

DOCUMENT ASSEMBLY CHECKLIST

Some suggested items to keep at home in a secure file drawer or box:

- Cancelled checks
- Insurance policies
- Copies of wills and trusts
- Copies of living wills
- Copies of powers of attorney
- Income tax returns
- Property tax records

Some suggested items to keep in your bank vault box:

- Deeds
- Marriage certificates
- Divorce decrees
- Detailed inventory of valuable personal property, appraisals, and photos, if possible
- Birth certificates, death certificates
- Car titles
- Military discharge documents
- Stock certificates, etc.
- Original wills, trust documents, powers of attorney
- Any other important legal documents, citizenship papers



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

Some suggested items to give to your executor, attorney, or spouse:

- Copies of wills
- Copies of trust documents
- Copies of living wills and powers of attorney
- Inventory of insurance policies, bank accounts, stocks, and bonds
- Funeral instructions
- List of key contacts (lawyer, accountant, insurance agent, banker, etc.)
- Bank vault access information

EXPLORING YOUR FAMILY HISTORY

Wealth management is as much about looking forward as it is about checking the rearview mirror. As we plan for tomorrow, we must learn not just from today, but from yesterday. Anticipating your retirement income needs requires that we consider your needs and goals. We must also take a hard look at your family’s medical history.

As health care costs soar, with rates as high as triple the general inflation rate, we must plan to allocate substantial wealth toward projected medical expenses. It is generally useful to consider your parents’ longevity and medical histories to help determine an appropriate time horizon for your retirement planning and to help anticipate medical costs. Please fill out the following questionnaire to assist us in creating your wealth management plan.

Family Member	Mother	Father	You	Spouse
Health Condition				
Age				
Any Serious Illnesses?				
Assisted Living?				
Other Health Problems?				
Hereditary Condition?				
Comments				

Notes: _____



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.
 Rev 07/15

INTRODUCTION ASSISTANCE REQUEST

For others who may appreciate our services . . .

A key source of future business consists of thoughtful introductions from our best clients. Please let me know if you have any friends, family members, or coworkers who might benefit from our services.

Name: _____

Relationship: _____

Telephone: _____ (work/home/cell?) Fax: _____

E-mail: _____

How often do you communicate with them? _____

What is the best way/time to contact them? _____

Do you prefer to let them know ahead of time that I will be contacting them? _____

Name: _____

Relationship: _____

Telephone: _____ (work/home/cell?) Fax: _____

E-mail: _____

How often do you communicate with them? _____

What is the best way/time to contact them? _____

Do you prefer to let them know ahead of time that I will be contacting them? _____

Name: _____

Relationship: _____

Telephone: _____ (work/home/cell?) Fax: _____

E-mail: _____

How often do you communicate with them? _____

What is the best way/time to contact them? _____

Do you prefer to let them know ahead of time that I will be contacting them? _____



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network[®] Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

INTRODUCTION ASSISTANCE REQUEST *continued*

Name: _____

Relationship: _____

Telephone: _____ (work/home/cell?) Fax: _____

E-mail: _____

How often do you communicate with them? _____

What is the best way/time to contact them? _____

Do you prefer to let them know ahead of time that I will be contacting them? _____

Name: _____

Relationship: _____

Telephone: _____ (work/home/cell?) Fax: _____

E-mail: _____

How often do you communicate with them? _____

What is the best way/time to contact them? _____

Do you prefer to let them know ahead of time that I will be contacting them? _____

Name: _____

Relationship: _____

Telephone: _____ (work/home/cell?) Fax: _____

E-mail: _____

How often do you communicate with them? _____

What is the best way/time to contact them? _____

Do you prefer to let them know ahead of time that I will be contacting them? _____

HOW DO YOU DEFINE SUCCESS?

When entering a relationship with a financial professional, it is often beneficial to articulate your goals and values. These should be related not only to your finances, but also to your emotions, and should concern the short term and the long term. One key to a successful relationship is mutual understanding. In the hope that we can operate on the same wavelength, we ask that you put some thought into answering the following questions.

What are your expectations of a financial professional?

What are you hoping a financial professional can achieve in the next one to three years? In the next five to ten years? Beyond that?

In terms of our relationship, how would you define success? (Does it have to do with portfolio management more than financial planning, tax-sensitive investing more than estate planning, risk management planning rather than estate planning, etc.?)

How do you rank the following: protecting your financial interests, preserving and/or growing your wealth, and transferring wealth?



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

CENTERS OF INFLUENCE

As your wealth professional, I'd like to be aware of any other professionals you consult for guidance relating to your financial situation. These are individuals whom I may need to speak with as we develop a financial plan, and, in some cases, if you do not currently have a relationship with an outside professional, I may be able to introduce you to someone I've partnered with in order to provide you with total wealth management.

Please check any boxes that apply, indicating whether or not you have a business relationship with the following professionals:

<i>Associated Professional</i>	<i>Name, Phone</i>	<i>How Often Do You Interact?</i>
• CPA	_____	_____
• Tax attorney	_____	_____
• Estate planning attorney	_____	_____
• Divorce attorney	_____	_____
• Retirement consultant	_____	_____
• Investment advisor	_____	_____
• Insurance broker	_____	_____
• Stock broker	_____	_____
• P&C agency	_____	_____
• Other	_____	_____

Thank you!



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.
 Rev 07/15

INDIVIDUAL PRIORITY LIST: GOALS AND OBJECTIVES

In order to better understand your goals and objectives, we ask that you kindly fill out the worksheet below. Please indicate your current financial priorities by checking as many boxes as you like. Under the Rank column, please indicate the activity's importance to you on a scale from 1 to 10, with 1 being the most important. Thank you!

	<i>Rank</i>	<i>Advisor Notes</i>
• Accumulation of wealth	_____	_____
• Asset allocation	_____	_____
• Alternative investments	_____	_____
• Business succession planning	_____	_____
• Budgeting	_____	_____
• Cash flow planning	_____	_____
• College planning	_____	_____
• Estate planning	_____	_____
• Life insurance	_____	_____
• Long-term care insurance	_____	_____
• Other insurance	_____	_____
• Investment tax planning	_____	_____
• Income tax planning	_____	_____
• Gift and estate tax planning	_____	_____
• Retirement planning	_____	_____
• 401(k) rollover	_____	_____
• 401(k) for your employees	_____	_____
• IRAs/Rollovers	_____	_____
• Distribution planning	_____	_____
• Charitable gifting	_____	_____
• Wills and trusts	_____	_____



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

THE IMPORTANCE OF BENCHMARKS

Critical self-assessment is a key to living a happy and successful life. When thinking about your actions today, it is often useful to consider your destination tomorrow. We recommend that you fill out the following worksheet to articulate those goals.

Personal/Self

Goals/Accomplishments:

Co-Client Relationship

Goals/Accomplishments:

As Parents to Your Children

Goals/Accomplishments:

As an Adult Child to Your Parent

Goals/Accomplishments:



ROLE/GOAL DEFINITION *continued*

Personal/Self

Goals/Accomplishments:

Co-Client Relationship

Goals/Accomplishments:

As Parents to Your Children

Goals/Accomplishments:

STATEMENT OF NET WORTH

CLIENT NAME: _____ DATE: _____

ASSETS

Cash Accounts

Current Market Value

Checking Account	\$ _____
Savings Account	\$ _____
Money Market Account	\$ _____
Total Cash Accounts	\$ _____

Investments (See Schedule 1)

Stocks	\$ _____
Mutual Funds	\$ _____
Bonds	\$ _____
Private Equity	\$ _____
Real Estate	\$ _____
Stock Options	\$ _____
Cash Value of Life Insurance	\$ _____
Other	\$ _____
Total Investments	\$ _____



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.
Rev 07/15

STATEMENT OF NET WORTH *continued*

Retirement Accounts	Current Market Value
IRA	\$ _____
401(k)	\$ _____
Pension Plans	\$ _____
Annuities	\$ _____
Other	\$ _____
Total Retirement Investments	\$ _____
Personal Use Assets	
Primary Residence	\$ _____
Secondary Residence	\$ _____
Auto 1	\$ _____
Auto 2	\$ _____
Auto 3	\$ _____
Home Furnishings	\$ _____
Collectibles	\$ _____
Other	\$ _____
Total Personal Use Assets	\$ _____
Total Assets	
Cash Accounts	\$ _____
Investments	\$ _____
Retirement Accounts	\$ _____
Personal Use Accounts	\$ _____
Total Assets	\$ _____

STATEMENT OF NET WORTH *continued*

ASSETS

Long-Term Debt

Current Amount

Student Loans	\$ _____
Home Loan, Primary Home	\$ _____
Home Loan, Secondary Home	\$ _____
Auto Loan 1	\$ _____
Auto Loan 2	\$ _____
Auto Loan 3	\$ _____
Other	\$ _____
Total Long-Term Debt	\$ _____

Short-Term Debt

Credit Cards	\$ _____
Personal Loans	\$ _____
Used Portion of Credit Line	\$ _____
Total Short-Term Debt	\$ _____

Total Liabilities

Long-Term Debt	\$ _____
Short-Term Debt	\$ _____
Total Liabilities	\$ _____

TOTAL NET WORTH

Total Assets	\$ _____
Total Liabilities	\$ _____
Total Net Worth (Assets Minus Liabilities)	\$ _____

LIFE CHANGES WORKSHEET

As part of our review process, we ask clients about events and life changes that have occurred over the past year. Doing so helps keep us up-to-date on any changes in your life, and it also allows us to better plan for your financial future. Making adjustments for these occurrences is imperative; however, it is equally important to make plans for any events that may occur during the next year. Please take a moment to complete the worksheet below, being as specific as possible regarding dates.

Family-Related Events	Has Occurred in Past 12 Months	Will Potentially Occur in Next 12 Months	Notes:
Getting married			
Marriage of child			
Birth of child/grandchild			
Adoption of child			
Change in marital status for your parents			
Private school education (pre-college years)			
Providing for special needs of a family member			
Serious injury or illness			
Divorce or separation			
Child leaving home			
Child entering college			
Continuing education for yourself or spouse			
Buying a second home			
Buying a home for children			
Downsizing your home			
Caring for parents			
Becoming a grandparent			
Becoming disabled			
Death in the family			
Revising entire estate plan			



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

LIFE CHANGES WORKSHEET *continued*

Business-Related Events	Has Occurred in Past 12 Months	Will Potentially Occur in Next 12 Months	Notes:
New job			
Promotion			
Increase in benefits			
Job transfer to another area			
Slowing down your career			
Demotion			
Reduced compensation			
Reduced benefits			
Losing a job			
Wanting a career change			
Starting new business			
Business failure			
Selling a business			
Exercising stock options			
Taking a business public			
Considering early retirement			
Preparing to retire (within 1 year)			
Selling a large capital asset			
Transferring ownership of company			
Retiring			
Preparing for retirement (1–7 years)			

LIFE CHANGES WORKSHEET *continued*

Miscellaneous Events	Has Occurred in Past 12 Months	Will Potentially Occur in Next 12 Months	Notes:
Receiving a wealth transfer			
Transferring a portion of your wealth			
Achieving financial independence			
Reevaluating investments			
Reevaluating goals			
Reevaluating charitable giving			
Starting a new hobby			
Participating in community service			
Purchasing luxury items (boat, art, car, etc.)			
Major travel			
Involvement in any legal matters			
Celebrating a milestone (anniversary, birthday, graduation, etc.)			
Revising estate plan			

ONGOING NEEDS ASSESSMENT

As I look forward to our meeting at TIME on DAY OF WEEK, DATE, I'd like to have you begin thinking about your financial needs and goals. To that end, please look over the following pages and check any boxes that you'd like to talk about. I thank you in advance for taking the time to review these important issues.

