

# VERA FINANCIAL SOLUTIONS

FOCUSING ON YOUR FUTURE

# Fact Finder

#### Please bring copies of the following to your initial meeting:

- ➤ Investment Statements: 401K's, IRA's, after-tax accounts, and Annuities
- **➢** Bank Statements
- ➤ Insurance Policies: Life, Disability, Long-Term Care, other
- Social Security Annual Statement
- > Tax Returns
- Pay Stub
- > If you have one, personal budget and Pension detail

Neither Vera Financial Solutions nor its representatives provide tax or legal advice. For specific tax or legal advice, please consult your tax or legal advisor. Material contained within has been assembled from sources we believe to be reliable.



# Introduction

The information you provide will be used to create your financial plan. Your advisor will show you where you currently stand financially and if you are estimated to meet your financial goals and objectives.

Your Advisor is available to answer any questions you may have as you complete this questionnaire. Remember to print clearly and to answer each question thoroughly. If you need to provide additional information, you can attach a separate page.

## **Personal Information**

|                | <b>A</b> !! | 0 0"      |
|----------------|-------------|-----------|
|                | Client      | Co-Client |
| Title          |             |           |
| First Name     |             |           |
| Last Name      |             |           |
| SSN            |             |           |
| Date of Birth  |             |           |
| Gender         |             |           |
| Marital Status |             |           |
| Citizenship    |             |           |

## **Contact Information**

|                | Client | Co-client |
|----------------|--------|-----------|
| Home Phone     |        |           |
| Business Phone |        |           |
| Cellular Phone |        |           |
| Fax            |        |           |
| E-mail         |        |           |

## **Home Address**

|          | Client | Co-client |
|----------|--------|-----------|
| Street   |        |           |
| City     |        |           |
| State    |        |           |
| Zip Code |        |           |
| Country  |        |           |



## **Beneficiaries**

Please provide the following information about your estate beneficiaries.

| First Name | Last Name | Type<br>(e.g., child, charity) | Date of Birth |
|------------|-----------|--------------------------------|---------------|
|            |           | (e.g., child, charity)         |               |
|            |           |                                |               |
|            |           |                                |               |
|            |           |                                |               |
|            |           |                                |               |
|            |           |                                |               |

## **Advisors**

Use this section to provide information about your attorney, accountant and/or other professional advisors.

|                  | Advisor 1 | Advisor 2 | Advisor 3 |
|------------------|-----------|-----------|-----------|
| Title/Type       |           |           |           |
| Name             |           |           |           |
| Business Phone   |           |           |           |
| Home Phone       |           |           |           |
| Cellular/Pager   |           |           |           |
| Fax              |           |           |           |
| E-mail           |           |           |           |
| Street Address 1 |           |           |           |
| Street Address 2 |           |           |           |
| City             |           |           |           |
| State            |           |           |           |
| Zip Code         |           |           |           |
| Country          |           |           |           |



## **Assumptions**

The inflation rate and tax rates you select below will be used to develop your Financial Plan. If you choose to leave them blank, default rates will be used.

|      | 4.5  |     |          | 4   |
|------|------|-----|----------|-----|
| Infl | 19ti | on  | <b>P</b> | 2tA |
|      | ıaıı | UII | -170     | alc |

| Your analysis will assume a default inflati | on rate of 4%. | You may change the | inflation rate if you choose. |
|---|----------------|--------------------|-------------------------------|
|---|----------------|--------------------|-------------------------------|

Enter the inflation rate: \_\_\_\_\_%

### **Filing Status**

| Single  | Married/Jointly     | y Married/Separa  | ate |
|---------|---------------------|-------------------|-----|
| Onligic | iviai iica/ooii iii | y iviaincu/ocpaid | 210 |

#### Household

If you choose, you may indicate different tax rates in the table below for Before Retirement, and During Retirement.

|                          | Before Retirement | During Retirement |
|--------------------------|-------------------|-------------------|
| Average Federal Tax Rate |                   |                   |
| Average State Tax Rate   |                   |                   |
| Long-term Capital Gains  |                   |                   |

Please specify the gross income numbers and the average annual increase of your salary, if applicable.

|                         | Client | Co-client |
|-------------------------|--------|-----------|
| Current Annual Income   | \$     | \$        |
| Average Salary Increase | %      | %         |

#### Retirement

Use this section to provide information about your retirement goals.

