



**Return To: James E. Stephan
Financial Advisor**

Securities America Advisors, Inc.

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Silver Retirement Planning Questionnaire

Press the Tab key to move between sections or use your mouse

1. Date: _____

2. Personal & Contact Information

<i>Individual 1</i>		<i>Individual 2</i>	
<i>Name:</i>		<i>Name:</i>	
<i>Age:</i>	<i>Preferred Retirement Age:</i>	<i>Age:</i>	<i>Preferred Retirement Age:</i>
<i>Phone (Home):</i>		<i>Phone (Home):</i>	
<i>Phone (Cell):</i>		<i>Phone (Cell):</i>	
<i>Phone (Work):</i>		<i>Phone (Work):</i>	
<i>Email (Home):</i>		<i>Email (Home):</i>	
<i>Email (Work):</i>		<i>Email (Work):</i>	
<i>Employer & Address:</i>		<i>Employer & Address:</i>	
<i>Job Title:</i>		<i>Job Title:</i>	

3. Professionals

<i>Attorney's Name:</i>
<i>Attorney's Phone:</i>
<i>Attorney's Address:</i>
<i>CPA's Name:</i>
<i>CPA's Phone:</i>
<i>CPA's Address:</i>

4. Risk

<i>Individual 1</i>	<i>Individual 2</i>
Investment Attitude (choose one): <input type="checkbox"/> <i>Very Conservative</i> <input type="checkbox"/> <i>Conservative</i> <input type="checkbox"/> <i>Moderate</i> <input type="checkbox"/> <i>Aggressive</i> <input type="checkbox"/> <i>Very Aggressive</i>	Investment Attitude (choose one): <input type="checkbox"/> <i>Very Conservative</i> <input type="checkbox"/> <i>Conservative</i> <input type="checkbox"/> <i>Moderate</i> <input type="checkbox"/> <i>Aggressive</i> <input type="checkbox"/> <i>Very Aggressive</i>
Investment Experience (choose one): <input type="checkbox"/> <i>None</i> <input type="checkbox"/> <i>Very Little</i> <input type="checkbox"/> <i>Moderate</i> <input type="checkbox"/> <i>Significant</i> <input type="checkbox"/> <i>Extensive</i>	Investment Experience (choose one): <input type="checkbox"/> <i>None</i> <input type="checkbox"/> <i>Very Little</i> <input type="checkbox"/> <i>Moderate</i> <input type="checkbox"/> <i>Significant</i> <input type="checkbox"/> <i>Extensive</i>

5. Estate & Wills

<i>Check the box if you have any of the following:</i>	<i>Individual 1</i>	<i>Individual 2</i>
<i>Will</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Revocable Living Trust</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Marital Trust Provisions</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Credit Shelter Trust Provisions</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Qtip Trust Provisions</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Irrevocable Life Insurance Trust</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Durable General Power of Attorney</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Health Care Power of Attorney</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Living Will</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Generation Skip Trust Provisions</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Joint Revocable Trust</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Testamentary Trust</i>	<input type="checkbox"/>	<input type="checkbox"/>

6a. Insurance --Term (No Cash Value)

<i>Company</i>	<i>Owner</i>	<i>Insured Person</i>	<i>Beneficiary</i>	<i>Amount of Death Benefit</i>	<i>Date Ins Issued</i>	<i>Date Ins Ends</i>	<i>\$ Premiums per month</i>

6b. Insurance--Permanent (with Cash Value)

<i>Company</i>	<i>Owner</i>	<i>Insured Person</i>	<i>Beneficiary</i>	<i>Amount of Death Benefit</i>	<i>Date Ins. Issued</i>	<i>Cash Value</i>	<i>\$ Premiums per month</i>	<i>\$ Loan Amount</i>

6c. Insurance—Long Term Care

Company	Owner	Date Issued	\$ Daily Benefit	Length of Benefit	Inflation Protection: Simple, Compound & %	Elimination Period (days)
				2yr <input type="checkbox"/> , 3yr <input type="checkbox"/> 4yr <input type="checkbox"/> , 5yr <input type="checkbox"/> unlimited <input type="checkbox"/>	Simple % _____ Compound % _____ None <input type="checkbox"/>	
				2yr <input type="checkbox"/> , 3yr <input type="checkbox"/> 4yr <input type="checkbox"/> , 5yr <input type="checkbox"/> unlimited <input type="checkbox"/>	Simple % _____ Compound % _____ None <input type="checkbox"/>	