- **Investment Management**

Relies on creating a customized portfolio based around your goals and risk tolerance, utilizing asset allocation strategies to accumulate wealth.

- **Retirement: Accumulation**

Evaluates current plans and implements new portfolios designed to accumulate the wealth necessary to ensure a comfortable retirement.

- **Retirement: Distribution**

Consists of income planning—how will you get paid after your last paycheck? (e.g., social security, pension, IRA, rental income, etc.)

- **Risk Management: Life Insurance**

Reviews current life insurance planning to determine whether or not future needs will be met.

- **Risk Management: Additional Insurance**

Examines your suitability for health, disability, long-term care, and additional coverage.

- **Beneficiary Review**

Confirms that all accounts are properly registered with the primary beneficiary of holder's intent, as well as a contingent beneficiary.

- **Estate Planning**

Involves discussing the roles of wills, trusts, living wills, and health care proxies, with the goal of efficiently distributing wealth to heirs.

- **Taxation**

Looks for appropriate strategies to keep the income tax burden at the lowest level possible, and may involve charitable gifting.

Notes: _____



Life Events Checklist

Common occurrences in our daily lives can create complex financial situations. If you are faced with any of the events listed below, please check the appropriate box.

- New child or grandchild
- New job or promotion
- Recent inheritance
- Major investment gain
- Major investment loss
- Change in marital status: _____
- Change in estate plan
- Sale or purchase of home
- Start/purchase a business
- Health concerns
- Death in family
- New investments or insurance
- Retirement
- Other: _____
- Other: _____

Topics that are of concern to you, or about which you'd like to learn more:

- Retirement planning
- Estate planning
- Major asset purchase/lease
- Business exec. benefits
- Pers. property insurance
- Education funding
- Income tax planning
- Planning for parents
- Business continuation
- Disability income
- Investment review
- Health/LTC planning
- Charitable giving
- Other: _____
- Other: _____

Notes: _____

QUARTERLY INVESTMENT REVIEW

Client Name: _____ Date of Review: _____

Critical Questions

- Have your investment goals changed in the past 12 months?

- Has your tolerance for risk changed enough in the past 12 months that it may affect the management of your portfolio?

- What has been your perception of the marketplace over the past 12 months? What are your expectations going forward?

- Are there any considerations we should be aware of that may affect the future performance of your portfolio, such as large contributions or withdrawals (vehicle, home, auto, college, inheritance, etc.), health issues, family matters, or any other matter?



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

Asset Allocation

- Current equity/fixed income exposure: _____ / _____
- Original equity/fixed income exposure: _____ / _____
- Overweight/underweight: _____ %

Notes: _____

Asset Class	Client		Co-Client	
	<i>Current</i>	<i>Target</i>	<i>Current</i>	<i>Target</i>
Large-Cap				
Mid-Cap				
Small-Cap				
REITs				
Fixed Income				
Money Market				
Other				

Notes: _____

Benchmarks

Benchmark Name	Month-to-Date	Quarter-to-Date	Year-to-Date	Last 12 Mo.	Inception-to-Date

Notes: _____

QUARTERLY INVESTMENT REVIEW *continued*

Funds

Fund Name	Benchmark	YTD +/- Benchmark	3-Yr. Return +/- Benchmark	Style Adherence	Manager Tenure	Buy/Sell/Hold

Notes: _____

QUARTERLY REVIEW: BUSINESS PLANNING

In the days leading up to our meeting, I'd like you to think about each facet of your financial situation. The more carefully you consider the questions below, the more helpful I can be. Please take a minute to read through these pages before stepping into my office. It's always a pleasure working with you, and I look forward to another productive meeting.

1. Do you have a clear timeline for when you plan on leaving your business?
2. What is your business succession plan or exit strategy?
3. Are you interested in mitigating some of your liability through an insurance policy?
4. Are you getting paid in the most tax-efficient manner?
5. Do you consistently meet the goals that you set in your annual business plan and any longer-term plan you may have?

Below are some more targeted questions. You can check the box, circle any words that apply, and/or indicate whether or not a particular subject is a priority.

- | | Priority |
|--|--------------------------|
| • I am not a business owner. | <input type="checkbox"/> |
| • I require asset management for employee plans. | <input type="checkbox"/> |
| • I require asset management for business revenues. | <input type="checkbox"/> |
| • I have no problems with human resources/sales and marketing/product development. | <input type="checkbox"/> |
| • I am concerned about tax issues regarding the business. | <input type="checkbox"/> |
| • I am well-positioned from a risk management perspective. | <input type="checkbox"/> |
| • I own liability insurance/P&C insurance/business interruption insurance. | <input type="checkbox"/> |
| • I work with an advisory board/lawyer(s). | <input type="checkbox"/> |
| • I am currently paying worker's compensation. | <input type="checkbox"/> |
| • I have a clear succession plan. | <input type="checkbox"/> |
| • I am preparing to sell the firm. | <input type="checkbox"/> |
| • I need help transitioning my business to the next level. | <input type="checkbox"/> |
| • I receive an executive compensation package. | <input type="checkbox"/> |
| • I hold too many/not many stock options in the firm. | <input type="checkbox"/> |
| • I receive personal performance incentives. | <input type="checkbox"/> |
| • I have health insurance. | <input type="checkbox"/> |
| • I am paying for health insurance for employees. | <input type="checkbox"/> |

Finally, do you have any financial concerns at present, or that you can foresee, that might impact the financial well-being of you or your family?

Thank you for your time!



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.
Rev 07/15

QUARTERLY REVIEW: ESTATE PLANNING

In the days leading up to our meeting, I'd like you to think about each facet of your financial situation. The more carefully you consider the questions below, the more helpful I can be. Please take a minute to read through these pages before stepping into my office. It's always a pleasure working with you, and I look forward to another productive meeting.

1. Are your goals concerning your beneficiaries the same as they were one year ago?
2. Do you feel sufficiently prepared in terms of end-of-life planning?
3. Do you have any concerns relating to your beneficiaries?
4. Is there any reason that you'd like to change a beneficiary in your will?
5. Have you reviewed your will, living will, and health care proxy lately?
6. Are your important financial documents in one secure location that your loved ones know about?

Below are some more targeted questions. You can check the box, circle any words that apply, and/or indicate whether or not a particular subject is a priority.

- | | Priority |
|---|--------------------------|
| • I have updated/need to update my last will and testament. | <input type="checkbox"/> |
| • I have updated/need to update a living will. | <input type="checkbox"/> |
| • I have updated/need to update a health care proxy. | <input type="checkbox"/> |
| • I have updated/need to update a power of attorney. | <input type="checkbox"/> |
| • I would like to undertake charitable gifting. | <input type="checkbox"/> |
| • I currently have/would like to establish a charitable trust/private foundation. | <input type="checkbox"/> |
| • I gift the maximum deductible amount per year. | <input type="checkbox"/> |
| • I am seeking information regarding taxable consequences of death involving property and estate taxes. | <input type="checkbox"/> |
| • I have children from a previous marriage. | <input type="checkbox"/> |
| • I still have accounts jointly held with a former spouse. | <input type="checkbox"/> |
| • I would like/would not like to be able to provide for spouse/children/other. | <input type="checkbox"/> |

Finally, do you have any financial concerns at present, or that you can foresee, that might impact the financial well-being of you or your family?

Thank you for your time!



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

QUARTERLY REVIEW: RETIREMENT PLANNING

In the days leading up to our meeting, I'd like you to think about each facet of your financial situation. The more carefully you consider the questions below, the more helpful I can be. Please take a minute to read through these pages before stepping into my office. It's always a pleasure working with you, and I look forward to another productive meeting.

1. Has anything in your life changed that makes you want to reassess your retirement income needs?
2. What is your plan to generate income after the last paycheck?
3. Are you well-informed about when you must take required minimum distributions (RMDs) from retirement accounts, as well as the taxable consequences of such distributions?
4. Will you begin taking social security distributions at the earliest possible date, or at full retirement age?
5. To what extent are you investing for your children?

Below are some more targeted questions. You can check the box, circle any words that apply, and/or indicate whether or not a particular subject is a priority.

- | | Priority |
|---|--------------------------|
| • I am near/have entered retirement. | <input type="checkbox"/> |
| • I need a monthly income source immediately. | <input type="checkbox"/> |
| • I do not need to draw on my IRA beyond the RMD limit. | <input type="checkbox"/> |
| • I can draw on the following qualified plans for income:
401(k), 403(b), ESOP, 457, 412(i), | <input type="checkbox"/> |
| • I have a large position in cash. | <input type="checkbox"/> |
| • I own/might be a good candidate for annuities. | <input type="checkbox"/> |
| • I seek to roll over an IRA. | <input type="checkbox"/> |
| • I seek to implement a multigenerational IRA. | <input type="checkbox"/> |
| • I am concerned with meeting personal/family needs. | <input type="checkbox"/> |
| • I am concerned with passing on wealth to heirs. | <input type="checkbox"/> |
| • I have started/should defer receiving social security. | <input type="checkbox"/> |
| • I would benefit from a beneficiary review. | <input type="checkbox"/> |
| • I need to begin liquidating assets immediately. | <input type="checkbox"/> |

Finally, do you have any financial concerns at present, or that you can foresee, that might impact the financial well-being of you or your family?

Thank you for your time!



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network[®] Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

QUARTERLY REVIEW: RISK MANAGEMENT

In the days leading up to our meeting, I'd like you to think about each facet of your financial situation. The more carefully you consider the questions below, the more helpful I can be. Please take a minute to read through these pages before stepping into my office. It's always a pleasure working with you, and I look forward to another productive meeting.

1. Has anything in your life changed that makes you think you may need additional insurance?
2. In what ways are you prepared for the aging process?
3. Are you well-informed about long-term care insurance and disability insurance?
4. Is there any reason that you'd like to change a beneficiary on a current insurance policy?
5. Have you reviewed your life insurance policy lately?
6. Are your important financial documents in one secure location that your loved ones know about?

Below are some more targeted questions. You can check the box, circle any words that apply, and/or indicate whether or not a particular subject is a priority.

- | | Priority |
|---|--------------------------|
| • I do not believe in insurance. | <input type="checkbox"/> |
| • I am unaware of insurance needs. | <input type="checkbox"/> |
| • I have never owned any form of insurance (except auto). | <input type="checkbox"/> |
| • I own/do not own a life insurance policy. | <input type="checkbox"/> |
| • I own/do not own long-term care insurance. | <input type="checkbox"/> |
| • I own/do not own disability insurance. | <input type="checkbox"/> |
| • I own/am paying rent on a home. | <input type="checkbox"/> |
| • I own/am leasing a car. | <input type="checkbox"/> |
| • I am happy/unhappy with my health insurance provider. | <input type="checkbox"/> |
| • I am a small business owner. | <input type="checkbox"/> |
| • I am/could be required to pay worker's compensation. | <input type="checkbox"/> |
| • I own/could benefit from liability insurance. | <input type="checkbox"/> |



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

QUARTERLY REVIEW: RISK MANAGEMENT *continued*

- I own/could benefit from business interruption insurance.
- I own/could benefit from P&C insurance.
- I have a clear succession plan for business.
- I lead a healthy/unhealthy lifestyle.
- I am/am not religious.
- I meet with a doctor regularly.
- I am seriously ill.
- I exercise regularly and eat healthy food.

