

Retirement plan including insurance and estate planning

Personal information

		Client 1 (C1)			Client 2 (C2)
Name					
Date of birth	/	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	/	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Marital status			State of residence		

I am financially responsible for children or other dependents?

Name	Date of birth	Relationship	Dependent	Marital status
	/		<input type="checkbox"/>	
	/		<input type="checkbox"/>	
	/		<input type="checkbox"/>	
	/		<input type="checkbox"/>	

Retirement goal

What is your employment income, including bonus? \$_____ \$_____
If you have current employment income we can provide you with an estimate for your retirement living expenses.

At what age do you intend to retire? _____

If you are currently retired, or know how much you will spend annually provide that annual amount: \$_____

Lifestyle goals

These are personal goals chosen to enhance a certain lifestyle.

Travel—A special Spot? or multiple destinations? **Home**—Putting a down payment on a home? or paying for renovations?

Car—Buying a classic or luxury car from savings? **Healthcare**—Paying for supplemental health insurance during retirement?

Celebrations—Planning to spend on a Bar/Bat Mitzvah, Communion, Wedding, Anniversaries and other events?

Description	Start date?	How many times?	Annual amount	Inflate?	Importance <small>(high 10 – low 1)</small>
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Education goals

List colleges or other educational programs you will be funding for yourself, a child, grandchild or others.

Student name	Start date?	How long?	College name	Type of college/Location	Cost amount?
				<input type="checkbox"/> Public <input type="checkbox"/> In State	\$_____ or
				<input type="checkbox"/> Private <input type="checkbox"/> Out of State	<input type="checkbox"/> Estimate Cost

Student name	Start date?	How long?	College name	Type of college/Location	Cost amount?
				<input type="checkbox"/> Public <input type="checkbox"/> In State	\$_____ or
				<input type="checkbox"/> Private <input type="checkbox"/> Out of State	<input type="checkbox"/> Estimate Cost

Section 2: Risk tolerance

Risk tolerance and investment preferences

These questions are designed to help develop an asset allocation strategy that addresses specific financial goals. Please review and answer the following questions for the assets included in the financial plan.

1. Which of the following best characterizes your tolerance for risk?

- Low Risk/Conservative
- Moderately Low Risk/Moderately Conservative
- Moderate Risk/Moderate
- Moderately High Risk/Moderately Aggressive
- High Risk/Aggressive

2. What is your primary investment objective?

- Produce current income
- Achieve capital appreciation (emphasis on growth of capital not on income)
- Produce a combination of income and capital appreciation

3. Which of the following statement best characterizes your risk/return objectives?

- I am primarily interested in maintaining my invested capital and I am not prepared to accept higher fluctuations in the value of my assets
- I prefer to sustain only moderate fluctuations in the value of my assets to achieve moderate returns
- In order to achieve a higher return I am prepared to accept higher fluctuations in the value of my assets

4. What is your average expected time horizon for this analysis?

- Less than 3 years
- 3 – 6 years (an average market cycle)
- 7 – 10 years
- Longer than 10 years (through several market cycles)

5. Do you anticipate any need for cash in the short term for the assets intended for this analysis?

- Yes
- No

6. What portion of your total investable assets do these funds represent?

- Less than 20%
- 20 – 40%
- 41 – 60%
- 61 – 80%
- More than 80%

7. Please indicate if you want your allocation to be an all fixed income or an all equity portfolio.

- 100% Fixed Income
- 100% Equity
- Not applicable

8. Please indicate if you want your allocation to include non-traditional strategies.

- Non-Traditional Strategies are alternative investments that cover a broad range of strategies and structures that fall outside the boundaries of traditional asset classes. If selected, the allocation could include hedge fund (including managed futures), private equity, or private real estate asset classes.
- Include Non-Traditional Strategies
 - Exclude Non-Traditional Strategies

Section 3: Resources and liabilities

Retirement Income

Social Security benefit

Statement(s) attached

	Client 1			Client 2		
Receiving now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount of benefit?	Receiving Now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, are you eligible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		If no, are you eligible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Retirement Income

Statement(s) attached

Include pension, rental, trust, part-time employment income, **do not include investment income.**

Description	Monthly amount	Start date?	How long?	Inflate?
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Investment Assets

Indicate account description and estimated account values. If asset allocation is unknown, indicate an overall asset allocation using the following investment categories.

Cash ____% Fixed Income ____% Equity ____% Non-Traditional ____% (Must total 100%)

Note: These asset categories are assigned to the following asset classes for allocation purposes. UBS classifies assets pursuant to a proprietary methodology.

- Cash -> US Cash
- Fixed Income -> US Fixed Income
- Equity -> US Equity
- Non-Traditional -> Non-Traditional

Accounts for Client 1 (Please do not include account numbers. For your protection, please do not send statement copies via unsecured e-mail.)

Retirement Plans (i.e., 401k, 403b, 457 plans)

Account description	Total value	Additions	Check if statement attached
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>

Individual Retirement Plans and Tax-deferred accounts (i.e., Traditional IRA, Roth IRA, annuities)

Account description	Total value	Additions	Check if statement attached
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>

Taxable accounts (i.e., savings, checking, stocks, brokerage and mutual funds)

Account description	Total value	Additions	Check if statement attached
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>

Tax-free accounts (i.e., tax exempted bonds and funds)

Account description	Total value	Additions	Check if statement attached
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>

Accounts for Client 2 (Please do not include account numbers. For your protection, please do not send statement copies via unsecured e-mail.)
Retirement Plans (i.e., 401k, 403b, 457 plans)

Account description	Total value	Additions	Check if statement attached
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>

Individual Retirement Plans and Tax-deferred accounts (i.e., Traditional IRA, Roth IRA, annuities)

Account description	Total value	Additions	Check if statement attached
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>

Taxable accounts (i.e., savings, checking, stocks, brokerage and mutual funds)

Account description	Total value	Additions	Check if statement attached
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>

Tax-free accounts (i.e., tax exempted bonds and funds)

Account description	Total value	Additions	Check if statement attached
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>

Accounts owned jointly

Taxable accounts (i.e., savings, checking, stocks, brokerage and mutual funds)

Account description	Total value	Additions	Check if statement attached
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>

Other Assets

Enter assets such as your primary residence, a second home, a business, real estate property, jewelry and others.

