

Avantax Seasonal Planning

Financial Plan Data Collection Form



AvantaxSM

877-959-8400 / avantax.com

Getting Started

Gathering your financial information is a critical step in the financial planning process.

Together, we will take a closer look at the numbers, never losing focus of your goals and dreams, to create a personalized plan of action.

Gather the documents listed below. If you are collecting information for two people, be sure to gather documents for each individual.

- If you cannot locate a document, complete the corresponding section referenced. Providing the requested documents will minimize the amount of information you must complete.
- If a requested document is not relevant to your situation, please indicate that in the last column on page 2.

If you are able to gather all of the applicable documents, you need to complete only pages 2 through 10.

Documents	Description of documents to gather		If document is not available, complete section as noted		Doesn't apply to my current situation
<input type="checkbox"/> Your accounts (non-Avantax)	Current statements and beneficiaries of your assets, such as: <ul style="list-style-type: none"> Savings and checking accounts 529 401(k), 403(b) IRA and Roth IRA Brokerage account Mutual funds and bonds Stock options and RSAs Health savings account 	OR	<input type="checkbox"/> Complete the Your Accounts section on Page 11	OR	<input type="checkbox"/>
<input type="checkbox"/> What you owe	Current statements of all of your liabilities, such as: <ul style="list-style-type: none"> Mortgage Home equity loans Car loans Credit cards Student loans Individual margin loans 	OR	<input type="checkbox"/> Complete the What You Owe section on Page 12	OR	<input type="checkbox"/>
<input type="checkbox"/> Your income	<ul style="list-style-type: none"> If employed, two recent paycheck stubs and any bonus/incentive program information; annual Social Security benefits statement If self-employed, Schedule C or F If retired, deposit statements from Social Security or scheduled payouts from retirement accounts 	OR	<input type="checkbox"/> Complete the Your Income section on Page 12	OR	<input type="checkbox"/>
<input type="checkbox"/> Your defined benefit pensions	<ul style="list-style-type: none"> Pension statements 	OR	<input type="checkbox"/> Complete the Your Defined Benefit section on Page 13	OR	<input type="checkbox"/>
<input type="checkbox"/> Your insurance policies (non-Avantax)	<ul style="list-style-type: none"> Insurance policies (e.g., life, disability, long-term care, medical) Statements of other policies (e.g., errors and omissions, key person, commercial liability, malpractice) 	OR	<input type="checkbox"/> Complete the Your Insurance Policies section on Pages 13,14 and 15	OR	<input type="checkbox"/>
<input type="checkbox"/> Your estate documents	<ul style="list-style-type: none"> Wills, trusts, power of attorney and health-care directives Titles/deeds Prenuptial agreements and divorce decrees, if applicable 	OR	<input type="checkbox"/> Complete the Your estate documents section of Page 16	OR	<input type="checkbox"/>
<input type="checkbox"/> Your tax documents	<ul style="list-style-type: none"> (Other CPAs) Most recent tax returns, including all schedules and any state and city returns Most recent W-2s 	OR	<input type="checkbox"/> N/A	OR	<input type="checkbox"/>
<input type="checkbox"/> Your employee benefits	<ul style="list-style-type: none"> Employee benefits handbook or summary of employee benefits Employee benefits statement or enrollment confirmation Summary plan description (SPDs) for retirement plans 	OR	<input type="checkbox"/> N/A	OR	<input type="checkbox"/>
<input type="checkbox"/> Life events	<ul style="list-style-type: none"> Information on unique financial events or situations (e.g., major purchases, expected inheritance) 	OR	<input type="checkbox"/> N/A	OR	<input type="checkbox"/>

Your Profile

Client

Name _____

Nickname _____

Honorific: Mr. Mrs. Miss Ms. Dr.

Citizenship:

- U.S.
 Resident alien
 Nonresident alien; country _____

Date of birth _____

State of birth _____

Driver's license number _____

Driver's license state _____

Street address _____

City _____ State _____ ZIP _____

Phone (H) _____

Phone (W) _____

Phone (C) _____

Email address (H) _____

Email address (W) _____

How do you prefer to be contacted? _____

Employment status:

- Employed
 Self-employed
 Not employed (unemployed, retired, student, minor)

Occupation _____

Investment experience:

- 0–5 years
 6–10 years
 11+ years

Tax filing status:

- Single
 Head of household
 Married, filing jointly
 Married, filing separately

Co-Client

Name _____

Nickname _____

Honorific: Mr. Mrs. Miss Ms. Dr.

