



Shilanski
& ASSOCIATES, INC.

Personal Financial Fact Finder

Confidential Information

Your Personal Analysis Will Determine:

- Whether or not your assets are properly positioned.
- If your present method of savings and investment makes maximum use of your pretax and after-tax income.
- How much capital you will need for a comfortable retirement.
- The kind of savings and investments you will need to reach your goals.
- How much you should set aside each month for savings and investments.
- The effects of inflation on your savings and investments.
- The kind of tax-advantaged investments best suited to your needs.
- The monthly income your family will need in the event of your death.
- The amount and type of life and disability insurance you will need.

The following data is strictly confidential. The information will be analyzed by one of our representatives, and you may receive a personalized analysis which will answer the important questions listed on the cover. The analysis might also provide the basis for making recommendations for specific investments and other financial tools that you should consider to help you meet your family's needs and achieve your goals.

Instructions: For purposes of identification, list the individual with the larger annual income as Client A. The individual with the lesser income, or a nonworking spouse, should be listed as Client B. When entering figures, use only the dollar amounts. Do not include cents. If you are unable to complete some section or have questions, write "please call" in the margin and your advisor will consult with your prior to developing your financial analysis.

1 Yours and your Significant Others (S.O) information

Personal Data - Client A

First Name: _____ M.I.: _____ Last Name: _____
 Age: _____ Sex: _____ Birth Date: _____ Social Security #: _____
 Height: _____ Weight: _____ Use Tobacco Products? _____
 Adverse Medical History: _____
 Work Phone: _____ Cell Phone: _____ Email ID: _____
 Home Address: _____ Street: _____
 City: _____ State: _____ Zip: _____

Personal Data - Client B

First Name: _____ M.I.: _____ Last Name: _____
 Age: _____ Sex: _____ Birth Date: _____ Social Security #: _____
 Height: _____ Weight: _____ Use Tobacco Products? _____
 Adverse Medical History: _____
 Work Phone: _____ Cell Phone: _____ Email ID: _____
 Home Address: _____ Street: _____
 City: _____ State: _____ Zip: _____

Children		Age	Sex	Birth Date	College Funding**	Age to Start	Total Yrs in School	Current Cost/Year	Amount Saved
First Name	M.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				

* If you plan to have additional children, please write "Planned" in the dependent space and indicate the approximate future birth date(s).

** If you anticipate paying for your children's college education, choose Yes.

If you do not specify a cost for education in today's dollars, we will use the cost of the average public, four-year college.

2 Professional Information

Client A: _____ Client B: _____
 Occupation: _____ Occupation: _____
 Employer: _____ Employer: _____
 Check here if: Retired Self-Employed Check here if: Retired Self-Employed

Name/Firm: _____ Telephone: _____
 Accountant: _____ Telephone: _____
 Attorney: _____ Telephone: _____
 Financial Advisor: _____ Telephone: _____

3 Federal Employee Defined Benefit Programs

This section is specifically for Federal Employees. If you or your spouse are not Federal Employees, please skip to Section 4

Please check all that apply	Retirement System			Employee Type			
	CSRS	FERS	Transfer / Other	Regular	Postal	ATC	LEO / FF
Client A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SCD	Annual Salary	Annual Increase %				
Client A	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	Sick Leave Saved to Date: <input type="text"/>			
Client B	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	Sick Leave Saved Each Bi-Weekly Pay Period <input type="text"/>			

Additional Questions	Client A	Client B	Additional Info
Do you have active military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	From <input type="text"/> To <input type="text"/>
Have you made a deposit for your military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of deposit owed \$ <input type="text"/>
Are you eligible for Social Security at age 62?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly benefit at age 62 <input type="text"/>
Do you have non-deduction (temp/casual) service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	From <input type="text"/> To <input type="text"/>
- Have you made a deposit for this service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of deposit owed \$ <input type="text"/>
Did you even have a break in service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	From <input type="text"/> To <input type="text"/>
- Did you withdraw your annuity contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount withdrawn \$ <input type="text"/>
- have you redeposited these contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Do you have any part time work after 4/7/1986?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
- Average salary per year for part-time work	\$ <input type="text"/>	\$ <input type="text"/>	Average hours per week <input type="text"/>
Survivor Benefits Desired:	CSRS: 0-100% <input type="text"/>		FERS (Check one): <input type="checkbox"/> 0% <input type="checkbox"/> 25% or <input type="checkbox"/> 50%
Any additional notes: <input type="text"/>			

