



**PARMCO**  
**FINANCIAL**

# **Comprehensive Fact Finder**

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# Parties

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*Client Name*

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*Spouse Name*

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*Phone & E-Mail*

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*Date*



*Bryan J. Parmley - Financial Planner*  
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# Family Information

## Client

|   |  |                      |   |
|---|--|----------------------|---|
| Name (First/Last)   |  |                      |   |
| Date of Birth:  |  | Gender:              | Male: <input type="checkbox"/> Female: <input type="checkbox"/> |
| Marital Status: <i>(single, married, separated, divorced, domestic partnership, widow, widower)</i> |  | Previous Marriages?: | Yes: <input type="checkbox"/> No: <input type="checkbox"/>      |
| Citizenship: <i>(U.S. Citizen, Resident Alien, Non-Resident Alien)</i>                              |  |                      |   |
| Tax Mode: <i>(Form 1040, Flat Tax)</i>  |  |                      |   |
| Flat Tax Rate:  |  |                      |   |
| Tax Exemptions (#):   |  |                      |   |
| Capital Loss Carry Forwards:  |  |                      | Yes: <input type="checkbox"/> No: <input type="checkbox"/>      |
| Core Cash Account Growth Rate:  |  |                      |   |

## Spouse

|  |  |                      |   |
|--|--|----------------------|---|
| Name (First/Last)  |  |                      |   |
| Date of Birth:   |  | Gender:              | Male: <input type="checkbox"/> Female: <input type="checkbox"/> |
|  |  | Previous Marriages?: | Yes: <input type="checkbox"/> No: <input type="checkbox"/>      |
| Citizenship: <i>(U.S. Citizen, Resident Alien, Non-Resident Alien)</i> |  |                      |   |

## Contact Info

|                    |  |        |  |
|--------------------|--|--------|--|
| Address Line 1:    |  |        |  |
| Address Line 2:    |  |        |  |
| City:              |  | State: |  |
| Zip:               |  |        |  |
| Home Phone:        |  |        |  |
| Cell Phone:        |  |        |  |
| Spouse Cell Phone: |  |        |  |
| Fax:               |  |        |  |
| E-mail:            |  |        |  |

## Employment – Client

|                          |  |        |  |
|--------------------------|--|--------|--|
| Employer Name            |  |        |  |
| Employer Address Line 1: |  |        |  |
| Employer Address Line 2: |  |        |  |
| City:                    |  | State: |  |
| Zip:                     |  |        |  |
| Work Phone:              |  |        |  |
| Work Fax:                |  |        |  |



# Family Information

|                            |  |
|----------------------------|--|
| Work Email Address:        |  |
| Title/Position:            |  |
| Years Employed:            |  |
| Previous Employer:         |  |
| Previous Title/Position:   |  |
| Years Employed (Previous): |  |

## Employment – Spouse

|                            |  |        |  |
|----------------------------|--|--------|--|
| Employer Name              |  |        |  |
| Employer Address Line 1:   |  |        |  |
| Employer Address Line 2:   |  |        |  |
| City:                      |  | State: |  |
| Zip:                       |  |        |  |
| Work Phone:                |  |        |  |
| Work Fax:                  |  |        |  |
| Work Email Address:        |  |        |  |
| Title/Position:            |  |        |  |
| Years Employed:            |  |        |  |
| Previous Employer:         |  |        |  |
| Previous Title/Position:   |  |        |  |
| Years Employed (Previous): |  |        |  |

## Children

| First Name | Last Name | Date of Birth | Gender | Special Needs?<br>(Yes / No) | Marital Status<br>(single, married, separated, divorced, domestic partnership, widow, widower) | From Previous Marriage?<br>(Yes / No) | Citizenship<br>(U.S. Citizen, Resident Alien, Non-Resident Alien ) | Flat Tax Rate | Core Cash Account Growth Rate |
|------------|-----------|---------------|--------|------------------------------|--|---------------------------------------|--|---------------|-------------------------------|
|            |           |               |        |                              |  |                                       |  |               |                               |
|            |           |               |        |                              |  |                                       |  |               |                               |
|            |           |               |        |                              |  |                                       |  |               |                               |
|            |           |               |        |                              |  |                                       |  |               |                               |



# Family Information

## Grandchildren

| First Name | Last Name | Date of Birth | Gender | Special Needs?<br><small>(Yes / No)</small> | Marital Status<br><small>(single, married, separated, divorced, domestic partnership, widow, widower)</small> | Citizenship<br><small>(U.S. Citizen, Resident Alien, Non-Resident Alien)</small> | Skip Person?<br><small>(Yes / No)</small> | Flat Tax Rate | Core Cash Account Growth Rate |
|------------|-----------|---------------|--------|---|---|--|---|---------------|-------------------------------|
|            |           |               |        |   |   |  |   |               |                               |
|            |           |               |        |   |   |  |   |               |                               |
|            |           |               |        |   |   |  |   |               |                               |
|            |           |               |        |   |   |  |   |               |                               |
|            |           |               |        |   |   |  |   |               |                               |
|            |           |               |        |   |   |  |   |               |                               |
|            |           |               |        |   |   |  |   |               |                               |
|            |           |               |        |   |   |  |   |               |                               |