Citizenship:

- U.S.
 Resident alien
 Nonresident alien; country _____

Date of birth _____

State of birth _____

Driver's license number _____

Driver's license state _____

Street address _____

City _____ State _____ ZIP _____

Phone (H) _____

Phone (W) _____

Phone (C) _____

Email address (H) _____

Email address (W) _____

How do you prefer to be contacted? _____

Employment status:

- Employed
 Self-employed
 Not employed (unemployed, retired, student, minor)

Occupation _____

Investment experience:

- 0–5 years
 6–10 years
 11+ years

Tax filing status:

- Single
 Head of household
 Married, filing jointly
 Married, filing separately

Dependents

Name	Date of Birth	Relationship

Other Professionals

Profession	Name	Phone/Email
Attorney (e.g., estate planning, business)		
Insurance agent (e.g., auto, home, umbrella)		
Accountant		
Tax preparer/professional		
Professional trustee		
Employee benefits contacts (e.g., HR administrator, group insurance)		
Retirement plan administrator (e.g., 401(k), 403(b), pension)		
Investment broker		
Other financial professionals		
Other professionals		

Standard Risk Tolerance Questionnaire

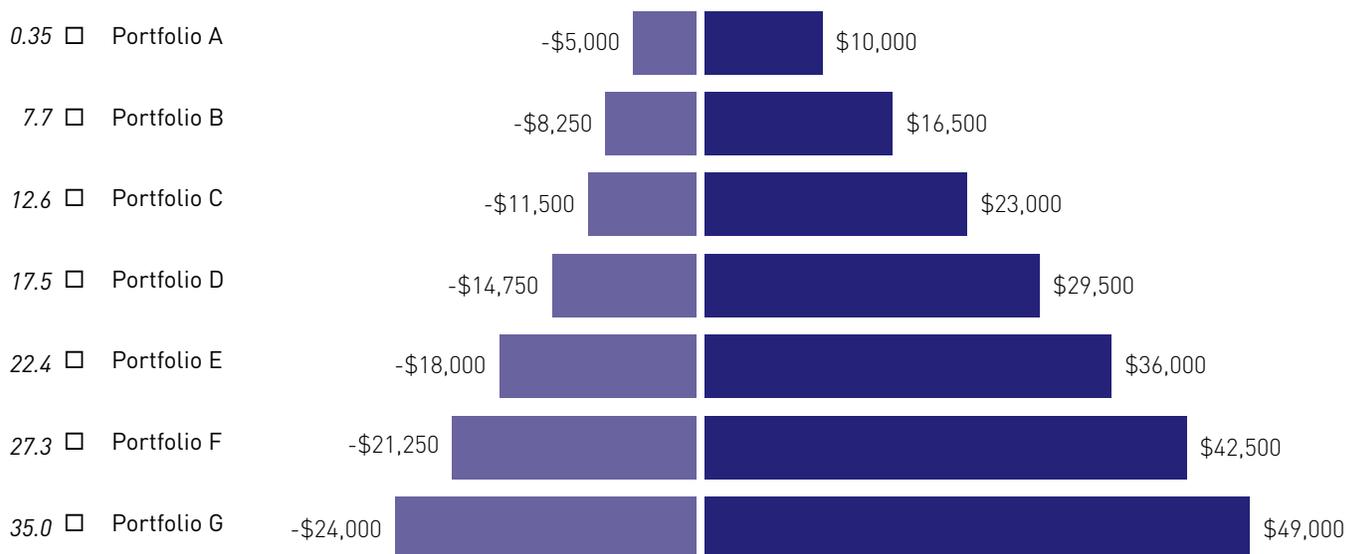
Avantax Wealth Management's Standard Risk Tolerance Questionnaire (RTQ) is scored using a "weighted" method. The six questions of the RTQ are assigned numerical weights to reflect each one's comparative importance in overall risk determination. Answer choices for each question are then assigned point values for use in the weighted method of scoring.