Finally, do you have any financial concerns at present, or that you can foresee, that might impact the financial well-being of you or your family?

Thank you for your time!

QUARTERLY REVIEW: TAXATION

In the days leading up to our meeting, I'd like you to think about each facet of your financial situation. The more carefully you consider the questions below, the more helpful I can be. Please take a minute to read through these pages before stepping into my office. It's always a pleasure working with you, and I look forward to another productive meeting.

1. In terms of income tax planning, are you aware of everything that you can write off?
2. Are you conscious of capital gains tax when you time the buys and sells of securities?
3. Does your financial plan address the tax consequences for your heirs?
4. Are you aware of state estate taxes incurred at death?
5. Do you gift the maximum amount eligible for tax deductions?

Below are some more targeted questions. You can check the box, circle any words that apply, and/or indicate whether or not a particular subject is a priority.

Priority

- I prepare my own tax statements/outsource statements to a tax attorney or other professional.
- I have taxation concerns arising from divorce/marriage/retirement/illness/inheritance/education expenses.
- I can carry forward losses on investments.
- I have substantial capital gains for the current period.
- I receive qualified dividends regularly.
- I own/should consider owning tax-deferred investments.
- I own/should consider owning tax-exempt investments.
- I am in the highest income tax bracket.
- I am dismayed at property/state/employment tax.
- I could/do strategically time receiving income and deductions for tax purposes.



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

QUARTERLY REVIEW: TAXATION *continued*

- I deduct the maximum possible value each year.
- I do not exploit opportunities for tax deductions.
- I seek infrequent trading to avoid taxes on capital gains.
- I gift the maximum possible for charitable deductions.
- I am invested in tax shelter products, or have unreported income.
- I need estate tax planning.

Finally, do you have any financial concerns at present, or that you can foresee, that might impact the financial well-being of you or your family?

Thank you for your time!

Accountant/CPA

Name/Firm _____

Telephone number _____

Address _____

E-mail address _____

How long have you worked with this professional? _____

On a scale of 1–5, how satisfied are you with the relationship? (1 = not satisfied, 5 = very satisfied) _____

May I contact this professional? _____

Insurance Agent

Name/Firm _____

Telephone number _____

Address _____

E-mail address _____

How long have you worked with this professional? _____

On a scale of 1–5, how satisfied are you with the relationship? (1 = not satisfied, 5 = very satisfied) _____

May I contact this professional? _____

Mortgage Broker

Name/Firm _____

Telephone number _____

Address _____

E-mail address _____

How long have you worked with this professional? _____

On a scale of 1–5, how satisfied are you with the relationship? (1 = not satisfied, 5 = very satisfied) _____

May I contact this professional? _____

Other _____

Name/Firm _____

Telephone number _____

Address _____

E-mail address _____

How long have you worked with this professional? _____

On a scale of 1–5, how satisfied are you with the relationship? (1 = not satisfied, 5 = very satisfied) _____

May I contact this professional? _____

REVIEW WORKSHEET *continued*

For Business Owners – Consultants, Bankers, Business Brokers, Strategic Coaches, and so on

Name/Firm _____

Telephone number _____

Address _____

E-mail address _____

How long have you worked with this professional? _____

On a scale of 1–5, how satisfied are you with the relationship? (1 = not satisfied, 5 = very satisfied) _____

May I contact this professional? _____

Additional Notes

LIFE INSURANCE WORKSHEET

To project your life insurance needs

With this information, you and your financial professional can develop an insurance plan that suits your budget and provides the financial protection that your family needs.

STEP ONE: Determine what your family's financial needs would be if you passed away.

- Emergency Fund
 - Major home repairs _____
 - Auto repairs _____
 - Medical emergencies _____
 - **Total needed** \$ _____
- Children's Education Fund
 - Total cost of degree _____
 - Number of children _____
 - **Total needed (multiply)** \$ _____
- Mortgage Balance \$ _____
- Debt Repayment
 - Auto loans _____
 - Home equity loan _____
 - Credit card balances _____
 - Other _____
 - **Total needed** \$ _____
- Annual Dependent/Home Care Expenses
 - Care for dependent(s) _____
 - Home maintenance _____
 - Food/clothing _____
 - Annual amount _____
 - Years to continue support _____
 - **Total needed (multiply)** \$ _____



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

- Final Expenses
 - Final medical/hospital costs _____
 - Funeral expenses _____
 - Attorney/executor fees _____
 - Probate costs _____
 - Loss of annual income
(until retirement) _____
 - **Total needed** \$ _____
- Calculated total amount needed \$ _____
(Sum of bolded line items)

STEP TWO: Determine your existing liquid assets and life insurance protection.

- Total Assets and Life Insurance
 - Life insurance
(including group life policy) _____
 - Cash and savings accounts _____
 - Other liquid assets _____
 - **Total available** \$ _____

STEP THREE: Calculate the amount of additional life insurance you need.

- Enter total of your family's
financial needs \$ _____
- Enter total available liquid
assets and existing life insurance \$ _____
- Calculate the additional life
insurance needed
(Subtract assets from needs) \$ _____

To protect your family's financial security, how much can you comfortably set aside each month? \$ _____

LONG-TERM CARE WORKSHEET

If you have a long-term care policy, please fill out the specifics below.

Insured

Additional Income Needed	
Additional Care Expense	
Earnings of Healthy Partner	
Other Dependent Needs	
Other Income Sources/Inheritances	
Social Security Disability/Retirement Benefit	
Living Expense Changes	

Personal Data

Policy #	Owner	Insurance Co.	Policy Date	Waiting Period

Financial Data

Monthly Benefit Available	Benefit Period	Cost of Living/%	Future Purchase Option	Premium Per Year	All 5 ADLs	Riders, Exclusions

Notes: _____



LONG-TERM CARE INSURANCE WORKSHEET

General Questions

1. Do you own any Long Term Care Insurance?
 Yes Worth _____
 No
2. Do you have savings set aside for long-term care?
 Yes Amount _____
 No
3. How will you pay for long-term care?
 Savings
 Medicaid – Welfare
 LTC Policy
4. Are you aware of the cost of care in a nursing home; an assisted living facility; at home?
 Yes
 No
5. What do you estimate the monthly cost is for living:
 In a nursing home? \$ _____
 In an assisted living facility? \$ _____
 At home? \$ _____
6. Would you consider living or receiving care (check all that apply)
 In a nursing home
 In an assisted living facility
 At home
7. Where would you prefer to receive care?
 In a nursing home
 In an assisted living facility
 At home

Health Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you been in the hospital during the past 5 years, or do you plan to be hospitalized or have tests for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had cancer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been told you have diabetes or a high sugar count? | <input type="checkbox"/> | <input type="checkbox"/> |



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

LONG-TERM CARE INSURANCE WORKSHEET *continued*

- | | Yes | No |
|---|--------------------------|--------------------------|
| 4. Have you ever been told you have high blood pressure (Hypertension)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had any type of heart condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have respiratory problems such as asthma or emphysema or suffer from shortness of breath? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a stroke or mini stroke (TIA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever been treated or diagnosed with arthritis or osteoporosis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you smoke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been advised to limit, reduce or discontinue the use of alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

Insurability Questions*

- | | | |
|---|--------------------------|--------------------------|
| 1. Do you use a wheel chair, walker, quad cane, crutches, hospital bed, dialysis machine, oxygen or stair lift? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you need help with bathing, eating, dressing, toileting, transferring, or maintaining continence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been diagnosed with multiple sclerosis, muscular dystrophy, ALS, Parkinson's disease, AIDS, HIV or any immune disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever mentioned forgetfulness to your doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you receiving disability, workers compensation, or Social Security Disability payments? | <input type="checkbox"/> | <input type="checkbox"/> |

*Yes answers to questions above may mean you will not qualify for long-term coverage.

How Much Coverage Do You Need?

Please fill this section out with your financial professional. Approximated costs may vary by state.

Average	Daily	Monthly	Annually
<u>Nursing Home</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LTC Coverage		\$ _____	
<u>Assisted Living</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LTC Coverage		\$ _____	
<u>Home Care</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LTC Coverage		\$ _____	

DISABILITY INSURANCE NEEDS WORKSHEET

CLIENT INFORMATION

- Total Monthly Living Expenses \$ _____
 - Business Overhead Needs (if applicable)¹ \$ _____
 - **Total Income Needs** 1. \$ _____
- After Tax Income Available (if disabled) \$ _____
 - Current Disability Coverage \$ _____
 - Social Security (if permanently/totally disabled)² \$ _____
 - Spouse’s Income \$ _____
 - Investment Income \$ _____
 - Other \$ _____
 - **Total After-Tax Income Available** 2. \$ _____
 - **Income Shortage When Disabled (line 1 minus line 2)³** 3. \$ _____

SPECIFIC AREAS THAT NEED CURRENT REVIEW

- Total Monthly Living Expenses \$ _____
 - Business Overhead Needs (if applicable) \$ _____
 - **Total Income Needs** 1. \$ _____
- After-Tax Income Available (if disabled)
 - Current Disability Coverage \$ _____
 - Social Security (if permanently/totally disabled) \$ _____
 - Spouse’s Income \$ _____
 - Investment Income \$ _____
 - Other \$ _____
 - **Total After-Tax Income Available** 2. \$ _____
 - **Income Shortage When Disabled (line 1 minus line 2)** 3. \$ _____

¹ Eligible business overhead expenses may include employee salaries, utilities, property taxes, rent or mortgage payments (including principal and interest), installment payments for furniture and equipment, professional or trade association dues, payroll taxes, fees paid to professionals such as accountants and lawyers, and other miscellaneous expenses.

² Social security disability benefits depend on age, years with minimum earnings, and current earnings. Benefits range from \$800/month to \$2,050/month. Additional benefits may be available for children and eligible spouses.

³ Insurance companies may limit the amount of disability coverage available.



THE IMPORTANCE OF BENCHMARKS

To help us develop a financial plan that suits your needs, please take some time to fill out the following form.

Personal Representatives/Executor

	Client	Co-Client
Personal Representative		
Co-Personal Representative		
Successor Representative		

Trusts

Trust Name #1	
Created by (client, co-client, both)	
Revocable/Living or Irrevocable	
Trust created by will or in force today	
Trust type (QTIP, Residuary, Bypass, etc.)	
Trustee	
Co-Trustees	
Beneficiaries	
Notes	
Trust Name #2	
Created by (client, co-client, both)	
Revocable/Living or Irrevocable	
Trust created by will or in force today	
Trust type (QTIP, Residuary, Bypass, etc.)	
Trustee	
Co-Trustees	
Beneficiaries	
Notes	



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

INVESTMENT PLANNING SCORE SHEET ON TWO LINES *continued*

Trust Name #3	
Created by (client, co-client, both)	
Revocable/Living or Irrevocable	
Trust created by will or in force today	
Trust type (QTIP, Residuary, Bypass, etc.)	
Trustee	
Co-Trustees	
Beneficiaries	
Notes	

Guardians

Guardians	
Successor Guardians	

Commonwealth Financial Network does not provide legal or tax advice. You should consult a tax or legal professional regarding your individual situation.