## Advisors

| Advisor Type<br><small>(Accountant, Attorney, etc.)</small> | First Name | Last Name | Company | Address | Phone, Fax, Email |
|---|------------|-----------|---------|---------|-------------------|
|   |            |           |         |         |                   |
|   |            |           |         |         |                   |
|   |            |           |         |         |                   |
|   |            |           |         |         |                   |

## Family Information - Notes:

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# Property

## Real Estate

|  | Primary Residence | Secondary Residence | Investment Property | Investment Property |
|--|-------------------|---------------------|---------------------|---------------------|
| Property Name:                                   |                   |                     |                     |                     |
| Address 1:                                       |                   |                     |                     |                     |
| Address 2:                                       |                   |                     |                     |                     |
| City:  |                   |                     |                     |                     |
| State:   |                   |                     |                     |                     |
| Zip:   |                   |                     |                     |                     |
| Property Type: <i>(Residence, Non-Residence)</i> |                   |                     |                     |                     |
| Purchase Year:                                   |                   |                     |                     |                     |
| Purchase Amount:                                 |                   |                     |                     |                     |
| Current Value:                                   |                   |                     |                     |                     |
| Home Value:                                      |                   |                     |                     |                     |
| Tax Basis:                                       |                   |                     |                     |                     |
| Pre-Retire Gross Growth:                         |                   |                     |                     |                     |
| Post-Retire Gross Growth:                        |                   |                     |                     |                     |
| Owner: <i>(Client, Spouse, Joint, etc.)</i>      |                   |                     |                     |                     |

## Mortgages

|  | Primary Residence | Secondary Residence | Investment Property | Investment Property |
|--|-------------------|---------------------|---------------------|---------------------|
| Mortgage Name:   |                   |                     |                     |                     |
| Institution Name:  |                   |                     |                     |                     |
| Institution Website Address:   |                   |                     |                     |                     |
| Loan Type <i>(Mortgage, Home Equity Loan)</i> :                          |                   |                     |                     |                     |
| Property Name:   |                   |                     |                     |                     |
| Original Loan Amount:  |                   |                     |                     |                     |
| Date of Loan:  |                   |                     |                     |                     |
| Current Balance:   |                   |                     |                     |                     |
| as of Date <i>(Current Balance)</i> :                                    |                   |                     |                     |                     |
| Interest Rate:   |                   |                     |                     |                     |
| Loan Term (Years):   |                   |                     |                     |                     |
| Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually)</i> : |                   |                     |                     |                     |
| Repayment Type <i>(Principal and Interest, Interest Only)</i> :          |                   |                     |                     |                     |





# Investments

## Taxable

|  | (1) | (2) | (3) | (4) | (5) |
|--|-----|-----|-----|-----|-----|
| Asset Name:  |     |     |     |     |     |
| Institution Name:  |     |     |     |     |     |
| Institution Website Address:   |     |     |     |     |     |
| Holdings Value:  |     |     |     |     |     |
| Cash Value:  |     |     |     |     |     |
| Margin Balance:  |     |     |     |     |     |
| Total Value:   |     |     |     |     |     |
| Tax Basis:   |     |     |     |     |     |
| Pre-Retire Gross Growth:   |     |     |     |     |     |
| Post-Retire Gross Growth:  |     |     |     |     |     |
| Realization Model: <i>(By Portfolio/Growth Rate, Tax-Free Income, Income Only, Enhanced Income, Growth &amp; Income, Growth, Aggressive)</i> |     |     |     |     |     |
| Owner: <i>(Client, Spouse, Joint, etc.)</i>  |     |     |     |     |     |
| Under Our Management?: <i>(Yes / No)</i>   |     |     |     |     |     |
| Exclude from Planning?: <i>(Yes / No)</i>  |     |     |     |     |     |
| % is Qualified Dividends:  |     |     |     |     |     |
| % is Investment Income subject to Ordinary Income Tax:   |     |     |     |     |     |
| % is Capital Gains (short or long term):   |     |     |     |     |     |
| % is Non-Taxable:  |     |     |     |     |     |
| % Turned over Annually:  |     |     |     |     |     |
| % Distributed Annually – Pre-Retire:   |     |     |     |     |     |
| % Distributed Annually – Post-Retire:  |     |     |     |     |     |

## Cash

|                   | (1) | (2) | (3) | (4) | (5) |
|-------------------|-----|-----|-----|-----|-----|
| Asset Name:       |     |     |     |     |     |
| Institution Name: |     |     |     |     |     |



# Investments

|  | (1) | (2) | (3) | (4) | (5) |
|--|-----|-----|-----|-----|-----|
| Institution Website Address:   |     |     |     |     |     |
| Asset Type <small>(Cash, CDs, T-Bills, Checking, Savings, Money Market, Cash Management Account)</small> |     |     |     |     |     |
| Holdings Value:  |     |     |     |     |     |
| Cash Value:  |     |     |     |     |     |
| Margin Balance:  |     |     |     |     |     |
| Total Value:   |     |     |     |     |     |
| Tax Basis:   |     |     |     |     |     |
| Pre-Retire Gross Growth:   |     |     |     |     |     |
| Post-Retire Gross Growth:  |     |     |     |     |     |
| Is this Asset Tax Free?<br><small>(Yes / No):</small>  |     |     |     |     |     |
| Owner: <small>(Client, Spouse, Joint, etc.)</small>  |     |     |     |     |     |
| Under Our Management?:<br><small>(Yes / No)</small>  |     |     |     |     |     |
| Exclude from Planning?:<br><small>(Yes / No)</small>   |     |     |     |     |     |

