The Wise Wealth Planning Workshop™ Questionnaire

The Wise Wealth Integrator™

SAVANT®
Your Wise Wealth Advisor
Revised February 5, 2008

The Wise Wealth Planning Program™

Instructions

After completion of form, click the submit button to e-mail data to Savant "or" print off a copy and mail it to us.

Savant Capital Management, Inc
Attn: Client Services
190 Buckley Drive
Rockford, IL 61107

Click to Submit

Submit Form
(e-mail data to Savant)

The Wise Wealth Planning Program™

Introduction

This booklet is designed to facilitate the planning process. Our goal is to make your life simpler, not more complex, so this booklet should not be a hindrance or a burden. You may complete as much as you like and gather the requested information, or we will develop this information together at our next meeting.

The next meeting

Copies of the items listed below will be required for the next meeting.

- This booklet
- Most recent statement from all investment accounts;
  - Brokerage statements
  - IRA statements
  - Mutual Fund statements
  - 401(k) statements
  - Trust Account statements
  - Annuity statements
- Most recent U.S. Individual Income Tax Return
- Additional items detailed at back of booklet

Financial independence

Financial independence means having the freedom to pursue what is really important to you. Savant Capital Management, Inc. developed the Wise Wealth Planning Program™ to assist you in making crucial decisions necessary to maximize your assets, enhance the quality of your life, and realize your personal and financial goals.

Personal data

	Date of Birth	Social Security #	Occupation
Client's Name			
Spouse's Name			
Home Address	Phone Fax E-Mail		
Client's Business Name & Address	Phone Fax E-Mail		
Spouse's Business Name & Address	Phone Fax E-Mail		

Please indicate your preferred method of contact if a member of our Planning Team needs additional information:

Who should be the primary contact? ________________________

Phone: ☐ ____

E-mail: ☐ ____

Marital Status	☐ Married (Date)	☐ Divorced ☐ Widowed
Any former marriages?	☐ Yes	☐ No
If yes, to whom? (Client)		
(Spouse)		
Are you paying alimony/maintenance?	☐ Yes	☐ No
Are you paying child support?	☐ Yes	☐ No
Have you ever lived in a community property state? (See footnote below)	☐ Yes	☐ No
Are you and your spouse both U.S. citizens? If not, please indicate nationality.	☐ Yes	☐ No
Are your parents living?	☐ Yes Mother's age: Father's age:	☐ No Mother's age at death: Father's age at death:
Notes:		
Are spouse's parents living?	☐ Yes Mother's age: Father's age:	☐ No Mother's age at death: Father's age at death:
Notes:		
Will either of your parents require financial assistance?	☐ Yes	☐ No

Note: Community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin

Personal data (cont'd)

Children*/Grandchildren	Date of Birth	Occupation	Amount of Support *(if child is no longer a minor)*

**By client or spouse*

Are there any significant family health problems or special needs? If so, please describe.

Do you, your spouse, or your children expect to receive gifts/inheritances?	☐ Yes	☐ No
How much?		
From whom?		
When?		

Are you or any members of your immediate family beneficiaries of a trust? If yes, please provide a copy of the trust document(s) and latest asset listing or provide the name of the professional(s) we can contact to obtain this information.

Financial objectives

How much are you **annually** allocating to the following items*:

$__________________home mortgage	$___________________ mortgage on other property	$___________________ auto payment(s)
$__________________long term savings**	$___________________ charitable contributions	$___________________ real estate tax

** Optional: The last page of this questionnaire has a worksheet to assist you in determining your expenses.*

*** In pre-retirement years, other than the expenses listed above and taxes, we assume all your net income is spent (except for your long-term savings amount indicated above).*

In post-retirement, what do you expect your expenses to be: same as pre-retirement ☐ higher ☐ lower ☐
(Please explain)

What private education and college expenses (in today's dollars) do you expect for your children?

Child's Name	Expenses Per School Year	Beginning year/ Number of Years	% you wish to pay

What large or unusual expenses are you planning?

Item	Amount	When
New Automobiles/Boat		
Change of Residence		
Vacation home		
Travel/Vacation		
Charities		
Weddings		
Other (specify)		

Financial information summary

Financial and investment assets*

There is no need to detail information regarding assets for which you can provide statements.