HEALTHY RETIREMENT QUESTIONNAIRE

There is a small but special town in the south of France called Arles. Three hundred days of sunshine splash down on the old Roman city each year. It is this light that inspired the great minds of Picasso, Cezanne, and Van Gogh to create such masterpieces. Some who visit the town wish they could remain there forever. And one woman, born there in 1875, almost did.

Her name was Jeanne Louise Calment and she is the world’s longest living person. Outlasting her husband, daughter, and grandson, Calment died in 1997 at the age of 122. She credited her longevity to an occasional glass of Port wine and a diet rich in olive oil. A life of low stress and laughter also seemed to have extended her lifespan.

The question that we need to answer is, “Are you the next Jeanne Calment?” And if you’re not, is it nonetheless possible that you will outlive your assets unless we plan accordingly? When do you want to retire, and will you have enough saved to last for a retirement that might extend beyond 100?

Retirement income planning requires that we balance your goals for the future with the knowledge of your past. In all likelihood, you will face a variety of medical costs that Jean Calment was lucky enough to avoid, and as health care costs soar, we must plan to allocate substantial wealth toward projected medical expenses. It is important that we take a hard look at your family’s medical history. We ask that you fill out the following questionnaire to assist us in creating your retirement income plan.

	Mother	Father	You	Spouse
Health condition				
Age (or age at death)				
Any serious illnesses?				
Assisted living?				
Other health problems?				
Hereditary condition?				
Comments				

There are other questions that we’d like to ask you. When did your parents retire, and how long did their retirement last? How would you like your retirement to compare to theirs? Is this compatible with your projected health? Are you physically active? Does longevity run in your family? How does your spouse’s health compare with yours?

Building a retirement income plan is a process that revolves around each individual retiree. To create a personal plan, we ask for personal information. Hopefully your retirement will be healthy, but we have to plan for the possibility that it will not. Whether or not you’re the next Jeanne Calment, we need to develop a strategy that seeks to provide income for the rest of your life. In the meantime, you might want to raise a glass of Port and cheers to a well-planned, healthy retirement!



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.
Rev 07/15

INCOME PLANNING WORKSHEET

Retirement will change your life in profound ways. One of the most basic aspects of retirement is obvious: you will no longer be receiving an annual salary. But just because you're retired does not mean that you will stop receiving monthly paychecks. From social security payments to bond yields, you will be earning regular income. To determine the value of that income, we recommend that you take the time to fill out the worksheet below.

Current Occupational Income:

Salary	_____
Pension	_____
401(k)/403(b)	_____
PSP	_____
Social Security	_____
Keogh	_____
SEP/SIMPLE	_____
TSA	_____
Rental Income	_____
Other	_____
Total	\$ _____

Investment Income:

Equity Dividends	_____
Bond Yields	_____
Bonds Due	_____
Mutual Fund Interest	_____
IRA Req. Min. Dist.	_____
Fixed/Var. Annuity	_____
CDs	_____
Other	_____
Total	\$ _____



Occupational Income + Investment Income = _____

Notes: _____



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.
 Rev 07/15

THE IDEAL WEEK IN RETIREMENT

When you imagine life after retirement, what do you see? Do you picture yourself on a beach somewhere, relaxing without a care in the world? Do you imagine yourself spending more time with your family? Or pursuing activities you didn't have time for a while you were working?

No matter what you envision yourself doing, keep one thing in mind: There are 24 hours in a day, 7 days in a week, and 52 weeks in a year. That's a lot of time to fill. What will you do that will be as fulfilling as your job once was? Perhaps we can help. We've greatly enjoyed managing your money; please let us help manage your time.

You may find it useful to start thinking about time management in retirement by completing this hypothetical schedule. It may help you gain some perspective on how you will occupy yourself during this next phase of your life.

	Morning	Afternoon	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

PLANNING WORKSHEET: RETIREMENT CATCH-UP

Everyone in the working world thinks about retirement at one time or another. You may be the type of person who has always had an approximate age at which you would like to retire lingering in the back of your mind. If that sounds like you, and if you are relatively close to that age, you might be concerned that your assets will not last long enough to meet your financial goals, or that you might not be able to continue with your accustomed lifestyle.

The good news is that you have options. You can always keep working and push the magic number ahead a few years. If this is not ideal for you, there are a number of ways in which your finances can be rearranged, allowing you to stay on the track that you have envisioned. Please take a moment to fill out this retirement catch-up planning worksheet. You may find that you can have your retirement cake—and afford to eat it, too.

Retirement Catch-Up Suggestions	Did or Will Do	Will Not Do	Comments and Planned Actions
Increase contributions to tax-deferred employer retirement plan 401(k) or other vehicles			
Accelerate debt repayment and spend less			
Moonlight for additional income			
Invest more “assertively” (more stock in portfolio allocation)			
Help maximize tax breaks and reduce investment expenses			
Diversify and dollar-cost average or increase amount*			
Have multiple tax-deferred savings plans			
Preserve lump-sum distributions			
Downsize to a smaller, less expensive home			
Move to a less expensive location			
Delay retirement			
Work after retirement			
Reverse mortgage or sale-leaseback arrangement***			
Make tax-efficient asset withdrawals			
Revise budget			
Other			



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

RETIREMENT EXPENSE WORKSHEET

Housing	\$/Month	\$/Year	Essential	Discretionary
Rent/Mortgage				
Assisted Living/Nursing Home				
Utilities/Fuel				
Live-In Care/Aide				
Maintenance				
Home Improvement				
Property Tax				
Insurance				
Other Expenses				
Food, Clothing, Transportation				
Groceries/Food				
Dining Out				
Clothing				
Dry Cleaning				
Auto Lease Payment				
Auto Insurance				
Auto Gas Expense/Maintenance				
Other Committed Expenses				
Education				
Phone/Cable/Internet				
Personal Care				
Alimony				



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.
 Rev 07/15

RETIREMENT EXPENSE WORKSHEET *continued*

Entertainment	\$/Month	\$/Year	Essential	Discretionary
Entertainment				
Vacation/Recreation				
Charitable Giving				
Gifts				
Hobbies				
Miscellaneous				
Family Care				
Support of children/grandchildren				
Support of parents				
Other				
Health Care and Insurance				
Health Insurance				
Dental Care*				
Vision Care*				
Prescription Medication*				
Life Insurance Premiums				
Long-Term Care Insurance Premiums				
Disability Insurance Premiums				
Other				

**Expenses not covered by insurance.*

WEALTH MANAGEMENT TEAM GOALS WORKSHEET

	Annually	Semiannually	Quarterly	Monthly
Number of clients introduced to the team				
Average account size				
Average net worth of client				
Number of new clients				
Average account size				
Production (\$) • Commission • Fee-based • Consulting				
Assets: • New assets (\$) • Asset growth (%)				
Financial plans • Created • Revised/reviewed				
Cross-sell products • Insurance – Term – Permanent – Other				
Estate planning • Documents				



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

PROFESSIONAL PARTNER INVENTORY

Estate Planning Attorney _____ Firm _____

Phone _____ Fax _____ E-mail _____

Address _____

Description of relationship _____

How often do you communicate? _____

Account _____ Firm _____

Phone _____ Fax _____ E-mail _____

Address _____

Description of relationship _____

How often do you communicate? _____

Bank Agent/Trust Officer _____ Firm _____

Phone _____ Fax _____ E-mail _____

Address _____

Description of relationship _____

How often do you communicate? _____

Life Insurance Agent _____ Firm _____

Phone _____ Fax _____ E-mail _____

Address _____

Description of relationship _____

How often do you communicate? _____



PROFESSIONAL PARTNER INVENTORY *continued*

Stockbroker/Investment Advisor _____ **Firm** _____

Phone _____ Fax _____ E-mail _____

Address _____

Description of relationship _____

How often do you communicate? _____

Human Resources Contract/Director _____ **Firm** _____

Phone _____ Fax _____ E-mail _____

Address _____

Description of relationship _____

How often do you communicate? _____

Attorney _____ **Firm** _____

Phone _____ Fax _____ E-mail _____

Address _____

Description of relationship _____

How often do you communicate? _____

Other Insurance Agent _____ **Firm** _____

Phone _____ Fax _____ E-mail _____

Address _____

Description of relationship _____

How often do you communicate? _____

Financial Advisor _____ **Firm** _____

Phone _____ Fax _____ E-mail _____

Address _____

INSURANCE POLICY INVENTORY TOOL

Type	Insured	Policy #	Carrier	Exp. Date	\$ Premium	Location	\$ Loans
Homeowners							
Riders							
Auto 1							
Auto 2							
Disability							
Life							
LTC							
Medical							
Dental							
Business							
Liability							
Malpractice							



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.
Rev 07/15

TAX PLANNING WORKSHEET

To help us build a financial plan that suits your circumstances, we ask that you fill out the form below.

	Last Year	Projected This Year
TAXABLE INCOME		
Taxable Income		
Adjusted Gross Income		
UNEARNED INCOME		
Capital Gains		
Dividends		
Interest Income		
Social Security Income		
Other Income		
Total Preference Items		
DEDUCTIONS		
Standard Deduction		
Itemized Deductions		
Lost Deductions		
EXEMPTIONS		
Personal Exemptions		
Lost Exemptions		



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.
 Rev 07/15

TAX PLANNING WORKSHEET *continued*

	Last Year	Projected This Year
TAX BRACKET REVIEW		
Tax Liability – Federal		
Tax Liability – State		
Alternative Minimum Tax		
Tax Payments/Withholding		
Withholding		
Quarterly Payment		
Current Tax Bracket		
\$ to Next Bracket		
Next Tax Bracket		
\$ to Previous Bracket		
UNUSABLE/UNRECOGNIZED		
Dependent Credit		
Itemized		
Medical Payments		
Miscellaneous		
Charitable		
Passive Loss Carryover		
Investment Interest Carryover		
Capital Losses		

STOCK OPTION SUMMARY

Stock Options Plan

Who is the owner: Client Spouse

Stock Name: _____

Asset Class: *(check one)*

- Large Cap Value Large Cap Growth Small Cap
 International Developed International Emerging

Market Price: \$ _____ Last Update: _____

Do all options vest at death? No Yes

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

Vesting Schedule

Stock Options Grant

Grant Date: _____ Grant Name: _____

Type: ISO* NQO*

Options Granted: _____ Options Already Exercised: _____

Expiration Date: _____ Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____ Grant Name: _____

Type: ISO* NQO*

Options Granted: _____ Options Already Exercised: _____

Expiration Date: _____ Grant Price: _____

Select Vesting Schedule: _____



STOCK OPTIONS SUMMARY *continued*

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO* NQO*

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO* NQO*

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

* ISO = Incentive Stock Options

NQO = Nonqualified Stock Options

RESTRICTED STOCK OPTION SUMMARY

Restricted Stock Plan

Who is the owner: Client Spouse

Stock Name: _____

Asset Class: *(check one)*

- Large Cap Value Large Cap Growth Small Cap
 International Developed International Emerging

Market Price: \$ _____ Last Update: _____

Do all options vest at death? No Yes

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

Vesting Schedule

Restricted Stock Grant

Grant Date: _____ Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____ Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____ Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____



NON-PROFIT QUESTIONNAIRE

Client Information

Name _____ Chairman of the board _____

Directors and officers _____

Directors and officers with the authority to sign on behalf of the organization _____

Address _____

Phone _____ Fax _____ E-mail _____

Web address _____ Start date of the organization _____

General description of the organization

Overview of the current situation

Type of non profit organized and operated exclusively for:

- Religious
- Charitable purposes
- Scientific purposes
- Literary purposes
- Artistic purposes
- Educational Purposes
- Purposes of testing for the public safety
- Health care and public health
- Fostering national or international amateur sports competition
- The prevention of cruelty to children or animals
- Other _____



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network[®] Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

What is the general nature of the activities of the organization?

