

The header image features a green-tinted background with a blurred view of a desk. In the foreground, a pen lies across an open calendar or planner. The text "STIFEL NICOLAUS WEALTH STRATEGIST REPORT" is overlaid in a bold, serif font, with "STIFEL NICOLAUS" in a smaller size above "WEALTH STRATEGIST REPORT".

STIFEL NICOLAUS WEALTH STRATEGIST REPORT

Client Name _____

Financial Advisor Name _____

Financial Advisor Number _____

Financial Advisor E-mail Address _____

Financial Advisor's Assistant's Name _____

Today's Date _____

Congratulations on participating in the Stifel Nicolaus Wealth Strategist program. Completion of this questionnaire will start you on the road to developing a long-range plan for achieving your financial goals.

We suggest you assemble all your financial information before you begin to complete the questionnaire:

- *Most recent brokerage and mutual fund statements*
- *Most recent bank statement*
- *List of all stocks, municipal bonds, and other securities held in your safe deposit box*
- *List of all U.S. Government and Treasury Securities held by you, your bank, or the U.S. Treasury*
- *List of all life, variable life, annuity, and disability insurance contracts and policies*
- *List of all CDs including the maturity date, interest rate, and name of financial institution*
- *IRA, pension, profit sharing, and employee benefit statements*
- *Most recent Federal income tax return*
- *Names, addresses, and telephone numbers of all your financial and legal advisors*

Please print clearly.

The information you provide should be as complete as possible. If you do not respond to a question, we will assume it does not apply to your financial situation.

Please indicate the analyses to include in the report:

(For all reports, complete Sections 1 and 2.)

- Asset Allocation – Also complete Sections 4 and 6.*
- Net Worth – Also complete Sections 6, 7, 8, and 9.*
- Survivor – Also complete Sections 3, 5, 6, 7, 8, and 9.*
- Disability – Also complete Sections 3, 5, and 9.*
- Long-Term Care – Also complete Sections 5, 6, and 9.*
- Retirement – Also complete Sections 3, 5, 6, 7, 8, and 9.*
 - Retirement Monte Carlo – Also complete Section 4.*
- Education – Also complete Section 3.*
- Estate – Also complete Sections 3, 5, 6, 7, 8, 9, and 10.*

If you have any questions, please contact your Stifel Nicolaus Financial Advisor.

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Personal Information

Client Information

_____ Name

_____ Date of Birth

_____ Gender

_____ Prefix (Mr. Mrs. Ms. or Dr.)

_____ Street Address

_____ City

_____ State

_____ Zip Code

_____ Home Phone Number

_____ E-mail Address

_____ Employer

_____ Employer

_____ Occupation

_____ Occupation

_____ Work Phone Number

_____ Work Phone Number

Family Information (children, grandchildren)

Name	Date of Birth	Relationship Type	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach separate sheet for additional family members.)



Risk Tolerance

Maximizing returns is more important than protecting my investment.

- | | |
|--|-----|
| <input type="checkbox"/> Strongly Agree | 12 |
| <input type="checkbox"/> Agree | 9 |
| <input type="checkbox"/> Neutral | 6 |
| <input type="checkbox"/> Disagree | 3 |
| <input type="checkbox"/> Strongly Disagree | 1.2 |

Principal Holding Period/Liquidity

I do not foresee any major expenses that would require significant principal withdrawals from this investment account in the next five years.

- | | |
|--|-----|
| <input type="checkbox"/> Strongly Agree | 12 |
| <input type="checkbox"/> Agree | 9 |
| <input type="checkbox"/> Neutral | 6 |
| <input type="checkbox"/> Disagree | 3 |
| <input type="checkbox"/> Strongly Disagree | 1.2 |

Investable Net Worth

What percentage of your total investable net worth (excluding primary residence) does this investment account represent?

- | | |
|--|-----|
| <input type="checkbox"/> Less than 20% | 12 |
| <input type="checkbox"/> 20% to 40% | 9 |
| <input type="checkbox"/> 40% to 60% | 6 |
| <input type="checkbox"/> 60% to 80% | 3 |
| <input type="checkbox"/> 80% to 100% | 1.2 |

Expected Return

On a long-term basis, what average annual rate of return best reflects your objective for "total return" on your portfolio?

