

YOUR FINANCIAL GOALS

RETIREMENT GOAL

Goal Importance (circle one)

| | | | | | | | | | |
|-------|---|---|-------|---|---|---|--------|---|---|
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| Needs | | | Wants | | | | Wishes | | |

Age to retire:

Life expectancy:

Retirement Living Expenses:

Enter living expenses for the following retirement periods:

| | | | | |
|---|----|-----|--------------------------------|-------------------------------|
| Expense Period 1 — Client retired/Co-Client working | \$ | per | <input type="checkbox"/> Month | <input type="checkbox"/> Year |
| Expense Period 2 — Co-Client retired/Client working | \$ | per | <input type="checkbox"/> Month | <input type="checkbox"/> Year |
| Expense Period 3 — Client AND Co-Client retired | \$ | per | <input type="checkbox"/> Month | <input type="checkbox"/> Year |
| Expense Period 4 — Client alone | \$ | per | <input type="checkbox"/> Month | <input type="checkbox"/> Year |
| Expense Period 5 — Co-Client alone | \$ | per | <input type="checkbox"/> Month | <input type="checkbox"/> Year |

Expenses that end during retirement (e.g., mortgage, loan):

| Description | Year Expense Will End | Amount (Current Dollars) | Inflate |
|-------------|-----------------------|---|--|
| | | \$ <input type="checkbox"/> Month <input type="checkbox"/> Year | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | \$ <input type="checkbox"/> Month <input type="checkbox"/> Year | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | \$ <input type="checkbox"/> Month <input type="checkbox"/> Year | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | \$ <input type="checkbox"/> Month <input type="checkbox"/> Year | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %

Will you change states in retirement? No Yes State where you will move: _____

When Will You Move? Client's Retirement Co-Client's Retirement OR Year _____

COLLEGE GOAL

Child's name:

Year to Start:

of years of college:

Goal Importance (circle one)

10

9

8

7

6

5

4

3

2

1

Needs

Wants

Wishes

Cost Estimate: (fill in A, B or C)

A. My cost estimate: \$

(Annual Cost)

B. Use an average cost:

Public In-State (4-year)

Public Out-of-State (4-year)

Public In-State (2-year)

Public Out-of-State (4-year)

Private (4-year)

Average All

C. Specific college:

Undergraduate

Graduate

State in which the college is located:

Include cost of the following: (Check which to include)

Tuition

Out-of-State Fees

Room & Board

Books & Supplies

Other Costs

Have you prepaid for college using a 529 Prepaid Tuition Plan? No Yes

How many years of tuition and fees will be covered for this college?

Outside funding for college (optional)

Other funding sources during college: (annual amounts)

Scholarships: \$

Student employment: \$

Students loans: \$

Gifts and other: \$

Your own income: \$

Your loans: \$

Outside assets

(Assets not owned by you that will be used to pay for this college, not including UGMAs, UTMA's or 529 Plans)

1. Type of asset:

Description:

Current value: \$

Annual addition: \$

Growth rate:

%

2. Type of asset:

Description:

Current value: \$

Annual addition: \$

Growth rate:

%

Will this amount inflate? (Note: the default rate is 6%)

No

Yes, Base Inflation Rate

Yes, Base Inflation Rate +/-

%

Child's name:

Year to Start:

of years of college:

Goal Importance (*circle one*)

10

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8

7

6

5

4

3

2

1

Needs

Wants

Wishes

Cost Estimate: (*fill in A, B or C*)

A. My cost estimate: \$

(*Annual Cost*)

B. Use an average cost:

Public In-State (4-year)

Public Out-of-State (4-year)

Public In-State (2-year)

Public Out-of-State (4-year)

Private (4-year)

Average All

C. Specific college:

Undergraduate

Graduate

State in which the college is located:

Include cost of the following: (*Check which to include*)

Tuition

Out-of-State Fees

Room & Board

Books & Supplies

Other Costs

Have you prepaid for college using a 529 Prepaid Tuition Plan? No Yes

How many years of tuition and fees will be covered for this college?

