

FEASIBILITY STUDY

ADVISOR NAME: _____

CLIENT NAME: _____

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MEMBER FINRA/SIPC.

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FEASIBILITY STUDY

ADVISOR

NAME: _____

EMAIL ADDRESS: _____

PHONE: _____

CLIENT INFORMATION

CLIENT NAME: _____

DOB: _____

SPOUSE NAME: _____

DOB: _____

ADDRESS: _____

HOME PHONE: _____

EMAIL: _____

BUSINESS/EMPLOYMENT INFORMATION

CLIENT'S EMPLOYER: _____

OCCUPATION: _____

ADDRESS: _____

OFFICE PHONE: _____

EMAIL: _____

MOBILE PHONE: _____

FAX: _____

SPOUSE'S EMPLOYER: _____

OCCUPATION: _____

ADDRESS: _____

OFFICE PHONE: _____

EMAIL: _____

MOBILE PHONE: _____

FAX: _____

CHILDREN

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

AREAS OF SERVICE REQUESTED

- FINANCIAL INDEPENDENCE (Example: Retirement, Wealth Accumulation, etc.)
- LIFE EVENT FUNDING (Example: Education, Major Purchases, etc.)
- INVESTMENT PLANNING (Example: Asset Allocation, Portfolio Analysis, 401k, IRA's, etc.)
- RISK MANAGEMENT (Example: Life Insurance, Disability, etc.)
- ESTATE PLANNING (Example: Trust, Gifting, etc.)
- IMPORTANT DOCUMENTS (Organization of All Important Financial & Legal Documents)
- BUSINESS PLANNING (Example: Buy-Sell Agreements, Benefits, Incentives, Contracts)

PRESENT SITUATION

ASSETS	GROSS VALUE	LIABILITIES	NET VALUE
CASH & EQUIVALENTS:			
• CHECKING ACCOUNT			
• SAVINGS ACCOUNT			
• MONEY MARKET			
• OTHER			
INVESTMENTS:			
• STOCKS			
• BONDS			
• MUTUAL FUNDS			
• REAL ESTATE			
RETIREMENT ASSETS:			
• IRAS			
• ANNUITIES			
• 401K			
• OTHER			
PERSONAL ASSETS:			
• PRIMARY RESIDENCE			
• SECOND RESIDENCE			
• REAL ESTATE			
BUSINESS HOLDINGS:			
(PLEASE ALSO COMPLETE PAGE 8)			
ADDITIONAL DEBTS			
TOTAL			

INCOME:

CLIENT: _____
THIS YEAR

_____ PROJECTED NEXT YEAR

SPOUSE: _____
THIS YEAR

_____ PROJECTED NEXT YEAR

PLANNING OBJECTIVES

Briefly describe your current long-term and short-term investment goals.

At what age would you like to be financially independent? How much income per month would you need to be financially independent on an after-tax basis?

Age: _____

Income: _____

Do you have any financial goals other than financial independence that you would like to plan for? (Example: education fund for children and/or grandchildren, second home, charitable endeavors.) If so, please describe.

Do you participate in any hazardous avocations such as Scuba Diving, Skydiving, Boat or Car Racing, Hot Air Ballooning, Hang Gliding, Bungee Jumping, Parachuting, or Piloting of any type of aircraft? If yes, please circle the applicable activities.

Tell us a little bit about your life and disability insurance.

Life Insurance

	<u>Client</u>	<u>Spouse</u>
Group (work) Life Insurance:	\$ _____	\$ _____
Individual Term Coverage :	\$ _____	\$ _____
Individual Permanent Coverage:	\$ _____	\$ _____

Disability Insurance

Group (work) Coverage:	\$ _____	\$ _____
Individual Coverage:	\$ _____	\$ _____

What are your approximate current monthly expenses?

PLANNING OBJECTIVES

Which of the following estate planning documents have you completed?

Wills - Yes/No

Bypass Trust - Yes/No/Unsure

Irrevocable Life Insurance Trust - Yes/No

Family Limited Partnerships - Yes/No

Ancillary Documents such as Health Care Directives and Powers of Attorney - Yes/No

Additional Planning - (Please specify)

Would you like to review your employee benefits package? If so, what is of particular interest to you?

If you own a business, briefly describe the plans you have made to transfer the business in the event of your retirement, death, or disability?