- | | |
|---|------|
| <input type="checkbox"/> More than 10% per year | 9 |
| <input type="checkbox"/> 8% to 10% per year | 6.75 |
| <input type="checkbox"/> 6% to 8% per year | 4.5 |
| <input type="checkbox"/> 4% to 6% per year | 2.25 |
| <input type="checkbox"/> Less than 4% per year | 0.9 |

Investment Income

When do you expect this investment account to provide a regular source of income?

- | | |
|--|------|
| <input type="checkbox"/> More than 20 years or never | 9 |
| <input type="checkbox"/> 10 to 20 years | 6.75 |
| <input type="checkbox"/> 5 to 10 years | 4.5 |
| <input type="checkbox"/> 3 to 5 years | 2.25 |
| <input type="checkbox"/> 3 years or less | 0.9 |

Investment Experience

I have had prior experience with and understand the concept of investment risk related to stocks, bonds, mutual funds, and other investments.

- | | |
|--|-----|
| <input type="checkbox"/> Strongly Agree | 6 |
| <input type="checkbox"/> Agree | 4.5 |
| <input type="checkbox"/> Neutral | 3 |
| <input type="checkbox"/> Disagree | 1.5 |
| <input type="checkbox"/> Strongly Disagree | 0.6 |

INVESTOR PROFILE SCORING MATRIX

Conservative	10 or less
Moderately Conservative	11 - 30
Moderate	31 - 50
Moderate Growth	51 - 70
Moderately Aggressive Growth	71 - 90
Aggressive Growth	91 - 100

Investment Attitude/Style

How would you describe your general attitude toward investing?

- | | |
|--|-----|
| <input type="checkbox"/> I want to maximize the return on my investments and am willing to accept large fluctuations in value. I understand and accept that aggressive growth investments can result in substantial losses to my principal. | 8 |
| <input type="checkbox"/> I am willing to accept considerable risk in order to achieve higher long-term returns. While capital preservation is important over a long timeframe, I am willing to accept significant short term fluctuations in my portfolio. | 5.6 |
| <input type="checkbox"/> I am willing to accept moderate risk in order to achieve somewhat higher returns. Both reducing risks and enhancing returns are important to me. | 3.2 |
| <input type="checkbox"/> I am most concerned with preserving the principal value of my investments. I am comfortable with the lower returns associated with more conservative investments. | 0.8 |

Temperament

What approximate loss in any one-year period would you be willing to accept before deciding to liquidate your investment account?

- | | |
|--|-----|
| <input type="checkbox"/> (25%) or greater loss | 8 |
| <input type="checkbox"/> (15%) to (25%) loss | 6 |
| <input type="checkbox"/> (10%) to (15%) loss | 4 |
| <input type="checkbox"/> (5%) to (10%) loss | 2 |
| <input type="checkbox"/> Minimal loss | 0.8 |

Income and Debt

My income is adequate and stable and my debt level is low.

- | | |
|--|-----|
| <input type="checkbox"/> Strongly Agree | 8 |
| <input type="checkbox"/> Agree | 6 |
| <input type="checkbox"/> Neutral | 4 |
| <input type="checkbox"/> Disagree | 2 |
| <input type="checkbox"/> Strongly Disagree | 0.8 |

Time Horizon

What is an adequate time frame for evaluating portfolio returns?

- | | |
|---|-----|
| <input type="checkbox"/> More than 10 years | 8 |
| <input type="checkbox"/> 5 to 10 years | 6 |
| <input type="checkbox"/> 3 to 5 years | 4 |
| <input type="checkbox"/> 1 to 3 years | 2 |
| <input type="checkbox"/> Less than 1 year | 0.8 |

Loss Recovery

I am willing to wait several years to recover from losses I incur in an extended down market.

- | | |
|--|-----|
| <input type="checkbox"/> Strongly Agree | 8 |
| <input type="checkbox"/> Agree | 6 |
| <input type="checkbox"/> Neutral | 4 |
| <input type="checkbox"/> Disagree | 2 |
| <input type="checkbox"/> Strongly Disagree | 0.8 |

Asset Class Descriptions

Please indicate those asset classes you will not consider.