Tax Deferred Retirement Accounts i.e. 401(k), IRA, 403(b) - Qualified	Amount	Owner	Current Contributions

Taxable Accounts Other Investment Accounts—Non-qualified	Amount	Owner	Current Contributions

Educational savings (529s, UGMAs, Coverdells, etc)

Child's Name	Account Type	Amount

Financial information summary (cont'd)

Financial and investment assets*

**** There is no need to detail information regarding assets for which you can provide statements.***

Stock options*

Name	Type (NSO,ISO)	Owner	Grant Date	Grant Price	Vesting Schedule	Expiration Date

Pension & other income*

Description	Account Type	Owner	Amount	Beneficiary	Comments

Financial information summary (cont'd)

Real estate & business assets

Primary Residence (list address):

$___________________ Estimated value $___________________ Purchase price ____________________ Purchase Date

Owned by ☐ Client ☐ Spouse ☐ Joint ☐ Other ___________________ (Please explain)

Second Residence (list address):

$___________________ Estimated value $___________________ Purchase price ____________________ Purchase Date

Owned by ☐ Client ☐ Spouse ☐ Joint ☐ Other ___________________ (Please explain)

Other Property (land, rental, business):

$___________________ Estimated value $___________________ Purchase price ____________________ Purchase Date

Owned by ☐ Client ☐ Spouse ☐ Joint ☐ Other ___________________ (Please explain)

Other Property (land, rental, business):

$___________________ Estimated value $___________________ Purchase price ____________________ Purchase Date

Owned by ☐ Client ☐ Spouse ☐ Joint ☐ Other ___________________ (Please explain)

Financial information summary (cont'd)

Real estate & business assets (cont'd)

Other real estate and business assets

Description	Value	Owner	Income *	Expense *

* *If investment or rental property receives income or incurs deductible expenses, please provide Schedule E of the tax return.*

Real estate & business liabilities

Other real estate and business liabilities

Description	Original Amount	Interest Rate	Original Term	Start Date	Current Balance	Monthly Payment

Personal use assets

Automobiles	Owner	Value	Comments

Financial information summary (cont'd)

Personal use assets (cont'd)

Collectibles/Artwork	Owner	Value	Comments

Other Assets*	Owner	Value	Comments

* *May include jewelry, household furnishings and other scheduled assets.*

Liabilities

	Original Amount	Interest Rate	Original Term	Start Date	Current Balance	Monthly Payment
Home Mortgage						
Second Mortgage						
Home Equity						
Car Loans						

Financial information summary (cont'd)

Earned income

	Client	Spouse	Self-Employed?	Comments
Annual Income				
Annual Bonus				
Other				

Social Security

☐ Not yet receiving (Please provide most recent estimate provided by Social Security Administration)
☐ Currently receiving:

$___________________ Client monthly amount $___________________ Spouse monthly amount

Life Insurance

(Note: Please provide current statement or policy)

Company Name/Insurance type	Owner	Insured	Death Benefit	Cash Value	Annual Premiums

Other Insurance

Do you have Disability? ☐ Yes (provide details) ☐ No

Do you have Long-term Care? ☐ Yes (provide details) ☐ No

Do you have other Insurance Coverage? ☐ Yes (provide details) ☐ No

Do you have Umbrella Liability Coverage? ☐ Yes (provide details) ☐ No

Financial priority

Here are some common personal financial goals. Indicate the relative importance you attach to each goal by circling the appropriate number. Feel free to add other goals that are important to you.

Low		Med		High	
0	1	2	3	4	Maintain present standard of living
0	1	2	3	4	Improve present standard of living (spend more and save less)
0	1	2	3	4	Improve future standard of living (spend less and save more)
0	1	2	3	4	Financial independence at age _____
0	1	2	3	4	Total retirement at age _____
0	1	2	3	4	College education for children
0	1	2	3	4	Support of adult children
0	1	2	3	4	Passing considerable wealth to heirs
0	1	2	3	4	Support of parents or parents-in-law
0	1	2	3	4	Support of surviving (dependent) spouse
0	1	2	3	4	Support political or philanthropic causes
0	1	2	3	4	Change or modify career activities
0	1	2	3	4	Pursue family or social activities
0	1	2	3	4	Pursue other personal activities or experiences
0	1	2	3	4	Change nature or scope of business enterprise
0	1	2	3	4	Transfer control of business enterprise to heirs
0	1	2	3	4	Transfer ownership of business enterprise to others
0	1	2	3	4	Change of residence
0	1	2	3	4	New car
0	1	2	3	4	Vacation home or recreational item
0	1	2	3	4	Extraordinary travel
0	1	2	3	4	Education of self
0	1	2	3	4	Education of child
0	1	2	3	4	Wedding of child