4 Retirement Objectives

Monthly gross income desired at retirement, after taxes, in today's dollars

Please list the income desired for retirement when both Client A and Client B are retired. \$

Average Annual Inflation Rate (if other than 4%) %

Retirement Considerations	Client A	Client B
Are you a participant in the Railroad Retirement Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to work part-time in retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- How many hours/week would you work part-time in retirement?	<input type="text"/> hours/week	<input type="text"/> hours/week
- How many years do you want to work part-time?	<input type="text"/> years	<input type="text"/> years
Life expectancy of 85 years is assumed for planning. List alternate age, if desired: <input type="text"/>		

5 Cash Reserve Details

Investment Type: CK = Checking Account; MI = Market Interest Account; MM = Money Mkt Fund; PS = Passbook Savings; TB = U.S. Treasury Bills

Name of Institution	Owner (A, B, Both)	Account Type	Current Balance #	Interest Rate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount of Personal Property* You Own: \$

*Personal property includes your home furnishings, autos, boats, antiques, heirlooms, jewelry, silver place settings, stamp collections, etc.

9 Employer Monthly Benefits Pension Details

(Your employer can help you determine this information)

If you are a Federal employee, only complete this section if you are eligible for non-federal benefits

Are you eligible to participate in an employer-sponsored retirement plan?

Client A / B	Monthly Benefits Expected	Years to Start Benefits	Years to Finish Benefits	Rate Increases	Death Benefits to Survivor (Monthly)

10 Money Owed You

Original Amount	Owner A or B	Original Date	Original Terms	Interest	Current Balance	Monthly Payment

11 Real Estate Portfolio Detail

Real Estate Type:

PR = Primary Residential
 SR = Secondary Residential
 R = Recreational Property

I = Investment Property
 O = Other

Mortgage Type:

F = First
 S = Second

Credit Insurance:

D = Disability Insurance
 L = Life Insurance
 B = Both Life & Disability
 N = None

Type	Owner A, B or Both	Market Value	Equity	Annual Property Tax	Mortgage Number	Original Mortgage Amount	Date of Mortgage	Term (Years)	Mortgage Balance	Monthly Payment	Interest Rate	Credit Insurance	
												A	B

12 Liabilities

Do not include real estate loans in this section. All real estate loans should be entered in Section 10.

Credit Insurance: D = Disability; L = Life; B = Both Life & Disability; N = None

Item or Company	Original Date	Original Amount	Original Term	Balance	Interest Rate	Min. Payment	Current Payment	Credit Insurance	
								A	B
Auto Loan 1		\$		\$	%	\$	\$		
Auto Loan 2		\$		\$	%	\$	\$		
Recreational Vehicle		\$		\$	%	\$	\$		
Credit Card 1		\$		\$	%	\$	\$		
Credit Card 2		\$		\$	%	\$	\$		
Credit Card 3		\$		\$	%	\$	\$		
Line of Credit		\$		\$	%	\$	\$		
Student Loan		\$		\$	%	\$	\$		
Other		\$		\$	%	\$	\$		
Other		\$		\$	%	\$	\$		
Other		\$		\$	%	\$	\$		
Other		\$		\$	%	\$	\$		

13 Income Data

If you can attach a recent copy of your LES (for Federal Employees) or paystub for both spouses you can skip this section.

