



APT Financial Lifecycle® Planning Process

Personal Information

Name

Name

Address

Address

Email

Email

Date of Birth

Date of Birth

Total Annual Income

Marital Status: Single/Married/Partners/Other

Accumulation Phase

Account Summary

Brokerage/Bank Account Name	Current Balance	Tax Status (T, D, E)*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* taxable, deferred, exempt

Accumualtion Phase (cont.)

Retirement Plans (IRAs, 401ks, other retirement plans)

Custodian Name	Current Balance	Plan Type (IRA, 401k, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other assets: such as home, business assets, rental property, autos, etc.

Description	Current Value	Owner
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Liabilities: debts, mortgages, loans, credit card balances, etc.

Note Holder	Balance Remaining	Monthly Payment	Int Rate %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Insurance: list all types (i.e. term, whole, long term care, etc.)

Company	Type/Name of Insured	Face Value	Premium
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Securities offered through LPL Financial, Member FINRA/SIPC. Investment advice offered through Wealthcare Advisory Partners LLC, a registered investment advisor. Covenant Investments and Wealthcare Advisory Partners LLC are separate entities from LPL Financial.

Preservation Phase

Social Security

Expected Monthly Benefit

Spouse/Partner Exp Monthly Benefit

Pension, or other expected lifetime payouts: (annuities, military/gov , etc.)

Recipient	Income Provider	Annual Amount	Tax Status* (T,D,E)
_____	_____	_____	_____
_____	_____	_____	_____

* taxable, deferred, exempt

Inheritance: list all expected/anticipated inheritances

Recipient	Type of Ineritance	Potential Value	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____

Preservation Goals

	Acceptable	Ideal
Planned Retirement Age	_____	_____
Spouse/Partner Planned Ret Age	_____	_____
Desired Retirement Income Actual or Goal; (Annual Amt)	_____	_____
Long Term Care Coverage, Actual or Goal (monthly benefit actual or desired)	_____	_____
Expected Financial Events (weddings, travel, moving, etc.)	_____	_____

Transition

Do you currently have any of the following:

	Yes	No	Don't Know	N/A
Will	_____	_____	_____	_____
Trust	_____	_____	_____	_____
Business Succession Plan	_____	_____	_____	_____
Charities to receive bequests	_____	_____	_____	_____
Plans to leave assets to children	_____	_____	_____	_____

Notes: