

ALTITUDE

FINANCIAL MANAGEMENT

ALL INFORMATION IS STRICTLY CONFIDENTIAL

CLIENT			
FIRST NAME:		LAST NAME:	
DATE OF BIRTH:		RETIREMENT AGE:	
SEX:		TAX FILING:	
HOME ADDRESS:		PERSONAL EMAIL:	
PHONE NUMBER:		WORK EMAIL:	
EMPLOYER:		OCCUPATION:	

CO-CLIENT			
FIRST NAME:		LAST NAME:	
DATE OF BIRTH:		RETIREMENT AGE:	
SEX:		TAX FILING:	
HOME ADDRESS:		PERSONAL EMAIL:	
PHONE NUMBER:		WORK EMAIL:	
EMPLOYER:		OCCUPATION:	

CHILDREN

FULL NAME	DATE OF BIRTH	SEX	RELATIONSHIP	DEPENDENT OF?

OTHER DEPENDENTS & GRANDCHILDREN

ARE THERE SPECIAL CIRCUMSTANCES SUCH AS SPECIAL NEEDS OR DISABILITIES?

FULL NAME	DATE OF BIRTH	SEX	RELATIONSHIP	DEPENDENT OF?

FAMILY INFORMATION NOTES

Empty box for family information notes.

OVERALL PRIORITIES – PLEASE RANK THESE GOALS IN ORDER OF IMPORTANCE 1 THROUGH 7

	CLIENT	CO-CLIENT
RETIRE COMFORTABLY		
PROVIDE FOR MY (OUR) CHILDREN’S EDUCATION		
PROVIDE FOR SURVIVORS IN THE EVENT OF MY (OUR) DEATH(S)		
PROTECT MY (OUR) RESOURCES IN THE EVENT OF A DISABILITY		
OBTAIN THE GREATEST RETURN ON INVESTMENTS GIVE MY (OUR) RISK PROFILE		
STRUCTURE MY (OUR) ESTATE TO MINIMIZE ESTATE TAXES AND PROVIDE FOR HEIRS		
ACHIEVE OTHER SPECIFIC GOALS (LIST THEM):		

FINANCIAL ATTITUDES

WHAT DOES FINANCIAL PLANNING MEAN TO YOU?

BASED ON THE PLANNING YOU HAVE DONE TO DATE, PLEASE GRADE YOURSELF 1 THROUGH 10 AND WHY.

WHAT DO YOU CONSIDER TO BE YOUR GREATEST FINANCIAL SUCCESS?

WITH WHOM DO YOU CONSULT WHEN MAKING FINANCIAL DECISIONS AND WHY?

TELL ME ABOUT YOUR EXPERIENCE WITH MONEY GROWING UP.

WHAT KIND OF FINANCIAL DECISION MAKER ARE YOU?

DO YOU ANTICIPATE ANY MAJOR CHANGES OR IN YOUR LIFE OVER THE NEXT TEN YEARS?

FINANCIAL POSITION

PLEASE NOTE THAT A STATEMENT WILL WORK IN LIEU OF ENTERING INFORMATION IN ANY SECTION BELOW.

CURRENT INCOME SOURCES

DO YOU ANTICIPATE FUTURE INCOME INCREASES AND WHY?

	GROSS AMOUNT	FREQUENCY (I.E. BI-WEEKLY OR SEMI-MONTHLY)
CLIENT SALARY	\$	
CLIENT BONUS	\$	
CO-CLIENT SALARY	\$	
CO-CLIENT BONUS	\$	
CLIENT SELF-EMPLOYMENT INCOME	\$	
CO-CLIENT SELF-EMPLOYMENT INCOME	\$	
CLIENT BUSINESS INCOME	\$	
CO-CLIENT BUSINESS INCOME	\$	
RENTAL INCOME	\$	
RENTAL INCOME	\$	
INVESTMENT INCOME	\$	
INVESTMENT INCOME	\$	
INVESTMENT INCOME	\$	
INVESTMENT INCOME	\$	

NOTES:

PROPERTY

HOW IMPORTANT IS YOUR HOME TO YOU AND YOUR FAMILY?

IN THE EVENT OF DISABILITY OR DEATH, WOULD YOU WANT THE MORTGAGE PAYMENT OR BALANCE COVERED?