Recent LES or Paystub Enclosed? Yes No

Present Income (Pretax Amount)	Client A		Client B	
	Client A	Client B	Client A	Client B
1. Salary / Wages and Bonus	\$ _____	\$ _____	8. Rental, Royalty or Partnership Income	\$ _____
2. Annual Salary Increase %	_____ %	_____ %	9. Income from Trusts	\$ _____
3. Net Income from Self-Employment	\$ _____	\$ _____	10. Social Security Benefits	\$ _____
4. Taxable Interest Income	\$ _____	\$ _____	11. IRA/Keogh Distributions/ Withdrawals	\$ _____
5. Tax-Exempt Interest Income	\$ _____	\$ _____	12. Pension or Annuity Income	\$ _____
6. Dividends	\$ _____	\$ _____	13. Other Income	\$ _____
7. Capital Gains	\$ _____	\$ _____	14. Total Present Income	\$ _____

Do you anticipate any major changes to your income in the next two years? If yes, Explain:

14 Income Taxes - Annually

If you can attach a copy of your last two years' tax returns you can skip this section

Two Years Tax Returns Enclosed? Yes No

Filing Status (check one): Married/Joint Single Head of Household Married/Separate

1. Total Present Income from Section 12, Line 14 (Total for both clients)	\$ _____	6. Nontaxable Income (Social Security benefits, tax-exempt interest, etc.)	\$ _____
2. IRA Deduction	Client A: _____ Client B: _____ Total: \$ _____	7 Other Adjustments	\$ _____
3. Keogh/SEP Deduction	Client A: _____ Client B: _____ Total: \$ _____	8 Adjusted Gross Income	\$ _____
4. 401(k)/403(b) Plan Contribution	Client A: _____ Client B: _____ Total: \$ _____	9 Itemized or Standard Deductions	\$ _____
5. Cafeteria Plan Contribution	Client A: _____ Client B: _____ Total: \$ _____	10. Exemptions (#)	\$ _____

Family net Taxable Income (Line 8 minus 9 & 10) \$ _____ Tax Credit \$ _____ Year _____

Total Taxes Paid Last Year? Year _____ Federal \$ _____ State \$ _____ FICA \$ _____

15 Anticipated Future Income

Description: B = Bonus; D = Deferred Compensation; E = Early Retirement/Severance Pay; I = Inheritance; L = Retirement Lump Sum Distribution; R = Royalty; S = Sale of Business; O = Other

Frequency: O = One Time; R = Recurring Period: M = Monthly; Y = Yearly

Description	Owner A, B or Both	Amount	Frequency	Period	Starting Year	Ending Year

16 Survivor's Need

In today's economy, the death of either spouse can cause considerable financial hardship. We will automatically compute your insurance needs at your present standard of living. If there are any special circumstances you would like considered, such as changes in based on your income or retirement age, please list them here.

17 Monthly Cash Flow

A. Savings & Investments

1. Savings Accounts, Money Market Funds	\$ _____
2. Mutual Funds	\$ _____
3. Stocks, Bonds, etc.	\$ _____
4. IRA/Keogh/403(b)	\$ _____
5. 401(k)/ Profit Sharing Plan Contribution	\$ _____
6. TSP	\$ _____
7. Annuities	\$ _____
8. Other	\$ _____
9. Total Savings & Investments	\$ _____
Employer Ret. Plan Contribution	\$ _____

19. Honeowner's/Renter's Insurance	\$ _____
20. Auto Insurance	\$ _____
21. Other	\$ _____
22. Total Insurance	\$ _____

D. Standard of Living

23. Housing (Mortgage payment or rent)	\$ _____
24. Automobile/ Transportation (Gas, maintenance, and payments)	\$ _____
25. Debt Repayment (credit cards, other loans, etc.)	\$ _____
26. Food (Home and work)	\$ _____
27. Medical/Dental (Uninsured or not paid by insurance)	\$ _____
28. Entertainment/ Recreation/Vacation	\$ _____
29. Education	\$ _____
30. Charity, Gifts	\$ _____
31. Clothing	\$ _____
32. Home Maintenance/ Furnishings	\$ _____
33. Utilities, Misc. Costs (phone, newspapers, etc.)	\$ _____
34. Unreimbursed Business Expenses	\$ _____
35. Other	\$ _____
36. Total Standard of Living	\$ _____
37. Total Monthly Budget.	\$ _____

B. Taxes

10. Federal Income Taxes	\$ _____
11. State Income Taxes	\$ _____
12. FICA – Social Security	\$ _____
13. Property Taxes	\$ _____
14. Other	\$ _____
15. Total Taxes	\$ _____