Annual type of return to be filed:

- None
- 990
- 990EZ
- 990-PF
- 990-BL
- 1065
- 990-C

Type of return to be filed? (i.e 501(c)(3)) _____

Financial statements on file? No Yes

• CPA opinion letter

The CPA opinion letter is important if there are qualifications. If there are no qualifications, the letter will be short and simply stated that the organization has followed standard GAAP rules. If there are qualification, these should be considered carefully.

• Income statement

The income statement is critical to investment professions because it shows what money came in and where it went. The percentage of revenues going to salaries, G&A, management services and fund-raising expenses are important to consider. The NCIB (National Charities Information Bureau) recommends that organizations spend at least 60% of annual expenses for program activities.

• Balance sheet

The balance sheet shows where funds have been placed over the years. The NCIB recommends that organizations:

- have net assets available for the following fiscal year of not more than twice the current year's expenses or the next year's budget, whichever is higher;
- not have a persistent and/or increasing deficit in unrestricted net assets.

• Footnotes

Footnotes are important to read as they can alert to lawsuits, litigation, IRS problems, loans to directors or officers, loans for other purposes and “extraordinary charges.”

Current Account Information

Investment Account _____
Custodian _____ Account Number _____
Tax ID Number _____
Authorized Decision Maker _____
Current Value of Endowment Fund _____ Start date of the organization _____

Current Investment Advisor

Name _____
Address _____
Phone _____ Fax _____
Web address _____ E-mail _____

Current Tax Preparer

Name _____
Address _____
Phone _____ Fax _____
Web address _____ E-mail _____

What is the overview of the current situation?

What are the goals of the investable assets?

What is your investment objective? (see risk tolerance questionnaire)

NON-PROFIT QUESTIONNAIRE *continued*

What is your time horizon(s)?

What is your risk tolerance?

What are your investment guidelines?

Do you have any investment restrictions/exclusions? (No alcohol, tobacco or gambling stocks)

Do you have any asset class restrictions/exclusions? (No international investing, real estate or high yield bonds)

What are the permitted investment categories?

What are the rebalancing assumptions or procedures? (if any)

How often do you meet to make investment decisions?

NON-PROFIT QUESTIONNAIRE *continued*

What type of investment experience does the board have?

What are the liquidity requirements? (estimated if necessary)

Signatory of **AGREEMENT: The preceding information reflects an accurate picture of my financial position at this time.**

Client 1 Signature Date

Client 1 Signature Date

COLLEGE PLANNING WORKSHEET

As you begin to plan for your child's education, it is essential that we gather as much information as possible to help pursue your long-term goal. Please note: A separate worksheet should be filled out for each of your children.

Background Information

1. Name of Child: _____
2. Date of Birth: _____
3. Estimated Date of College Enrollment: _____
4. Estimated # of Years in College: _____
5. Estimated Annual Cost of Education: _____
6. Education Level: Undergraduate Graduate PhD
7. Type of Institution: Private In-State Public Out of State Public
8. List the top 5 schools that your child is interested in attending: _____

9. What would your child like to major in? _____

Funding Your Child's Education

1. What was your Adjusted Gross Income last year? \$ _____
2. Will your income increase or decrease during your child's college years? By How much?
 Increase Decrease \$ _____
3. What is your current debt load(mortgage, credit card, etc.)? \$ _____
4. Will your child pay for part of his or her education? If yes, how much per year?
 Yes No \$ _____
5. Which of the following do you plan to pay for?
 Tuition Room and Board Books and Supplies Out-of-State Fees
6. Does your child plan to apply for financial aid? Yes No



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

7. In terms of funding your child's education, please indicate how much will come from each of the following sources per year:

- Annual Cash Flow: \$ _____
- Savings/Investments: \$ _____
- Personal Loans: \$ _____
- Relatives: \$ _____
- Scholarships: \$ _____ and Length of Scholarship: _____
- Student Loans: \$ _____
- Gifts and Other: \$ _____

- 8. Do you own a 529 Plan? Yes No Current Value: \$ _____
- 9. Do you own a UGMA? Yes No Current Value: \$ _____
- 10. Do you own a UTMA? Yes No Current Value: \$ _____
- 11. Do you own a Coverdell ESA? Yes No Current Value: \$ _____

Additional Assets (excluding UGMA's, UTMA's, and 529 plans)

- 1. Type of Asset: _____ Description: _____
Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %
- 2. Type of Asset: _____ Description: _____
Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %
- 3. Type of Asset: _____ Description: _____
Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %

Grandparents/Relatives

- 1. Have the child's grandparents set aside assets to help fund college expenses? If yes, what percent of the annual cost do they intend to provide? Yes No _____ %
- 2. For how many years will they provide financial assistance? _____
- 3. Will this assistance continue on to graduate school? Yes No

4. How do they plan to make this gift? Gift to Child Gift to Parent Gift Directly to School
5. Do they own a 529 plan? Yes No Current Value: \$_____
6. Are there any other relatives who plan to help you meet education expenses? If yes, who?
 Yes No Name of Relative(s): _____
7. What percentage of the annual cost do they intend to provide? Yes No _____%
8. For how many years will they provide financial assistance? _____
9. Will this assistance continue on to graduate school? Yes No
10. How do they plan to make this gift? Gift to Child Gift to Parent Gift Directly to School
11. Do they own a 529 plan? Yes No Current Value: \$_____

EXPENSE WORKSHEET

Type of Expense	Home Expenses		Rental Real Estate		Vacation Home		Totals	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
Rent or mortgage								
Home equity loans								
Homeowner dues								
Property taxes								
Property insurance								
House maintenance								
Gas/oil/electric								
Postage								
Cell/telephone								
Housekeeper								
Cable TV								
Appliances								
Home furnishings								
Plants/yard maintenance								
Water/garbage								
Household supplies								
Tools								
Home improvements								
Alarm/security system								
Pest control								
Dock fees								
Slip fees								
Pet								
Pool maintenance								
Totals:								



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.
Rev 07/15

EXPENSE WORKSHEET *continued*

	\$\$\$ /Month	\$\$\$ /Year
Home expenses (pg. 1)		
Rental real estate (pg. 1)		
Vacation home (pg. 1)		
Computer Expense		
Hardware/software		
Classes/seminars		
Educational materials		
Internet (ISP)		
Upgrades		
Health Care		
Doctors/dentists		
Hospital insurance		
Hospital costs		
Chiropractor		
Med./dental insurance		
Drugs/vitamins		
Psychotherapy		
Health club\gym		
Aromatherapy		
Homeopathy		
Veterinarian		

EXPENSE WORKSHEETS *continued*

	\$\$\$ /Month	\$\$\$ /Year
Gifts/Donations		
Charity		
Religious/tithe		
Political causes		
Family gifts		
Non-family gifts		
Holiday gifts		
Arts support		
Transportation		
Taxes/DMV fees		
Auto payments		
Public transport		
Maint./repair		
Auto insurance		
Gas/oil, etc.		
Carpool costs		
Parking costs		
Taxi/limo		
Clothing		
Mending/repairs		
New purchases		
Cleaning/laundry		

EXPENSE WORKSHEETS *continued*

	\$\$\$ /Month	\$\$\$ /Year
Diversions		
Art/jewelry		
Photo/print/equip.		
Weekend trips		
Sports (e.g., golf)		
Vacations		
Travel activities		
Home ent. system		
Parties in home		
Pocket money/ATM		
Books/news/mags		
Movies/theater		
Club dues		
Hobbies/lessons		
Supplies/misc.		
Education		
Books/supplies		
Tuition/fees		
Seminars/classes		
Child-Care		
School/education		
Day-care		
Baby-sitting		
Clothes/shoes		
Toys, etc.		
Allowances		
Child support		
Adult child support		
Child paraphernalia		

EXPENSE WORKSHEET *continued*

	\$\$\$ /Month	\$\$\$ /Year
Professional Fees		
Bank fees/safe deposit		
Prof. org. dues		
Tax preparation		
Investment advice		
Attorney fees		
Other		
Insurance		
Life insurance		
Disability insurance		
Long-term health		
Liability insurance		
Current Investment Activity		
Savings accounts		
Investments		
IRA contributions		
Keogh/SEP		
Kids' education		
Kids' education		
Retirement		
Other:		
Other:		
Other:		
Total Expenses		

CONVERSATION TRADE-OFF WORKSHEET

Read the statements below and check the box next to the response that is most appropriate for you.

A. I plan to use the money invested in my retirement accounts (401(k), 457, 403(b)) . . .

- 1. Here and there, whenever I wish. I want the freedom to change my income from year to year depending upon my needs and plans.
- 2. To pay some of my daily living expenses but save some for extras. I need a certain amount of regular income from invested assets, but I want the freedom to splurge when I want to.
- 3. To pay the bulk of my daily living expenses regularly. This will be a primary source of ongoing income for me.

B. With my wealth, I plan to . . .

- 1. Pass on as much as I can. I want to leave as much money and property as I can for my beneficiaries and/or charities.
- 2. Spend what I want and pass on the remainder. I want a certain level of guaranteed income but the flexibility to spend or pass on the rest.
- 3. Spend it all during my lifetime. I want to use my money for my needs and wants in my golden years. My family and friends are okay financially.

C. When it comes to managing my investments, I want . . .

- 1. To have total control of my money. I'll be responsible for managing it throughout all of my retirement.
- 2. Someone to provide me with some help. I still want some say in how my money is invested, but also want to have help managing my money.
- 3. A financial company to provide options for guaranteed income for life.

D. Having a guaranteed lifetime income is . . .

- 1. Not a high priority. I have more than enough resources for my needs. I'm more interested in growing my wealth for my beneficiaries.
- 2. Somewhat important, along with creating a legacy. I want a certain level of regular income, but I want to leave something for family members and charities as well.
- 3. Essential. I want to know that I have a regular "paycheck" no matter how long I live in retirement.

Add up your numbers!

Use the space provided to write down the number next to the statements you selected.

- A. _____
- B. _____
- C. _____
- D. _____

Total Score _____

Now that you know your score, look below to find out which income distribution option discussed on the following page might meet your needs.

- 4–6** You may want to consider **Systematic/Partial Withdrawal** options from managed resources.
- 7–9** You might want to consider combining **Lifetime Income** and **Systematic/Partial Withdrawal** options.
- 10–12** You might want to consider **Lifetime Income** options.



