

CONCERNS BROCHURE

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BRACKENS

FINANCIAL SOLUTIONS NETWORK



THE SIX CORNERSTONES OF FINANCIAL PLANNING

Cash Reserves
Emergency and Opportunity
Income and Expenses

CASH FLOW / DEBT MANAGEMENT

RISK MANAGEMENT

Life Insurance Long Term Care
Disability Insurance Health Insurance

Income Sustainability through
Retirement

RETIREMENT PLANNING

TAX PLANNING

Tax Strategies*

401k 529 Mutual
IRA Education Funds,
Roth IRA Plans stocks,
Annuities Employee bonds, etc.
Benefits

WEALTH ACCUMULATION

ESTATE PLANNING

Generational Wealth Transfer
Wills/Trusts Review*

*Brackens Financial Solutions Network, LLC does not provide tax or legal advice. Please consult your tax advisor or attorney for such guidance. LPL Financial Representatives offer access to Trust Services through The Private Trust Company N.A., an affiliate of LPL Financial.



Confidential Personal Information

Thank you for taking an interest in filling out our Concerns Brochure. Kindly fill out the requested information below. **Be sure to save all your changes before closing the document.**

Name (A): _____ Name (B): _____
Occupation: _____ Occupation: _____
Date of Birth: _____ Date of Birth: _____
Email: _____ Email: _____
Mobile Phone (A): _____ Mobile Phone (B): _____
Home Phone: _____
Address: _____
Do you have dependents? (Y/N): _____ Live with you? (Y/N): _____
Best days and times for meetings: _____
How did you find out about us? _____
Name of referrer: _____

Retirement Concerns

Check the appropriate box:

HOW CONCERNED ARE YOU ABOUT:

| | High | Low |
|---|------|-----|
| Having enough money to enjoy a comfortable retirement? | | |
| Knowing how much income your current retirement programs can provide? | | |
| Knowing if you will run out of money during retirement? | | |
| Knowing how inflation impacts your dollar's buying power during retirement? | | |
| Maximizing available tax benefits on your savings and investments? | | |
| Reducing taxation on your retirement income, either now or in the future? | | |
| Long-term care expenses (yours or your parents) depleting your savings? | | |

| | Yes | No |
|---|-----|----|
| Do you have a company provided retirement plan? | | |
| Does your spouse have a company provided retirement plan? | | |
| Are you satisfied with your mix of investments and/or returns? | | |
| Do you have a target age for retirement in mind? | | |
| Do you intend to maintain your lifestyle during retirement? | | |
| Have you had a retirement analysis completed recently? | | |
| Are you interested in having a retirement analysis completed? | | |
| Do you have long-term care insurance on yourself or your parents? | | |



Other Savings Concerns

Check the appropriate box:

| HOW CONCERNED ARE YOU ABOUT: | High | Low |
|---|------|-----|
| Starting additional personal savings programs? | | |
| Paying for your children's education? | | |
| Knowing what college costs are projected to be in the future? | | |
| Saving money to buy a business? | | |
| Accumulating funds for any other special needs? | | |
| Planning for Long Term Care for you and your spouse? | | |
| Planning for Long Term Care for your parents? | | |
| Having Investment Property? | | |
| Having a Vacation/Retirement Home? | | |
| Other: | | |
| | | |

Wealth Preservation Concerns

Check the appropriate box:

| HOW CONCERNED ARE YOU ABOUT: | High | Low |
|--|------|-----|
| Having an up-to-date will? | | |
| Learning more about estate conservation tax reduction strategies? | | |
| Knowing how to transfer assets to your heirs without incurring probate delays/costs? | | |

| | Yes | No |
|--|-----|----|
| Are you expecting an inheritance that concerns you or your spouse? | | |
| Do you have a gifting program in place to reduce the size of your estate? | | |
| Are you making, or do you plan to make any charitable bequests in your will? | | |
| Do you work with a board-certified tax attorney (J.D./LLM)? | | |

