



WEALTHMAP
FINANCIAL ADVISORS



www.WealthMapFinancialAdvisors.com



As a client of WealthMap Financial Advisors, your goals are our goals. Being free from corporate ownership, we can truly align our financial advice to what is in your best interest. Our commitment as an independent financial planning firm is to work with you to create a sustainable long-term plan to help you achieve your goals and aspirations.

Our clients have the comfort and confidence of knowing that we provide custom recommendations that are backed by thorough analysis with the support of an experienced team that has helped clients weather the ups and downs of markets for over 20 years.

Being a comprehensive wealth management firm, the team at WealthMap Financial Advisors looks at all aspects of your financial life. Working with our team, clients are confident knowing they always get tailored, comprehensive financial advice with a focus on exceptional, one-on-one client service.

Since 1997 WealthMap Financial Advisors* has been helping our clients
Plan for Today and Tomorrow.

*Formerly known as Balderson & Hebert, LLC

OUR

SERVICES

Current Financial Positioning

- Examine Assets, Liabilities & Policies
- Examine Income & Expenses

Retirement Planning

- Accumulation & Distribution Strategies
- 401(k), SEP, Simple, Traditional & Roth IRA, Social Security Analysis

Investment Management

- Portfolio Management
- Wealth Accumulation Strategies

Tax Strategies

- Pre/Post Retirement Tax Strategies
- Qualified/Non-Qualified Planning

College Planning

- Tailored Savings Plan

Protection Planning

- Insurance Analysis - Loss of Life, Income Contingency, Long Term Care
- Business Protection & Succession

Estate Planning

- Legacy Planning
- Wills & Trust Strategies
- Wealth Transfer

Financial Wellness

- Benefits and retirement education provided in the workplace



Our Process

- 1** Gather Data
 - Review assets, liabilities, tax, estate and insurance documents
 - Assess current income and expense surplus or shortfall
 - Review current financial position

- 2** Align Goals & Priorities
 - Clarify/confirm short and long-term objectives
 - Discuss assumptions and projections
 - Prioritize order of financial goals

- 3** Implement Financial Plan
 - Review plan, recommendations and rationale
 - Discuss synergistic progression of goals
 - Determine fit of investment, business, credit, retirement, insurance and estate instruments with objectives

- 4** Navigate Life Changes
 - Address material deviations to financial situation such as job change, marriage and much more
 - Identify pending or upcoming issues and determine best course of action
 - Address the potential care or unexpected passing of a loved one

- 5** Strategy & Review
 - Evaluate current holdings and allocation
 - Reconfirm goals and priorities
 - Rebalance or reposition investments in relation to financial goals and risk appetite

CLIENT

FINANCIAL PLANNING DOCUMENT CHECKLIST

Please bring the following policies, statements, and documents, if applicable, to our next financial planning meeting.

1. Mortgage Information, to include: Current Mortgage Amount
Interest Rate Pay Off Date Monthly Payment
Estimated Market Value
2. Most recent Checking, Savings, & Money Market Statements.
Bring amounts, rates, and terms for any CDs or "time deposits."
3. Most recent Investment Account Statements not managed by
WealthMap Financial Advisors, to include the following:
Mutual Funds (Equity and Bond) Monthly Payment
U.S. Savings Bonds Estimated Market Value
Investment brokerage accounts (i.e. Merrill Lynch, Fidelity, etc)
Annuity Contracts and recent statements
UTMA/ UGMA, 529 Plans, Coverdell ESA
4. Summary of all individual securities held by you
Copies of Stock Certificates for Example
List of stock options & restricted stock, to include information about
qualification status, dates granted & vested, date exercised & ending
balance
5. All Loan/Debt Information (statements preferred), to include:
Name of Lender Purpose of Loan Interest Rate
Balance Due Monthly Payment
6. All Insurance Information for each family member, to include:
Most recent declarations or renewal pages
Copy of all policies, to include the following: Long Term Care
Life Health Disability E & O / Malpractice
Auto Umbrella Homeowners Other_____
7. Company Benefits Handbook & Statements, to include:
Pension Plan, 403(b), 401(k), to include the following:
Annual Summary Investment Plan Options
Group Insurance (Health, Vision, Dental, Life, etc.)
8. Summary of any other assets (including appraisals)
9. Tax Returns for the **past two years**.
10. Estimated Large, One-time expenditures in the next three years.
(i.e. house renovations, new car, RV, real estate, etc.)
11. Wills, Durable Power and Physician Directives.
12. Social Security Statement