	PURCHASE DATE	PURCHASE PRICE	TOTAL FINANCED AMOUNT	CURRENT LOAN BALANCE	LOAN TERM	INTEREST RATE	MONTHLY PAYMENT (P&I ONLY)	CURRENT HOME VALUE
PERSONAL RESIDENCE		\$	\$	\$		%	\$	\$
SECONDARY RESIDENCE		\$	\$	\$		%	\$	\$
VACATION PROPERTY		\$	\$	\$		%	\$	\$

RENTAL PROPERTY		\$	\$	\$		%	\$	\$
RENTAL PROPERTY		\$	\$	\$		%	\$	\$

NOTES:

OTHER ASSETS			
	CURRENT VALUE	PURCHASE DATE	NOTES
VEHICLE	\$		
VEHICLE	\$		
VEHICLE	\$		
RECREATION VEHICLE	\$		
RECREATION VEHICLE	\$		
BUSINESS	\$		
OTHER	\$		
OTHER	\$		

LIABILITIES				
	CURRENT LOAN BALANCE	LOAN TERM / YEARS REMAINING	INTEREST RATE	MONTHLY PAYMENT
VEHICLE LOAN	\$		%	\$
VEHICLE LOAN	\$		%	\$
VEHICLE LOAN	\$		%	\$
CREDIT CARD	\$		%	\$
CREDIT CARD	\$		%	\$
CREDIT CARD	\$		%	\$
CREDIT CARD	\$		%	\$
LINE OF CREDIT	\$		%	\$
HOME EQUITY LOAN	\$		%	\$
STUDENT LOAN	\$		%	\$
STUDENT LOAN	\$		%	\$
RECREATION VEHICLE	\$		%	\$
RECREATION VEHICLE	\$		%	\$
OTHER	\$		%	\$
OTHER	\$		%	\$

NOTES:

EXPENSE WORKSHEET

HOW DO YOU FEEL ABOUT YOUR EXPENSE MANAGEMENT?

HOUSING	MONTHLY	ANNUAL	CLOTHING	MONTHLY	ANNUAL
RENT (NOT MORTGAGE)			ADULT CLOTHING		
CONDO / ASSOCIATION FEES			CHILD CLOTHING		
PROPERTY TAXES			GRANDCHILD CLOTHING		
ELECTRICITY / GAS			OTHER		
WATER			OTHER		
GARBAGE REMOVAL			TOTAL		
TELEPHONE / COMPUTER			PERSONAL CARE & CASH	MONTHLY	ANNUAL
CABLE / SATELLITE / INTERNET			DRY CLEANING / LAUNDRY SERVICE		
SECURITY SYSTEM			HAIR / NAILS / FACIALS		
POOL SERVICE			COSMETICS		
LAWN SERVICE			MASSAGE		
HOUSE KEEPING			HEALTH CLUB		
MAINTENANCE / IMPROVEMENTS			OTHER		
PEST CONTROL			TOTAL		
TOTAL			MEDICAL / DENTAL / VISION	MONTHLY	ANNUAL
CHILDCARE	MONTHLY	ANNUAL	CO-PAYS / DEDUCTIBLES		
SUPPORT PAYMENTS			PRESCRIPTIONS / HEALTH CARE		
DAYCARE / EDUCATION			VISION / VISION RELATED		
SPORTS / CLUB ACTIVITIES			VITAMINS		
OTHER			TOTAL		
TOTAL			EDUCATION/ SELF IMPROVEMENT	MONTHLY	ANNUAL
TRANSPORTATION	MONTHLY	ANNUAL	PRIVATE SCHOOL / COLLEGE		
LEASE PAYMENT #1			CLASSES / BOOKS / PAPER		
LEASE PAYMENT #2			ASSOCIATION FEES		
LEASE PAYMENT #3			HOBBIES / OTHER		
GASOLINE			TOTAL		
MAINTENANCE / IMPROVEMENTS			PROFESSIONAL SERVICES	MONTHLY	ANNUAL
REGISTRATION / TAX			FINANCIAL PLANNER / ADVISOR		
OTHER			ACCOUNTANT		
TOTAL			ATTORNEY		
GROCERIES	MONTHLY	ANNUAL	TOTAL		
FOOD / BEVERAGES			PETS	MONTHLY	ANNUAL
HOUSEHOLD SUPPLIES			FOOD		
OTHER			VETERINARIAN		
OTHER			PET INSURANCE / OTHER		
TOTAL			TOTAL		