Income Protection Concerns

Check the appropriate box:

| HOW CONCERNED ARE YOU ABOUT PROVIDING FUNDS SOURCE TO: | High | Low |
|--|------|-----|
| Replace you or your spouse's income in the event of death? | | |
| Continue receiving your income in the event of a disability? | | |
| Pay off your mortgage in the event of death? | | |
| Pay for Final Expenses? | | |

WOULD YOU BE INTERESTED IN HAVING:

| | Yes | No |
|--|-----|----|
| An income protection analysis completed (funds needed in the event of disability)? | | |
| A survivorship income analysis completed (fund needed in the event of death)? | | |

| | Name (A) | Name (B) |
|---|----------|----------|
| Does your company provide group term life insurance? | | |
| Does your company provide a group disability income program? | | |
| Are you familiar with the rules concerning taxation of disability benefits? | | |
| Has a professional reviewed your company provided benefits recently? | | |

Planning Concerns*

Check the appropriate box.

| | Yes | No |
|--|-----|----|
| Have you completed a financial plan recently? | | |
| Are you interested in having a financial plan completed (updated)? | | |
| Would you pay a fee for a financial plan if your circumstances merited it? | | |
| Does a CPA prepare your income tax return? | | |
| Do you meet with a CPA annually to do income tax planning? | | |
| Do you have a child or a dependent with special needs? | | |

Confidential Financial Information

Gross Annual Income:

Name (A): \$ _____

Name (B): \$ _____

Total Assets: (Excluding residence)

| | |
|-----------------------|--|
| Under \$50,000 | |
| \$50,000-\$200,000 | |
| \$200,000-\$600,000 | |
| \$600,000-\$1,000,000 | |
| \$1,000,000 & over | |

Total Liabilities: (Excluding mortgage)

| | |
|-----------------------|--|
| Under \$50,000 | |
| \$50,000-\$200,000 | |
| \$200,000-\$600,000 | |
| \$600,000-\$1,000,000 | |
| \$1,000,000 & over | |

Residence Value: (If owned)

Value: _____

Mortgage: _____

Monthly Payment: _____

Interest Rate: _____

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Insurance Information

Total Life Insurance:

| | Name (A) | Name (B) |
|-----------------------|----------|----------|
| NONE | | |
| Under \$250,000 | | |
| \$250,000-\$500,000 | | |
| \$500,000-\$1,000,000 | | |
| \$1,000,000 & over | | |

How was your life insurance protection amount calculated: (Check all that apply)

| | |
|---|--|
| No formal calculation was used | |
| An outstanding mortgage balance | |
| Funds required to replace earnings | |
| Funds to pay children's educational costs | |
| Funds to offset anticipated estate taxes | |

Present Finance (Check those you currently own)

| | |
|--|--|
| Term Life Insurance with No Cash Value | |
| Cash Value Life Insurance | |
| CDs and/or Money Market Accounts | |
| College Funding / 529 Plans | |
| Mutual Funds | |
| Real Estate (other than residence) | |
| Annuities | |

| | |
|-------------------------------|--|
| Stock and Bonds | |
| US Government Bonds | |
| IRA - Traditional | |
| IRA - Roth | |
| 401K / Salary Saving | |
| Pension / Profit Sharing Plan | |
| Other | |

Do you Currently Own:

Long-term care insurance policy (yourself) _____

Long-term care insurance policy (your parents) _____

| Notes |
|-------|
| |



Confidential Business Owner Information

Name of Business: _____

Type of Business (LLC, S-Corp, etc.): _____

| Owners: | Name | Percentage |
|---------|-------|------------|
| | _____ | _____ % |
| | _____ | _____ % |
| | _____ | _____ % |
| | _____ | _____ % |
| | _____ | _____ % |

Business Owner

Please rate how important the following concerns are to you.

| HOW CONCERNED ARE YOU ABOUT: | High | Low |
|--|------|-----|
| Business Continuity? | | |
| Key Employee Coverage? | | |
| Employee Benefits Planning? | | |
| Evaluating or beginning a company retirement plan? | | |
| Estimating your startup costs? | | |
| Determining financing needs? | | |
| Protecting Intellectual property rights? | | |

Notes