C. Insurance

16. Life Insurance	\$ _____
17. Disability Insurance	\$ _____
18. Health/Dental Insurance	\$ _____

18 Other Insurance

Existing Coverage	Insurance Company	Coverage Amount	Annual Premium
Disability Insurance Through Employer, Client A		\$	\$
Disability Insurance Through Employer, Client B		\$	\$
Personal Disability Insurance, Client A		\$	\$
Personal Disability Insurance, Client B		\$	\$
Long-Term Care Insurance, Client A		\$	\$
Long-Term Care Insurance, Client B		\$	\$
Umbrella Policy		\$	\$
Auto Insurance #1		\$	\$
Auto Insurance #2		\$	\$
Home Insurance #1		\$	\$
Home Insurance #2		\$	\$
Other		\$	\$

What average annual rate of return* do you want to earn on your portfolio to reach your financial goals? %

***This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.**

1. What is the initial size of your investment portfolio? \$ _____
2. What is your projected time horizon for this portfolio (that is, how long do you expect the assets to remain in the portfolio until they are completely withdrawn for their intended purpose)?
 - Up to 3 years 4 - 5 years 6 - 10 years 10+ years
3. How far away is your retirement?
 - 20+ years 16-20 years 10-15 years less than 10 years
4. Rate your overall investment knowledge and experience (re. products, risk factors, return characteristics, etc.):
 - No knowledge or experience Good
 - Poor Very good
 - Fair
5. How successful were you in your previous investments in stocks, bonds or mutual funds?
 - Very Average
 - Not Very Somewhat
 - Not enough experience to matter
6. If the value of your portfolio decreased by 20% in one year, how would you react?
 - I would be very concerned and would find another way to invest my money.
 - I would be somewhat concerned and would reconsider the aggressiveness of my portfolio.
 - I would not be concerned about the temporary fluctuation in my portfolio.
7. If you had \$10,000 invested and lost \$800 of it within two weeks, how would you feel?
 - Very upset "No big deal"
 - Uncomfortable I would want to buy more
8. What is the maximum percentage you would be willing to lose in any one year in your portfolio? A general (but not guaranteed) proposition for investing is that, over time, higher returns correspond with greater risks.
 - 0 20 40
 - 5 25 45
 - 10 30
 - 15 35
9. Bearing in mind that risk generally increases with return potential, what average annual rate of return would you like to receive over time on this money?
 - over 8% 6-8% 3-5% 1-2%
10. How long are you willing to wait for your account's performance to meet your rate of return objective?
 - One year or less. Three to five years. More than five years.

11. Select the choice that best represents how you feel about the following statement: "My portfolio should be managed for the long run and the volatility is less important than the end result." (Select one.)
- I disagree.
 - I am willing to accept some variability of return, but never any loss of capital.
 - I am willing to accept a reasonable amount of annual fluctuation and an occasional year of negative return, in the interest of building capital.
 - I agree.
12. How likely are you to need access to your retirement savings for current money needs?
- Very likely Possible, but not probable I don't need access to this money
13. What percentage of your total financial assets are represented by your retirement savings?
- Less than 30% 30-49% 50-69% 70% or more
14. How important is it to you to watch the price of your investments and see steady progress from day to day?
- Not the least bit Somewhat Don't know Very
15. You have taken a look at past investment returns, established your investment time horizon and considered the risk and return issues important to successful investing. Which one of the following investment objectives most closely meets your needs and circumstances?
- Aggressive Growth - Growth of capital through investments in common stocks of small, emerging growth companies. No income considerations. Little or no concern for volatility.
 - Moderate Aggressive Long-term Growth - Growth of capital through investments of common stocks of established "Blue Chip" companies. Little or no income considerations.
 - Moderate Balanced Growth - Growth of capital through approximately equal investments in high quality common stocks and fixed-income securities.
 - Moderate Conservative Growth & Income - Growth of capital through fixed income securities and stocks for growth and dividend yield.
 - Conservative Capital Preservation & Income - Income and safety are the primary emphases, achieved through investments in Government and other investment-grade fixed-income securities.

"As an Investor, how many years experience do you have with the following investments and check mark whether limited, moderate or extensive is appropriate for them.