- | | | |
|---|---|--------------------------|
| 1. Cash Equivalents | Investments of high liquidity and safety and very short-term maturities. Examples are Treasury bills and money market funds. | <input type="checkbox"/> |
| 2. T-Notes/CDs | Treasury notes are intermediate securities with maturities of 1 to 10 years. Certificates of Deposit (CDs) are debt instruments issued by a bank with maturities ranging from a few weeks to several years. | <input type="checkbox"/> |
| 3. Intermediate-Term Government Bonds | Securities issued by the U.S. Government and debt issues of federal agencies having a maturity of 1 to 10 years. | <input type="checkbox"/> |
| 4. Long-Term Government Bonds | Securities issued by the U.S. Government and debt issues of federal agencies having a maturity of 10 years or more. | <input type="checkbox"/> |
| 5. Municipal Bonds | Debt obligation of a state or local government entity. The funds may support general government needs or special projects. Interest is exempt from federal income taxes and may be exempt from most state and local taxes. | <input type="checkbox"/> |
| 6. Corporate Bonds | Debt instruments issued by private corporations. Interest is taxable, and there is a fixed maturity. | <input type="checkbox"/> |
| 7. High Yield Bonds | A bond that has a rating of BB or lower and pays a higher yield to compensate for the greater credit risk. Interest is taxable, and there is a fixed maturity. | <input type="checkbox"/> |
| 8. Large Capitalization Value Equities | Equity securities of large capitalization companies which have “value” stock characteristics, such as low forecasted price-earnings ratio, low price-book ratio, and high dividend yield. | <input type="checkbox"/> |
| 9. Large Capitalization Growth Equities | Equity securities of large capitalization companies which have “growth” stock characteristics, such as high forecasted sales growth, high return on equity, and low dividend payout. | <input type="checkbox"/> |
| 10. Small Capitalization Value Equities | Equity securities of small capitalization companies which have “value” stock characteristics, such as low forecasted price-earnings ratio, low price-book ratio, and high dividend yield. | <input type="checkbox"/> |
| 11. Small Capitalization Growth Equities | Equity securities of small capitalization companies which have “growth” stock characteristics, such as high forecasted sales growth, high return on equity, and low dividend payout. | <input type="checkbox"/> |
| 12. International Equities | Equity securities investment in foreign countries and companies. In addition to the risks inherent in any investment, investing in international securities entails additional risks, including currency fluctuations and potential political instability. | <input type="checkbox"/> |
| 13. Mid Capitalization Equities | Equity securities of medium-sized capitalization companies. These stocks are chosen on the basis of median market size, good liquidity, and broad industry group representation. | <input type="checkbox"/> |
| 14. Fixed Annuities | Investment contract sold by an insurance company that guarantees fixed payments, either for life or for a specified period, to the annuitant. The insurer takes both the investment risk and the mortality risk. | <input type="checkbox"/> |
| 15. Mortgage-Backed Bonds | Securities backed by mortgages issued by FHLMC and FNMA or guaranteed by GNMA. Investors receive payments out of the interest and principal on the underlying mortgages. | <input type="checkbox"/> |
| 16. Balanced Funds | A fund that buys common stocks, preferred stock, and bonds in an effort to obtain the highest return consistent with a low/moderate risk strategy. It typically offers a higher yield than a pure stock fund. | <input type="checkbox"/> |
| 17. Real Estate (REITs) | Raw land and physical improvements related to it. May be held as a direct investment, or as a limited or general partnership investment in either commercial or residential property. A Real Estate Investment Trust (REIT) company, usually traded publicly, manages a portfolio of real estate to earn profits for shareholders. REITs make investments in a diverse array of real estate from shopping centers and office buildings to apartment complexes and hotels. | <input type="checkbox"/> |
| 18. International Bonds | Government and corporate bond investment in developed countries throughout the world. This requires an investor to be alert to trends in foreign currencies as well as movements in foreign markets. | <input type="checkbox"/> |
| 19. Emerging Equities | Equity securities investment in developing (emerging) countries throughout the world. This requires an investor to be alert to possibly illiquid markets and movements in foreign currencies. | <input type="checkbox"/> |
| 20. Futures/Commodities | Futures are an agreement to buy/sell a specific amount of a commodity/financial instrument at a given price on a future date. Commodities are bulk goods or instruments traded on an exchange. | <input type="checkbox"/> |
| 21. Venture Capital/Limited Partnerships | Investment vehicles organized to raise capital for start-up companies or those in the early process of developing product or services. | <input type="checkbox"/> |



