

Financial Planning Questionnaire

General Electric

Confidential

Client _____

Date _____

Advisor _____



LOUISVILLE | BOWLING GREEN | CINCINNATI | INDIANAPOLIS

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Advisory services offered through ARGI Investment Services, LLC, a Registered Investment Adviser.

GE Financial Planning Checklist

Introduction Congratulations on taking the first step toward reaching your financial goals! We do appreciate the time and effort required in completing this Financial Planning Questionnaire and have done our very best to simplify and streamline the information requested. As you complete this form, please keep in mind that the higher the quality of your inputs to us, the better the analysis and recommendations we can make back to you. If at any time you have questions, please don't hesitate to contact our office and ask to speak to your Advisor or Financial Associate.

Checklist of Documents needed:

- This completed "Financial Planning Questionnaire."
- For non-GE spouse, if employed: latest benefits statement and handbook(s).
- Copies of most recent Checking, Savings & Investment statements for all non-GE accounts owned by you or spouse. (IRA's, Roth IRA's, 401(k) plans, as well as regular "taxable" accounts).
- Insurance policies or summary of coverage statements for any non-GE Life, Disability or Long-term care (Nursing home) policies.
- Coverage summaries for your Homeowner's, Automobile and (if applicable) Personal Liability (Umbrella) policies ("declarations" pages, only—typically the first few pages of the statement.).
- Previous year's Income Tax Return including all schedules.
- Copies of Mortgage and/or Home Equity notes.
- Copies of your legal documents (Wills, Pre-nuptial agreements, Divorce decrees, or Qualified Domestic Relationship Orders (QDRO'S).
- Social Security estimates from www.ssa.gov > click "Retirement" tab (top left), then "Estimate your Social Security retirement benefits" link (right). *Takes approximately two minutes to complete. Print page that reads "Your Retirement Benefit Estimate".*

****As part of your complementary Benefits Review, we will print out the required GE documents Needed, at our first meeting (from benefits.ge.com). You don't need to print these!***

- Most recent paystub(s) - benefits.ge.com: *Quick Links (left column), choose "Pay Summary".*
- GE Pension Projection.
- S&SP statement from www.fidelity.com:
- Fidelity (877-554-3777) for S&SP:*
 - a) In-Service withdrawal amount available (for rollover to IRA)
 - b) Your cost basis in your GE stock, expressed in average cost per share
 - c) After-tax contributions you have made (if any) to your S&SP plan.
- GE Stock options, Restricted Stock Awards, Deferred Salary or Deferred IC Executive Compensation tab>My Long Term Incentive Plan).

Personal / Family Data

Client

Spouse

Name		
Home Address		
City, State, Zip		
Home Phone		
Cell Phone		
E-mail		
Date of Birth		
Occupation		
Employer Name		
Employer Address		
City, State, Zip		
Business Phone		
Date of Hire		
Committees / Boards you you serve on		
If Self-Employed: Business Structure / Tax status		
Wedding Anniversary Date		
Favorite Restaurant		
Hobbies / Activities		

Dependents & Education Goals:

	1st Child	2nd Child	3rd Child	4th Child
Child's Name				
Date of Birth				
Current School Grade				
College Choice*				
Investments for College**				
Investments for College**				

* Enter school name, or write "Public" or "Private" followed by IS (In-state) or OS (Out-of-state) and we will use current average college costs.

** List accounts currently earmarked to fund education goals. If more space is needed, continue on page 4 at "Cash and Non Retirement Plan Accounts".

Personal Assets

Personal Assets:

Description	Owner			Current Value
Primary Residence	<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	\$ _____
Vacation / Second Home	<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	\$ _____
Vehicle #1 _____	<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	\$ _____
Vehicle #2 _____	<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	\$ _____
Vehicle #3 _____	<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	\$ _____
Furnishings	<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	\$ _____
Other: _____	<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	\$ _____
Other: _____	<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	\$ _____
Other: _____	<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	\$ _____

Rental Properties:

	Property 1	Property 2	Property 3	Property 4
Name of Property / Asset	_____	_____	_____	_____
Type of Asset	_____	_____	_____	_____
Current Estimated Value	\$ _____	\$ _____	\$ _____	\$ _____
Owner (<i>Client, Spouse, Joint</i>)	_____	_____	_____	_____
Current Cost Basis	\$ _____	\$ _____	\$ _____	\$ _____
Annual Growth Rate Assumption	_____ %	_____ %	_____ %	_____ %
Use to Fund Retirement?	<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
<i>If Yes to above:</i>				
Sell at Retirement and Invest Gains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold to Produce Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Gross Income	\$ _____	\$ _____	\$ _____	\$ _____
Mortgage Rate	_____ %	_____ %	_____ %	_____ %
Original Mortgage Amount	\$ _____	\$ _____	\$ _____	\$ _____
Mortgage Balance	\$ _____	\$ _____	\$ _____	\$ _____
Annual Mortgage Payment	\$ _____	\$ _____	\$ _____	\$ _____

Liabilities

<u>Description:</u>	Interest Rate	Current Balance	Original Balance	Original Term	Monthly Payment
Primary Mortgage	_____ %	\$ _____	\$ _____	_____	\$ _____
Other Mortgage	_____ %	\$ _____	\$ _____	_____	\$ _____
					<i>Includes escrows?</i> <input type="checkbox"/>
					\$ _____
					<i>Includes escrows?</i> <input type="checkbox"/>
					\$ _____
Home Equity Loan	_____ %	\$ _____	\$ _____	_____	\$ _____
Vehicle #1 _____	_____ %	\$ _____	\$ _____	_____	\$ _____
Vehicle #2 _____	_____ %	\$ _____	\$ _____	_____	\$ _____
Vehicle #3 _____	_____ %	\$ _____	\$ _____	_____	\$ _____

Consumer Credit:

_____	_____ %	\$ _____	\$ _____	_____	\$ _____
_____	_____ %	\$ _____	\$ _____	_____	\$ _____
_____	_____ %	\$ _____	\$ _____	_____	\$ _____
_____	_____ %	\$ _____	\$ _____	_____	\$ _____
_____	_____ %	\$ _____	\$ _____	_____	\$ _____
_____	_____ %	\$ _____	\$ _____	_____	\$ _____

Personal Loans:

(Student Loans, Installment Loans, Other)

_____	_____ %	\$ _____	\$ _____	_____	\$ _____
_____	_____ %	\$ _____	\$ _____	_____	\$ _____
_____	_____ %	\$ _____	\$ _____	_____	\$ _____
_____	_____ %	\$ _____	\$ _____	_____	\$ _____

Investment Loans:

(401(k) or Money Purchase Plan Loans, Margin Loans)

_____	_____ %	\$ _____	\$ _____	_____	\$ _____
_____	_____ %	\$ _____	\$ _____	_____	\$ _____
_____	_____ %	\$ _____	\$ _____	_____	\$ _____

Income

Current Income:

	<u>Client</u>		<u>Spouse</u>		Start Date (if applicable)	End Date
	Amount	Frequency	Amount	Frequency		
Salary / Wages (gross)	\$ _____	_____	\$ _____	_____	_____	_____
Bonus (gross)	\$ _____	_____	\$ _____	_____	_____	_____
Incentive Comp (gross)	\$ _____	_____	\$ _____	_____	_____	_____
<i>GE Employees only:</i>	Do you defer IC? Yes _____%		Do you defer IC? Yes _____%			
Self-Employment <i>(net reported on 1040)</i>	\$ _____	_____	\$ _____	_____	_____	_____
Alimony	\$ _____	_____	\$ _____	_____	_____	_____
Child Support	\$ _____	_____	\$ _____	_____	_____	_____
IRA Distributions	\$ _____	_____	\$ _____	_____	_____	_____
Annuity Income	\$ _____	_____	\$ _____	_____	_____	_____

Projected Retirement Income:

	<u>Client</u>	<u>Spouse</u>
Are you entitled to Social Security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving Social Security benefits now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to above, what is the gross monthly amount?	\$ _____	\$ _____
 List any <u>Non GE pensions</u> you are currently receiving or will be entitled to: <i>(Provide company projections or calculation formulas, if available)</i>		
Amount (annually)	\$ _____	\$ _____
Payer (company providing pension)	_____	_____
Cost-of-living adjustment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Survivor pension for spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What % survivorship?	_____%	_____%
Payable for life?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No to above, what is the end date?	_____	_____

Expenses

1) **Average *after-tax* Monthly spending** (Including debt payments separately reported) \$ _____
 (Do NOT include payroll deducted items, taxes, or systematic savings to retirement/Investment accounts)

Temporary expenses - List any "temporary expenses" included in Average Monthly Spending, above.
 (Example: college costs for 2 more years)

