Central Financial Group

Analysis & Strategies Booklet

Rep Name
Approved Title
Contact Info

Insert Reps Letterhead Disclosure Here

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Dear Valued Client,

Thank you for allowing me the opportunity to be of service. I have positioned my practice to assist you in taking advantage of Long-Term Planning Strategies that will enable you to prepare for the future while maximizing your options.

You will find that advanced planning is a life long process not a one time event. Therefore, my goal is to build a long-term positive relationship with my clients.

Throughout the years I have built a network with other professionals such as Attorneys, CPA's and TPA's throughout the country who assist me in drafting documents and implementing tax strategies that will best meet your own particular circumstance.

In every situation my intent is to use the current strategies available in today's marketplace that will enable me to help my clients meet their needs, goals and objectives.

Thank you,

Reps Name and Signature

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Business Owner Planning Needs

Below is a list of concerns that may be of interest to you. Please indicate the level of importance of each item with a check mark.

Business Concerns	High	Medium	Low
Business Succession Planning	______	______	______
Key Employee Planning	______	______	______
Executive Benefit Planning	______	______	______
Estate Concerns			
Planning Estate Distribution	______	______	______
Estate Tax Planning	______	______	______
Charitable Planning	______	______	______
Survivorship Needs Planning	______	______	______
Retirement Concerns			
Planning for Your Retirement	______	______	______
Qualified Retirement Plans	______	______	______
Traditional IRA/Roth IRA	______	______	______
Investment Risk Analysis	______	______	______
Other			
Long-Term Care Planning	______	______	______
Education Planning	______	______	______
Disability Income Planning	______	______	______
Life Insurance Planning	______	______	______

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Business Assets

Business/Firm name or description: ____

Address: ____

Owner: _____ You ______ Your Spouse ______ Joint w/Spouse ______ Other

Cost: $______________________ Fair market value of the shared owned: $______________________

Annual Income other than salary from the business: $_____________________________

Estimated annual growth rate for the next 10 years: ___________%

What do you want to happen to this business/farm:

If you are disabled? ____

At your retirement? ____

At your death? ____

Does this business or farm qualify as a family business? ______ yes ______ no (see rules below)

The average income and growth of this business is a result of fluctuations due to market conditions. Please characterize the fluctuations of this business: ______ Almost none ______ Slight ______ Some ______ Large ______Significant ______ No Fluctuation

Family Business Rules

These are special tax considerations for businesses that are classified as a family business.

Here are the requirements for classification as a family business:

1. The business has operated in five of the last eight years.
2. The value of the business is more than 50% of your estate.
3. Family members own over 50% of the business.
4. A family member will inherit the business.

These are just general rules for consideration as a family business. Additional rules apply when two or three families own the majority of the business. Consult your attorney or tax advisor for further information on family business treatment.

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Agenda for Discussion

List of Planning Objectives	*Level of Importance*		
	High	**Medium**	**Low**
1. Getting the estate in order	______	______	______
2. Probate avoidance	______	______	______
3. Death tax reduction	______	______	______
4. Care of children after death	______	______	______
5. Transferring the business	______	______	______
6. Providing sufficient cash flow	______	______	______
7. Covering risk exposure	______	______	______
8. Retirement Planning	______	______	______

Specific Areas Which Need Current Review

1. Present wills and trust ______
2. Insurance program ______
3. Current Investments ______
4. Fringe benefit package ______
3. Business agreements ______

6. Gifting program ______
7. Disability income ______
8. Long term care ______
9. ______________________
10. ______________________

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Personal Information

Full Name: First ____________________ Middle ____________________ Last ____________________

What name do you prefer to be called? _________________________ Sex: Male ______ Female ______

Date of birth: ___________________ Citizenship: US ______ Resident Alien ______ Non-Resident Alien ______

Are you married? Yes ______ No ______

Spouse's full name: First _______________ Middle ___________________ Last ____________________

What name does your spouse prefer to be called? _______________________ Sex: Male ______ Female ______

Date of birth: ___________________ Citizenship: US ______ Resident Alien ______ Non-Resident Alien ______

Principal Residence

Address: ____

City: ____________________________________ State: _________________ Zip Code: _____________________

Home Phone: _______________________ Business Phone: ______________________ Extension: _____________

E-mail: ____

How would you prefer to be contacted? Home Phone ______ Business Phone ______ E-mail ______

What is the best time to contact you? ___________________________________ am ______ pm _______

Financial Professionals

Insurance Agent: _________________________________ Phone: ________________ Ext.: _____