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Tax Information and Other Assumptions

Income Tax Filing Status: Single Married, filing jointly Head of Household

Pre-Retirement			Post-Retirement		
	Federal	State		Federal	State
Ordinary Income	_____ % <small>(10%, 15%, 25%, 28%, 33%, 35%)</small>	_____ %	Ordinary Income	_____ % <small>(10%, 15%, 25%, 28%, 33%, 35%)</small>	_____ %
Capital Gains	_____ % <small>(0%, 15%)</small>	_____ %	Capital Gains	_____ % <small>(0%, 15%)</small>	_____ %

INFLATION

General Inflation Rate _____ % (Minimum is 3%. If blank, 3% will be assumed.)
 Earned Income Inflation Rate _____ % (If blank, general inflation rate will be used.)
 Education Inflation Rate _____ % (Minimum is 7%. If blank, 7% will be assumed.)

INVESTMENT ASSET RETURNS*

Asset Category	Rate of Return	If Blank, Assumed Rate of Return
Taxable	_____ %	7%
Tax-Free	_____ %	4.5%
Qualified / Non-Qualified Tax-Deferred	_____ %	8%
Roth	_____ %	8%

4

Financial Goals

Education Funding

Name	Number of Years Until Need	Number of Years of Need	Annual Cost In Today's Dollars (or school name and state to estimate)	Percent of Goal to Fund	Current Education Assets	Type of Account (529, UTMA, Taxable)	Current Annual Savings	Number of Years Savings Continues
_____	_____	_____	\$ _____	_____ %	\$ _____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____ %	\$ _____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____ %	\$ _____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____ %	\$ _____	_____	\$ _____	_____

(Attach separate sheet for additional children and/or grandchildren.)

Disability Income

In the event you become disabled, what is the monthly after-tax amount you will need to meet your living expenses?

If Client Disabled: \$ _____
 If Co-Client Disabled: \$ _____

Survivor Needs

What annual, after-tax amount would you like to provide for your survivors?	If Client Dies \$ _____	If Co-Client Dies \$ _____
Would you like education goals funded in the event of death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what percentage of the goal would you like funded?	_____ %	_____ %
Would you like debt obligations paid off in the event of death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
– <i>Primary Mortgage</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
– <i>Business Loan</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
– <i>Automobile Loan</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
– <i>Education Loan</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
– <i>Other: _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Retirement Spending Goal

	Client	Co-Client
Desired Retirement Date: (If different retirement dates are selected, software assumes working co-client's income is available for goal funding and any excess will be saved.)	_____	_____
	month/year	month/year
Annual, After-Tax Retirement Spending Goal (today's dollars):	\$ _____	
(An expense worksheet is provided on page 13 to assist you in estimating your goal.)		
Debt payments not included in retirement spending goal above:	\$ _____	
Portion of Retirement Goal to Provide for Survivor:	_____ %	

Order to Liquidate Assets for Retirement:

For report purposes, to fund retirement we assume liquidation of the assets in the order shown below. If you would prefer to change the order of liquidation, please indicate the preferred order in the space below.

	Assumed Order of Liquidation	Preferred Order of Liquidation
Taxable Accounts	1	_____
Tax-Free Accounts (Municipals)	2	_____
Tax-Deferred Accounts	3	_____
Roth Accounts	4	_____

Other Spending Goals (pre- and post-retirement)

Description of Goal	First Year of Need	Annual, After-Tax Amount	Number of Years Needed	Inflation Rate
<i>Example: Travel</i>	2015	\$ 10,000	10	3 %
_____	_____	\$ _____	_____	%
_____	_____	\$ _____	_____	%
_____	_____	\$ _____	_____	%
_____	_____	\$ _____	_____	%
_____	_____	\$ _____	_____	%
_____	_____	\$ _____	_____	%



Wage Income

Current, Pre-Tax Annual Income

	Client	Co-Client
Wage Income:	\$ _____	\$ _____
Bonus Income:	\$ _____	\$ _____
Self-Employment Earnings:	\$ _____	\$ _____

Other Income (Wages during retirement, pension income, rental income, trust income, etc.)