Desired annual pre-tax retirement income: \$ \_\_\_\_\_\_ or percentage of Current Income \_\_\_\_\_%

|  | Client | Co-client |
|--|--------|-----------|
| Estimated Retirement Age                                     |        |           |
| Estimated Life Expectancy                                    |        |           |
| Social Security Eligibility (%) or Estimated Social Security | %      | %         |
| Annual Pension Benefit (\$) (include all retirement income)  | \$     | \$        |



# **Living Expenses Budget Planner**

Please list your current living expenses and any future expenses you plan on incurring.

| Expense Name | Amount | 7    | Гуре          | Start Age | End Age |
|--------------|--------|------|---------------|-----------|---------|
|              |        | Base | Discretionary | (Opti     | onal)   |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
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|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |
|              | \$     |      |               |           |         |

## **Additional Notes**

| Jse this section to provide any additional information you feel may be relevant to your advisor. |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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# **Investment Accounts List (optional)**

Use the following grids to list your accounts. If you need more space, print additional copies of this page.

| ACCOUNT NAME:         |    |                      |    | TYPE:        |           |         |
|-----------------------|----|----------------------|----|--------------|-----------|---------|
| OWNER:                |    |                      |    | BENEFICIARY: |           |         |
| Current Balance:      | \$ | ANNUAL CONTRIBUTIONS |    |              | Start Age | End Age |
| Cost Basis:           | \$ | Before Taxes:        | \$ | \$           |           |         |
| Income Return:        | %  | After Taxes:         | \$ |              |           |         |
| Capital Appreciation: | %  |                      |    |              |           |         |

| ACCOUNT NAME:         |    |                      |    | TYPE:        |           |         |
|-----------------------|----|----------------------|----|--------------|-----------|---------|
| OWNER:                |    |                      |    | BENEFICIARY: |           |         |
| Current Balance:      | \$ | ANNUAL CONTRIBUTIONS |    |              | Start Age | End Age |
| Cost Basis:           | \$ | Before Taxes:        | \$ |              |           |         |
| Income Return:        | %  | After Taxes:         | \$ |              |           |         |
| Capital Appreciation: | %  |                      |    |              |           |         |

| ACCOUNT NAME:         |    |                      |                  | TYPE:        |           |         |
|-----------------------|----|----------------------|------------------|--------------|-----------|---------|
| OWNER:                |    |                      |                  | BENEFICIARY: |           |         |
| Current Balance:      | \$ | ANNUAL CONTRIBUTIONS |                  |              | Start Age | End Age |
| Cost Basis:           | \$ | Before Taxes:        | Before Taxes: \$ |              |           |         |
| Income Return:        | %  | After Taxes:         | \$               |              |           |         |
| Capital Appreciation: | %  |                      |                  |              |           |         |

| ACCOUNT NAME:         |    |                      |    | TYPE:        |           |         |
|-----------------------|----|----------------------|----|--------------|-----------|---------|
| OWNER:                |    |                      |    | BENEFICIARY: |           |         |
| Current Balance:      | \$ | ANNUAL CONTRIBUTIONS |    |              | Start Age | End Age |
| Cost Basis:           | \$ | Before Taxes:        | \$ |              |           |         |
| Income Return:        | %  | After Taxes:         | \$ |              |           |         |
| Capital Appreciation: | %  |                      |    |              |           |         |

| ACCOUNT NAME:         |    |                      |    | TYPE:        |           |         |
|-----------------------|----|----------------------|----|--------------|-----------|---------|
| OWNER:                |    |                      |    | BENEFICIARY: |           |         |
| Current Balance:      | \$ | ANNUAL CONTRIBUTIONS |    |              | Start Age | End Age |
| Cost Basis:           | \$ | Before Taxes:        | \$ |              |           |         |
| Income Return:        | %  | After Taxes:         | \$ |              |           |         |
| Capital Appreciation: | %  |                      |    |              |           |         |



# Assets and Liabilities List (optional)

Use the following grids to list your assets and liabilities. If you need more space, print additional copies of this page.