The total point score of all relevant questions is then used on the point scale (listed below) to determine the client investment objective.

1. Consider the primary goal for your money. Which time period below best describes how your money will be needed to support that goal?
 - 3.5 My goal will start soon and/or the money will need to last for 5 years or less.
 - 17.5 My goal will start after a few years and/or the money will need to last for 10 years or less.
 - 31.5 My goal is still years away and/or the money will need to last for more than 10 years
2. Which of the following best describes your attitude towards the trade-off between risk and return?
 - 0.5 I am most concerned with limiting risk. I am willing to accept lower expected returns in order to limit my chance of loss.
 - 2.5 I am willing to accept moderate risk and chance of loss in order to achieve moderate returns. Limiting risk and maximizing return are of equal importance to me.
 - 4.5 I am primarily concerned with maximizing the returns of my investments. I am willing to accept high risk and high chance of loss to maximize my investment return potential.
3. Six months after you make a \$100,000 investment, it decreases in value by \$10,000 in a down-market period. Which best describes how you would feel?
 - 0.5 Very uncomfortable. I would consider selling my investment.
 - 2.5 Uncomfortable, yet I will stay with the investment if my financial advisor recommends it.
 - 4.5 I would want to buy more of the investment, since this may be a good investment opportunity.

- Is it important for you to receive money from your account?
 - 1.0 Yes, it is highly important, and it must be the same amount on a regular/scheduled basis.
 - 5.0 It is important to receive money from my account, when needed, but growth of my portfolio is also an important factor.
 - 9.0 It is not important, and growth of my portfolio is the primary goal.
- What do you want most from your investments?
 - 1.0 Less volatility, even if that means there is less growth potential.
 - 5.0 Some investment income, but more growth potential over the long term.
 - 9.0 The highest growth potential over the long term (assuming more volatility), with little or no need for current or near-term investment income.

3. The graph below shows the potential range of gains or losses of a \$100,000 investment in each of seven hypothetical portfolios at the end of a 1-year period. The number to the right of each bar shows the best potential gain for that portfolio, while the number to the left of each bar shows the worst potential loss. Given that this is the only information that you have on these seven hypothetical portfolios, which one would you choose to invest in?



5-Point Scale

Investment Objective	Risk Tolerance	Risk Low	Risk High
Ultra-conservative	Conservative	1	20
Conservative	Conservative	21	40
Moderate	Moderate	41	60
Growth	Aggressive	61	80
Aggressive growth	Aggressive	81	100

Question Scores:

#1 _____ #4 _____

#2 _____ #5 _____

#3 _____ #6 _____

Total _____

The risk tolerance questionnaire is for illustration purposes only. Although the scoring is objective, subjectivity cannot be completely eliminated using such planning tools. There is no guarantee that the risk assessment tool or its scoring accurately assessed your tolerance to risk, nor is there any guarantee that the asset mix chosen appropriately reflects your ability to withstand investment risk. Some of the data and/or calculations are based on historical information (including past performance) and should not be viewed as a guarantee of future results. Neither asset allocation nor diversification assures a profit or protects against a loss in declining markets.

What You Spend

Gaining insight into your expenses will help identify the means necessary to plan to achieve your financial goals. Together, we will determine the right approach for your situation.

Option 1

- Estimated monthly expenses, excluding expenses elsewhere on this form (e.g., loan payments, mortgage payments, insurance premiums and real estate taxes)
\$ _____

OR

- Funds remaining following payment of all expenses
\$ _____

Option 2

Itemized expenses

Fill in the following information to get more information about your expenses, or provide reports from software such as Quicken, QuickBooks or Excel.

