

ProPlan Checklist and Fact Finder

Comparative Analysis Report and Financial Plan



☐ Client Information Questionnaire: Pages 1&2 are required** please provide additional information as possible.

☐ Risk Profile Questionnaire

☐ Hardcopy IPS

☐ Will email the client link to Riskalyze Questionnaire

☐ Spreadsheet of client holdings

☐ Official Account Statement showing where and how the current assets are held. Full investment name and/or Symbol/CUSIP is required.

☐ Information on annuities and insurance you wish to include:

Type of Insurance/Annuity: _____

Carrier: _____ Product: _____

Index Being User: _____ Dollar Amount: _____

Type of Account (IRA, NQ, Roth, etc): _____

IMO and Marketer you are working with: _____

Notes: _____

- All case information should be submitted in COMET as a ProPlan work item. The work item should include the above checklist items.
- If you have any questions, please reach out to 800-357-4757 and ask for your Advisor Advocate.
- ProPlan service level standards: your case will be reviewed within 24 hours of initial submission. If the questionnaire is being sent electronically, you will receive the link within 24 hours. The proposal and plan will be complete within 72 hours after the completed questionnaire is received by the advisor advocate. After the proposal and plan is complete, you will receive an email to schedule a walk-through of the case results with your Advisor Advocate.
**Cases received after 5pm ET or on the weekend will be considered received the next business day at the open of regular business hours
- Complex cases may require additional processing time. Please call Advisor Advocate at 800-357-4757 to discuss prior to submitting a new account work item
- To avoid delays, it is highly suggested to submit your case a week prior to your scheduled client meeting.

Riskalyze is used to perform a comparative analysis on the existing client assets and provide a new recommended proposal.

MoneyGuidePro® is used to provide a client-friendly Retirement Lifestyle Plan

Personal Information

	Client (C)	Co-Client (Co)
Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	/ /	/ /
Email Address		
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker
Employment Income	\$	\$
Other Income (non-investment only)	\$	\$
Marital Status		State of Residence

Lifestyle Goals

Lifestyle Goals are above and beyond what you need to pay for basic expenses. Rate the importance of each Goal on a scale of 10 – 1. Needs (10, 9, 8), Wants (7, 6, 5, 4), and Wishes (3, 2, 1).

Life Goals		Retirement Goals		
Retirement	College Savings	Health Care	Major Purchase	Leave Bequest
Wealth Accumulation	Paying Down Debt	Gift or Donation	Home Improvement	Wedding or Celebration
Income	Other	Travel	New Home	Start Business

[illegible]

Investment Assets

Identify all the resources you have to fund your Goals. Don't worry about determining the exact amounts, reasonable estimates are fine. If available provide your investment statements.

Client

Investment Type	Institution	Current Value	Annual Additions	Administration	
				Advisor	Self
Retirement Plans (e.g., 401k, 403b)		\$	\$ or %		
Employer Match		\$	\$ or %		
Traditional IRA		\$	\$		
Roth IRA		\$	\$		
Annuities		\$	\$		
Taxable / Brokerage		\$	\$		
Other		\$	\$		

Co-Client

Investment Type	Institution	Current Value	Annual Additions	Administration	
				Advisor	Self
Retirement Plans (e.g., 401k, 403b)		\$	\$ or %		
Employer Match		\$	\$ or %		
Traditional IRA		\$	\$		
Roth IRA		\$	\$		
Annuities		\$	\$		
Taxable / Brokerage		\$	\$		
Other		\$	\$		

Real Estate

	Current Market Value	Mortgage Balance	Monthly Payment
Primary Residence		\$	\$ or %
Other		\$	\$ or %

Retirement Age and Living Expense

	Client (e.g., age 65)	Co-Client (e.g., age 65, together)
At what age would you like to retire?		
How willing are you to retire later?	<input type="checkbox"/> Not at All <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	<input type="checkbox"/> Not at All <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Very
Living Expense Amount	<input type="checkbox"/> Use My Estimate \$_____	

Social Security Benefits

If available, provide your Social Security estimate from ssa.gov.

	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
Benefit amount	Primary Insurance Amount (PIA) \$ _____	Primary Insurance Amount (PIA) \$ _____
When to start	<input type="checkbox"/> at Full Retirement Age (per Social Security) <input type="checkbox"/> at age_____ <input type="checkbox"/> at retirement	<input type="checkbox"/> at Full Retirement Age (per Social Security) <input type="checkbox"/> at age_____ <input type="checkbox"/> at retirement

Retirement Income

(Pension, part-time work, rental property, annuities, royalties, alimony)

Description	Owner		Monthly Income	Start Year	Year It Ends or No. of Years	% Survivor Benefit	Check if amount inflates	GPO
	C	Co						
	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>

Extra Savings

Enter the maximum additional amount you could save each year above existing annual savings:	\$ _____
How willing are you to save more?	<input type="checkbox"/> Not at All <input type="checkbox"/> Somewhat <input type="checkbox"/> Slightly <input type="checkbox"/> Very

Retirement Expectations & Concerns

Retirement Expectations	Client	Co-client
Active Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>
Quiet Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to Help Others	<input type="checkbox"/>	<input type="checkbox"/>
Moving to a New Home	<input type="checkbox"/>	<input type="checkbox"/>
Work by Choice	<input type="checkbox"/>	<input type="checkbox"/>
Time to Travel	<input type="checkbox"/>	<input type="checkbox"/>
Start a Business	<input type="checkbox"/>	<input type="checkbox"/>
Time with Friends & Family	<input type="checkbox"/>	<input type="checkbox"/>
Less Stress - Peace of Mind	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Retirement Concerns	Client	Co-client	Degree
			High/Med/Low
Money Concerns			
Not having a paycheck	<input type="checkbox"/>	<input type="checkbox"/>	
Running out of money	<input type="checkbox"/>	<input type="checkbox"/>	
Suffering investment losses	<input type="checkbox"/>	<input type="checkbox"/>	
Leaving money to others	<input type="checkbox"/>	<input type="checkbox"/>	
Health Concerns			
Cost of health care or long-term care	<input type="checkbox"/>	<input type="checkbox"/>	
Current or future health issues	<input type="checkbox"/>	<input type="checkbox"/>	
Dying early	<input type="checkbox"/>	<input type="checkbox"/>	
Living too long	<input type="checkbox"/>	<input type="checkbox"/>	
Getting ill	<input type="checkbox"/>	<input type="checkbox"/>	
Personal & Family Concerns			
Being bored	<input type="checkbox"/>	<input type="checkbox"/>	
Parents needing care	<input type="checkbox"/>	<input type="checkbox"/>	
Other			

Insurance

Have your insurance reviewed and analyzed to see if you have enough coverage.

	Client	Co-Client	Notes
Group/Term Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Death Benefit	\$	\$	
Cash Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Death Benefit	\$	\$	
Cash Value	\$	\$	
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	
Cash Value Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Important relationships

Any participant included in this plan for gifting, goals, beneficiaries or owners of insurance policies (e.g. children, grandchildren, charities, etc.)

Name	Date of Birth	Relationship
	/ /	
	/ /	
	/ /	
	/ /	