| DESCRIPTION: |                  |    |    |                   |    |
|--------------|------------------|----|----|-------------------|----|
| OWNER:       | ASSET DETAILS    |    |    | LIABILITY DETAILS |    |
|              | Initial Cost:    | \$ |    | Balance Due:      | \$ |
| BENEFICIARY: | Current Value:   | \$ |    | Interest Rate:    | %  |
|              | Growth Rate      | %  |    | Payment:          | \$ |
|              | Plan on selling? |    | YR | Pmt Frequency:    |    |

| DESCRIPTION: |                  |    |    |                    |    |
|--------------|------------------|----|----|--------------------|----|
| OWNER:       | ASSET DETAILS    |    |    | LIABILITY DETAILS: |    |
|              | Initial Cost:    | \$ |    | Balance Due:       | \$ |
| BENEFICIARY: | Current Value:   | \$ |    | Interest Rate:     | %  |
|              | Growth Rate      |    | %  | Payment:           | \$ |
|              | Plan on selling? |    | YR | Pmt Frequency:     |    |

| DESCRIPTION: |                  |    |    |                    |    |
|--------------|------------------|----|----|--------------------|----|
| OWNER:       | ASSET DETAILS L  |    |    | LIABILITY DETAILS: |    |
|              | Initial Cost:    | \$ |    | Balance Due:       | \$ |
| BENEFICIARY: | Current Value:   | \$ |    | Interest Rate:     | %  |
|              | Growth Rate      | %  |    | Payment:           | \$ |
|              | Plan on selling? |    | YR | Pmt Frequency:     |    |

| DESCRIPTION: |                  |    |    |                    |    |
|--------------|------------------|----|----|--------------------|----|
| OWNER:       | ASSET DETAILS L  |    |    | LIABILITY DETAILS: |    |
|              | Initial Cost:    | \$ |    | Balance Due:       | \$ |
| BENEFICIARY: | Current Value:   | \$ |    | Interest Rate:     | %  |
|              | Growth Rate      |    | %  | Payment:           | \$ |
|              | Plan on selling? |    | YR | Pmt Frequency:     |    |



# **Insurance Policies List (optional)**

Use the following grids to list your policies. If you need more space, print additional copies of this page.

| POLICY NAME: |                   |    |        |         |
|--------------|-------------------|----|--------|---------|
| ТҮРЕ         | Face Value        | \$ |        |         |
| OWNER:       | Premium           | \$ | Annual | Monthly |
| INSURED:     | Cash Value        | \$ |        |         |
| BENEFICIARY: | Cash Value Growth | %  |        |         |

| POLICY NAME: |                   |    |        |         |
|--------------|-------------------|----|--------|---------|
| ТҮРЕ         | Face Value        | \$ |        |         |
| OWNER:       | Premium           | \$ | Annual | Monthly |
| INSURED:     | Cash Value        | \$ |        |         |
| BENEFICIARY: | Cash Value Growth | %  |        |         |

| POLICY NAME: |                   |    |        |         |
|--------------|-------------------|----|--------|---------|
| ТҮРЕ         | Face Value        | \$ |        |         |
| OWNER:       | Premium           | \$ | Annual | Monthly |
| INSURED:     | Cash Value        | \$ |        |         |
| BENEFICIARY: | Cash Value Growth | %  |        |         |

| POLICY NAME: |  |                   |    |        |         |
|--------------|--|-------------------|----|--------|---------|
| ТҮРЕ         |  | Face Value        | \$ |        |         |
| OWNER:       |  | Premium           | \$ | Annual | Monthly |
| INSURED:     |  | Cash Value        | \$ |        |         |
| BENEFICIARY: |  | Cash Value Growth | %  |        |         |



# **Student Information**

Use this section to provide information about Education funding.

|                | Student | College            |    |                   |   |  |
|----------------|---------|--------------------|----|-------------------|---|--|
| First Name:    |         | College Name:      |    |                   |   |  |
| Last Name:     |         |                    |    |                   |   |  |
| Date of Birth: |         | College Start Age: |    | College End Age:  |   |  |
|                |         | Annual Tuition:    | \$ | Tuition Increase: | % |  |

# **Education Funding**

|                       | 529 Plan | Education IRA | Taxable Savings |
|-----------------------|----------|---------------|-----------------|
| Account Balance:      | \$       | \$            | \$              |
| Annual Contributions  |          |               |                 |
| From Client:          | \$       | \$            | \$              |
| By Others:            | \$       | \$            | \$              |
| Rate of Return:       | %        | %             | %               |
| Contribution End Age: |          |               |                 |

## Other Incomes for this student

| Income name | Amount | Start Age | Number of<br>Years | Increase<br>Rate |
|-------------|--------|-----------|--------------------|------------------|
|             | \$     |           |                    | %                |
|             | \$     |           |                    | %                |
|             | \$     |           |                    | %                |
|             | \$     |           |                    | %                |
|             | \$     |           |                    | %                |
|             | \$     |           |                    | %                |

<sup>\*</sup>Please print extra copies of this page if you have multiple students.



