

**Client A**     Male  Married  
 First Name Last Name Birth Date  Female Retirement Age

**Client B**     Male  Married  
 First Name Last Name Birth Date  Female Retirement Age

Street Address City State Zip

Home Phone Work Phone Email Address

**Qualified Plan Information**

Enter contributions and distributions as annual amounts.

Value of IRA (as of 12/31):  Growth Rate:  % (maximum 8%)

Employee Contributions:  Employer Contributions:  Contributions Continuing Until Age:

**Beneficiaries' Information**

First Name	Date of Birth

**Other Assets and Existing Life Insurance Policies**

Total Other Assets:  Growth Rate:  % (cannot exceed 8%)

	Client A	Client B	Survivor
Insurance Included in Estate			
Insurance in Trust Outside Estate			

**Assumptions**

Income Tax Rate  %

**Notes**