Follow up Items:



WEALTHMAP
FINANCIAL ADVISORS

Financial Profile

PERSONAL INFORMATION

Client 1

Client 2

Name (<i>First, Last</i>)	<hr/>	<hr/>
Preferred Name (<i>nickname</i>)	<hr/>	<hr/>
Home Address	<hr/>	<hr/>
	<hr/>	<hr/>
Home Phone	<hr/>	<hr/>
Cell Phone	<hr/>	<hr/>
Email	<hr/>	<hr/>
Birth Date	<hr/>	<hr/>

EMPLOYER INFORMATION

Client 1

Client 2

Employment status	Employed / Self-employed / Retired	Employed / Self-employed / Retired
Occupation (<i>If retired, previous occupation</i>)	<hr/>	<hr/>
Employer Name	<hr/>	<hr/>
Employer Address	<hr/>	<hr/>
	<hr/>	<hr/>
Business Phone	<hr/>	<hr/>

FAMILY MEMBERS

Include children and grandchildren, as well as other individuals who rely on you for support.

<i>Name</i>	<i>Relationship to Client 1 / Client 2</i>	<i>Birth date</i>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

GOALS - Before and During Retirement



COLLEGE: Planning on paying for all or part of a college education (or another program) for yourself, a child or grandchild?

IMPORTANCE					ATTENDEE	START YR	# OF YRS	TARGET \$	NOTES
LOW HIGH									
1	2	3	4	5					
1	2	3	4	5					
1	2	3	4	5					



PRIVATE SCHOOL: Set a goal to give the gift of a private education to your children or grandchildren.

IMPORTANCE					ATTENDEE	START YR	# OF YRS	TARGET \$	NOTES
LOW HIGH									
1	2	3	4	5					
1	2	3	4	5					
1	2	3	4	5					



NEW HOME: Trading up to gain more space for your family? Maybe it's time for that vacation home?

IMPORTANCE					DESCRIPTION	START YR	TARGET \$	NOTES
LOW HIGH								
1	2	3	4	5				
1	2	3	4	5				
1	2	3	4	5				



HOME IMPROVEMENTS: Make your current home your dream home.

IMPORTANCE					DESCRIPTION	START YR	TARGET \$	NOTES
LOW HIGH								
1	2	3	4	5				
1	2	3	4	5				
1	2	3	4	5				



MAJOR PURCHASE: You've always wanted a... whatever it is, make it a goal!

IMPORTANCE					DESCRIPTION	START YR	TARGET \$	NOTES
LOW HIGH								
1	2	3	4	5				
1	2	3	4	5				
1	2	3	4	5				



TRAVEL: Is there a special place calling your name? Do you want to save for regular travel?

IMPORTANCE					DESCRIPTION	START YR	TARGET \$	HOW OFTEN
LOW HIGH								
1	2	3	4	5				
1	2	3	4	5				
1	2	3	4	5				



VEHICLE: Set a goal to be sure you'll be driving what you want.

IMPORTANCE					DESCRIPTION	START YR	TARGET \$	HOW OFTEN
LOW HIGH								
1	2	3	4	5				
1	2	3	4	5				
1	2	3	4	5				

GOALS - Before and During Retirement



WEDDING: Will you be helping a happy couple pay for a wedding in the future?

IMPORTANCE					DESCRIPTION	EST. YR	TARGET \$	NOTES
LOW	1	2	3	4	HIGH			
1	2	3	4	5				
1	2	3	4	5				
1	2	3	4	5				



CELEBRATION: What special events are you looking forward to celebrating? Family reunion, anniversary, retirement?

IMPORTANCE					DESCRIPTION	YEAR	TARGET \$	NOTES
LOW	1	2	3	4	HIGH			
1	2	3	4	5				
1	2	3	4	5				
1	2	3	4	5				



GIFTS - DONATIONS: Is it time to give back?

IMPORTANCE					DESCRIPTION	RGET \$	HOW OFTEN
LOW	1	2	3	4	HIGH		
1	2	3	4	5			
1	2	3	4	5			
1	2	3	4	5			



START A BUSINESS: If you plan to start or buy a business, setting a goal can help you succeed.

IMPORTANCE					DESCRIPTION	START YR	TARGET \$	NOTES
LOW	1	2	3	4	HIGH			
1	2	3	4	5				
1	2	3	4	5				
1	2	3	4	5				



PROVIDE CARE: Set a monetary goal to cover any care your loved ones may need.