## Qualified Retirement

### (401(k), IRA, Money Purchase, Profit Sharing, 403(b), Pension, SEP, Other)

|  | (1) | (2) | (3) | (4) | (5) |
|--|-----|-----|-----|-----|-----|
| Asset Name:  |     |     |     |     |     |
| Institution Name:  |     |     |     |     |     |
| Institution Website Address:   |     |     |     |     |     |
| Type <small>(Traditional 401(k), Roth 401(k), IRA, Money Purchase, Profit Sharing, Traditional 403(b), Roth 403(b), Pension, SEP, Other)</small> |     |     |     |     |     |
| Holdings Value:  |     |     |     |     |     |
| Cash Value:  |     |     |     |     |     |
| Margin Balance:  |     |     |     |     |     |
| Total Value:   |     |     |     |     |     |
| Established Year:  |     |     |     |     |     |
| Roth Value:  |     |     |     |     |     |
| Roth Cost Basis:   |     |     |     |     |     |
| Non-Roth Post-tax Cost Basis:  |     |     |     |     |     |



Bryan J. Parmley - Financial Planner

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# Investments

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Pre-Retire Gross Growth:                     |  |  |  |  |  |
| Post-Retire Gross Growth:                    |  |  |  |  |  |
| Owner: <i>(Client, Spouse)</i>               |  |  |  |  |  |
| Beneficiary:                                 |  |  |  |  |  |
| Under Our Management?:<br><i>(Yes / No)</i>  |  |  |  |  |  |
| Exclude from Planning?:<br><i>(Yes / No)</i> |  |  |  |  |  |
| Apply RMD?: <i>(Yes / No)</i>                |  |  |  |  |  |

## Contributions

### General Contribution Information

|  |  |
|--|--|
| Contributions Based On: <i>(All Earned Income, Salary)</i> |  |
| Apply Contribution Limits: <i>(Yes / No)</i>               |  |

### Employee Contributions (For 401(k) or 403(b))

|   |  |
|---|--|
| Type: <i>(None, Percent of Salary, Fixed Amount, Maximum, Maximum After Matching)</i> |  |
| Percent:  |  |
| Dollar Amount:  |  |

### Employer Contributions (For 401(k), Money Purchase, 403(b), SEP, or Profit Sharing)

|  |  |
|--|--|
| Type: <i>(None, Percent of Salary, Match Percent, Fixed Amount, Maximum)</i> |  |
| Employer Percent Match of Employee Contribution:                             |  |
| Maximum Employer Contribution Percent of Employee Salary:                    |  |
| Amount:  |  |

### Non-Roth Post-Tax Contributions

|  |  |
|--|--|
| Type: <i>(None, Percent of Salary, Fixed Amount, Maximum After Matching)</i> |  |
| Percent:   |  |
| Amount:  |  |

## Roth IRAs

|                              | (1) | (2) | (3) | (4) | (5) |
|------------------------------|-----|-----|-----|-----|-----|
| Asset Name:                  |     |     |     |     |     |
| Institution Name:            |     |     |     |     |     |
| Institution Website Address: |     |     |     |     |     |
| Holdings Value:              |     |     |     |     |     |
| Cash Value:                  |     |     |     |     |     |



# Investments

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Margin Balance:                              |  |  |  |  |  |
| Total Value:                                 |  |  |  |  |  |
| Pre-Retire Gross Growth:                     |  |  |  |  |  |
| Post-Retire Gross Growth:                    |  |  |  |  |  |
| Owner: <i>(Client, Spouse)</i>               |  |  |  |  |  |
| Beneficiary:                                 |  |  |  |  |  |
| Under Our Management?:<br><i>(Yes / No)</i>  |  |  |  |  |  |
| Exclude from Planning?:<br><i>(Yes / No)</i> |  |  |  |  |  |

## 529 Plans

|  | (1) | (2) | (3) | (4) | (5) |
|--|-----|-----|-----|-----|-----|
| Asset Name:                                  |     |     |     |     |     |
| Institution Name:                            |     |     |     |     |     |
| Institution Website Address:                 |     |     |     |     |     |
| Holdings Value:                              |     |     |     |     |     |
| Cash Value:                                  |     |     |     |     |     |
| Margin Balance:                              |     |     |     |     |     |
| Total Value:                                 |     |     |     |     |     |
| Pre-Retire Gross Growth:                     |     |     |     |     |     |
| Post-Retire Gross Growth:                    |     |     |     |     |     |
| Grantor:                                     |     |     |     |     |     |
| Beneficiary:                                 |     |     |     |     |     |
| Under Our Management?:<br><i>(Yes / No)</i>  |     |     |     |     |     |
| Exclude from Planning?:<br><i>(Yes / No)</i> |     |     |     |     |     |