_____ \$ _____/month How long? _____
 _____ \$ _____/month How long? _____

2) **Please estimate how much of your average monthly income remains after all expenses are paid
 And systematic savings made?** \$ _____/month

Shall we assume you spend or save this "discretionary" income? Spend Save

OPTIONAL—IF YOU WISH TO ITEMIZE EXPENSES, FOLLOWING ARE COMMON EXPENSE CATEGORIES:

Rent (disregard if mortgage listed)	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Real Estate Taxes	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Homeowner's Insurance	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Personal Liability / Umbrella Policy	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Home Repair / Improvements	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Cable / Internet	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Telephone / Cell Phone	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Utilities (electric, gas, water)	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Lawn Care (mowing, landscaping, snow removal)	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Vehicle Taxes	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Food / Groceries	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Clothing / Personal Shopping	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Medical Premiums	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Medical Co Pays / Prescriptions	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Auto Expense (gas, maintenance)	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Car / Boat / Motorcycle Insurance Premiums	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Personal (hair, nails, dry cleaning)	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Pet Care (grooming, medical)	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Dining Out / Work Lunches	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Entertainment /Hobbies	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Personal Travel / Vacations	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Gifts to Family / Friends	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Gifts to Charities	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Child Care	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Current Tuition Payments	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
Other: _____	\$ _____ per:	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year

Insurance Policies

Life Insurance:

Policy Name	Type*	Insured	Beneficiary	Annual Premium	Coverage Amount
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

*Type - (Term=T), (Whole Life=WL), (Universal Life=UL), (Variable Universal Life =VUL), (Second to Die= V2D)

Disability Insurance:

Policy Name	Insured	Monthly Benefit	Annual Premium	Paid By:	
				Employer	You
_____	_____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Long-Term Care Insurance:

Policy Name	Insured	Daily Benefit	Annual Premium
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Insurance Interview Questions:

	Client	Spouse
Do you use tobacco products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For purposes of "price shopping" your various policies, are there any health conditions that might affect your health / life insurance rating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Detail (for questions above)

Goals & Estate Planning

Retirement Goals:

Desired Retirement Age: Client: _____ Spouse: _____

If known, what is your expected retirement date? Client: _____ Spouse: _____

Desired After-Tax Monthly Retirement Income: Same as Today's ____% Higher ____% Lower
(Inflation adjusted)

Specific Goals for Retirement

Please describe briefly, your ideal retirement and list any goals, expenses, and/or purchases you want to plan for during retirement. Examples: (Travel \$10,000/year) or (\$250,000 for 2nd home in Florida)

Inheritances or Trusts:

(only if you want to count on receiving)

Recipient	Amount	Taxable	Lump Sum or Annual	Start Year	End Year	Owner
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse

Estate Planning Questions:

	Client	Spouse
Have you been divorced? <i>(if so please provide a copy of the divorce agreement)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Pre-nuptial agreement? <i>(if so please provide a copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Durable Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Living Will or Health Care Directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any Trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently gift to any Family / Friends / Charities? <i>(if so please provide details below)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Detail
(for questions above) _____

Risk Tolerance Questionnaire

1. What is your age range (or average age, if married)?

- A. Age 70 or older
- B. Age 60 to 69
- C. Age 50-59
- D. Age 40-49
- E. Under 40

2. What is your estimated level of retirement assets, currently?

- A. Less than \$50,000
- B. \$50,000 to \$99,000
- C. \$100,000 to \$249,000
- D. \$250,000 to \$499,000
- E. Over \$500,000

3. Over the next several years, do you expect household income to:

- A. Decrease substantially
- B. Decrease moderately
- C. Stay about the same
- D. Grow moderately
- E. Grow substantially

4. What is your current cash reserve level (checking, savings, or money market funds not earmarked for a specific goal)?

- A. No cash reserves at all
- B. Enough to cover 1-2 months of household expenses
- C. Enough to cover 3-6 months of household expenses
- D. Enough to cover 6-12 months of household expenses
- E. Enough to cover over 12 months of household expenses

5. What is your estimate for the timeframe before you will need to begin withdrawing income from your investment portfolio?