Category	Amount	Frequency <small>(annually, semiannually, quarterly, bimonthly, monthly, twice monthly, biweekly, weekly, daily, lump sum)</small>
Housing		
Association fees (townhome, condo)	\$	
Rent	\$	
Utilities (electric, gas, water, etc.)	\$	
Internet/cable/satellite TV	\$	
Home improvements	\$	
Home maintenance/repairs	\$	
Lawn or snow service	\$	
Housekeeping	\$	
Food		
Groceries	\$	
Dining out	\$	
Medical expenses		
Medicare/Medigap premiums (for retirees)	\$	
Medical expenses	\$	
Prescriptions	\$	
Alternative medical treatments (chiropractor, massages, etc.)	\$	

Category	Amount	Frequency <small>(annually, semiannually, quarterly, bimonthly, monthly, twice monthly, biweekly, weekly, daily, lump sum)</small>
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Transportation

Auto lease — Auto 1	\$	
Auto lease — Auto 2	\$	
Fuel	\$	
Auto maintenance (oil changes, repairs, etc.)	\$	
Auto licensing (license plates, vehicle tax)	\$	
Parking/tolls/bus/taxi	\$	
Future/replacement vehicle Note: Also specify the start and end dates in the Frequency section.	\$	Frequency _____ Start date _____ End date _____

Entertainment

Hobbies	\$	
Children’s activities	\$	
Recreation	\$	
Tickets (music, movies, events, etc.)	\$	
Travel	\$	
Other entertainment	\$	

Personal

Education costs (Note: Also specify the start and end dates in the Frequency section.)	\$	Frequency _____ Start date _____ End date _____
Dependent care/in-home care (Note: Also specify the start and end dates in the Frequency section.)	\$	Frequency _____ Start date _____ End date _____
Avantax Seasonal Planning	\$	
Professional services (tax preparation services, attorney fees, etc.)	\$	
Clothing	\$	

Category	Amount	Frequency <small>(annually, semiannually, quarterly, bimonthly, monthly, twice monthly, biweekly, weekly, daily, lump sum)</small>
Personal (continued)		
Phone(s)	\$	
Home décor/furnishings	\$	
Household supplies (Target, Costco, Walmart, etc.)	\$	
Personal care (hair care, spa, dry cleaning, etc.)	\$	
Gifts to charities	\$	
Gifts to family and others	\$	
Allowances	\$	
Memberships and dues (e.g., gym, clubs, professional)	\$	
Subscriptions	\$	
Unreimbursed employment expenses	\$	
Miscellaneous	\$	
Other expenses		
Alimony	\$	
Child support	\$	
Pet care (vet., grooming, pet food, etc.)	\$	
Other:	\$	

Your Financial Information

Your Personal Property

Understanding what you own helps identify estate and protection planning needs and helps determine your net worth.

Asset Type		Estimated Value	Ownership
[Home, vacation property, rental property, autos, boats, jewelry, artwork or other collections of value, etc.]			[Name, jointly held or trust]
Home		\$	
Real estate taxes	Escrowed? <input type="checkbox"/> Y <input type="checkbox"/> N	\$	tax amount
Second home		\$	
Real estate taxes	Escrowed? <input type="checkbox"/> Y <input type="checkbox"/> N	\$	tax amount
Vacation property		\$	
Real estate taxes	Escrowed? <input type="checkbox"/> Y <input type="checkbox"/> N	\$	tax amount
Investment or rental property		\$	
Real estate taxes	Escrowed? <input type="checkbox"/> Y <input type="checkbox"/> N	\$	tax amount
Auto 1		\$	
Auto 2		\$	
Business		\$	
Other:		\$	

REMINDER: If you gathered all of your statements, policies, etc. (shown on Page 1), you do not need to complete Pages 11 (Your Accounts section) through 16.

Your Accounts

Understanding all of your cash and investment accounts helps in planning to meet your goals.

Name (Banks, brokerage firms, etc.)	Account Type (checking, savings, 529, 401(k), IRAs, brokerage, mutual fund, bond, annuities, etc.)	Ownership (name, jointly held or trust)	Current Value	Basis (if known)	Savings Amount and Frequency (e.g., \$200 biweekly)	Primary Beneficiary Name (if applicable)
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		

Does your employer provide a company match to your retirement plan?

Client: Y N

Co-client: Y N

If yes, please indicate the annual employer match:

Client: _____% of salary OR \$ _____ OR employer formula* _____

Co-client: _____% of salary OR \$ _____ OR employer formula* _____

*Employer formula (e.g., 3 percent the company matches 100 percent, the 4th and 5th % the company will match 50 percent)

What You Owe

Understanding your liabilities helps identify cash flow opportunities.