ITEMS OF IMMEDIATE IMPORTANCE:

- Review of my wills and trusts
- Establish estate conservation and distribution objectives
- Review of the impact of federal estate taxes on my estate
- Review of my life insurance contracts
- Review potential sources of income in the event of an unexpected disability
- Review of business agreements
- Provide income for my family in the event of my death
- Review potential sources of capital to provide income for my family in the event of my death
- Develop a plan to systematically invest for future income needs for retirement
- Calculate the estimated income and taxes due upon future distribution of my qualified plans
- Review current investment portfolio

IN THE NEXT YEAR, I PLAN TO:

- | | |
|--|---|
| <input type="checkbox"/> Start/ Buy a Business | <input type="checkbox"/> Sell Property |
| <input type="checkbox"/> Expand My Business | <input type="checkbox"/> Invest More Money |
| <input type="checkbox"/> Sell My Business | <input type="checkbox"/> Receive an Inheritance |
| <input type="checkbox"/> Purchase Property | <input type="checkbox"/> Retire |

RETIREMENT & INVESTMENT PLANNING

QUESTIONS	YES	NO	N/A	UN- DECIDED	NOTE
1. I maintain a current list of my assets and liabilities.					
2. I have calculated the amount of capital/cash flow needed to have financial independence at retirement.					
3. I fully understand the impact of inflation on my retirement income.					
4. I understand the income and estate tax consequences of the distribution of my retirement plan benefits.					
5. I have calculated the amount of capital/cash flow needed to provide support for my children's college education.					
6. I am satisfied with my present rate of investment accumulation.					
7. I understand the risk/reward relationship of each of my investments.					
8. When I invest in an asset, I understand the role that it plays in my investment portfolio.					
9. I have a simple, effective way of measuring the rate of return on my investments.					
10. There are assets in my investment portfolio that I would like to sell but can't because of the burden of the capital gains tax.					
11. My spouse actively participates in our investment decisions.					
12. I am maximizing the benefits provided by my company.					
13. The benefits provided by my company are fully coordinated with my personal financial planning.					

ADDITIONAL INFORMATION

ESTATE PLANNING & RISK MANAGEMENT

QUESTIONS	YES	NO	N/A	UN- DECIDED	NOTE
1. I have made specific plans for the distribution of my assets in the event of my death.					
2. My will is current and consistent with my estate plan.					
3. My spouse's will is current and consistent with his/her estate plan.					
4. My spouse has a complete understanding of my estate plan.					
5. Is equalization of your estate to your children important to you?					
6. If you are charitably inclined, have you made provisions for the charity in your estate plan?					
7. My spouse or family members know the location of my important financial documents.					
8. My executor is familiar with my will and the location of my important financial documents.					
9. Are you familiar with the tax ramifications associated with various types of property titling?					
10. I understand how federal estate taxes will be applied to my estate.					
11. My life insurance program is consistent with my estate plan.					
12. My life insurance will be received by my heirs free from federal estate tax.					
13. I know the annual income my family would receive from the investments in my estate in the event of my death.					
14. Do you own Long Term Care Insurance?					
15. Are you concerned about the need to provide financial assistance for your parents?					
16. My estate plan takes into account the effects of inflation.					
17. I have an adequate income in the event I am unexpectedly disabled.					

ADDITIONAL INFORMATION

BUSINESS OWNER INFORMATION

BUSINESS

NAME OF BUSINESS: _____

NATURE OF BUSINESS: _____

<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PROFESSIONAL CORPORATION <input type="checkbox"/> C - CORPORATION	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> S - CORPORATION <input type="checkbox"/> LIMITED LIABILITY Co. (LLC)
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BUSINESS OWNERS	INTEREST %	VALUE	SALARY	DOB	SMOKER YES/NO	DATE OF ACQUISITION	TAX BRACKET

BUSINESS CONTINUATION

In the event of an Owner's death, the business interest is to be:

Continued by the family
 Sold
 Liquidated

Is there a Buy/Sell Agreement? _____

QUALIFIED RETIREMENT PLANS

<input type="checkbox"/> PENSION	<input type="checkbox"/> PROFIT SHARING/401(K)	<input type="checkbox"/> KEOGH
<input type="checkbox"/> SEP	<input type="checkbox"/> PAYROLL DEDUCTION - IRA	<input type="checkbox"/> OTHER

GROUP INSURANCE

HEALTH INSURANCE
 DISABILITY INSURANCE
 LIFE INSURANCE

KEY EMPLOYEES (OTHER THAN BUSINESS OWNERS)	DOB	SALARY	POSITION

ADDITIONAL INFORMATION

BUSINESS PLANNING

QUESTIONS	YES	NO	N/A	UN-DECIDED	NOTE
1. I have a formal plan for the continuation or sale of my business interests in the event of my: Death					
Disability					
Divorce					
Disinterest					
The arrangement is binding on all parties?					
2. I have a formal plan of succession or acquisition of my business interests in the event of my partner's: Death					
Disability					
Divorce					
Disinterest					
The arrangement is binding on all parties?					
3. Assuming that one of your children is chosen to succeed you, is the rest of your family aware of your selection?					
4. Would your business and personal assets be equalized among children (heirs) at your death?					
5. In the event of my death or disability, I have made arrangements with my key employees to continue the operation of my business.					
6. I have made financial arrangements for the replacement and training of any key employees in the event of their death or disability.					

ADDITIONAL INFORMATION