IMPORTANCE					DESCRIPTION	START YR	TARGET \$	HOW OFTEN	# OF YRS
LOW	1	2	3	4	HIGH				
1	2	3	4	5					
1	2	3	4	5					
1	2	3	4	5					



HEALTH CARE: If you anticipate costs beyond basic expenses that may be particularly significant to your budget.

IMPORTANCE					DESCRIPTION	START YR	TARGET \$	HOW OFTEN	# OF YRS
LOW	1	2	3	4	HIGH				
1	2	3	4	5					
1	2	3	4	5					
1	2	3	4	5					



LEAVE BEQUEST: Create bequests for the money you'd like to leave upon your death to family, friends, charities, etc.

IMPORTANCE					DESCRIPTION	START YR	END YR	TARGET \$
LOW	1	2	3	4	HIGH			
1	2	3	4	5				
1	2	3	4	5				
1	2	3	4	5				

Assets

Please bring any supporting documents or statements relating to your assets.

PERSONAL ASSETS

Examples include: primary residence, personal property, etc.

Description	Owner	Current Value	Purpose
		\$	
		\$	
		\$	

CASH ASSETS

Examples include: cash, checking, savings account, money market accounts, credit union accounts, certificates of deposit.

Description	Owner	Current Value	Purpose
		\$	
		\$	
		\$	

RENTAL/BUSINESS ASSETS

Examples include: rental real estate, sole proprietorship, C corporation, S Corporation, general partnership, limited liability company.

Description	Owner	Current Value	Purpose
		\$	
		\$	
		\$	

INVESTMENT ASSETS

Investment Type	Client 1		Client 2	
	Current Value	Annual Additions	Current Value	Annual Additions
Retirement plans (401k, 403b, 457, etc.)		\$ or %		\$ or %
Employer match		\$ or %		\$ or %
Traditional IRA		\$ or %		\$ or %
Roth IRA		\$ or %		\$ or %
529 savings plan		\$ or %		\$ or %
Annuities		\$ or %		\$ or %
Cash value life insurance		\$ or %		\$ or %
Taxable accounts (stocks, brokerage, mutual fund, etc.)		\$ or %		\$ or %
Stock options		\$ or %		\$ or %
Restricted stock		\$ or %		\$ or %
Other:		\$ or %		\$ or %

All investment values as of ____/____/____
Month Day Year

Income

Please bring any supporting documents or statements relating to your income sources.

EARNED INCOME

Bring pay stub, W2 and 1099.

	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Example: Salary/Wages (gross)	\$ 3,000	semimonthly	\$ 2,000	biweekly
Salary/Wages (gross)	\$		\$	
Bonus (gross)	\$		\$	
Self-Employment	\$		\$	

INVESTMENT INCOME

Bring income tax return.

	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Taxable Interest/Dividends	\$		\$	
Tax-Exempt Interest/Dividends	\$		\$	
Rental Real Estate	\$		\$	
Passive Income	\$		\$	

OTHER INCOME

Examples include: alimony, child support, trust income.

	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Other: _____	\$		\$	
Other: _____	\$		\$	

PENSION INCOME

Description	Client 1 or 2	Monthly Income	Yr it ends or # of yrs	% survivor benefit	Inflation rate (if applicable)
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____

SOCIAL SECURITY BENEFITS

Bring Social Security Statement.

	Client 1			Client 2		
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
Full retirement age?						
Amount at full retirement age?	\$			\$		

Liabilities

LIABILITIES / LOANS, LEASES

Examples include: auto loan, credit cards, home equity loan, investment loan, installment loan, line of credit, mortgage on residence, mortgage on other real estate, mortgage on rental real estate, revolving credit, student loan, other loans.

	Liability 1	Liability 2	Liability 3
Description			
Debtor/Leasor			
Interest Rate %			
Payment (<i>principal+interest</i>)	\$	\$	\$
Payment Frequency			
Balance/Residual Value	\$	\$	\$
Origination Date			
Original Terms in Months			

	Liability 4	Liability 5	Liability 6
Description			
Debtor/Leasor			
Interest Rate %			
Payment (<i>principal+interest</i>)	\$	\$	\$
Payment Frequency			
Balance/Residual Value	\$	\$	\$
Origination Date			
Original Terms in Months			

INSURANCE - Complete this section to have the adequacy of your insurance coverage reviewed and analyzed.

Description	Client 1	Client 2	Notes
Group/term life insurance	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
- Death benefit	\$	\$	
Cash value life insurance	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
- Death benefit	\$	\$	
- Cash value as of (date) _____	\$	\$	
Disability Insurance	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Long-term care insurance	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

ESTATE - Complete this section to have the adequacy of your estate planning reviewed and analyzed.

