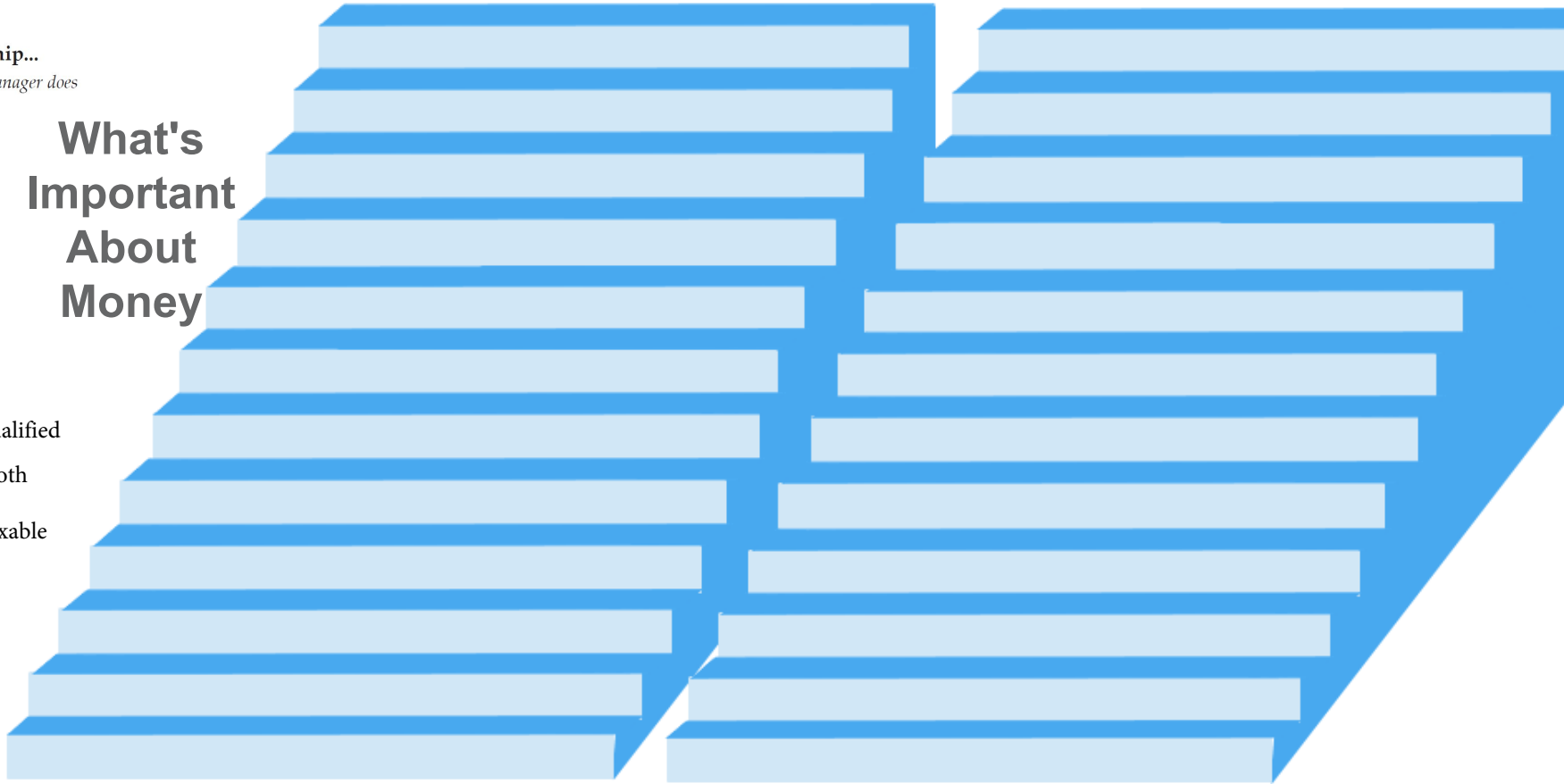


Financial Blueprint



What's Important About Money



War Chest:



Investment Assets

- Qualified
- Roth
- Taxable



Debt:



Insurance

Client Name:

Client Name:

Date:

- Life
- Disability
- LTC
- P&C

Goal:

Amount:

Date:

Feeling after accomplishing:

Goal:

Amount:

Date:

Feeling after accomplishing:

Goal:

Amount:

Date:

Feeling after accomplishing:

Notes

Personal

| | | | | |
|-------------------|--------------------|-------------------------------------|----------------|-------------------------------------|
| | Client (C) | | Co-Client (Co) | |
| Name | | | | |
| Date of Birth | Gender | | Gender | |
| Employment Income | \$ | or <input type="checkbox"/> Retired | \$ | or <input type="checkbox"/> Retired |
| Marital Status | State of Residence | | | |
| Living Expense | Current: | \$ | Retirement: | \$ |

Retirement Vision

| |
|-------------------------------------------------------------------------------------------------------|
| How much do you need to retire comfortably? |
| How do you plan to ensure your retirement income lasts 25-40 years while mitigating inflation impact? |
| What is your distribution strategy? |
| What will you be doing in retirement that you are not able to do now? |