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

Option	Score	How It Works	Impact on Beneficiaries	Pros and Cons
Systematic/ Partial Withdrawal	4–6	Leave your retirement accounts invested and withdraw a fixed dollar amount or a fixed percentage on a regular basis (monthly, quarterly, semiannually, or annually). In addition to regular withdrawals, you can withdraw any dollar amount whenever you wish.	Your beneficiary may choose to withdraw the remaining balance all at once or continue to receive payments until the account balance is depleted.	You can change how much you withdraw each year, and you have the flexibility to make “big” withdrawals for special needs. But because your income isn’t guaranteed for life, you could run out of money before you die. If you’re a “spender,” avoid this option.
Combining Lifetime/ Long-Term Income with Systematic/ Partial Withdrawal	7–9	Convert a portion of your retirement accounts to an immediate annuity to provide the desired amount of lifetime/long-term income (such as to cover your essential living expenses). Leave the remaining retirement assets invested and withdraw any additional amounts when needed or on a regular schedule.	Your beneficiary may choose to withdraw the remaining balance from the systematic/partial withdrawal accounts or continue to receive payments until the account balance is depleted. Depending upon the payout option chosen, your beneficiary may receive some income from your annuity.	A certain amount of your income is guaranteed for life, while you retain control over the rest of your retirement account assets. You are choosing less certainty and more opportunity than total lifetime/long-term income, but more certainty and less opportunity than systematic/partial withdrawal.
Lifetime/ Long-Term Income	10–12	Convert your retirement accounts to an immediate annuity by purchasing a fixed immediate annuity. The amount of your income is determined by the payout option you choose, as well as your age, your beneficiary’s age, and current interest rates or expected market returns.	You can guarantee your beneficiary a certain amount of income for a certain time period, or even for his or her lifetime. Alternatively, you can totally eliminate your beneficiary from receiving any income at all, if you so choose.	Your income is guaranteed for life. If you are a “spender,” this option will keep you from overspending. You give up control over how much and when you can take withdrawals. You also limit or eliminate the amount of money you can pass on to your beneficiaries. With “fixed” lifetime/long-term income, you’ll get a set dollar amount regularly; but inflation will make this money worth less in the future. With variable lifetime/long-term income, you have a better chance of maintaining your standard of living over time, but your income will vary from period to period.

Annuities are long-term investments designed for retirement purposes. There are risks, fees, expenses, charges, and limitations associated with purchasing an annuity. Withdrawals and loans will be subject to income tax, and if taken prior to 59½, a 10-percent federal tax penalty and withdrawal charge may apply. Withdrawals reduce death benefits and values of the policy. Guarantees extend to the claims paying ability of the issuer.

ASSET ALLOCATION WORKSHEET

Asset Class	Asset	Current Dollar Amount	% of Portfolio	Desired Dollar Amount	% of Portfolio	Amount of Reposition
Cash	401(k)/457/403(b)	\$	%	\$	%	\$
	IRAs	\$	%	\$	%	\$
	Brokerage Account	\$	%	\$	%	\$
	_____	\$	%	\$	%	\$
	Subtotal Cash	\$	%	\$	%	\$
Fixed Income	Pension	\$	%	\$	%	\$
	Social Security	\$	%	\$	%	\$
	401(k)/457/403(b)	\$	%	\$	%	\$
	IRAs	\$	%	\$	%	\$
	Brokerage Account	\$	%	\$	%	\$
	_____	\$	%	\$	%	\$
	Subtotal Fixed Income	\$	%	\$	%	\$
Domestic Equities	401(k)/457/403(b)	\$	%	\$	%	\$
	IRAs	\$	%	\$	%	\$
	Taxable Investment	\$	%	\$	%	\$
	_____	\$	%	\$	%	\$
International Equities	401(k)/457/403(b)	\$	%	\$	%	\$
	IRAs	\$	%	\$	%	\$
	Taxable Investment	\$	%	\$	%	\$
	_____	\$	%	\$	%	\$
	Subtotal Equities	\$	%	\$	%	\$
Real Estate	_____	\$	%	\$	%	\$
	_____	\$	%	\$	%	\$
	Subtotal Real Estate	\$	%	\$	%	\$
	Totals	\$	%	\$	%	\$



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.
Rev 07/15

OPPORTUNITIES FOR REDUCING ESTATE TAXES

1. Have you considered charitable trusts, which could provide you with both estate and income tax benefits?
 Yes No
2. The current exclusion amount is \$2 million. Do you and your spouse each individually own enough assets to qualify; that is, do you have \$2 million in assets? Does your spouse have \$2 million in assets?
 Yes No
3. Are both your estate plan and your spouse's plan designed to take advantage of each of your applicable exclusion amounts, currently \$2 million?
 Yes No
4. Are you making gifts to family members that take advantage of the annual gift tax exclusion, currently \$13,000?
 Yes No
5. Have you considered charitable trusts, which could provide you with both estate and income tax benefits?
 Yes No



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

Client Estate Planning Wishes	Spouse Estate Planning Wishes																																										
<p>Designated Beneficiaries:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: left;">Amount</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>6. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>Estate Planning Status:</p> <p>Estimated Current Value: \$ _____</p> <p>1. Estate plan currently in place? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is there a need for charitable giving tools? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are your beneficiaries for life insurance, IRAs, bank accounts, and so forth, up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Does your executor know where to find your estate plan documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Name	Age	Amount	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____	5. _____	_____	_____	6. _____	_____	_____	<p>Designated Beneficiaries:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: left;">Amount</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>6. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>Estate Planning Status:</p> <p>Estimated Current Value: \$ _____</p> <p>1. Estate plan currently in place? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is there a need for charitable giving tools? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are your beneficiaries for life insurance, IRAs, bank accounts, and so forth, up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Does your executor know where to find your estate plan documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Name	Age	Amount	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____	5. _____	_____	_____	6. _____	_____	_____
Name	Age	Amount																																									
1. _____	_____	_____																																									
2. _____	_____	_____																																									
3. _____	_____	_____																																									
4. _____	_____	_____																																									
5. _____	_____	_____																																									
6. _____	_____	_____																																									
Name	Age	Amount																																									
1. _____	_____	_____																																									
2. _____	_____	_____																																									
3. _____	_____	_____																																									
4. _____	_____	_____																																									
5. _____	_____	_____																																									
6. _____	_____	_____																																									

TAXATION ESTIMATE OF SOCIAL SECURITY BENEFITS WORKSHEET

1. Add your annual gross income (AGI) and tax-exempt interest income. 1. _____
2. Enter half your annual social security benefits.
(If married filing jointly, enter half of your combined benefits.) 2. _____
3. Enter total of lines 1 and 2. 3. _____

If the total of line 3 is less than \$25,000 and you are unmarried, or less than \$32,000 and you are married filing jointly, none of your social security benefits are taxable. If you are married filing separately and live with your spouse, go to line 8.*

4. If the total of line 3 is greater than the figures above, subtract \$25,000 if you are unmarried*, or \$32,000 if you are married filing jointly, and enter amount. 4. _____
5. Divide line 4 by one-half and enter amount. 5. _____
6. Enter the smaller of line 2 or line 5. 6. _____

If the figure on line 3 is less than \$34,000 and you are unmarried, or less than \$44,000 and you are married filing jointly, the figure on line 6 is the amount of your social security benefits subject to taxation, and you may stop here. Otherwise, go to line 7.*

7. Compare the figure on line 6 with \$6,000 if married filing jointly, or \$4,500 if unmarried*, and enter smaller amount. 7. _____
8. Take the figure on line 3 and subtract \$34,000 if you are unmarried*, \$44,000 if you are married filing jointly, and nothing if you are married, filing separately, and live with your spouse. Enter this amount. If less than zero, enter 0. 8. _____
9. Multiply line 8 by 0.85 and enter amount. If line 8 is zero, enter 0. 9. _____
10. Enter the sum of lines 7 and 9. 10. _____

11. Multiply your annual social security benefits (combined benefits if married filing jointly) by 0.85 and enter amount. 11. _____

The smaller of the figures on lines 10 and 11 is the amount of your social security benefits subject to taxation.

Please note: *The worksheet is for estimate purposes only. Consult a tax advisor for actual determination of social security benefits taxation.*

**Also includes head of household, married filing separately, and living apart from spouse.*



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

REQUIRED MINIMUM DISTRIBUTION (RMD) WORKSHEET

Client RMD Information	Spouse RMD Information																																				
a. Required beginning date (RBD): _____	a. Required beginning date (RBD): _____																																				
b. Retirement accounts that require minimum distributions: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; vertical-align: bottom;">12/31/_____</td> </tr> <tr> <td></td> <td style="text-align: right; vertical-align: bottom;">Balances</td> </tr> <tr> <td>1. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>2. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>3. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>4. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>5. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>6. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: right;">\$ _____</td> </tr> </table>		12/31/ _____		Balances	1. _____	\$ _____	2. _____	\$ _____	3. _____	\$ _____	4. _____	\$ _____	5. _____	\$ _____	6. _____	\$ _____	TOTAL	\$ _____	b. Retirement accounts that require minimum distributions: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; vertical-align: bottom;">12/31/_____</td> </tr> <tr> <td></td> <td style="text-align: right; vertical-align: bottom;">Balances</td> </tr> <tr> <td>1. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>2. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>3. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>4. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>5. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>6. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: right;">\$ _____</td> </tr> </table>		12/31/ _____		Balances	1. _____	\$ _____	2. _____	\$ _____	3. _____	\$ _____	4. _____	\$ _____	5. _____	\$ _____	6. _____	\$ _____	TOTAL	\$ _____
	12/31/ _____																																				
	Balances																																				
1. _____	\$ _____																																				
2. _____	\$ _____																																				
3. _____	\$ _____																																				
4. _____	\$ _____																																				
5. _____	\$ _____																																				
6. _____	\$ _____																																				
TOTAL	\$ _____																																				
	12/31/ _____																																				
	Balances																																				
1. _____	\$ _____																																				
2. _____	\$ _____																																				
3. _____	\$ _____																																				
4. _____	\$ _____																																				
5. _____	\$ _____																																				
6. _____	\$ _____																																				
TOTAL	\$ _____																																				
c. RMD factor for current year: _____	c. RMD factor for current year: _____																																				
d. RMD for this year (total dollars in b divided by RMD factor c): \$ _____	d. RMD for this year (total dollars in b divided by RMD factor c): \$ _____																																				



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.
Rev 07/15

IDENTIFY YOUR APPROPRIATE ANNUITY PAYOUT OPTION(S)

To determine which annuity payout option might best meet your needs, read the descriptions below and check the box next to the one that is most appropriate for you.

1. Single Life Option:

I want the most income I can get for as long as I live.

No one else depends on me financially. When I die, whether it's in 20 days or 20 years, nothing will be left for any beneficiaries.

I want to take systematic/partial withdrawal payments.

Yes No

2. Life Annuity with Guaranteed Payments Option:

I want income for life with at least a certain number of payments.

I know I'll have income for as long as I live. If I die before receiving all of my payments, my beneficiaries are guaranteed to receive the rest.

I want to take systematic/partial withdrawal payments.

Yes No

3. Period Certain Option:

I want income for a certain number of years.

Instead of a lifetime/long-term income, I know I'll only receive payments for a set number of years. But if I die before I've received all my payments, my beneficiaries are guaranteed to receive the rest.

I want to take systematic/partial withdrawal payments.