Lender Name	Liability (mortgage, home equity loan, auto loan credit card, student loan, individual margin loan, etc.)	Balance	Interest Rate	Average Monthly Payment	Ownership (name, jointly held or trust)
	Mortgage (principal and interest only)	\$	%	\$	
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	

Your Income

Understanding your income identifies resources to help meet your goals.

If employed: Do you want to include Social Security benefits in your plan? Y N

Source (employment [two consecutive paystubs is ideal], self-employment, bonus and/or incentives, child support, alimony, rental, estimated or current Social Security, pension, etc.)	Name of Client	Annual Gross Amount	Expected End Date for Income (e.g., at retirement, consulting end date)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Your Defined Benefit Pensions

Understanding your defined benefit pensions helps identify resources to help meet your goals.

Name	Benefits Start Age or Date	Estimated Benefit Amount	Payout Option
		\$_____ OR _____% of salary	<input type="checkbox"/> Lump sum <input type="checkbox"/> Life income
		\$_____ OR _____% of salary	<input type="checkbox"/> Lump sum <input type="checkbox"/> Life income

For the payout, what percentage is payable to the survivor? _____%

Are the benefits adjusted for inflation? Y N

Are the benefits vested? Y N

Do you have a pension plan with a previous employer with a lump sum distribution option? Y N

Your Insurance Policies

Understanding your insurance coverage helps assess how you are currently protected against the unexpected.

Life Insurance

Insured Name	Policy Type/ Name <small>(whole life, variable, universal or term)</small>	Death Benefit Amount	Primary Beneficiary Name <small>(if applicable)</small>	Premium and Frequency <small>(e.g., \$22 biweekly)</small>	Policy Owner <small>(name, jointly held or trust)</small>	Cash Value <small>(for whole life, variable or universal policies only)</small>
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$

Disability Insurance

Insured Name	Policy Type/Name (group or individual short-term, group or individual long-term)	Disability Benefit Amount (e.g., \$2,000 monthly)	Premium and Frequency (e.g., \$22 biweekly)	Policy Owner (name, jointly held or trust)	Waiting Period (e.g., 90 days)	Benefit Period (e.g., 5 years)
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			

Long-Term Care (LTC) Insurance

Insured Name	Policy Type/Name (group or individual)	LTC Benefit Amount (e.g., \$159 daily)	Premium and Frequency (e.g., \$22 biweekly)	Waiting Period (e.g., 90 days)	Benefit Period (e.g., 5 years)
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

Medical insurance

Insured Family Member	Policy Type/Name (group or individual)	Type of Coverage (medical, dental, vision)	Premium and Frequency (e.g., \$22 biweekly)	Deductible
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Auto, Home/Rental, Umbrella Insurance

Type of Coverage (auto, home, rental, umbrella)	Coverage Amount	Premium and Frequency (e.g., \$1,500 annually)	Deductible	Policy Owner
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Other Policies (e.g., business owner/professional)

Insured Name	Type of Coverage (errors and omissions, key person, commercial liability, malpractice)	Coverage Amount	Premium and Frequency (e.g., \$1,500 annually)	Deductible	Policy Owner
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

Your Estate Documents

Understanding your basic estate situation helps ensure your intentions are realized in the event you are unable to make decisions. Please indicate when these estate documents were created or last updated.

Document Types	Date Created/Updated for Client (month/year)	Date Created/Updated for Co-Client (month/year)
Will	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Healthcare directive/living will	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Trust(s) If yes, please indicate the type (e.g., family, charitable remainder, marital, testamentary)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Other:		

Describe any current estate planning strategies (e.g., trust, bequests, gifting).

Avantax WM HoldingsSM is the holding company for the group of companies providing financial services under the AvantaxSM name. Securities offered through Avantax Investment ServicesSM, Member FINRA, SIPC. Investment advisory services offered through Avantax Advisory ServicesSM and Avantax Planning PartnersSM. Insurance services offered through licensed agents of Avantax Insurance AgencySM, Avantax Insurance ServicesSM, and Avantax Planning Partners. 3200 Olympus Blvd., Suite 100, Dallas, TX 75019, 972-870-6000.

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