## Annuities (Fixed/Variable)

|  | (1) | (2) | (3) | (4) | (5) |
|--|-----|-----|-----|-----|-----|
| Asset Name:                                      |     |     |     |     |     |
| Institution Name:                                |     |     |     |     |     |
| Institution Website:                             |     |     |     |     |     |
| Asset Type <i>(Fixed / Variable)</i> :           |     |     |     |     |     |
| Type of Funds <i>(Qualified, NQ, Tax Free)</i> : |     |     |     |     |     |



# Investments

|   | (1) | (2) | (3) | (4) | (5) |
|---|-----|-----|-----|-----|-----|
| Holdings Value:   |     |     |     |     |     |
| Cash Value:   |     |     |     |     |     |
| Margin Balance:   |     |     |     |     |     |
| Total Value:  |     |     |     |     |     |
| Tax Basis:  |     |     |     |     |     |
| Pre-Retire Gross Growth:  |     |     |     |     |     |
| Post-Retire Gross Growth:   |     |     |     |     |     |
| Owner: <i>(Client, Spouse, Joint, etc.)</i>                       |     |     |     |     |     |
| Beneficiary:  |     |     |     |     |     |
| Payout Begins <i>(Retirement, at Death, Calendar Year, etc.):</i> |     |     |     |     |     |
| Annuitization Type: <i>(Life, Term Certain)</i>                   |     |     |     |     |     |
| Based on the Lifetime of <i>(Client, Spouse, Survivorship):</i>   |     |     |     |     |     |
| Guaranteed Years of Payout:                                       |     |     |     |     |     |
| Term (years):   |     |     |     |     |     |
| Under Our Management?: <i>(Yes / No)</i>                          |     |     |     |     |     |
| Exclude from Planning?: <i>(Yes / No)</i>                         |     |     |     |     |     |

## Deferred Compensation

|                                | (1) | (2) | (3) | (4) | (5) |
|--------------------------------|-----|-----|-----|-----|-----|
| Asset Name:                    |     |     |     |     |     |
| Institution Name:              |     |     |     |     |     |
| Institution Website Address:   |     |     |     |     |     |
| Holdings Value:                |     |     |     |     |     |
| Cash Value:                    |     |     |     |     |     |
| Margin Balance:                |     |     |     |     |     |
| Total Value:                   |     |     |     |     |     |
| Pre-Retire Gross Growth:       |     |     |     |     |     |
| Post-Retire Gross Growth:      |     |     |     |     |     |
| Owner: <i>(Client, Spouse)</i> |     |     |     |     |     |
| Beneficiary:                   |     |     |     |     |     |



# Investments

|   | (1) | (2) | (3) | (4) | (5) |
|---|-----|-----|-----|-----|-----|
| Under Our Management?:<br><i>(Yes / No)</i>                                   |     |     |     |     |     |
| Exclude from Planning?:<br><i>(Yes / No)</i>                                  |     |     |     |     |     |
| Contributions based on:<br><i>(All Earned Inc, Client/Spouse Salary, etc)</i> |     |     |     |     |     |

## Contributions

### General Contribution Information

|  |  |
|--|--|
| Contributions Based On: <i>(All Earned Income, Salary)</i> |  |
|--|--|

### Employee Contributions

|  |  |
|--|--|
| Type: <i>(None, Percent of Salary, Fixed Amount)</i> |  |
| Percent:   |  |
| Amount:  |  |

### Employer Contributions

|   |  |
|---|--|
| Type: <i>(None, Percent of Salary, Match Percent, Fixed Amount)</i> |  |
| Employer Percent Match of Employee Contribution:                    |  |
| Maximum Employer Contribution Percent of Employee Salary:           |  |
| Amount:   |  |

## Investments – Notes:

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# Business Interests

## Business Interests

|   | (1)  | (2)  | (3)  |
|---|--|--|--|
| Business Name:  |  |  |  |
| Base Value:   |  |  |  |
| Pre-Retire Gross Growth:  |  |  |  |
| Post-Retire Gross Growth:   |  |  |  |
| Business Tax Basis:   |  |  |  |
| Owner: <i>(Client, Spouse, Joint, etc.)</i>   |  |  |  |
| Business Type <i>(Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp):</i> |  |  |  |
| Pass Thru Enabled?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## Cash Flow

|  |  |  |  |
|--|--|--|--|
| Income:  |  |  |  |
| Income Indexed At <i>(No Growth (0.00%), Inflation (3.25%), Custom):</i>   |  |  |  |
| Expenses:  |  |  |  |
| Expenses Indexed At <i>(No Growth (0.00%), Inflation (3.25%), Custom):</i> |  |  |  |
| Distribution Type <i>(None, Fixed Amount, Income):</i>                     |  |  |  |
| Distribution Amount:   |  |  |  |
| Distribution (% of Income):  |  |  |  |

## Related Questions

|   |  |  |  |
|---|--|--|--|
| Client active in the business?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Spouse active in the business?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| # of Children Active in the Business:   |  |  |  |
| Future Plans for Business <i>(Retain with Family, Sell to Employees, Sell to 3<sup>rd</sup> Party, Liquidate, Unsure)</i> |  |  |  |
| Relatives active in the business?   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Shareholder, Partnership or Operating Agreement?:   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does current agreement permit gifting?:   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Buy / Sell Agreement among owners?:   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Buy / Sell Agreement funded with life insurance?:   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How much coverage <i>(If applicable):</i>   |  |  |  |