Other (please list):

0	1	2	3	4	
0	1	2	3	4	
0	1	2	3	4	
0	1	2	3	4	
0	1	2	3	4	
0	1	2	3	4	

Other information and documents

You can provide us with a copy of the following items, or we can obtain them from your professionals. The name of your professionals are requested on the next page. We will prepare an authorization form for you to sign for each professional as desired. If an item is not applicable, note N/A.

	Copy Enclosed	Please obtain from my professional
Legal Documents		
Wills	______	______
Designation of Health Care Surrogate(s)	______	______
Living Will(s)	______	______
Durable Power of Attorney(s)	______	______
Trust Agreement(s)	______	______
Prenuptial or Postnuptial Agreement(s)	______	______
Tax Documents		
Latest Individual Income Tax Return	______	______
Latest Intangible Tax Return	______	______
Statement of Capital Gains and Losses for current year (include dates acquired/sold, cost, proceeds)	______	______
Summary of Income Tax Basis for all Investment Assets	______	______
Latest Gift Tax Return	______	______
Employee Benefits		
Latest statement summarizing benefits including employer-provided health insurance, life insurance, short-term disability, long-term disability, etc.	______	______
Latest Paycheck Stub(s)	______	______
Statement of Interest in Pension, Profit Sharing or 401(k) plans	______	______
Social Security Statement	______	______
Insurance		
Summary information or declarations page and recent premium notice for:		
Life Insurance	______	______
Disability Income Insurance	______	______
Personal Umbrella Insurance	______	______
Long Term Care Insurance	______	______
Hospitalization, Major Medical, Medigap	______	______

Other information and documents (cont'd)

	Copy Enclosed	**Please obtain from my professional**
Investment Accounts		
Most recent statements from all investment accounts including:		
‣ Brokerage accounts	________	________
‣ Individual Retirement accounts (IRAs)	________	________
‣ Mutual fund statements	________	________
‣ Annuity statements	________	________
‣ 401(k), profit sharing and pension plans	________	________
‣ Children's assets such as 529 plans and custodial accounts	________	________

Professionals and others to contact. Sometimes outside professionals charge for copies of documents.

	Name
Attorney Personal	
Business	
Accountant Personal	
Business	
Life Ins. Agent	
Property Ins. Agent	
Banker	

Notes

Please feel free to add any comments you deem relevant or any questions you may have.

Monthly Expenses

Housing	Actual Cost
Mortgage or rent	
Second mortgage or rent	
Phone	
Cellular Phone	
Electricity	
Gas	
Water and sewer	
Cable	
Waste removal	
Maintenance or repairs	
Supplies	
Other	

Food	
Groceries	
Dining out	
Other	

Personal Care	
Medical	
Hair/nails	
Clothing	
Dry cleaning	
Health club	
Organization dues or fees	
Other	

Insurance	
Home	
Health	
Other	

Children	
Medical	
Clothing	
School tuition	
School supplies	
Organization dues or fees	
Lunch money	
Sports Equipment	
Child care	
Toys/games	
Other	

Transportation	Actual Cost
Vehicle 1 payment	
Vehicle 2 payment	
Bus/taxi fare	
Parking	
Insurance	
Licensing	
Fuel	
Maintenance	
Other	

Loans	
Personal	
Student	
Credit card	
Credit card	
Credit card	
Other	

Entertainment	
Video/DVD	
CDs	
Movies	
Concerts/ Theater	
Sporting events	
Internet connection	
Magazines/ Newspapers	
Other	

Pets	
Food	
Medical	
Grooming	
Toys	
Boarding	
Other	

Legal	
Attorney	
Alimony	
Payments on lien or judgment	
Other	

Misc. Payments	
Other	
Other	
Other	Revised February 5, 2008
Other	