Social Security Benefits

| | | | | |
|---------------------------------------------------|----------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|-----------------------------------------------|
| | Client | | Co-Client | |
| Are you eligible? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Receiving Now | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Receiving Now |
| Amount of benefit | \$ | <input type="checkbox"/> Use Program Estimate | \$ | <input type="checkbox"/> Use Program Estimate |
| When to start | <input type="checkbox"/> at age | | <input type="checkbox"/> at age | |
| What is your plan for optimizing your benefits? | | | | |
| What is your strategy for Medicare in retirement? | | | | |

Retirement Income (pension, part-time work, rental property, annuities)

| Income Type | Owner | | Monthly Amount | Starts | Ends | COLA? | % Survivor |
|--------------------------------------------------|--------------------------|--------------------------|----------------|--------|------|--------------------------|------------|
| | C | Co | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | | <input type="checkbox"/> | % |
| | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | | <input type="checkbox"/> | % |
| What is your strategy to maximize your benefits? | | | | | | | |

Assets (property, business, lump-sum pension, vehicles)

| Description | Owner | | | Current Value | Planning to sell this asset? | Year Received/Sold | Cash Received (After-tax) |
|-------------|--------------------------|--------------------------|--------------------------|---------------|----------------------------------------------------------|--------------------|---------------------------|
| | C | Co | Joint | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Investment Philosophy

| |
|---------------------------------------------------------------------|
| What is your investment philosophy, and how did you develop it? |
| Do you know how much risk it is taking vs the return it is getting? |
| How often do you rebalance your accounts? |
| What is your strategy for an extended bear market? |
| What is your strategy for your tax allocation? |

Estate

| | Client | Co-Client | Notes |
|----------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|-------|
| Will? Medical Directive? PoA? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date documents were last reviewed | | | |
| What is your strategy if you don't wake up tomorrow? | | | |
| What is your strategy for leaving a legacy and what does that mean to you? | | | |
| Do you have any plans for charitable contributions or philanthropy? | | | |

Risk Mitigation

| |
|----------------------------------------------------------------------------------------------------|
| How often do you review and update your insurance policies? |
| Do you have an emergency fund? How many months of expenses does it cover? |
| How do you plan on managing and reducing debt, including mortgages, credit cards, and other loans? |
| What is your long-term care strategy? |

Risk Score

| | |
|--------|-----------|
| Client | Co-Client |
|--------|-----------|

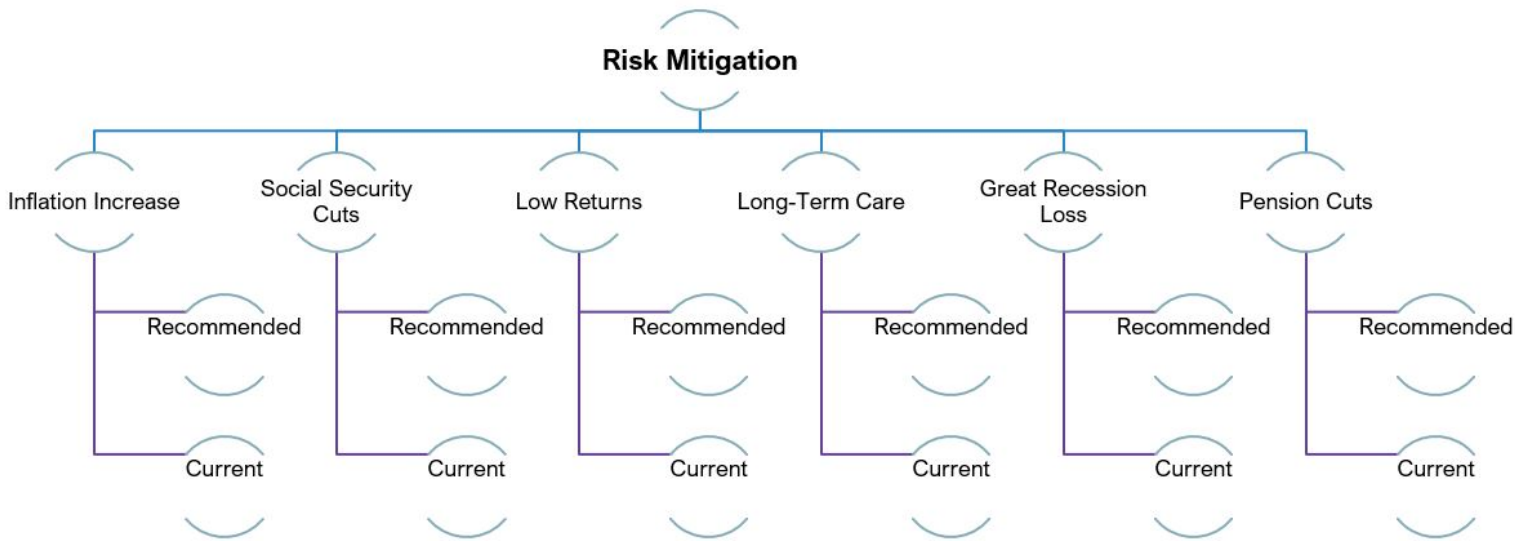
On a scale of 1 to 100, with 1 being the lowest risk and 100 being the highest risk, what's your risk score?