7a. Income from Work

	Individual 1				Individual 2			
	\$ per year	Year Income Stops	Full-time or Part-time?	Is This Self-Employed Income?	Annual Earned \$	Year Income Stops	Full-time or Part-time?	Is This Self-Employed Income?
Earned Income			FT <input type="checkbox"/> PT <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			FT <input type="checkbox"/> PT <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Part-Time Income in			FT <input type="checkbox"/> PT <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			FT <input type="checkbox"/> PT <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

7b. Income from Pensions

Individual 1				Individual 2			
Company	\$ Amount (monthly)	Start Age	Survivor Benefit %	Company	\$ Amount (monthly)	Start Age	Survivor Benefit %

7c. Income from Investments

Investment Company	Owner	\$ Amount (Monthly)	Account Type (IRA, Roth, 401K, 403B, JT, Indiv., Stock, 401k, bank acct, etc.)	Start Date	Likely Stop Date

7d. Income from Social Security

	<i>Actual Monthly SS</i>	<i>Estimated Monthly SS</i>	<i>Your Planned Start Age</i>
<i>Individual 1</i>			
<i>Individual 2</i>			

7e. Income from Elsewhere

<i>Description: Inheritance, Gift, Legal Settlement, Family Trust, Child Support, Alimony, Etc.</i>	<i>Income Paid To: Him, Her, JT</i>	<i>Annual Amount</i>	<i>Starting Year of Income</i>	<i>Ending Year of Expense</i>

8. Special Expenses

<i>Description: Major Home Projects, Travel, Wedding, Large Purchases, Child Support, Alimony, Dependent Care, Last Year of Life, Etc.</i>	<i>Annual Amount</i>	<i>Starting Year of Expense</i>	<i># of Years</i>

9. Federal Tax Bracket

Joint Tax Bracket: 10% 15% 25% 25% 28% 33% 35%

10. Education Funding

<i>Child's Name</i>	<i>Age</i>	<i>College Start Date</i>	<i>Name of College of Choice</i>	<i>Cost Per Year</i>	<i># of Years</i>	<i>Current College Fund Balance</i>	<i>Type of Account: 529, UTMA, UGMA, Savings, CD</i>

11. Financial Assets: List capital assets not held with Jim Stephan including bank accounts, investments, stocks, bonds, mutual funds, business interests, & other financial assets. (Jim will input all assets held with him.)

Company Name	Description: Mutual Funds, Individual Stocks, Variable Annuity, Fixed Annuity, IRA, Roth, 401K, 403B, JT, bank acct, etc.)	Current Value \$	Date of Market Value	Monthly Additions \$	Owner: His, Hers, Joint	Beneficiary

12. Personal Assets: Homestead, Cars, Boat, RV, Motorcycle, Collectables, Personal or Household Assets, Etc.

Asset Description	Market Value	Loan Balance Owed on Asset	Monthly Payment	Interest Rate %	Payoff Date	Owner: list name or joint. If Owned with non-spouse, please indicate % you own.
Homestead Address:		1st Mortgage: \$				His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/> If Owned JT with non-spouse, % I own is: %
		2nd Mortgage: \$				
Vehicle 1 Year & Make:						His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/> If Owned JT with non-spouse, % I own is: %
Vehicle 2 Year & Make:						His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/> If Owned JT with non-spouse, % I own is: %
Vehicle 3 Year & Make:						His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/> If Owned JT with non-spouse, % I own is: %
Boat/RV/Motorcycle:						His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/> If Owned JT with non-spouse, % I own is: %
Collectables:						His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/> If Owned JT with non-spouse, % I own is: %
Household Assets:						His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/> If Owned JT with non-spouse, % I own is: %
Other Asset:						His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/> If Owned JT with non-spouse, % I own is: %