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# Insurance

## Life Insurance

|  | (1) | (2) | (3) | (4) |
|--|-----|-----|-----|-----|
| Policy Name:   |     |     |     |     |
| Policy Number:   |     |     |     |     |
| Institution Name:  |     |     |     |     |
| Institution Website Address:                                       |     |     |     |     |
| Purchase Date:   |     |     |     |     |
| Policy Type <i>(Whole Life, VWL, Term, UL, VUL, Group, Other):</i> |     |     |     |     |
| Term Ends at Retirement <i>(Group Life Only) (Yes / No):</i>       |     |     |     |     |
| Term (years) <i>(Term Life Only):</i>                              |     |     |     |     |
| Insured <i>(Client, Spouse, Survivorship, etc.):</i>               |     |     |     |     |
| Owner <i>(Client, Spouse, Joint, etc.):</i>                        |     |     |     |     |
| Beneficiary <i>(Client, Spouse, Survivorship, etc.):</i>           |     |     |     |     |
| Under Our Management?: <i>(Yes / No)</i>                           |     |     |     |     |
| Exclude from Planning?: <i>(Yes / No)</i>                          |     |     |     |     |
| Current Death Benefit:   |     |     |     |     |
| Current Cash Value:  |     |     |     |     |
| Basis:   |     |     |     |     |
| Cash Value Growth Rate:  |     |     |     |     |
| Annual Premium:  |     |     |     |     |
| Premium Term <i>(Years):</i>                                       |     |     |     |     |
| Premium Payer <i>(Client, Spouse, Joint, etc.):</i>                |     |     |     |     |
| Exclusion Amount:  |     |     |     |     |
| Proceeds Reinvested at:  |     |     |     |     |
| Proceeds Realization Model:  |     |     |     |     |



# Insurance

## Long Term Care

|   | (1) | (2) | (3) |
|---|-----|-----|-----|
| Policy Name:  |     |     |     |
| Policy Number:  |     |     |     |
| Institution Name:   |     |     |     |
| Institution Website Address:  |     |     |     |
| Purchase Date:  |     |     |     |
| Insured <i>(Client, Spouse, Joint)</i> :  |     |     |     |
| Benefit Amount:   |     |     |     |
| Period for Benefit Amount <i>(Annually, Quarterly, Monthly, Weekly, Daily)</i> :    |     |     |     |
| Owner <i>(Client, Spouse, Joint)</i> :  |     |     |     |
| Annual Premium:   |     |     |     |
| Premium Term (Years):   |     |     |     |
| Premium Payer <i>(Client, Spouse, Joint)</i> :                                      |     |     |     |
| Elimination Period <i>(0, 20, 30, 45, 50, 60, 90, 100, 120, 180 Days, 1 Year)</i> : |     |     |     |
| Benefit Period <i>(2, 3, 4, 5, 6, 7, 10 Years, Lifetime)</i> :                      |     |     |     |
| COLA % <i>(No Growth, Inflation, Custom)</i> :                                      |     |     |     |
| Benefit is Taxable? <i>(Yes / No)</i> :   |     |     |     |

## Disability

|  | (1) | (2) | (3) |
|--|-----|-----|-----|
| Policy Name:   |     |     |     |
| Policy Number:   |     |     |     |
| Institution Name:  |     |     |     |
| Institution Website Address:   |     |     |     |
| Purchase Date:   |     |     |     |
| Policy Type <i>(Group Short Term, Group Long Term, Personal Short Term, Personal Long Term, Other)</i> : |     |     |     |
| Term Ends at Retirement <i>(Yes / No)</i> :  |     |     |     |
| Insured <i>(Client, Spouse)</i> :  |     |     |     |
| Benefit Type <i>(Fixed Amount, Percent Of Salary)</i> :  |     |     |     |
| Benefit Amount:  |     |     |     |
| Period for Benefit Amount <i>(Annually, Quarterly, Monthly, Weekly, Daily)</i> :                         |     |     |     |
| Benefit Percent:   |     |     |     |



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# Insurance

|  | (1) | (2) | (3) |
|--|-----|-----|-----|
| Reduce by Social Security Disability<br>(Yes / No):                      |     |     |     |
| Owner (Client, Spouse, Joint):   |     |     |     |
| Annual Premium:  |     |     |     |
| Premium Term (Years):  |     |     |     |
| Premium Payer (Client, Spouse, Joint):                                   |     |     |     |
| Elimination Period (0, 7, 14, 30, 60, 90, 180<br>Days, 1 Year, 2 Years): |     |     |     |
| Benefit Period (90, 180 Days, # Years, Age, Life):                       |     |     |     |
| COLA (No Growth, Inflation, Custom):                                     |     |     |     |
| Own Occupation (Yes / No):   |     |     |     |
| Benefit is Taxable? (Yes / No):  |     |     |     |