	Years of Experience		
	Client A	Client B	
Equities Stocks: _____			
Would you consider your knowledge: <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive			
Exchange Traded Funds: _____			
Would you consider your knowledge: <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive			
Fixed Annuities: _____			
Would you consider your knowledge: <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive			
Fixed Income: _____			
Would you consider your knowledge: <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive			
Bonds: _____			
Would you consider your knowledge: <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive			
Mutual Funds: _____			
Would you consider your knowledge: <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive			

Real Estate: _____
 Would you consider your knowledge: Limited Moderate Extensive

Real Estate Investment Trusts: _____
 Would you consider your knowledge: Limited Moderate Extensive

Variable Annuities: _____
 Would you consider your knowledge: Limited Moderate Extensive

Annuities: _____
 Would you consider your knowledge: Limited Moderate Extensive

Options: _____
 Would you consider your knowledge: Limited Moderate Extensive

Insurance: _____
 Would you consider your knowledge: Limited Moderate Extensive

21 Retirement Goals

We consider all of your lifestyle goals and what you ideally would like to achieve. Please help us understand your goals.

I would like to plan for retirement at age _____ (acceptable), but I would be willing to take action (such as saving more or reducing my retirement spending goal) if it would mean I could retire at age _____ (ideal).

My spouse will retire at the same time I do: Yes No If no, my spouse would like to target retirement at age _____ (acceptable), but if they could retire at age _____ (ideal) we would like our plans to include that possibility.

We would like to plan for an after-tax, monthly retirement spending of \$ _____ (acceptable), but if we can increase our spending to \$ _____ (ideal) a month that would be ideal.

Which best describes your attitude about Social Security? Please check one:

- If possible, we would prefer to not be dependent on Social Security in retirement.
- We would like to include estimated Social Security benefits in our investment plan.
- I am currently collected Social Security in the amount of \$ _____ a month. My spouse is receiving \$ _____
- I expect to receive Social Security in the amount of \$ _____ when I am eligible. My spouse will start receiving \$ _____ when eligible.

We would like to leave an estate worth at least \$ _____ (acceptable), but if we could increase that to \$ _____ (ideal) with minimal impact on our other goals, we would like to consider that possibility.

If necessary, I would be willing to increase my current savings level by \$ _____ (acceptable) per month, but if I could decrease my current savings level by \$ _____ (ideal) per month with minimal impact on my other goals, that would be ideal.

24 Additional Information

25 Attached Documents

Please attach the following documents to assist us in performing your financial analysis:

	Client A	Client B	
Income	_____	_____	Recent Pay Stub / Leave & Earnings Statement
Taxes	_____	_____	Last Two Years Tax Returns
Retirement Accounts	_____	_____	IRA
	_____	_____	401 (k)
	_____	_____	Social Security
	_____	_____	TSP Statement
	_____	_____	Deferred Compensation Plans
Insurance Policies	_____	_____	Life Insurance Policies
	_____	_____	Disability Insurance Policies
	_____	_____	Long Term Care Policies
	_____	_____	Auto Insurance Policies
	_____	_____	Home Insurance Policies
Additional Items Attached	_____	_____	Umbrella Policy
	_____	_____	Other: _____
	_____	_____	Other: _____

Shilanski & Associates, Inc.

Premier Wealth Managers

Shilanski & Associates has been helping Alaskans plan their financial futures since 1978. We specialize in comprehensive financial planning for our clients. We help our clients with everything from planning retirement, paying for college, managing million dollar portfolios, as well as tax and estate planning strategies.

Why Work With a Financial Planner?

You wouldn't think of traveling to a place you've never been without doing research or finding the right guide. You can learn a lot about finance and retirement through books; but nothing can replace real world experience.

We have been helping Alaskans meet their financial goals for nearly 30 years; whether it's preparing for a comfortable retirement - or leaving a family legacy foundation. We have helped over 1,000 of our clients retire comfortably. We can help you too.

Why Should I Work With an Independent Firm?

Shilanski & Associates works for you — not an insurance company. As an independent financial planning firm, we are not affiliated with any insurance or investment company. Being independent allows us to choose from a wider variety of products to choose the best one to meet your needs.