EXPENSE WORKSHEET CONTINUED

PLEASE LIST ANY MISSING ITEMS IN MISCELLANEOUS

ENTERTAINMENT	MONTHLY	ANNUAL	GIFTS	MONTHLY	ANNUAL
DINING OUT			HOLIDAYS		
SPORTS TICKETS			BIRTHDAYS		
THEATER TICKETS			WEDDINGS		
RECREATION / HOBBIES			OTHER		
MOVIES / VIDEOS			TOTAL		
CLUB MEMBERSHIP FEES			MISCELLANEOUS	MONTHLY	ANNUAL
OTHER			SUPPORT / ALIMONY		
TOTAL			OTHER		
VACATIONS & HOLIDAYS	MONTHLY	ANNUAL	OTHER		
TRAVEL TICKETS			OTHER		
HOTELS			OTHER		
FOOD					
ENTERTAINMENT					
AUTO					
OTHER					
TOTAL					
CHARITABLE CONTRIBUTIONS	MONTHLY	ANNUAL			
FAVORITE CHARITY					
CASH DONATIONS					
OTHER					
TOTAL					

LIFE INSURANCE POLICIES

HOW MUCH LIFE INSURANCE DO YOU CURRENTLY OWN AND HOW DID YOU ARRIVE ON THAT FIGURE?

SHARE ANY HEALTH CONCERNS OR ISSUES, EITHER PERSONAL OR FAMILY, THAT YOU MAY HAVE.

	TYPE / LENGTH OF TERM	OWNER	INSURED	ISSUE DATE	PREMIUM / MODE	DEATH BENEFIT	CASH VALUE
INDIVIDUAL POLICY					\$	\$	\$
INDIVIDUAL POLICY					\$	\$	\$
INDIVIDUAL POLICY					\$	\$	\$
INDIVIDUAL POLICY					\$	\$	\$
GROUP POLICY					\$	\$	\$
GROUP POLICY					\$	\$	\$
OTHER					\$	\$	\$
OTHER					\$	\$	\$

DISABILITY INSURANCE POLICIES

WHAT PROGRAM DO YOU CURRENTLY HAVE IN PLACE TO REPLACE YOUR INCOME IF YOU WERE UNABLE TO WORK?

WHAT DO YOU CONSIDER TO BE YOUR BIGGEST ASSET?

	OWNER	INSURED	MONTHLY BENEFIT	BENEFIT PERIOD	TAXABLE OR NON-TAXABLE?	PREMIUM / MODE	ELIMINATION PERIOD	EMPLOYEE OR EMPLOYER PAID?
CLIENT INDIVIDUAL POLICY			\$			\$		
CO-CLIENT INDIVIDUAL POLICY			\$			\$		
CLIENT GROUP SHORT TERM DI POLICY			\$			\$		
CLIENT GROUP LONG TERM DI POLICY			\$			\$		
CO-CLIENT GROUP SHORT TERM DI POLICY			\$			\$		
CO-CLIENT GROUP LONG TERM								

LONG TERM CARE INSURANCE POLICIES

DO YOU KNOW ANYONE WHO HAS EXPERIENCED A LONG-TERM CARE SITUATION AND HOW DID THAT FINANCIALLY IMPACT THEM?

ARE YOU AWARE OF THE CURRENT COST OF LONG-TERM CARE IN YOUR STATE?

	OWNER	INSURED	MONTHLY BENEFIT	BENEFIT PERIOD	PREMIUM / MODE	HAVE YOU HAD A RATE INCREASE?
INDIVIDUAL POLICY			\$		\$	
INDIVIDUAL POLICY			\$		\$	

AUTO, HOME, AND UMBRELLA INSURANCE

TYPE	PREMIUM	DEDUCTIBLE	NOTES

HEALTH, MEDICARE, AND MEDICAID INSURANCE

TYPE	PREMIUM	DEDUCTIBLE	NOTES
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

EDUCATION GOALS

HOW IMPORTANT IS EDUCATION TO YOU AND YOUR FAMILY?

WHAT HAVE YOU DONE SO FAR TO SAVE FOR FUTURE EDUCATION GOALS?

IN THE EVENT YOU WERE NOT ABLE TO WORK OR PASSED PREMATURELY, WOULD YOU WANT YOUR CHILDREN'S EDUCATION TO BE FUNDED?