Income Source Description	Owner (Client or Co-Client)	Annual Pre-Tax Amount	Date Income Begins (mo./yr.)	Number of Years Income Received*	Inflation Rate Until Income Begins	Cost of Living Adjustment (COLA)	Percent Taxable	Saved Pre-Retirement	Percent Available to Survivor
<i>Example: Pension Income</i>	<i>Client</i>	<i>\$ 27,250</i>	<i>5/2015</i>	<i>Lifetime</i>	<i>0 %</i>	<i>1.5 %</i>	<i>100 %</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>_____ %</i>
_____	_____	\$ _____	_____	_____	_____ %	_____ %	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
_____	_____	\$ _____	_____	_____	_____ %	_____ %	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
_____	_____	\$ _____	_____	_____	_____ %	_____ %	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
_____	_____	\$ _____	_____	_____	_____ %	_____ %	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
_____	_____	\$ _____	_____	_____	_____ %	_____ %	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %

* If benefit will be received for life, please indicate "Lifetime" in space provided.

Social Security Income

1. Covered By Social Security?

(If no, proceed to Section 6, Portfolio Holdings.)

Client	Co-Client
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. If covered by Social Security, provide the required information for the method that best reflects your situation.

A) Currently Receiving Social Security

Age benefit began:

Client	Co-Client
Age Months	Age Months
_____	_____

Current monthly benefit: \$ _____

B) Use My Recent Social Security Benefit Estimate Statement

Monthly benefit at Full Retirement Age (FRA): \$ _____

Begin benefits at: (Circle one option for both client and co-client.)

a) FRA or	a) FRA or
b) At retirement or	b) At retirement or
c) At _____	c) At _____
Age Months	Age Months

C) Use Current Earned Income to Estimate

Begin benefits at: (Circle one option for both client and co-client.)

Client	Co-Client
a) FRA or	a) FRA or
b) At retirement or	b) At retirement or
c) At _____	c) At _____
Age Months	Age Months

6 Portfolio Holdings

***Stifel Holdings (Stifel accounts to include in report):**

<i>Stifel Account Number</i>	<i>Account Title</i>	<i>Owner</i>	<i>Beneficiary</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Non-Stifel Holdings (includes assets that are “linked” to Stifel accounts for statement purposes only):
— If outside statement is provided, no need to complete. —**

CASH/CASH EQUIVALENTS

	<i>Current Value</i>	<i>Cost Basis</i>	<i>Owner¹</i>	<i>Beneficiary</i>	<i>Hold?</i>
Checking	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Union	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Market	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Market	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TAXABLE/TAX-FREE ASSETS

<i>Asset Class</i> <small>(Select from below.)</small>	<i>Description</i>	<i>Current Value</i>	<i>Cost Basis</i>	<i>Owner¹</i>	<i>Beneficiary</i>	<i>Hold?</i>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹Client, Client’s Revocable Trust, Co-Client, Co-Client’s Revocable Trust, JTWRROS, Community, Tenants in Common

²If yield, growth, and total return are not provided, the assumptions on page 12 will be used.

Asset Classes

- | | | | |
|---------------------------------------|--------------------------|----------------------------|--|
| 1. Cash Equivalents | 5. Municipal Bonds | 11. Small Growth Equities | 17. Real Estate (REITs) |
| 2. T-Notes/CDs | 6. Corporate Bonds | 12. International Equities | 18. International Bonds |
| 3. Intermediate-Term Government Bonds | 7. High Yield Bonds | 13. Mid Cap Equities | 19. Emerging Equities |
| 4. Long-Term Government Bonds | 8. Large Value Equities | 14. Fixed Annuities | 20. Futures/Commodities |
| | 9. Large Growth Equities | 15. Mortgage-Backed Bonds | 21. Venture Capital/Limited Partnerships |
| | 10. Small Value Equities | 16. Balanced Funds | |

— If outside statement is provided, no need to complete. —

NON-QUALIFIED TAX-DEFERRED ANNUITIES

<i>Asset Class</i> <small>(Select from below)</small>	<i>Description</i>	<i>Account Value</i>	<i>Cost Basis</i>	<i>Owner¹</i>	<i>Beneficiary</i>	<i>Hold?</i>
		\$ _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹Client, Client's Revocable Trust, Co-Client, Co-Client's Revocable Trust, JTWRROS, Community, Tenants in Common

RETIREMENT ASSETS (QUALIFIED)

<i>Asset Class</i> <small>(Select from below)</small>	<i>Plan Type¹</i>	<i>Account Value</i>	<i>Owner</i> <i>(Client or Co-Client)</i>	<i>Beneficiary</i>	<i>Hold?</i>
		\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹Plan Type = Traditional IRA, Roth IRA, SIMPLE IRA, SEP IRA, 401(k), 403(b), 457, Profit Sharing Plan, Money Purchase Plan, etc.