Yes No



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

4. Life Annuity with Guaranteed Payments Option:

I want income for as long as my beneficiary and I live.

I know we will have guaranteed income as long as we live, even if one of us dies. But once we pass away, there will be nothing left for any other beneficiaries.

I want to take systematic/partial withdrawal payments.

Yes No

Annuities are long-term investments designed for retirement purposes. There are risks, fees, expenses, charges, and limitations associated with purchasing an annuity. Withdrawals and loans will be subject to income tax, and if taken prior to 59½, a 10-percent federal tax penalty and withdrawal charge may apply. Withdrawals reduce death benefits and values of the policy. Guarantees extend to the claims paying ability of the issuer.

RETIREMENT VISION QUESTIONNAIRE

Many people find it easy to picture their retirement, a time when every day is a “vacation day.” This may be true for you as well, but we find that some clients do not have a clear vision of what their retirement will be like. In planning for the financial aspects of your retirement, we also strive to help you prepare for other quality of life issues that retirees face.

The following questionnaire will help to get you thinking about your future, and it will help us focus on areas where you will need our assistance:

1. What would your ideal day be like?
2. Is that “ideal” a day you could conceive of every day?
3. How do you spend your leisure time now?
4. Can you/will you continue these same activities post-retirement?
5. What interests do you have that you may not have had the time or opportunity to explore while still working?
6. Will incorporating these new interests/activities be one of your goals?
7. Do you have close ties to your family?
8. Do you have many friendships, or people with whom you will socialize?
9. Do you have strong community involvement? Will this be an outlet for you?
10. Will you want to downsize your residence as you age?



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network[®], Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

11. Will you consider relocation as you age (e.g., to a warmer climate or one closer to relatives/friends)?
12. Is living with family members a goal/possibility?
13. Do you enjoy traveling? Do you want to increase your travel in retirement?
14. With the extra time afforded to you, will you want to go out to eat more often? Will you want to go to more movies, plays/musicals, or other entertainment events?
15. Do you currently volunteer? Have you considered volunteer work?
16. How will you maintain your health and fitness in retirement? Will you work out at a health club or exercise at home? Do you want to take up fitness activities?
17. Can you conceive of a week without work? Does part-time work appeal to you?
18. Do you want to leave a legacy for your children or grandchildren?
19. Is there a charity or charities to which you wish to leave an endowment?
20. Do you have other legacy or charitable goals (e.g., having a wing of a building at your alma mater named after you)?

CAPITAL GAINS PLANNING AND OPPORTUNITIES

Asset with Current Capital Gains	Purchase Date	Current Value	Cost Basis	Estimated Gain

2015 Ordinary Income Marginal Tax Rate	Single Taxable Income	Joint Taxable Income	Long-Term Capital Gain Rate
10%	Up to \$8,700	Up to \$17,400-	0%*
15%	\$35,350	\$70,700	0%*
25%	\$85,650	\$142,700	15%
28%	\$178,650	\$217,450	15%
33%	\$388,350	\$388,350	15%
35%	\$388,350+	\$388,350+	15%

** If your capital gain pushes you into a higher marginal tax bracket, you can only use the lower capital gain rate of 0% for a portion of the capital gain. The remainder of your gain will be taxed at the higher 15% rate.*



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.
 Rev 07/15

COMPANY BENEFITS SUMMARY

In the interest of providing the best financial guidance possible, we ask that you take the time to fill out the following form.

Company-Provided Benefits (check if available)

	Client	Co-Client
Term Life Insurance		
Disability Insurance		
Medical Insurance		
Dental Insurance		
Pretax Plan		
Retirement Plan		
Pension Plan		
Profit-Sharing Plan		
Deferred Compensation		
Stock Option Plan		



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

COMPANY BENEFITS SUMMARY *continued*

Term Insurance

	Term Life		Additional	Annual Premium	Accidental Death Benefit	
	Insured Person	Base			Premium Taxable	Amount

Disability Insurance

Insured Person	Benefit Amounts		Annual Premium	Premium Taxable	Waiting Period	Occupation Definition
	Benefit/Month	Limit				

Medical Insurance

Insured Person	Provider	Client-Paid Deductible	Out-Of-Pocket	Co-Pay Percentage	Plan-Paid Maximum	Premium-Paid Personal	Family Coverage

Dental Insurance

Insured Person	Provider	Client-Paid Deductible	Out-Of-Pocket	Co-Pay Percentage	Plan-Paid Maximum	Premium-Paid Personal	Family Coverage

COMPANY BENEFITS SUMMARY *continued*

Pretax Plan

	Client		Co-Client	
	Used	\$ Applied	Used	\$ Applied
Premium Only				
Medical				
Dental				
Disability				
Vision				
Dependent Care				
Expense Reimbursement				

Securities offered through Commonwealth Financial Network[®], Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Retirement Plan

	Client	Co-Client
Plan Type		
Owner		
Provider		
Entry Date		
Eligibility:		
Age		
Service		
Contributions:		
Employer		
Employee		
Match		
Vesting		
Retirement Age:		
Early		
Normal		
Pre-Retirement Benefits:		
Death		
Disability		
Self-Directed Accounts		
Participant Loans		
Vesting Schedule		

Pension Plan

	Client	Co-Client
Plan Type		
Owner		
Provider		
Entry Date		
Status		
Current Funding		
Eligibility:		
Age		
Service		
Contributions:		
Employer		
Employee		
Match		
Vesting		
Retirement Age:		
Early		
Normal		
Payout Options		
Post-Retirement Options		

Deferred Compensation

	Client	Co-Client
Agreement Date		
Vesting Date		
Contribution/Year		
Benefits:		
Retirement		
Death		
Disability		

Stock Option Plan

	Client	Co-Client
Grant Date		
Grant Price		
Number of Shares		
Current Share Price		
% Vested		
Grant Date		
Grant Price		
Number of Shares		
Current Share Price		
% Vested		
Grant Date		
Grant Price		
Number of Shares		
Current Share Price		
% Vested		

BENEFICIARY REVIEW WORKSHEET

Name(s): _____

Date: _____ **Last Revised:** _____

Will

Service Provider/Telephone #: _____

Custodian and Account #: _____

Asset Size/Date: _____

Named Beneficiary(ies):

- 1. _____ % _____
- 2. _____ % _____
- 3. _____ % _____

Named Contingent Beneficiary(ies):

- 1. _____ % _____
- 2. _____ % _____
- 3. _____ % _____

Benefit Type: Per Stirpes Per Capita

Trust

Service Provider/Telephone #: _____

Custodian and Account #: _____

Asset Size/Date: _____



BENEFICIARY REVIEW WORKSHEET *continued*

Named Beneficiary(ies):

- 1. _____ % _____
- 2. _____ % _____
- 3. _____ % _____

Named Contingent Beneficiary(ies):

- 1. _____ % _____
- 2. _____ % _____
- 3. _____ % _____

Benefit Type: Per Stirpes Per Capita

Insurance Policy

Service Provider/Telephone #: _____

Custodian and Account #: _____

Asset Size/Date: _____

Named Beneficiary(ies):

- 1. _____ % _____
- 2. _____ % _____
- 3. _____ % _____

Named Contingent Beneficiary(ies):

- 1. _____ % _____
- 2. _____ % _____
- 3. _____ % _____

Benefit Type: Per Stirpes Per Capita

BENEFICIARY REVIEW WORKSHEET *continued*

Qualified Retirement Plan

Service Provider/Telephone #: _____

Custodian and Account #: _____

Asset Size/Date: _____

Named Beneficiary(ies):

1. _____ % _____

2. _____ % _____

3. _____ % _____

Named Contingent Beneficiary(ies):

1. _____ % _____

2. _____ % _____

3. _____ % _____

Benefit Type: Per Stirpes Per Capita

Nonqualified Deferred Compensation Plan

Service Provider/Telephone #: _____

Custodian and Account #: _____

Asset Size/Date: _____

Named Beneficiary(ies):

1. _____ % _____

2. _____ % _____

3. _____ % _____

BENEFICIARY REVIEW WORKSHEET *continued*

Named Contingent Beneficiary(ies):

- 1. _____ % _____
- 2. _____ % _____
- 3. _____ % _____

Benefit Type: Per Stirpes Per Capita

Insurance Policy

Service Provider/Telephone #: _____

Custodian and Account #: _____

Asset Size/Date: _____

Named Beneficiary(ies):

- 1. _____ % _____
- 2. _____ % _____
- 3. _____ % _____

Named Contingent Beneficiary(ies):

- 1. _____ % _____
- 2. _____ % _____
- 3. _____ % _____

Benefit Type: Per Stirpes Per Capita

FINANCIAL GOALS WORKSHEET

Retirement

What does retirement look like to you?

Tell me what you would like to do at that point in your life.

How do you visualize life in your 60s, 70s, 80s, and later?

Tell me about what life will look like when you leave your career.

Share with me what a perfect day looks like for you.

How much income would you need? Why?

At what age would you like to retire? Why?

What steps have you taken so far?



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network[®], Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

FINANCIAL GOALS WORKSHEET *continued*

What observations have you made about other people you know who have retired?

How do you want your retirement to be different from that of your parents or other family members who have retired? How do you want it to be similar?

If you were to pass away prematurely/have unforeseen long-term health-care costs/become unable to work, how would that change things?

Please fill in the following information, and rank each item in importance from 1 (low) to 10 (high).

	Client	Spouse	Importance
Starting Retirement Age			
Acceptable Age			
Annual Income Needed in Retirement			
Monthly Savings to Retirement			

Notes: _____

Estate and Charitable Planning

What values and beliefs have you developed during your lifetime that you want your family to know about?

Tell me about the legacy you want to leave your family.

What would you like to see happen as a result of the money you leave behind? Does it matter to you to see that happen while you are alive?

Are you currently making gifts or performing volunteer services to a church, school, or charitable organization? Do you plan to leave a bequest at your death?

What kinds of pledges have you made for charitable donations in the future?

If you were to pass away prematurely/have unforeseen long-term health-care costs/become unable to work, how would that change things?

FINANCIAL GOALS WORKSHEET *continued*

Please fill in the following information for all gifts, charitable donations, and bequests that you would like to make in your lifetime and rank each item in importance from 1 (low) to 10 (high).

Description of Gift, Donation, or Bequest	Approximate Cost	Time Horizon	Importance

Notes: _____

Providing for someone's care

Are you currently helping or do you plan to help family members reach goals such as buying a house, starting a business, or taking a sabbatical, for example?

Who is (or may be in the future) dependent on you for your support?

Do any family members have special needs such as health or mental health issues, financial immaturity, or other special circumstances?

How do you plan to take care of that person?

FINANCIAL GOALS WORKSHEET *continued*

If you were to pass away prematurely/have unforeseen long-term health-care costs/become unable to work, how would that change things?

Please fill in the following information regarding providing care and rank each item in importance from 1 (low) to 10 (high).

Name of Individual Needing Care	Approximate Cost	Time Horizon	Importance

Notes: _____

College and Private School Planning

Where do you see your child going to college?

How much do you think it will cost to put your children through college?

How much do you plan to pay?

FINANCIAL GOALS WORKSHEET *continued*

What role do you see yourself playing, financially or otherwise, in the education of your grandchildren?

If you were to pass away prematurely/have unforeseen long-term health-care costs/become unable to work, how would that change things?