Description	Value	Ownership			
				JT	TIC
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liabilities

List all debts such as mortgages, home equity loans, line of credit and any other debt owned by you.

Description	Ownership			Outstanding balance	Payment	Term	Interest Rate
	JT						
	<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"/>				

Section 4: Risk management

Insurance policies

Life insurance

I currently own the following insurance policies: (List any group, term whole life, universal life or variable life policies)

Insurance Provider	Type of insurance	Death Benefit	Name of Insured	Policy Owner	Cash Value	Beneficiary	Premium amount	Termination date?

I am interested in a life insurance needs analysis

What would current annual living expenses be if you were to die prematurely today? \$_____ \$_____

How much would expenses increase annually due to surviving spouse returning to work?
Examples may be daycare cost, additional child care, house cleaning \$_____ \$_____

Would there be a decrease of expenses such as cars or insurance? If so, specify amount. \$_____ \$_____

Adjusted current annual living expenses: \$_____ \$_____

How much would expenses increase or decrease once the surviving spouse retires? (+ -) \$_____ \$_____

Retirement annual living expenses: \$_____ \$_____

Long-term care

I currently own the following insurance policies:

Insurance provider	Name of insured	Premium amount	Benefit period	Daily benefit	Elimination period	Home Healthcare	Inflation option
							% %
							% %

am interested in a long-term care insurance needs analysis

When were long-term care insurance policies last reviewed? _____

Use average long-term care cost assumptions for my current state of residence or Annual estimated amount: \$_____

Use the national average for a long-term care stay of three years starting at age 80 or specify start age: _____ and length of stay: _____

Upon entering a nursing home, my expenses will decrease by \$_____ annually.

Section 5: Estate Planning

Estate Plan

Foundation documents

- Does a will exist? Client Co-client
- The will does contain a provision for a Bypass Trust (also called a Credit Shelter Trust)? Client Co-client
- Date wills were last reviewed: Client _____ Co-client _____
- Is there a medical directive? Client Co-client
- Is there a power of attorney? Client Co-client
- Is there a prenuptial agreement? Client Co-client
- Have you been previously married? Client Co-client
- I am interested in an essential estate planning analysis or I would like an advanced estate planning analysis

Estate Planning strategies

Trusts

- Some of my assets are in a revocable living trust Yes No I have a Marital Trust provision in my will. Yes No
I have a Irrevocable Life Insurance Trust. Yes No Generation-Skipping Transfer provisions. Yes No

- I have other types of trusts such as Special Needs Trust, Qualified Personal Residence Trust and have included the information below and/or provided you with documents:

Business Planning

- I have shares or own a Sole proprietorship LLC Partnership S-Corporation C-Corporation
- I have a retirement plan for my business. Yes No
- I have insurance for key employees who help me keep the company profitable. Yes No
- I plan to sell my business when I retire. Yes No

Gifting

- I have filed a gift tax return in the past. Yes No Gift tax returns attached

I am interested in discussing the best way to gift to _____

Charitable Planning

I contribute or would like to contribute funds to the following causes:

I am affiliated or own a Foundation called: _____

Other planning considerations

I own property outside of the United States and have attached information and/or documentation.

List additional information that should be included in your financial plan

List other Advisors you work with:

Tax Consultant (CPA, Tax Specialist) Name: _____

Personal Attorney Name: _____

Insurance Advisor(s) Name: _____

Other Financial Advisor(s) Name: _____

The information you're providing in this questionnaire and all non-public personal information should be appropriately safeguarded to help limit the potential for identity theft. Use best practices to protect personal information contained both in paper documents and online. The Federal Trade Commission provides "Tips and Advice" for consumers for privacy, identity and online security at [ftc.gov](https://www.ftc.gov).

This questionnaire can be used to assist you in collecting information for the purpose of preparing a financial plan. Please consult with your Financial Advisor regarding the specific topics you would like to include in your financial planning services.

Information contained in financial plan reports about assets/liabilities you hold at other firms is based solely on the information provided by you or a third party/custodian at your direction. We will not verify and are not responsible for the accuracy or completeness of this information.

Important information about our financial planning services

As a firm providing wealth management services to clients, UBS Financial Services Inc. offers investment advisory services in its capacity as an SEC-registered investment adviser and brokerage services in its capacity as an SEC-registered broker-dealer. Investment advisory services and brokerage services are separate and distinct, differ in material ways and are governed by different laws and separate arrangements. It is important that you understand the ways in which we conduct business, and that you carefully read the agreements and disclosures that we provide to you about the products or services we offer. For more information, please review the client relationship summary at ubs.com/relationshipsummary, or ask your UBS Financial Advisor for a copy.

UBS Financial Services Inc., its affiliates, and its employees do not provide tax or legal advice. You should consult with your ipersonal tax and/or legal advisors regarding your particular situation.

© UBS 2023. The key symbol and UBS are among the registered and unregistered trademarks of UBS. All rights reserved. UBS Financial Services Inc. is a subsidiary of UBS Group AG. Member FINRA. Member SIPC.

UBS Financial Services Inc.
ubs.com/fs
2021-598188
Exp.: 11/30/2024, IS2306695