13. Debts/Liabilities Credit Cards, Medical Loans, Student Loans, Personal Loans, Etc.

<i>Debt Description</i>	<i>Bank Name</i>	<i>Balance Owed</i>	<i>Monthly Payment</i>	<i>Interest Rate %</i>	<i>Payoff Date</i>	<i>Owner</i>
Credit Card 1:		\$	\$	%		His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/>
Credit Card 2:		\$	\$	%		His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/>
Credit Card 3:		\$	\$	%		His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/>
Medical Loan:		\$	\$	%		His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/>
Student Loan 1:		\$	\$	%		His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/>
Student Loan 2:		\$	\$	%		His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/>
Personal Loan 1:		\$	\$	%		His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/>
Personal Loan 2:		\$	\$	%		His <input type="checkbox"/> Hers <input type="checkbox"/> Joint <input type="checkbox"/>

14. Notes—Use this space to explain what type of planning you would like to receive, or for questions, to provide explanation, clarification, or any other items or notes you would like to share with Jim

15. Monthly Expenses

Jim will total the columns for you

Name:	Date:		
		<i>Monthly Now:</i>	<i>Monthly Retirement:</i>
Home (H) Mortgage Payment			
(H) Rent or Lease payment			
(H) Property Taxes			
(H) Property Insurance			
(H) Maintenance & Improvements			
(H) Domestic Help			
(H) Utilities: Water/Elect . _____ , Gas . _____		Total:	
(H) Cable . _____ , Internet. _____		Total:	
(H) Garbage . _____ , Snow Removal . _____		Total:	
(H) Phone . _____ , Cell Phone . _____		Total:	
<hr/>			
Cabin or 2 nd Home (2nd H) Mortgage			
(2nd H) Property Taxes			
(2nd H) Property Insurance			
(2nd H) Maintenance & Improvements			
(2nd H) Utilities: Water/Elect . _____ , Gas . _____		Total:	
(2nd H) Garbage . _____ , Snow Removal . _____		Total:	
(2nd H) Phone . _____			
<hr/>			
Groceries and Household Incidentals			
Eating Out: (add all lunches and dinners)			
Gym or Health Club Membership			
Books, Papers, Subscriptions			
Gifts, Birthdays, and Holidays			
Charitable Contributions			
Entertainment and Vacations			
Clothing and Personal Items			
Dependent Care			
Prof. fees: Attorney, Accountant, Advisor			
<hr/>			
Auto Loan Payment (total all Vehicles)			
Auto Lease Payment			
Auto Monthly Saving to Replace Auto			
Auto: Gas and Maintenance			
Auto: Insurance Payments			
Boat and RV Payments			
<hr/>			
Life Insurance Premiums			
Long Term Care Insurance Premiums			
Health Insurance: His premium/mo. _____ Her premium/mo. _____		Total:	
Medicare: Parts A & B His premium/mo. _____ Her premium/mo. _____		Total:	
Medicare Supp. Ins. His premium/mo. _____ Her premium/mo. _____		Total:	
Medicare: Part D His premium/mo. _____ Her premium/mo. _____		Total:	
Medication Expense (not covered by ins) His _____ Hers _____		Total:	
Medical Expenses (not covered by ins) His _____ Hers _____		Total:	
Dental Expenses His _____ Hers _____		Total:	
<hr/>			
Please write in any other expenses:			

16. Risk Assessment Questionnaire 1 Score: _____

Name: _____

Date: _____

1. What is your approximate yearly household income? Please include salary, bonuses, commissions, pension plan distributions, social security interest, and other income.

- A. \$250,000 C. \$100,000-\$175,000
 B. \$175,000-\$250,000 D. Under \$100,000

2. When do you plan to start withdrawing money from your investments for major needs?

- A. In more than 10 years C. In 1-5 years
 B. In 5-10 years D. In less than 1 year

3. Once you have achieved your primary investment objective and begin to take periodic or systematic withdrawals from this account, over how long of a period do you anticipate the withdrawals to continue?