# Risk Tolerance Questionnaire

This questionnaire will analyze your investment objectives, time horizons and risk tolerance. Please circle your answers.

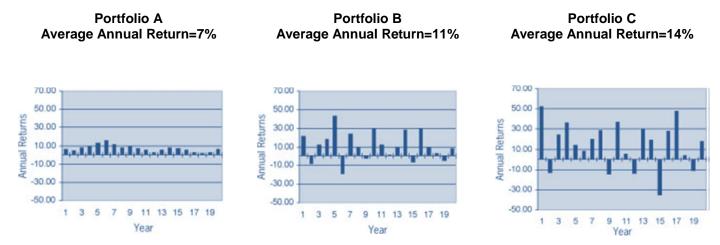
- 1. What is your Age?
  - A. 56+
  - B. 46 55
  - C. 36 45
  - D. 18 35
- 2. Which of the following best describes the objectives you want to achieve with your investments?
  - A. I would like to preserve my principal and generate a moderate amount of income.
  - B. I would like to live off of the income generated by my investments.
  - C. I would like to generate some income and have the principal grow over the long term.
  - D. I would like my investments to grow as much as possible over the long term.
- 3. In approximately how many years will you begin withdrawing funds from your investments to satisfy your retirement goals?
  - A. Immediately
  - B. 1 5 years
  - C. 6 10 years
  - D. 11 20 years
  - E. Over 20 years
- 4. Once you begin to withdraw funds for your primary purpose or investment objective, over how long a period do you anticipate the withdrawals to continue?
  - A. I expect to withdraw all funds in a single lump-sum
  - B. 1 5 years
  - C. 6 10 years
  - D. 11 20 years
  - E. Over 20 years



- 5. Which one of the following statements best describes your attitude towards the trade-off between risk and return?
  - A. I am primarily concerned with limiting risk. I am willing to accept lower expected returns in order to limit my chance of loss.
  - B. Limiting risk and maximizing return are of equal importance to me. I am willing to accept moderate risk and moderate chance of loss in order to achieve moderate returns.
  - C. I am primarily concerned with maximizing the returns of my investments. I am willing to accept high risk and high chance of loss in order to maximize my investment return potential.
- 6. Inflation can greatly diminish the effective returns of your portfolio. Please specify which of the following best summarizes your attitudes regarding investing and inflation.
  - A. I prefer a portfolio that has the potential to return substantially more than inflation over the long run and I am willing to accept large short-term fluctuations in value (and a greater potential for loss) to achieve this goal.
  - B. I prefer a portfolio that has the potential to moderately exceed inflation over the long run and I am willing to accept moderate short-term fluctuations in value (and a moderate potential for loss) to achieve this goal.
  - C. I prefer to minimize short-term fluctuations in portfolio value (and the potential for loss) as much as possible, even if it means that my portfolio has the potential to only keep pace with or slightly exceed inflation.
- 7. Sometimes investment losses are permanent, sometimes they are prolonged, and sometimes they are short-lived. How might you respond when you experience investment losses?
  - A. Even if my investments suffered a significant decline over several years, I would continue to follow my long-term investment strategy and not adjust my portfolio.
  - B. I can endure significant declines in the value of my investments and would wait at least one year before adjusting my portfolio.
  - C. Although declines in investment value make me uncomfortable, I would wait one to two quarters before adjusting my portfolio.
  - D. I would sell my investments immediately if they suffered substantial declines.
- 8. Do you need current income (that is, will you take regular withdrawals from your savings and investment accounts)?
  - A. Yes
  - B. No
- 9. If you needed income from your investments, approximately what percentage of your savings and investment accounts' current value do you need annually?
  - A. Less than 2%
  - B. Greater than 2%, but less than 4%
  - C. Greater than 4%, but less than 6%
  - D. Greater than 6%



10. The following graphs show the historical year-by-year returns for three hypothetical portfolios over a 20-year period. The average annual return over the 20-year period is also indicated. Which portfolio would you choose?



Note that Portfolio B is substantially riskier than Portfolio A and Portfolio C is substantially riskier than Portfolio B.

## **Additional Notes**

| Use this section to provide any additional information you feel may be relevant to your advisor. |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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