# Insurance

## Property/Casualty

|   | (1) | (2) | (3) |
|---|-----|-----|-----|
| Policy Name:  |     |     |     |
| Institution Name:   |     |     |     |
| Institution Website Address:  |     |     |     |
| Policy Type <i>(Auto, Homeowners, Umbrella, Flood, Rental, Condo, Boat, Other):</i> |     |     |     |
| Policy Number:  |     |     |     |
| Purchase Date:  |     |     |     |
| Renewal Date:   |     |     |     |
| Annual Premium:   |     |     |     |
| Indexed at <i>(No Growth, Inflation, etc.):</i>                                     |     |     |     |
| Premium Term <i>(Years):</i>  |     |     |     |
| Insured Asset:  |     |     |     |
| Owner <i>(Client, Spouse, Joint, Default Charity, etc.):</i>                        |     |     |     |

## Medical

|  | (1) | (2) | (3) |
|--|-----|-----|-----|
| Policy Name:   |     |     |     |
| Institution Name:  |     |     |     |
| Institution Website Address:                                 |     |     |     |
| Group Health Plan Sponsor:                                   |     |     |     |
| Policy Number:   |     |     |     |
| Policy Type <i>(Primary, Other):</i>                         |     |     |     |
| Purchase Date:   |     |     |     |
| Plan Type <i>(Individual, Family):</i>                       |     |     |     |
| Deductible Amount:   |     |     |     |
| Annual Premium:  |     |     |     |
| Indexed at <i>(No Growth, Inflation, etc.):</i>              |     |     |     |
| Premium Term <i>(Years):</i>                                 |     |     |     |
| Owner <i>(Client, Spouse, Joint, Default Charity, etc.):</i> |     |     |     |

## Insurance – Notes:

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# Liabilities

## Mortgages

.....see Property → Real Estate

## Loans

|  | (1) | (2) | (3) | (4) |
|--|-----|-----|-----|-----|
| Loan Name:   |     |     |     |     |
| Institution Name:  |     |     |     |     |
| Institution Website Address:   |     |     |     |     |
| Loan Type <i>(Auto, Personal, Business, LOC, Student Loan, Credit Card, Debt Consolidation, Other)</i> |     |     |     |     |
| Original Loan Amount:  |     |     |     |     |
| Date of Loan:  |     |     |     |     |
| Current Balance:   |     |     |     |     |
| Balance as of date:  |     |     |     |     |
| Owner <i>(Client, Spouse, Joint, etc.):</i>  |     |     |     |     |
| Interest Rate:   |     |     |     |     |
| Number of Payments:  |     |     |     |     |
| Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually):</i>                                |     |     |     |     |
| Repayment Type <i>(Principal and Interest, Interest Only):</i>   |     |     |     |     |
| Payment:   |     |     |     |     |
| Annual Fee:  |     |     |     |     |
| Balloon Period (years):  |     |     |     |     |
| Interest Deductible? <i>(Yes / No):</i>  |     |     |     |     |
| Loan Collateralized? <i>(Yes / No):</i>  |     |     |     |     |
| Paid off at Death of <i>(Client, Spouse, First to Die):</i>  |     |     |     |     |

## Liabilities - Notes:

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# Income

## Salary & Bonus

|  | (1) | (2) | (3) | (4) |
|--|-----|-----|-----|-----|
| Salary / Bonus Name:   |     |     |     |     |
| Annual Amount:   |     |     |     |     |
| Indexed at <i>(No Growth, Inflation, etc.)</i> :   |     |     |     |     |
| Start Indexing <i>(Immediately, At Start Year)</i> :   |     |     |     |     |
| Owner <i>(Client, Spouse, Joint)</i> :   |     |     |     |     |
| Destination Account:   |     |     |     |     |
| Self-Employment? <i>(Yes / No)</i> :   |     |     |     |     |
| Guaranteed? <i>(Yes / No)</i> :  |     |     |     |     |
| Starts <i>(Retirement, at Death, Calendar Year, etc.)</i> :  |     |     |     |     |
| Ends <i>(Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration)</i> : |     |     |     |     |

## Social Security

|   | Client | Spouse |
|---|--------|--------|
| Benefit Is <i>(Not Included (No benefits), Estimated from Income, Manually Specified)</i> : |        |        |
| Benefit Begins at Age:  |        |        |
| Indexed at <i>(No Growth, Inflation, etc.)</i> :  |        |        |
| Start Indexing <i>(Immediately, At Start Year)</i> :  |        |        |
| Annual Retirement Benefit:  |        |        |
| Annual Disability Benefit:  |        |        |
| Annual Surviving Child Benefit:   |        |        |
| Years Employed:   |        |        |
| Last Year Employed:   |        |        |
| Highest Salary Earned:  |        |        |

## Deferred Income

|  | (1) | (2) | (3) | (4) |
|--|-----|-----|-----|-----|
| Deferred Income Name:                                  |     |     |     |     |
| Type <i>(Pension, Deferred Comp, Other Deferred)</i> : |     |     |     |     |
| Annual Amount:   |     |     |     |     |
| Indexed at <i>(No Growth, Inflation, etc.)</i> :       |     |     |     |     |



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# Income

|   | (1) | (2) | (3) | (4) |
|---|-----|-----|-----|-----|
| Start Indexing <i>(Immediately, At Start Year):</i>   |     |     |     |     |
| Owner <i>(Client, Spouse, Joint):</i>   |     |     |     |     |
| Destination Account:  |     |     |     |     |
| Non-Taxable? <i>(Yes / No):</i>   |     |     |     |     |
| Starts <i>(Retirement, at Death, Calendar Year, etc.):</i>  |     |     |     |     |
| Ends <i>(Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration):</i> |     |     |     |     |