CHILD OR GRANDCHILD	YEARS OF ATTENDANCE	DESIRED COVERAGE	ANTICIPATED UNIVERSITY
SAVINGS ACCOUNT	TYPE	ANNUAL CONTRIBUTIONS	CURRENT VALUE
		\$	\$
		\$	\$
		\$	\$
		\$	\$

MAJOR PURCHASE GOALS

DO YOU PLAN ON MAKING ANY LARGE PURCHASES IN THE FUTURE?

	YEAR	AMOUNT
MAJOR PURCHASE:		\$
MAJOR PURCHASE:		\$
MAJOR PURCHASE:		\$
MAJOR PURCHASE:		\$

NOTES:

WEALTH ACCUMULATION

INQUIRIES

WHO IS INVOLVED IN YOUR INVESTMENT PLANNING DECISIONS?

WHEN WAS THE LAST TIME YOU REVIEWED YOUR CURRENT INVESTMENT ACCOUNTS?

HOW WOULD YOU DEFINE SUCCESS IN RETIREMENT?

ACCOUNTS – ALL BANKING, BROKERAGE, RETIREMENT, AND EMPLOYER ACCOUNTS

PLEASE PROVIDE A STATEMENT FOR EACH ACCOUNT.

ACCOUNT NAME	TYPE	PERSONAL CONTRIBUTION	EMPLOYER CONTRIBUTION	CONTRIBUTION FREQUENCY	CURRENT VALUE
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$
		\$ / %	\$ / %		\$

ANNUITIES

WHAT WERE THE REASONS YOU PURCHASED ANNUITIES IN THE PAST?

IS HAVING A GUARANTEED INCOME COMPONENT IN RETIREMENT IMPORTANT TO YOU AND WHY?

PROVIDER NAME	CURRENT VALUE	RIDER(S)	ANNUITIZATION OPTION
	\$		
	\$		
	\$		
	\$		

NOTES:

STOCK OPTIONS / RESTRICTED STOCK UNITS

WHAT IS YOUR UNDERSTANDING OF YOUR COMPANY STOCK OPTIONS, IF ANY? PLEASE PROVIDE STATEMENT.

NOTES:

PENSIONS

PROVIDER NAME	ANTICIPATED START DATE	ANNUAL AMOUNT	COLA	ANNUITIZATION OPTION	SURVIVORSHIP OPTION
		\$	%		
		\$	%		
		\$	%		
		\$	%		

TAX MANAGEMENT

TAX FILING STATUS & INFORMATION

WHO PREPARES YOUR TAXES? (PERSONAL TAX SOFTWARE, H&R BLOCK, LICENSED CPA)

HAS ANYONE DISCUSSED THE IMPORTANCE OF TAX DIVERSIFICATION WITH YOU?

NOTES:

RETIREMENT PLANNING

WHAT DO YOU CONSIDER TO BE YOUR GREATEST CHALLENGE(S) IN RETIREMENT AND WHY? ARE YOU EXPECTING ANY BURDENS?

SOCIAL SECURITY

WHAT ARE YOUR THOUGHTS ABOUT SOCIAL SECURITY?

SOCIAL SECURITY WEBSITE: WWW.SSA.GOV

	MONTHLY BENEFIT	ANTICIPATED ENROLLMENT AGE
CLIENT	\$	
CO-CLIENT	\$	

ESTATE PLANNING AND ESTATE PLANNING OBJECTIVES

HAVE YOU RECEIVED, OR DO YOU EXPECT, AN INHERITANCE?

WHAT ROLE WOULD YOU LIKE TO PLAY IN YOUR CHILDREN'S OR GRANDCHILDREN'S FUTURE?

WHAT KIND OF MONETARY OR PERSONAL LEGACY DO YOU WANT TO LEAVE TO YOUR FAMILY?

DO YOU HAVE PHILANTHROPIC GOALS?

ARE YOU AWARE OF FEDERAL AND STATE ESTATE TAX LIMITS?

HAVE YOU DONE ANY PLANNING AROUND ESTATE TAXES?

HAVE YOU ESTABLISHED ANY ESTATE DOCUMENTS SUCH AS A WILLS(S), POWERS OF ATTORNEY(S), HEALTH CARE DIRECTIVE(S), OR TRUST(S)? DID YOU WORK WITH A PROFESSIONAL TO ESTABLISH THEM?