Outside funding for college (*optional*)

Other funding sources during college: (*annual amounts*)

Scholarships: \$

Student employment: \$

Students loans: \$

Gifts and other: \$

Your own income: \$

Your loans: \$

Outside assets

(*Assets not owned by you that will be used to pay for this college, not including UGMAs, UTMAs or 529 Plans*)

1. Type of asset:

Description:

Current value: \$

Annual addition: \$

Growth rate:

%

2. Type of asset:

Description:

Current value: \$

Annual addition: \$

Growth rate:

%

Will this amount inflate? (*Note: the default rate is 6%*)

No

Yes, Base Inflation Rate

Yes, Base Inflation Rate +/-

%

PRIVATE SCHOOL GOAL

Child's name:

Year to Start:

of years of college:

Goal Importance (circle one)

10 9 8

Needs

7 6 5 4

Wants

3 2 1

Wishes

Annual cost: \$

(today's dollars)

Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- %

Child's name:

Year to Start:

of years of college:

Goal Importance (circle one)

10 9 8

Needs

7 6 5 4

Wants

3 2 1

Wishes

Annual cost: \$

(today's dollars)

Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- %

Child's name:

Year to Start:

of years of college:

Goal Importance (circle one)

10 9 8

Needs

7 6 5 4

Wants

3 2 1

Wishes

Annual cost: \$

(today's dollars)

Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- %

FINANCIAL GOAL (Major Purchases, Weddings, Travel, New Home, etc.)

Description:

Goal Importance: *(circle one)*

| | | | | | | | | | |
|-------|---|---|-------|---|---|---|--------|---|---|
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| Needs | | | Wants | | | | Wishes | | |

Year of goal: **Cost: \$** Month Year

Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- %

Is this goal recurring? No Yes **How often will it occur:** Every year(s)

When will it end? Client's Retirement Co-Client's Retirement End of Client's Plan
 End of Co-Client's Plan End of Plan OR Total Occurrences:

Description:

Goal Importance: *(circle one)*

| | | | | | | | | | |
|-------|---|---|-------|---|---|---|--------|---|---|
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| Needs | | | Wants | | | | Wishes | | |

Year of goal: **Cost: \$** Month Year

Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- %

Is this goal recurring? No Yes **How often will it occur:** Every year(s)

When will it end? Client's Retirement Co-Client's Retirement End of Client's Plan
 End of Co-Client's Plan End of Plan OR Total Occurrences:

Description:

Goal Importance: *(circle one)*

| | | | | | | | | | |
|-------|---|---|-------|---|---|---|--------|---|---|
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| Needs | | | Wants | | | | Wishes | | |

Year of goal: **Cost: \$** Month Year

Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- %

Is this goal recurring? No Yes **How often will it occur:** Every year(s)

When will it end? Client's Retirement Co-Client's Retirement End of Client's Plan
 End of Co-Client's Plan End of Plan OR Total Occurrences:

GIFT OR DONATION

Description:

Importance: (circle one)

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Needs

Wants

Wishes

Who is the donor?

Who will receive this gift?

Year you plan to give this gift or donation?

Amount of gift or donation? \$ per Month Year

Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- %

Is this goal recurring? No Yes How often will it occur: Every year(s)

When will it end? Client's Retirement Co-Client's Retirement End of Client's Plan
 End of Co-Client's Plan End of Plan OR Total Occurrences:

Description:

Importance: (circle one)

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Needs

Wants

Wishes

Who is the donor?

Who will receive this gift?

Year you plan to give this gift or donation?

Amount of gift or donation? \$ per Month Year

Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- %

Is this goal recurring? No Yes How often will it occur: Every year(s)

When will it end? Client's Retirement Co-Client's Retirement End of Client's Plan
 End of Co-Client's Plan End of Plan OR Total Occurrences:

LEAVE BEQUEST

Description/Recipient:

Importance: (circle one)

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Needs

Wants

Wishes

Who will receive this gift?

When will the bequest be made: End of Client's Plan End of Co-Client's Plan

Amount of bequest: \$ (today's dollars)

Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- %

Description/Recipient:

Importance: (circle one)

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1

Needs

Wants

Wishes

Who will receive this gift?

When will the bequest be made: End of Client's Plan End of Co-Client's Plan

Amount of bequest: \$ (today's dollars)

Will this amount inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- %

WILLINGNESS TO ADJUST PREFERENCES

1. How willing are you to retire later than your target retirement age?

Not at All Slightly Willing Somewhat Willing Very Willing

2. In what order do you prefer to retire?

Both retire in the same year Either can retire first
 Client can retire first Co-Client can retire first

3. If you had to save more, what is the maximum extra amount you could save annually to meet your goals? This amount is above and beyond the total additions you are already making to investment assets.

\$

4. How willing are you to save more money?

Slightly Willing Somewhat Willing Very Willing

5. When considering all of the goals you have classified as **NEEDS**, how willing are you to reduce your goal amounts from the target?

Slightly Willing Somewhat Willing Very Willing

6. When considering all of the goals you have classified as **WANTS**, how willing are you to reduce your goal amounts from the target?

Slightly Willing Somewhat Willing Very Willing

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