²The after-tax contribution is the amount that has been contributed to the account and has already been subject to ordinary income taxes. This amount cannot be zero for Roth IRA accounts, since all contributions are after-tax.

Asset Classes

- | | | | |
|---------------------------------------|--------------------------|----------------------------|--|
| 1. Cash Equivalents | 5. Municipal Bonds | 11. Small Growth Equities | 17. Real Estate (REITs) |
| 2. T-Notes/CDs | 6. Corporate Bonds | 12. International Equities | 18. International Bonds |
| 3. Intermediate-Term Government Bonds | 7. High Yield Bonds | 13. Mid Cap Equities | 19. Emerging Equities |
| 4. Long-Term Government Bonds | 8. Large Value Equities | 14. Fixed Annuities | 20. Futures/Commodities |
| | 9. Large Growth Equities | 15. Mortgage-Backed Bonds | 21. Venture Capital/
Limited Partnerships |
| | 10. Small Value Equities | 16. Balanced Funds | |

ANNUAL SAVINGS

How much is being saved annually in taxable accounts? _____

How much is being saved annually in retirement (qualified) accounts?

<i>Plan Type</i>	<i>Owner</i> <i>(Client or Co-Client)</i>	<i>Annual Employee Contributions</i>	<i>Annual Employer Contributions</i>	<i>Contribution Increase</i>	<i>Year Contributions Begin</i>	<i>Number of Years Contributions Continue</i>
_____	_____	\$ _____	\$ _____	_____ %	_____	_____
_____	_____	\$ _____	\$ _____	_____ %	_____	_____
_____	_____	\$ _____	\$ _____	_____ %	_____	_____
_____	_____	\$ _____	\$ _____	_____ %	_____	_____

7

Personal and Miscellaneous Assets

PERSONAL ASSETS

	<i>Current Value</i>	<i>Cost Basis</i>	<i>Owner</i>	<i>Beneficiary</i>	<i>Rate of Growth (%)</i>
Primary Residence	_____	_____	_____	_____	_____
Secondary Residence	_____	_____	_____	_____	_____
Personal Property <i>(home furnishings, jewelry, clothing, etc.)</i>	_____	_____	_____	_____	_____
Collectibles <i>(antiques, artwork, etc.)</i>	_____	_____	_____	_____	_____
Automobile	_____	_____	_____	_____	_____
Automobile	_____	_____	_____	_____	_____

MISCELLANEOUS ASSETS

	<i>Current Value</i>	<i>Cost Basis</i>	<i>Owner</i>	<i>Beneficiary</i>	<i>Rate of Growth on Current Value (%)</i>
Business	_____	_____	_____	_____	_____
Liquidate to Fund Retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Liquidate at Death of? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Client</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Co-Client</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what month/year? _____ <i>month/year</i>		(Analysis assumes death in current year.)		_____	_____
Estimated after-tax proceeds? \$ _____		If yes, what month/year? _____		<i>month/year</i>	<i>month/year</i>
		Estimated after-tax proceeds? \$ _____			\$ _____

	<i>Current Value</i>	<i>Cost Basis</i>	<i>Owner</i>	<i>Beneficiary</i>	<i>Rate of Growth on Current Value (%)</i>
Rental Property	_____	_____	_____	_____	_____
Liquidate to Fund Retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Liquidate at Death of? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Client</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Co-Client</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what month/year? _____ <i>month/year</i>		(Analysis assumes death in current year.)		_____	_____
Estimated after-tax proceeds? \$ _____		If yes, what month/year? _____		<i>month/year</i>	<i>month/year</i>
		Estimated after-tax proceeds? \$ _____			\$ _____

	<i>Current Value</i>	<i>Cost Basis</i>	<i>Owner</i>	<i>Beneficiary</i>	<i>Rate of Growth on Current Value (%)</i>
Other	_____	_____	_____	_____	_____
Liquidate to Fund Retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Liquidate at Death of? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Client</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Co-Client</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what month/year? _____ <i>month/year</i>		(Analysis assumes death in current year.)		_____	_____
Estimated after-tax proceeds? \$ _____		If yes, what month/year? _____		<i>month/year</i>	<i>month/year</i>
		Estimated after-tax proceeds? \$ _____			\$ _____