## Immediate Annuities

|   | (1) | (2) | (3) | (4) |
|---|-----|-----|-----|-----|
| Immediate Annuity Name:                                     |     |     |     |     |
| Annual Payments:  |     |     |     |     |
| Exclusion Ratio:  |     |     |     |     |
| Basis:  |     |     |     |     |
| Owner <i>(Client, Spouse, Joint, etc.):</i>                 |     |     |     |     |
| Destination Account:  |     |     |     |     |
| Purchase Date:  |     |     |     |     |
| Annuitization Type: <i>(Life, Term Certain)</i>             |     |     |     |     |
| Based on Lifetime Of <i>(Client, Spouse, Survivorship):</i> |     |     |     |     |
| Guaranteed Years of Payout:                                 |     |     |     |     |
| Term (years):   |     |     |     |     |

## Other Income

|  | (1) | (2) | (3) | (4) |
|--|-----|-----|-----|-----|
| Other Income Name:   |     |     |     |     |
| Type <i>(Business Distribution, Partnership Distribution, Real Estate, Trust, Other):</i>                          |     |     |     |     |
| Tax Treatment <i>(Earned Income, Capital Gains, Qualified Dividends, Investment Ordinary Income, Non-Taxable):</i> |     |     |     |     |
| Annual Amount:   |     |     |     |     |
| Indexed at <i>(No Growth, Inflation, etc.):</i>  |     |     |     |     |
| Start Indexing <i>(Immediately, At Start Year):</i>  |     |     |     |     |



# Income

|  | (1) | (2) | (3) | (4) |
|--|-----|-----|-----|-----|
| Owner <i>(Client, Spouse, Joint, etc.):</i>  |     |     |     |     |
| Destination Account:   |     |     |     |     |
| Self-Employment? <i>(Yes / No):</i>  |     |     |     |     |
| Guaranteed? <i>(Yes / No):</i>   |     |     |     |     |
| Starts <i>(Retirement, at Death, Calendar Year, etc.):</i>   |     |     |     |     |
| Ends <i>(Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration.):</i> |     |     |     |     |

## Accredited Investor

Use the following criteria to help determine if the Client is an accredited investor. If at least one condition is met, the Client should be considered an accredited investor.

|  |  |
|--|--|
| Client and Spouse have a net worth in excess of \$1,000,000  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| - or -<br>Client had an individual income in excess of \$200,000 for the past two years and has a reasonable expectation to have an income in excess of \$200,000 this year.                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| - or -<br>Client and Spouse had a joint income in excess of \$300,000 for the past two years and they have a reasonable expectation to have a joint income in excess of \$300,000 this year. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## Income - Notes:

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# Expenses

## Education

| Expense Name | Education For | Annual Amount | Indexed At <small>(No Growth, Inflation, Other)</small> | Start Indexing <small>(Immediately, At Start Year)</small> | Starts | Ends | Occurs Every x Years |
|--------------|---------------|---------------|---|--|--------|------|----------------------|
|              |               |               |   |  |        |      |                      |
|              |               |               |   |  |        |      |                      |
|              |               |               |   |  |        |      |                      |
|              |               |               |   |  |        |      |                      |
|              |               |               |   |  |        |      |                      |

## Education - Worksheet

| State | University / Institution Name | Annual Tuition Expense | Annual Book Expense | Annual Room & Board Expense | Other Annual Expenses |
|-------|-------------------------------|------------------------|---------------------|-----------------------------|-----------------------|
|       |                               |                        |                     |                             |                       |
|       |                               |                        |                     |                             |                       |
|       |                               |                        |                     |                             |                       |
|       |                               |                        |                     |                             |                       |

## Education – Annual Funding

| Grants | Scholarships | Other Outside Funds |
|--------|--------------|---------------------|
|        |              |                     |
|        |              |                     |
|        |              |                     |
|        |              |                     |







# Wills and Gifting

## Wills

|  | Client   | Spouse   |
|--|--|--|
| Transfer Assets to Revocable Trust to Avoid Probate: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Exclude Beneficiary Transfers from Unified Credit:   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## Bequests

|   | (1) | (2) | (3) | (4) | (5) |
|---|-----|-----|-----|-----|-----|
| Bequest Name:   |     |     |     |     |     |
| Give (dollar amount or %):  |     |     |     |     |     |
| Of (Asset Name or Remaining Estate Value):                                |     |     |     |     |     |
| Execute this bequest (Always, If Spouse Survives, If Spouse Predeceases): |     |     |     |     |     |
| Distribute Evenly Among All Recipients (checked, unchecked):              |     |     |     |     |     |
| Recipient(s):   |     |     |     |     |     |
| Recipient Percent(ages):  |     |     |     |     |     |