Notes

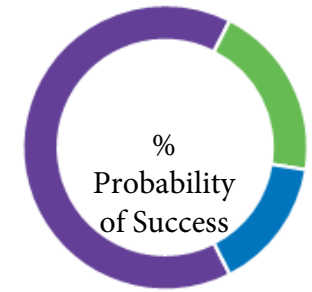
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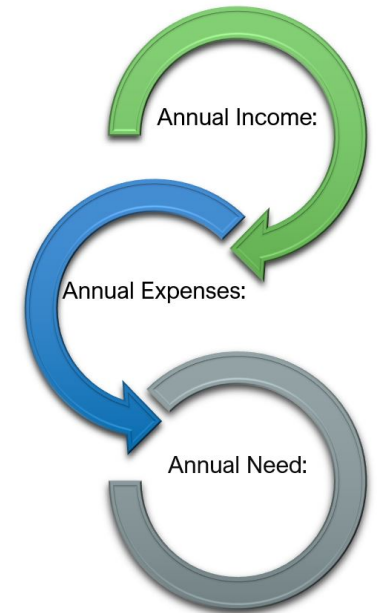
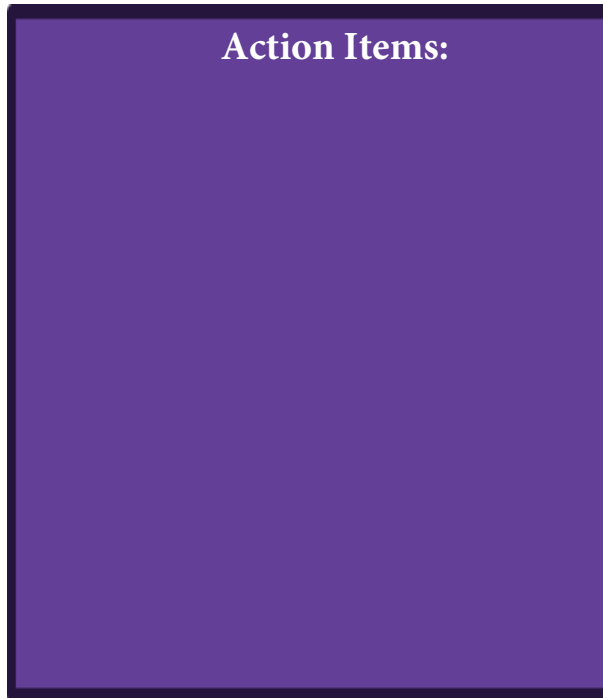
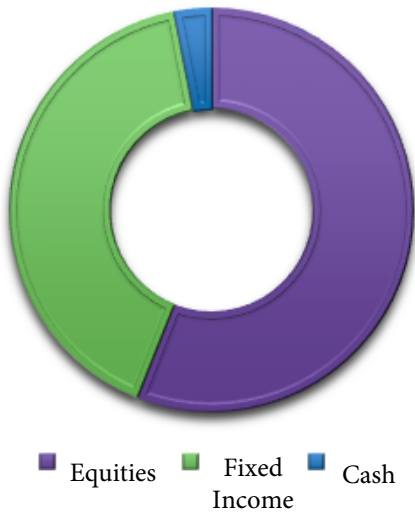
Risk Mitigation



Recommended Scenario



Recommended Asset Allocation



Average Annual Withdrawal Rate:

To determine which investment(s) may be appropriate for you, consult with your financial professional prior to investing. The information provided is not intended to be a substitute for specific individualized tax planning or legal advice. Consult with a qualified tax or legal advisor. There is no assurance that the recommendations provided will yield positive outcomes. The purchase of certain securities may be required to affect some of the strategies. Investing involves risks including possible loss of principle.

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Accomplishments

Completed

N/A

| | | |
|--|----------------------------------------------|--|
| | Reallocated accounts | |
| | Completed Budget | |
| | War Chest | |
| | Cash Reserve Bank Strategy | |
| | Paid off debt | |
| | Freeze Credit | |
| | Retired | |
| | Applied for SS Benefits | |
| | Applied for Medicare | |
| | Sold Business | |
| | Sold Home | |
| | Downsized/Moved to new home | |
| | Roth Conversions | |
| | Start RMDs | |
| | Consolidate Accounts | |
| | Opened/Contributing to 529 | |
| | Funded Child's/Grandchild's education | |
| | Bought Life Insurance | |
| | Bought Disability Insurance | |
| | Bought LTC Insurance | |
| | Updated Home policy | |
| | Updated auto policy | |
| | Updated umbrella insurance | |
| | Created Last Will and Testament | |
| | Created Healthcare Proxy | |
| | Created POA | |
| | Created a Trust | |
| | Updated Beneficiaries | |
| | Gifting to Children | |
| | Gifting to Charity | |