CPA or Accountant: _________________________________ Phone: ________________ Ext.: _____

Attorney: _________________________________ Phone: ________________ Ext.: _____

Broker: _________________________________ Phone: ________________ Ext.: _____

Other Advisor: _________________________________ Phone: ________________ Ext.: _____

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Dependents

1. ***Full Name:*** First ____________________ Middle ____________________ Last ____________________

Date of birth: _______________________

Estimated educational cost per year: $____________________ Starting in year ________ for _______ years

Special needs per year: $______________________________ Starting in year ________ for _______ years

2. ***Full Name:*** First ____________________ Middle ____________________ Last ____________________

Date of birth: _______________________

Estimated educational cost per year: $____________________ Starting in year ________ for _______ years

Special needs per year: $______________________________ Starting in year ________ for _______ years

3. ***Full Name:*** First ____________________ Middle ____________________ Last ____________________

Date of birth: _______________________

Estimated educational cost per year: $____________________ Starting in year ________ for _______ years

Special needs per year: $______________________________ Starting in year ________ for _______ years

4. ***Full Name:*** First ____________________ Middle ____________________ Last ____________________

Date of birth: _______________________

Estimated educational cost per year: $____________________ Starting in year ________ for _______ years

Special needs per year: $______________________________ Starting in year ________ for _______ years

Other Beneficiaries

Full name: ____ Date of birth: _______________

Full name: ____ Date of birth: _______________

Full name: ____ Date of birth: _______________

Full name: ____ Date of birth: _______________

Any special concerns, needs, or arrangements to consider for your children, grandchildren, or others?

____

____

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Retirement Planning

You:

At what age do you plan to retire? ______________________

Will you qualify for Social Security retirement benefits? ______ yes ______ no

At what age would you expect to begin receiving Social Security retirement benefits? ________________

Your Spouse:

At what age do you plan to retire? ______________________

Will you qualify for Social Security retirement benefits? ______ yes ______ no

At what age would you expect to begin receiving Social Security retirement benefits? ________________

Salary

Your Salary:

Employer: ____

Current annual salary: $______________________ For how many more years? _______________

Assume annual increases in your salary? ______ yes ______ no Average annual increase: __________%

Will it continue to be paid at your death? ______ yes ______ no If yes, how many years? _________

Your Spouses Salary:

Employer: ____

Current annual salary: $______________________ For how many more years? _______________

Assume annual increases in your salary? ______ yes ______ no Average annual increase: __________%

Will it continue to be paid at your death? ______ yes ______ no If yes, how many years? _________

Notes (if not typical of past or future salaries, please explain): ____

____

____

____

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Life Insurance Policies

1. Insured: ______________________________ Company name or description: ______________________

   Owner: You ______ Your Spouse ______ Joint w/Spouse ______

   Community Property ______ Trust ______ Other ______

   Beneficiary: ______________________________ Relationship: ____________________

   Face Amount: $______________ Cash Value: $________________ Planned annual premium: $______________

2. Insured: ______________________________ Company name or description: ______________________

   Owner: You ______ Your Spouse ______ Joint w/Spouse ______

   Community Property ______ Trust ______ Other ______

   Beneficiary: ______________________________ Relationship: ____________________

   Face Amount: $______________ Cash Value: $________________ Planned annual premium: $______________

3. Insured: ______________________________ Company name or description: ______________________

   Owner: You ______ Your Spouse ______ Joint w/Spouse ______

   Community Property ______ Trust ______ Other ______

   Beneficiary: ______________________________ Relationship: ____________________

   Face Amount: $______________ Cash Value: $________________ Planned annual premium: $______________

4. Insured: ______________________________ Company name or description: ______________________

   Owner: You ______ Your Spouse ______ Joint w/Spouse ______

   Community Property ______ Trust ______ Other ______

   Beneficiary: ______________________________ Relationship: ____________________

   Face Amount: $______________ Cash Value: $________________

   Planned annual premium: $______________

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Disability Income Insurance

1. Policy or memo: ______________________________________ Insured: _________________________

Annual Premium: $____________________ Monthly Benefit: $______________ or percent of salary ______%

Elimination period: ______ 30 days ______ 90 days ______ 180 days ______ 365 days

Benefit period: ______ 2 years ______ 5 years ______ Age 65 ______ Life COLA: ______%

2. Policy or memo: ______________________________________ Insured: _________________________

Annual Premium: $____________________ Monthly Benefit: $______________ or percent of salary ______%

