenses				
Mortgage payments				
Auto loan payments				
Boat & RV payments				
Credit card payments				
Other loan payments				
Life insurance premiums				
Medical insurance premiums				
Auto insurance premiums				
House insurance premiums				
Other insurance premiums				
<b>Total Monthly Expense</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

**Notes:**