Please fill in the following information for school savings and rank each item in importance from 1 (low) to 10 (high).

Name and Relationship	Date of Birth	# of Years	Ideal Gift Amount	Acceptable Goal	Importance

Notes: _____

Starting a Business

Have you ever thought about starting a business?

What kind of business might it be?

FINANCIAL GOALS WORKSHEET *continued*

Would you incorporate or have some other form of ownership?

Would you need to find a separate location? Rent or buy?

What kind of office equipment, furniture, and supplies would you need to get started? Purchase or lease?

What is the probability that you would have positive cash flow in the first year?

Do you see yourself financing any portion of these costs, or is this something you are prepared to handle out of portfolio earnings or principal?

How much do you need to support that goal?

If you were to pass away prematurely/have unforeseen long-term health-care costs/become unable to work, how would that change things?

FINANCIAL GOALS WORKSHEET *continued*

List here all other financial goals not listed above. This might include dreams of opening your own business, buying a new home, or taking care of someone full-time. Rank each item in importance from 1 (low) to 10 (high).

Goal	Approximate Cost	Time Horizon	Importance

Notes: _____

General/Major Purchases

What major purchases or expenses do you see yourself incurring over the next five years? And in the future?

What do you hope to accomplish financially in the next five (ten, fifteen, etc.) years?

What are you looking forward to in the future?

What is the most important thing you want to accomplish in your life?

FINANCIAL GOALS WORKSHEET *continued*

Where do you dream of going?

Where do you see yourself living?

What are your three top financial priorities? How has the market downturn affected your priorities?

If you received a financial windfall, how would you live your life differently? What would you change?

If you were told you had an illness that would result in death within five years, how would you spend that time?

What would you regret if you were told you had one day to live?

List here all other purchase goals not listed above. Rank each item in importance from 1 (low) to 10 (high).

Goal	Approximate Cost	Time Horizon	Importance

Notes: _____

LONG-TERM CARE HEALTH ASSESSMENT

Client Name: _____ Date: _____

Date of Birth: _____ Height: _____ Weight: _____

Do you currently use tobacco products? No Yes Type: _____

Have you used tobacco products in the past 12 months? No Yes How much? _____

Have you previously been declined for long-term care insurance? No Yes

If yes, reason for decline: _____

Are you receiving worker's compensation/disability? No Yes

If yes, reason for disability: _____

Type of disability: _____

Are you actively working? No Yes If no, why not? _____

List all prescription medications you have taken in the past 12 months.

1. Medication: _____ Amount: _____ Currently taking? No Yes

If yes, for how long? _____ Reason prescribed: _____

2. Medication: _____ Amount: _____ Currently taking? No Yes

If yes, for how long? _____ Reason prescribed: _____

3. Medication: _____ Amount: _____ Currently taking? No Yes

If yes, for how long? _____ Reason prescribed: _____

4. Medication: _____ Amount: _____ Currently taking? No Yes

If yes, for how long? _____ Reason prescribed: _____

Do you use a cane, crutches, braces, a hospital bed, a lift chair, a walker, a wheelchair, oxygen, or kidney dialysis? No Yes



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

LONG-TERM CARE HEALTH ASSESSMENT *continued*

Do you need assistance with shopping, walking, using transportation, housekeeping, taking medications, or cooking? No Yes

Do you currently need the assistance or supervision of another person to perform any of the following activities: moving in/out of bed or chair, bathing, dressing, toileting, bowel/bladder control, or eating? No Yes

Do you have any pending surgeries/tests that have been recommended but not yet performed? No Yes

Are you currently in physical therapy? No Yes

Have you ever been diagnosed by a licensed physician as having any of the following conditions?

(Circle all that apply.) None

AIDS/HIV Positive

ALS (Lou Gehrig's Disease)

Alzheimer's Disease

Cerebral Atrophy/White Matter Changes

CREST Syndrome

Cystic Fibrosis

Dementia/Confusion/Memory Loss

Kidney Failure

Liver Cirrhosis

Mental Retardation

Metastatic Cancer

Multiple Myeloma

Multiple Sclerosis

Multiple Strokes/TIAs

Muscular Dystrophy

Neurogenic Bladder

Parkinson's Disease

Post-Polio Paralytic Syndrome

Pulmonary Hypertension

Schizophrenia

Scleroderma

Spinal Cord Injury

Urinary Incontinence/Undergarment Use

LONG-TERM CARE HEALTH ASSESSMENT *continued*

Have you ever received medical advice, diagnosis, or treatment for any of the following? (Circle all that apply, and provide details on next page.)

- | | |
|---|--|
| Amputation | Epilepsy/Seizures (Last Occurrence: _____) |
| Anemia (Type: _____) | Falls |
| Aneurysm (Type: _____ , Size: _____ , Operated: _____) | Fibromyalgia/Chronic Fatigue |
| Angioplasty/Bypass Surgery | Heart Problems |
| Arthritis (Gold Steroid/Chronic Steroid) | Hepatitis (Type: _____) |
| Autoimmune Disorder | High Blood Pressure |
| Back Disorder/Surgery | Joint Replacement/Fractures |
| Blindness/Macular Degeneration | Lupus |
| Blood Disorder (Type: _____) | Mental/Nervous Disorder |
| Bronchitis/Asthma | Neurological Disorder |
| Cancer | Osteoporosis with Fractures (Bone Density Test T-Score: _____) |
| COPD/Emphysema | Peripheral Vascular Disease |
| Depression (Severity: _____) | Respiratory Disorder |
| Diabetes Mellitus (Type: _____, Insulin Units per Day: _____) | Sleep Apnea |
| Dizziness | Stress Incontinence |
| Drug or Alcohol Abuse | Stroke/TIA |
| Elevated PSA or Prostate Disorders (PSA Level: _____) | Ulcerative Colitis/Crohn's Disease |

If you circled any of the above conditions, provide full details here:

Diagnosis: _____ Date: _____

Treatments: _____

Prognosis and Date of Last Treatment: _____

Medications: _____

LONG-TERM CARE HEALTH ASSESSMENT *continued*

Diagnosis: _____ Date: _____

Treatments: _____

Prognosis and Date of Last Treatment: _____

Medications: _____

Have you had any surgery or procedure (e.g., angioplasty, bypass surgery) in the last 10 years? Please explain.

Reason: _____ Date: _____

Treatment or Therapy: _____

Residual Problems: _____

Please list additional medications, diagnoses, or procedures on this page.

CASH FLOW STATEMENT

INCOME

DATE: _____

Income Sources	Client: _____	Client: _____	Total
Salary (W-2 Wages)	\$ _____	\$ _____	= \$ _____
Bonus/Profit Sharing (Estimate)	\$ _____	\$ _____	= \$ _____
Average Commission Income	\$ _____	\$ _____	= \$ _____
Self-Employment Income	\$ _____	\$ _____	= \$ _____
Average Part-Time Work	\$ _____	\$ _____	= \$ _____
Side Business Income	\$ _____	\$ _____	= \$ _____
Alimony/Child Support Received	\$ _____	\$ _____	= \$ _____
Interest/Dividends (only if sent directly to you)	\$ _____	\$ _____	= \$ _____
Disability Income: _____ (name of insurance co.)	\$ _____	\$ _____	= \$ _____
Social Security Income	\$ _____	\$ _____	= \$ _____
Sale of Securities	\$ _____	\$ _____	= \$ _____
Rental/Investment Income	\$ _____	\$ _____	= \$ _____
Loan Payment Income	\$ _____	\$ _____	= \$ _____
Pension: _____	\$ _____	\$ _____	= \$ _____
Other: _____	\$ _____	\$ _____	= \$ _____
Other: _____	\$ _____	\$ _____	= \$ _____
Other: _____	\$ _____	\$ _____	= \$ _____
Other: _____	\$ _____	\$ _____	= \$ _____



23240 Chagrin Boulevard | Suite 880 | Cleveland, OH 44122-5450 | P 216.595.6400 | F 216.292.4258 | www.hwfa.com

Securities offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and investment advisory services offered by HW Financial Advisors, a Registered Investment Adviser, are separate and unrelated to Commonwealth.

Rev 07/15

CASH FLOW STATEMENT *continued*

Gross Income Per Month Totals:	\$ _____	\$ _____	=	\$ _____
Subtract Total				
Mandatory Deductions	\$ _____	\$ _____	=	\$ (a) _____
Subtract Total				
Voluntary Deductions	\$ _____	\$ _____	=	\$ (b) _____
<i>(on page 3)</i>				
Net Monthly Income (i.e., take-home pay)	\$ _____	\$ _____	=	\$ (c) _____

DEDUCTIONS FROM INCOME

On tax day, I usually (check one) owe taxes. receive a refund.

Mandatory Deductions

	Client: _____	Client: _____	Total
Federal Income Tax	\$ _____	\$ _____	= \$ _____
State Income Tax	\$ _____	\$ _____	= \$ _____
Social Security	\$ _____	\$ _____	= \$ _____
State Disability Insurance	\$ _____	\$ _____	= \$ _____
Medicare Tax	\$ _____	\$ _____	= \$ _____
Other: _____	\$ _____	\$ _____	= \$ _____
Other: _____	\$ _____	\$ _____	= \$ _____
Mandatory Per Month Totals:	\$ _____	\$ _____	= \$ (a) _____

CASH FLOW STATEMENT *continued*

Voluntary Deductions

	Client: _____	Client: _____	Total
Life Insurance Premiums	\$ _____	\$ _____ =	\$ _____
Medical/Health Insurance Premiums	\$ _____	\$ _____ =	\$ _____
Dental Insurance	\$ _____	\$ _____ =	\$ _____
ESOP	\$ _____	\$ _____ =	\$ _____
Vision	\$ _____	\$ _____ =	\$ _____
Flex Plan (Child Care)	\$ _____	\$ _____ =	\$ _____
Flex Plan (Medical Premiums)	\$ _____	\$ _____ =	\$ _____
Long-Term Disability (LTD)	\$ _____	\$ _____ =	\$ _____
401(a)	\$ _____	\$ _____ =	\$ _____
401(k)	\$ _____	\$ _____ =	\$ _____
403(b)	\$ _____	\$ _____ =	\$ _____
Other: _____	\$ _____	\$ _____ =	\$ _____
Other: _____	\$ _____	\$ _____ =	\$ _____
Other: _____	\$ _____	\$ _____ =	\$ _____
Mandatory Per Month Totals:	\$ _____	\$ _____ =	\$ (b) _____

CASH FLOW STATEMENT *continued*

HOUSEHOLD EXPENSES

Income Sources	Avg./Mo.	Avg./Yr.
Home Expenses	\$ _____	\$ _____
Rental Real Estate	\$ _____	\$ _____
Vacation Home	\$ _____	\$ _____
Computer Expense	\$ _____	\$ _____
Health Care	\$ _____	\$ _____
Debt Service	\$ _____	\$ _____
Personal Care	\$ _____	\$ _____
Food Expenses	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Gifts/Donations	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Diversions	\$ _____	\$ _____
Your Education	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Professional Fees	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Current Investment Activity	\$ _____	\$ _____
Total Expenses (d)	\$ _____	\$ _____
Net Income (c) (page 2)	\$ _____	\$ _____
Minus Total Expenses	\$ _____	\$ _____
Balance	\$ _____	\$ _____