Elimination period: ______ 30 days ______ 90 days ______ 180 days ______ 365 days

Benefit period: ______ 2 years ______ 5 years ______ Age 65 ______ Life COLA: ______%

Long Term Care Insurance

1. Policy or memo: ______________________________________ Insured: _________________________

Annual Premium: $____________________ Monthly Benefit: $______________ or percent of salary ______%

Elimination period: ______ 30 days ______ 90 days ______ 180 days ______ 365 days

Benefit period: ______ 2 years ______ 5 years ______ Age 65 ______ Life COLA: ______%

Other benefits: ____

Benefits include: ______ Nursing home benefits ______ Home health care benefits

2. Policy or memo: ______________________________________ Insured: _________________________

Annual Premium: $____________________ Monthly Benefit: $______________ or percent of salary ______%

Elimination period: ______ 30 days ______ 90 days ______ 180 days ______ 365 days

Benefit period: ______ 2 years ______ 5 years ______ Age 65 ______ Life COLA: ______%

Other benefits: ____

Benefits include: ______ Nursing home benefits ______ Home health care benefits

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Your Prior Planning

You:

Do you have a will? ______ yes ______ no

If yes:

Charitable bequest: $___________________ Bequest to persons other than surviving spouse: $__________________

What does the will do with the remaining estate after the above are considered?

______ Leaves everything to the surviving spouse, otherwise to children

______ Leaves everything to children, grandchildren or others

______ Uses trust to take advantage of the applicable credit amount (Often called Martial/Family or A-B Trusts)

______ Tried to use the applicable credit amount without a trust remainder to spouse

______ Leaves everything to someone other than surviving spouse

Notes: ____

Your Spouse:

Do you have a will? ______ yes ______ no

If yes:

Charitable bequest: $___________________ Bequest to persons other than surviving spouse: $__________________

What does the will do with the remaining estate after the above are considered?

______ Leaves everything to the surviving spouse, otherwise to children

______ Leaves everything to children, grandchildren or others

______ Uses trust to take advantage of the applicable credit amount (Often called Martial/Family or A-B Trusts)

______ Tried to use the applicable credit amount without a trust remainder to spouse

______ Leaves everything to someone other than surviving spouse

Notes: ____

Prior Gifts

Have you made any gifts that required filing a gift tax return? ______ yes ______ no

Total of these gifts: $__________________ Total taxes paid on these gifts: $____________________

Has your spouse made any gifts that required filing a gift tax return? ______ yes ______ no

Total of these gifts: $__________________ Total taxes paid on these gifts: $____________________

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Assets and Liabilities

Residence, Real Estate, Securities, Annuities, Retirement Plans

Assets

Type/Name	Owner(s)	Market Value	Rate of Return	Current Liability	Monthly Pay off	Equity Value
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
RETIREMENT PLAN ASSETS						
16.						
17.						
18.						
19.						
20.						
TOTAL VALUES						

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Comments

Please list any other items to be considered or explain any prior answers. Be sure to include special expenses, specific needs, existing agreements, expected inheritances, existing trust, and special bequest.

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Dear Valued Client,

Advanced long-term Estate Planning is much like a chess match. The pieces are your assets. You and your family win by keeping as many pieces as possible.

With proper planning and guidance your heirs and charities keep the assets for their use and enjoyment. My job is to assist you, your family and/or business along with your attorney and CPA in retaining as many of these assets as possible.

This endeavor will be a process. It will be a pleasure assisting you with these most important concepts. In order to help it is very important that I understand your assets, cash flow, and legal positions so as to suggest strategies that best meet your needs.

The items needed for our next meeting include the following:

- Personal Financial Statements with current market value, cost basis, and liability for each asset. We can develop this together if you don't have one.
- Latest Brokerage Statements
- Wills and/or Trusts
- Personal and Business Tax Returns for the past 2 years
- Business agreements (buy/sell, partnership, etc.)
- Latest annual business financial statements
- Pension, Profit Sharing, and other benefit information
- Insurance Policies (life, disability, long-term care, etc.)

I will be happy to assist you in gathering this information and make copies of these documents, if this is more convenient for you. If my office may be of further assistance, please give us a call.

Thank you,

Rep Name and Signature

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Our Mission

To help clients prosper and achieve financial security by delivering quality products and services with the highest levels of professionalism and integrity.

Our Focus

To provide a wide range of personalized services and strategies designed to protect and enhance our clients' wealth, including:

- Professional financial guidance
- Key business strategies
- Retirement plans and services
- Estate conservation
- Efficient wealth transfer