Description	Client 1	Client 2	Notes
Will/Trust	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
- Date docs were last reviewed			
Medical Directive?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Power of Attorney?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

Retirement Age and Living Expenses

RETIREMENT AGE (if already retired, move to the budget worksheet on next page)

When would you like to retire? Enter your target retirement age. Then, indicate how willing you are to delay retirement beyond that age, if it helps you fund your goals.

	You	Your spouse or partner
Target retirement age		
How willing are you to retire later (if necessary) to attain your goals?	<div><input type="checkbox"/> Not at all</div> <div><input type="checkbox"/> Slightly willing</div> <div><input type="checkbox"/> Somewhat willing</div> <div><input type="checkbox"/> Very willing</div>	<div><input type="checkbox"/> Not at all</div> <div><input type="checkbox"/> Slightly willing</div> <div><input type="checkbox"/> Somewhat willing</div> <div><input type="checkbox"/> Very willing</div>
What order of retirement do you prefer?	<div><input type="checkbox"/> Both retire the same yr</div> <div><input type="checkbox"/> Either can retire first</div>	<div><input type="checkbox"/> Only client 1 can retire 1st</div> <div><input type="checkbox"/> Only client 2 can retire 1st</div>

LIVING EXPENSES

Everyone must pay bills. This goal is for your basic day-to-day living expenses (food, clothes, utilities, etc.) during retirement. By making your basic living expenses a separate goal, you can see exactly what it takes to pay the bills for the rest of your life. When you're confident that you have your basic expenses covered, you can sleep better at night and feel free to enjoy spending money to fulfill your other retirement lifestyle goals.

Be sure you don't "double count" any expenses. For example, if you entered a separate goal for a car, don't include it here, but do include operating expenses, (gas, taxes, repairs). If you're not sure how much money you need, use the budget worksheet on the next page.

	Annual target amount
Living expenses	

ADJUSTMENTS TO LIVING EXPENSES

Your retirement living expense amount may include some expenses that will end or inflate during retirement. When the expenses end or rise, your living expense amount will need to be adjusted. Please indicate any expenses that will end or inflate.

Description	Current Annual Amount	Year Expense will end	check if amount will inflate
Example: Mortgage	\$36,000.00	2035	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Living Expenses/Budget

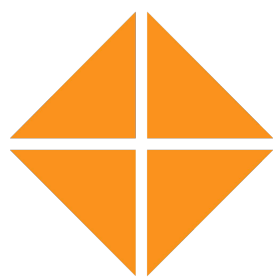
To help determine basic living expenses.

PERS & FAM EXPENSES	CURRENT	RETIREMENT
Cell phone		
Charitable donations		
Child activities/sports		
Child care/nanny		
Child support		
Clothing		
Club/gym membership		
Credit card payment		
Dining		
Entertainment		
Gifts		
Groceries		
Healthcare		
Hobbies		
Household items		
Laundry/dry cleaning		
Personal care		
Pet care		
Prescription drugs		
Recreation		
Vacation/travel		
Other:		
Total		

VEHICLE EXPENSES	CURRENT	RETIREMENT
Auto loan/lease pymnt		
Fuel		
Insurance		
Repairs/maintenance		
Vehicle tax		
Other:		
Total		

HOME EXPENSES	CURRENT	RETIREMENT
Mortgage/rent		
Equity line		
Real estate tax		
Homeowner/renter ins.		
Association fees		
Electricity		
Gas		
Household Items		
Housekeeping		
Trash pickup		
Water/sewer		
Cable/satellite/subscript. TV		
Internet		
Telephone (land line)		
Lawn care		
Maintenance		
Other:		
Total		

INSURANCE EXPENSES	CURRENT	RETIREMENT
Disability for client		
Disability for spouse		
Life for client		
Life for spouse		
Long term care for client		
Long term care for spouse		
Medical for client		
Medical for spouse		
Umbrella liability		
Other:		
Total		



WEALTHMAP

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The information provided by you will be used to provide an analysis including your investment objectives, risk tolerance, net worth and distribution of assets by asset class and tax category. This analysis is performed so that your financial professional can make appropriate and suitable investment and/or insurance recommendations.

Securities and advisory services are offered through Cetera Advisor Networks LLC, member FINRA/SIPC, a broker-dealer and registered investment adviser. Cetera is under separate ownership from any other named entity.