- A. For more than 10 years C. Up to 5 years
 B. Between 5 -10 years D. Short term --lump sum

4. When do you expect to retire?

- A. In more than 15 years C. Within the next 5 years
 B. In the next 5-15 years D. I am already retired

5. What percentage of your total assets will you be investing in this program?

- A. Less than 20% C. Between 51% - 70%
 B. Between 21% - 50% D. Greater than 71%

6. What percentage of your total investment will you need to withdraw annually for living expenses?

- A. This is not required C. Approximately 2%-5%
 B. Approximately 1%-2% D. More than 5%

7. How experienced are you in managing your investments?

- A. Very experienced C. Less Experienced
 B. Somewhat experienced D. Not experienced

8. When deciding how to invest your money, which are you most concerned with?

- A. Positioning my portfolio for maximum growth, even at the risk of watching its value fluctuate widely over time
 B. Accumulating wealth for my financial independence
 C. Providing consistent income for my current lifestyle
 D. Preserving my net worth to help meet everyday expenses

9. Which of the following statements best describes your attitudes toward price fluctuations?

- A. I am willing to accept a high level of volatility for the potential to realize maximum returns
 B. I am willing to accept a modest amount of price fluctuation to attempt to achieve a return modestly higher than that available without risk of price fluctuations
 C. I don't want my portfolio to fluctuate as much as the general financial markets, but I can withstand some up and down variances in my portfolio over time
 D. I am willing to forego the potential of large returns for the stability of knowing my portfolio is protected against large decreases in value

10. Based on the range of possible returns shown for a 1-year investment shown, which best suits your investment philosophy?

- A. Plan A: Average Case = 12%, Best Case = 50%, Worst Case = -30%
 B. Plan B: Average Case = 11%, Best Case = 43%, Worst Case = -20%
 C. Plan C: Average Case = 9.5%, Best Case = 28%, Worst Case = -15%
 D. Plan D: Average Case = 8%, Best Case = 16%, Worst Case = -6%

11. Hypothetically, if you invested \$100,000 and it performed in line with world markets during a downturn, at what point would you sell?

- A. I would not sell
 B. I would sell when the value reached less than \$80,000
 C. I would sell when the value reached \$80,000
 D. I would sell when the value reached \$90,000

12. If you have funds saved for emergencies (e.g., a sudden loss of income or inability to earn income), how long would the emergency funds last?

- A. The funds would last more than one year
 B. The funds would last between 6 and 12 months
 C. The funds would last between 1 and 6 months
 D. I don't have an emergency fund

13. Which of the following statements best describes your feelings toward risk with respect to expected returns?

- A. I would select only investments that offer the highest possible returns, accepting that there will be a high degree of risk associated with this approach (i.e., a high risk of partial or total principal loss exists)
 B. I would select a mix of investments with an emphasis on a high degree of risk, but with a small portion that might have a lower risk and associated return potential
 C. I would select a mix of investments with an emphasis on a low degree of risk, but with a small portion that might have a higher risk and associate return potential
 D. I would only select investments that have a low degree of risk associated with them

14. If you needed \$10,000 for an unexpected financial obligation, would you liquidate a portion of this account?

- A. No. I have several sources of liquid assets that I would use first
 B. Probably not. I have several other sources of liquid assets that I would likely utilize
 C. Maybe. I do have other sources of liquid assets but this is my primary source
 D. Yes. This is my only source of liquid assets

15. How do you expect your household income to change over the next three years?

- A. Increase more than 20% D. Decrease 5%-20%
 B. Increase 5%-20% E. Decrease more than 20%
 C. No change (+/- 5%)

16. How do you expect your household expenses to change over the next three years?

- A. Decrease more than 20% D. Increase 5%-20%
 B. Decrease 5%-20% E. Increase more than 20%
 C. No change (+/- 5%)

17. Risk Assessment Questionnaire 2

You may choose more than one:

1. I am more concerned about protecting my assets than about growth.
2. I prefer the ease of mutual funds to the uncertainty of trying to pick winning stocks.
3. Professional advisors and mutual funds may achieve higher growth than I can.
4. I am comfortable with investments that promise slow, long-term appreciation and growth.
5. I don't brood over bad investment decisions I have made.
6. I feel comfortable with aggressive growth investments.
7. I do not like surprises.
8. I am optimistic about my financial future.
9. My immediate concern is for income rather than growth opportunities.
10. I am a risk taker.
11. I make investment decisions comfortably and quickly.
12. I like predictability and routine in my daily life.
13. I usually pick the tried and true, the slow, safe but sure investments.
14. I need to focus my investment efforts on reserve funds and insurance rather than growth.
15. I prefer predictable, steady returns on my investments, even if the return is low.

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