REVOCABLE TRUSTS

	TRUST 1	TRUST 2
DATE ESTABLISHED		
CURRENT VALUE		
GRANTOR / TRUSTEE		
ASSETS OWNED		

NOTES:

IRREVOCABLE TRUSTS

	TRUST 1	TRUST 2
DATE ESTABLISHED		
CURRENT VALUE		
GRANTOR / TRUSTEE		
ASSETS OWNED		

NOTES:

BUSINESS OWNERS

BUSINESS OWNERS

BUSINESS NAME:

OWNER:

BUSINESS ORGANIZATION UNDER STATE LAW (E.G. LLC, S-CORP, C-CORP):

TYPE OF BUSINESS:

CURRENT VALUE:

NUMBER OF EMPLOYEES:

SPOUSE, CHILDREN, OR RELATIVES ACTIVE WITHIN YOUR BUSINESS? IF SO, WHAT IS THEIR INVOLVEMENT IN THE CURRENT AND FUTURE PLANS OF THE BUSINESS?

WHAT ARE YOUR UPCOMING PLANS FOR YOUR BUSINESS?

DO YOU HAVE A PLAN TO INCREASE OR REDUCE YOUR TAXABLE INCOME?

HOW IMPORTANT ARE YOUR EMPLOYEES TO YOU AND THE BUSINESS?

IF YOU COULD HELP YOUR EMPLOYEES MORE, WOULD THAT BE IMPORTANT TO YOU?

WHAT WOULD HAPPEN TO YOUR BUSINESS IF YOU COULD NO LONGER WORK?

IF EVERYTHING GOES TO PLAN OVER THE NEXT FIVE YEARS, WHAT WILL THE BUSINESS LOOK LIKE?

HAVE YOU ESTABLISHED SHAREHOLDERS, PARTNERSHIPS, OR AN OPERATING AGREEMENT? IF NOT, WHY?

ARE THERE BUY / SELL AGREEMENTS AMONG OWNERS?

ARE THERE BUY / SELL AGREEMENTS FUNDED WITH LIFE INSURANCE? IF SO, WHAT IS THE COVERAGE?

FINANCIAL PLANNING DOCUMENT CHECKLIST

ALL INFORMATION IS STRICTLY

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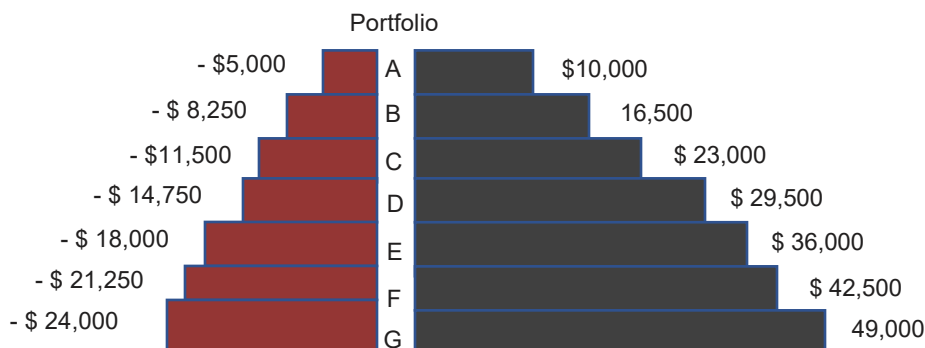
PLEASE PROVIDE PDFS OR PHOTOCOPIES RATHER THAN ORIGINALS IF POSSIBLE

FINANCIAL POSITION		RETIREMENT PLANNING	
TWO MOST RECENT PAY STUBS		SOCIAL SECURITY STATEMENTS	
BANK STATEMENTS (MOST RECENT)		PENSION STATEMENTS	
MORTGAGE STATEMENTS (MOST RECENT)		OTHER	
AUTO LOAN STATEMENTS (MOST RECENT)		ESTATE PLANNING	
CREDIT CARD STATEMENTS (MOST RECENT)		WILL(S)	
STUDENT LOAN STATEMENTS (MOST RECENT)		POWER OF ATTORNEY(S)	
OTHER		HEALTH CARE DIRECTIVE(S)	
RISK MANAGEMENT		TRUST AGREEMENT(S)	
LIFE INSURANCE POLICIES		TAX RETURNS – GIFT, TRUST, ESTATE TAX	
DISABILITY INSURANCE POLICIES		OTHER	
LONG TERM CARE INSURANCE POLICIES		BUSINESS AGREEMENTS /DETAILS	
AUTO INSURANCE DECLARATIONS		BUY / SELL	
HOME INSURANCE DECLARATIONS		DEFERRED COMPENSATION	
MEDICAL INSURANCE DETAILS		SPLIT DOLLAR	
GROUP INSURANCE DETAILS		WAGE CONTINUATION	
PERSONAL UMBRELLA POLICY		EMPLOYMENT /CONSULTING	
OTHER		OTHER EMPLOYER PAID BENEFITS	
WEALTH ACCUMULATION STATEMENTS		OTHER	
BROKERAGE ACCOUNT		MISCELLANEOUS	
IRA / ROTH IRA			
401K / TSA / PEDC			
SEP IRA / SIMPLE IRA			
DIVIDEND / INTEREST			
529 COLLEGE PLAN			
COLLEGE FUNDING			
ANNUITY			
EMPLOYEE STOCK PLAN			
EMPLOYEE RETIREMENT PLAN BOOK			
EMPLOYEE BENEFIT			
OTHER			
TAX MANAGEMENT			
1040 TAX RETURNS (PAST TWO YEARS)			
BUSINESS TAX RETURNS (PAST TWO YEARS)			
OTHER			
OTHER			