## Planned Gifts

|   | (1) | (2) | (3) | (4) | (5) |
|---|-----|-----|-----|-----|-----|
| Planned Gift Name:                                  |     |     |     |     |     |
| Use Maximum Annual Gift Tax Exclusion (Yes, No):    |     |     |     |     |     |
| Type (Dollar Amount or Percent of Asset)            |     |     |     |     |     |
| Dollar Amount or Percent                            |     |     |     |     |     |
| Gift Funded by:                                     |     |     |     |     |     |
| Indexed (No Growth, Inflation, Other)               |     |     |     |     |     |
| Grantor (Client, Spouse):                           |     |     |     |     |     |
| Recipient:  |     |     |     |     |     |
| Exclusion Amount:                                   |     |     |     |     |     |
| Starts (Retirement, at Death, Calendar Year, etc.): |     |     |     |     |     |
| Ends (Retirement, at Death, Calendar Year, etc.):   |     |     |     |     |     |





# Objectives

## Retirement/ Investment

Rate the importance of each item according to the following scale:

|  | Low                      | Med                      | High                     |
|--|--------------------------|--------------------------|--------------------------|
| Your retirement goals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Having all of your portfolios consolidated and analyzed to make sure your overall plan is on track | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Matching your risk tolerance to that of your investment portfolio                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reviewing your investment performance against that of an index                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reviewing your investment performance against your plan  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reviewing alternative retirement methods   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Minimizing the taxes on your investment accounts   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reviewing techniques to save income tax and estate taxes on deferred money                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asset protection in the result of serious illness  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protecting assets in the event that you require long term care in the future                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Receiving adequate income in the event of disability during your working years                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Planning for income for your spouse in the event of your premature death                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Generating a guaranteed retirement income stream   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Planning for income for your children in the event of your premature death                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Estate

Rate the importance of each item according to the following scale:

|   | Low                      | Med                      | High                     |
|---|--------------------------|--------------------------|--------------------------|
| Distributing assets equally to your children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protecting your assets transferred to your children from creditors, divorce, and bankruptcy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reviewing your insurance portfolio  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reviewing different methods of meeting your estate tax liabilities                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Minimizing estate taxes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Charitable planning to your estate's planning   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contributing annually to charity  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gifting to your children if it doesn't interfere with your financial independence           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Planning for your grandchildren's education   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reviewing your current will structure to eliminate unnecessary taxes                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protecting your residence and/or vacation home from estate taxes                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Having your estate in trust for your spouse in order to protect your children's inheritance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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# Objectives

## Business

Rate the importance of each item according to the following scale:

|   | Low                      | Med                      | High                     |
|---|--------------------------|--------------------------|--------------------------|
| Maintaining control of your business throughout your lifetime   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eliminating the need to liquidate your business to pay estate taxes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Passing your business in a manner where it is sold to key employees   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creating a business planning concept to help you sell your business to key employees in an efficient manner       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Providing incentives to your key employees with non-stock compensation alternatives                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Having your key employees own stock in your company   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protecting your business from the death of a key employee   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protecting your key employees and their families from serious illness and disability                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protecting your company from serious illness and disability of your employees                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Key employees to the continued success of your company  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Passing your business in a manner that maintains family ownership and control                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintaining family harmony after your estate has been settled   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Having your spouse take an active/ownership role in the business plan after you pass                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creating a business planning concept that shows you how to gift/sell/bequest your business to your children/heirs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equalizing the inheritance for your children not active in the business   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leaving the business only to active children/heirs versus all children/heirs                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Having your children/heirs active in the business with regards to the future success of your business             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Passing your business in a manner where it is sold to a third party   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reviewing your business' property and casualty coverages every two years  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reviewing alternative sources for your existing line of credit  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reviewing the efficiency of your existing long term debt structure  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buying out a partner's interest in the event of his or her death  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Client Defined

Rate the importance of each item according to the following scale:

|  | Low                      | Med                      | High                     |
|--|--------------------------|--------------------------|--------------------------|
|  | <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"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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# Risk Tolerance Questionnaire

If you own a home, do you have more than 30% equity?

- No  
 Yes

Which of the following best describes your current employment situation?

- Full-Time  
 Part-Time  
 Retired  
 Unemployed

From an original investment of \$15,000, your portfolio now worth \$25,000 suddenly declines \$3,750 or 15%, which best describes your response?

- I would look for a way to invest more  
 I would take no action  
 I would be somewhat concerned  
 I would avoid any investment that could suddenly lose 15% of its value (Choose last answer for next question)

Your portfolio, from previous question, now worth \$21,250 suddenly declines another \$2,125 or 10%, which best describes your response?

- I would look for a way to invest more  
 I would take no action  
 I would be somewhat concerned  
 I would probably sell  
 I would never have made this investment (chosed last answer on previous question)

Have you invested in Equities?

- No  
 Yes

Have you invested in Fixed Incomes?

- No  
 Yes



# Risk Tolerance Questionnaire

Have you invested in Mutual Funds?

- No  
 Yes

Have you invested in Options, Futures, or Derivatives?

- No  
 Yes

How would you describe your level of investment knowledge?

- None  
 Limited  
 Good  
 Extensive

How much investment experience do you have?

- None  
 Limited (1 to 3 years)  
 Good (3 to 5 years)  
 Extensive ( > 5 years)

Do you have current income needs from this investment?

- Yes  
 No

When will you begin to use the money from your goal?

- Less than two years  
 Two to five years  
 Five to ten years  
 More than 10 years