	<i>Current Value (Bargain Element)</i>	<i>Owner</i>	<i>Beneficiary</i>
Employee Stock Option	\$ _____	_____	_____
Month/year to be exercised? _____ <i>month/year</i>			
Estimated after-tax proceeds? \$ _____			
If received pre-retirement, will proceeds be spent or saved? _____			



8 Liabilities

Check here if there are no liabilities to include in the analysis.

	<i>Current Balance</i>	<i>Interest Rate</i>	<i>Monthly Payment (Principal & Interest Only)</i>	<i>Responsible Party</i>		
Primary Mortgage	\$ _____	_____	_____	<input type="checkbox"/> Client	<input type="checkbox"/> Co-Client	<input type="checkbox"/> Joint
Secondary Mortgage	\$ _____	_____	_____	<input type="checkbox"/> Client	<input type="checkbox"/> Co-Client	<input type="checkbox"/> Joint
Home Equity Loan	\$ _____	_____	_____	<input type="checkbox"/> Client	<input type="checkbox"/> Co-Client	<input type="checkbox"/> Joint
Business Loan	\$ _____	_____	_____	<input type="checkbox"/> Client	<input type="checkbox"/> Co-Client	<input type="checkbox"/> Joint
Automobile Loan	\$ _____	_____	_____	<input type="checkbox"/> Client	<input type="checkbox"/> Co-Client	<input type="checkbox"/> Joint
Education Loan	\$ _____	_____	_____	<input type="checkbox"/> Client	<input type="checkbox"/> Co-Client	<input type="checkbox"/> Joint
Other: _____	\$ _____	_____	_____	<input type="checkbox"/> Client	<input type="checkbox"/> Co-Client	<input type="checkbox"/> Joint

9 Insurance

LIFE INSURANCE

Check here if there is no existing life insurance to include in the analysis.

	<i>Death Benefit</i>	<i>Current Cash Value</i>	<i>Insured</i>	<i>Owner</i>	<i>Beneficiary</i>
Cash Value Life	\$ _____	\$ _____	_____	_____	_____
<input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Variable Life					
Cash Value Life	\$ _____	\$ _____	_____	_____	_____
<input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Variable Life					
Term Life	\$ _____	\$ 0	_____	_____	_____
<i>Term Expires (Date):</i> _____					
Term Life	\$ _____	\$ 0	_____	_____	_____
<i>Term Expires (Date):</i> _____					
Joint Survivorship Life	\$ _____	\$ _____	_____	_____	_____
Other	\$ _____	\$ _____	_____	_____	_____

Would you like the cash value of the above policies included as available for retirement funding? Yes No

DISABILITY INSURANCE

Check here if there is no existing disability insurance to include in the analysis.

	<i>Insured</i>	<i>Group or Individual</i>	<i>Monthly Benefit (\$)</i>	<i>Waiting Period (Days)</i>	<i>Benefit Period</i>	<i>COLA (%)</i>
Short-Term Disability	_____	_____	_____	_____	_____	_____
Short-Term Disability	_____	_____	_____	_____	_____	_____
Long-Term Disability	_____	_____	_____	_____	_____	_____
Long-Term Disability	_____	_____	_____	_____	_____	_____

LONG-TERM CARE INSURANCE

Check here if there is no existing long-term care insurance to include in the analysis.

	<i>Insured</i>	<i>Daily Benefit (\$)</i>	<i>Waiting Period (Days)</i>	<i>Benefit Period</i>	<i>COLA (%)</i>	<i>Type of COLA (Simple or Compound)</i>
Long-Term Care	_____	_____	_____	_____	_____	_____
Long-Term Care	_____	_____	_____	_____	_____	_____

10 Estate Plan

	<i>Client</i>	<i>Co-Client</i>	<i>Comments</i>
Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Last Updated: _____
Do you have a Revocable Living Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Last Updated: _____
If so, has your trust been funded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current and Successor Trustee(s)	Current: _____		Successor: _____
Does your estate plan include a Credit Shelter Provision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your estate plan include a Marital Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your estate plan include a QTIP Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an Irrevocable Life Insurance Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Charitable Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Financial Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Medical Power of Attorney/ Health Care Directive (Living Will)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

How much does your current estate plan leave to charity? _____ \$ / %

What percentage of your estate does your current plan leave for your heirs? _____ %

Please include copies of any will or trust documents.