Risk Tolerance Questionnaire

The information provided in this questionnaire is not intended to be investment advice and does not constitute a recommendation to buy or sell securities.

- 1) This graph shows the potential range of gains or losses of a \$100,000 investment in each of seven hypothetical portfolios at the end of a 1-year period. The number to the right of each bar shows the best potential gain for that portfolio, while the number to the left of each bar shows the worst potential loss. Given that this is the only information that you have on these seven hypothetical portfolios, which one would you choose to invest in?



- 2) Inflation (rising prices for goods and services) can have a significant effect on your investments by decreasing their potential purchasing power over time. Aggressive investments have historically outpaced inflation over the long run but have had more instances of short-term losses than more conservative investments. How do you feel about inflation and its potential impact on your investments?

You are satisfied with your investments keeping pace with inflation. Limiting the potential for short-term loss is your main goal, and you are willing to sacrifice the potential for higher returns.

You would like your investments to outpace inflation. You are willing to assume some potential for short-term loss in order to pursue that goal.

You prefer that your investments significantly outperform inflation. You are willing to assume a greater potential for short-term loss in order to pursue that goal.

- 3) Suppose that a substantial portion of your investment portfolio is invested in securities. If the stock market were to experience a prolonged down market, losing 50 percent of its value over a 3 year period, what would you do (assuming your securities behaved in a similar fashion)?

Sell all the securities in your portfolio. You are afraid that the stock market is in a downturn and you cannot afford the decrease in value.

Sell half of the securities in your portfolio. You think that the market may rebound, but you are not willing to leave all your investment exposed to further loss.

Hold the securities in your portfolio. You understand that your investment may be subject to short-term price swings and are comfortable 'weathering the storm'

Buy more securities for your portfolio to take advantage of their low price. You are comfortable with market fluctuations and assume that the securities will potentially regain their previous value or increase in value.

- 4) **Once again, assume you have a substantial portion of your investment portfolio in securities. If the stock market were to gradually decline at an average of 2 percent per month, eventually losing 24% of its value over a year, which of the following would you do?**

Sell the securities in your portfolio and realize the 24% loss. You wish to avoid the risk of further loss.

Sell half of the securities in your portfolio. You are not willing to leave all your investment at risk for further loss.

Do nothing. You are comfortable waiting for the securities to regain their previous value or to increase in value.

Invest more now because securities are selling for approximately 24% less than they were 12 months ago. You believe that the securities will potentially regain their value or possibly appreciate even higher over the long- term.

- 5) **Aggressive investments have historically provided higher returns while exhibiting greater short-term price fluctuations and potential for loss. How do you feel about fluctuations in the value of your portfolio?**

You want to minimize the possibility of loss in the value of your portfolio. You understand that you may be sacrificing the potential for higher long-term returns by holding investments that reduce the potential for short- term loss and price fluctuation.

You can tolerate the risk of moderate losses in order to pursue potentially favorable returns.

You can tolerate the risk of large losses in your portfolio in pursuit of greater potential gains.

- 6) **What is the investment time horizon on these investable assets?**

- 7) **What is your current Annual Household Income?**

- 8) **What is your Approximate Net Worth?**

- 9) **What are your Income Needs from Program Assets?**

- 10) **What is your State Tax Bracket?**

- 11) **What is your Federal Tax Bracket?**