- A. I/ we currently need to make periodic withdrawals
- B. Less than 3 years
- C. Within 3-5 years
- D. Within 6-15 years
- E. Over 15 years

6. Please rank your understanding and comfort level in regards to investing in the stock market.

- A. No experience and no comfort level in investing in stocks
- B. Some experience, but low level of comfort in investing in stock market
- C. Some experience, and am interested in investing in the stock market
- D. Reasonable experience and comfort level with the stock market
- E. Extensive background and understanding of the stock market

7. Please choose the selection that most closely fits the goal for your investment portfolio.

- A. *Security*– The safety of my capital is my overriding goal.
- B. *Inflation Protection*– While I do want my portfolio to grow, I'm uncomfortable with fluctuating returns.
- C. *Growth & Security*– I want a balance between growth and safety and am willing to accept a low to moderate level of fluctuation between losses and gains.
- D. *Growth*– I'm primarily interested in growth and less concerned about fluctuating returns.
- E. *Maximum Growth*– My objective is maximum growth over the long term and I understand that this could entail considerable volatility (ups and downs of 25% or more).

Risk Tolerance Questionnaire

8. When you retire what additional sources (outside of investments) of income do you believe you will receive?

- A. None
- B. Only Social Security
- C. Social Security plus pension(s) should replace roughly 30% of Household Gross Income
- D. Social Security plus pension(s) should replace roughly 50% of Household Gross Income
- E. Social Security plus pension(s) should replace roughly 70% or more of Household Gross income

9. Which of these portfolios would you most likely invest in (gains/ losses over a one year time span):

- A. Portfolio A– Earns an investment return of either: 5% gain or 0% loss
- B. Portfolio B– Earns an investment return of either: 15% gain or 5% loss
- C. Portfolio C– Earns an investment return of either: 25% gain or 10% loss
- D. Portfolio D– Earns an investment return of either: 40% gain or 15% loss
- E. Portfolio E– Earns an investment return of either: 50% gain or 25% loss

10. If you made a long –term investment of \$100,000, how much of a loss in a single year would you likely withstand before selling?

- A. No more than 10% maximum. Preserving close to my initial investment is important to me.
- B. As much as 15% maximum. I prefer to grow my account slowly and steadily even if it means foregoing higher potential return.
- C. Would possibly sell if losses reached 20-25%. I do understand the relationship between risk and reward (higher risk required to possibly attain above average market returns), but am uncomfortable with this much volatility.
- D. I would not sell my investments. I can tolerate substantial fluctuation in order to attain maximum potential return on my investment.
- E. I would not sell my investments, but instead take advantage of an extreme down market by investing as much as I could reasonable spare from cash flow or other liquid assets.

Risk Tolerance Questionnaire

Scoring Key for Portfolio Determination

Please count how many questions you answered with each corresponding letter and total each in the blanks below. Then multiply by either 1-5 as shown below and calculate your score. Once you have your score look in the right hand column for the portfolio that is designed to meet your investment objectives.

Score Chart

A _____ * 1 = _____

B _____ * 2 = _____

C _____ * 3 = _____

D _____ * 4 = _____

E _____ * 5 = _____

Total _____

Model Portfolios

15 or less – Conservative Income

16-20 – Moderate Income

21-25 – Growth and Income

26-30 – Conservative Growth

31-35 – Moderate Growth

36 or more – Aggressive Growth

Choose one Management Style preference as described below.

Active
Passive
Blend

Active Investment Management

Active management is an attempt to outperform a particular benchmark or index. Money managers attempt to use prevailing market trends, the economy, political and other current events, and company-specific factors to select investments they believe will perform better than the benchmark index. Active managers believe the markets or their relevant indexes can be outperformed, and higher returns can be achieved by taking into consideration certain irregularities.

Passive Investment Management

Passive investment management is an investment strategy that seeks to match or “track” – rather than outperform- an index by holding a statistically representative sample of the index.

Blend Investment Management

Blend investment management is a combination of passive and active management styles. The blend approach is built on the belief that active and passive investment strategies often viewed as an either or proposition, can work well together. The “core” blend portfolios consist of widely diversified index-based or passive products. These passive portfolios are combined with actively managed products, carefully chosen to represent certain market segments.

No investment strategy can ensure a profit or prevent a loss. Past performance is not indicative of future results.
Investment decisions should be based on your individual goals, time horizon and risk tolerance.



Plan Your Future. Live Your Life.

What does YOUR BUCKET LIST look like?

What have you always wanted to do? Where have you always wanted to visit?

What would you like to accomplish before the end of your life journey?

A large, light blue bucket with a handle is centered on the page. The bucket is rendered in a sketchy, artistic style. Overlaid on the bucket and extending across the page are ten horizontal black lines, intended for writing a bucket list.