11 Professional Advisors

ATTORNEY

Name

Firm

Street Address

City, State, Zip Code

Telephone

ACCOUNTANT

Name

Firm

Street Address

City, State, Zip Code

Telephone

BUSINESS PARTNER

Name

Firm

Street Address

City, State, and Zip Code

Telephone



GENERAL ASSUMPTIONS

- The analysis will be run to each client's age 90. If you would prefer that the report be run to a later age, please indicate the preferred age here. _____
- Required minimum distributions will be taken from qualified tax-deferred assets at age 70 1/2.
- If cost basis is not provided, the following assumptions will be utilized: 100% of Fair Market Value (FMV) for Cash, T-Notes/CDs; 75% of FMV for fixed income investments; and 50% of FMV for equity investments.
- If a hold is not specified, it will be assumed the asset may be reallocated.
- Assumptions are subject to change.

EXPENSE WORKSHEET (OPTIONAL)

To assist you in estimating the retirement spending goal on page 3.

	<i>Monthly</i>	<i>Annual</i>		<i>Monthly</i>	<i>Annual</i>
HOUSING			INSURANCE (combined)		
• Mortgage/Rent	\$ _____	\$ _____	• Auto	\$ _____	\$ _____
• Service/Maintenance	\$ _____	\$ _____	• Home	\$ _____	\$ _____
• Dues/Fees/Misc.	\$ _____	\$ _____	• Disability	\$ _____	\$ _____
			• Mortgage	\$ _____	\$ _____
TAXES			• Business	\$ _____	\$ _____
• Federal	\$ _____	\$ _____	• Umbrella	\$ _____	\$ _____
• State	\$ _____	\$ _____	• Life	\$ _____	\$ _____
• Municipal	\$ _____	\$ _____	• Medical	\$ _____	\$ _____
• Social Security	\$ _____	\$ _____	• Dental	\$ _____	\$ _____
• Property	\$ _____	\$ _____	• Long-Term Care	\$ _____	\$ _____
UTILITIES			PROFESSIONAL		
• Electric	\$ _____	\$ _____	• Medical/Dental	\$ _____	\$ _____
• Gas	\$ _____	\$ _____	• Accountant	\$ _____	\$ _____
• Phone	\$ _____	\$ _____	• Lawyer	\$ _____	\$ _____
• Cable/Internet	\$ _____	\$ _____	• Subscriptions	\$ _____	\$ _____
• Water/Sewer	\$ _____	\$ _____	• Dues	\$ _____	\$ _____
• Other	\$ _____	\$ _____	• Domestic Help	\$ _____	\$ _____
			• Security	\$ _____	\$ _____
AUTOMOBILE (combined)			• Pets Related	\$ _____	\$ _____
• Payments	\$ _____	\$ _____	• Personal	\$ _____	\$ _____
• Fuel	\$ _____	\$ _____	• Dry Cleaning	\$ _____	\$ _____
• Service	\$ _____	\$ _____	• Other _____	\$ _____	\$ _____
• Repairs/Maintenance	\$ _____	\$ _____			
• Tolls	\$ _____	\$ _____	GIFTS		
			• Professional	\$ _____	\$ _____
FOOD EXPENSE	\$ _____	\$ _____	• Familial	\$ _____	\$ _____
			• Charitable	\$ _____	\$ _____
CLOTHING	\$ _____	\$ _____			
			SAVINGS		
ENTERTAINMENT	\$ _____	\$ _____	• Investments	\$ _____	\$ _____
			• Ret. Plans	\$ _____	\$ _____
CHILD EXPENSE (combined)			• Education	\$ _____	\$ _____
• Child/Day Care	\$ _____	\$ _____			
• Education	\$ _____	\$ _____	• Other _____	\$ _____	\$ _____
• Allowances	\$ _____	\$ _____	• Other _____	\$ _____	\$ _____
• Alimony/Support	\$ _____	\$ _____			
• Other _____	\$ _____	\$ _____	TOTAL	\$ _____	\$ _____

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