New England Consulting Group of Guilford, Inc.

# Senior Personal Focus Viewpoint

## To Help You Verify Your Planning Up To This Point!

Thomas J. Perrone, CLU, President

# Personal Viewpoint

An overview of your financial development, income protection, life insurance coverage and estate organization… from your point of view.

Completed By _____

Date _____

# The Personal Viewpoint

## Will accomplish two objectives:

1. The nature of the questions will help you understand the type of work I do.
2. Your responses will help both of us determine how we should proceed.

*Your information will be kept strictly confidential.*

# Personal Data

Name

Address

City State Zip

Phone (res) Phone (bus)

Occupation

Age Marital status

Spouse/ Partner Name Age

Your information will be kept strictly confidential in accordance with privacy regulations

# My views

Please check the boxes that reflect your personal views.

A-Essential

B-Fairly Important

C-Of Little Value

D-Does Not Apply

| | A | B | C | D |
|---|---|---|---|---|
| 1. A big fear is the chances of running out of income | | | | |
| 2.Knowing that my financial professional has a complete understanding of my financial objectives is | | | | |
| 3.Investing in the stock market or mutual funds is | | | | |
| 4.In my opinion, low-risk investments are | | | | |
| 5.Long-term retirement income planning is | | | | |
| 6.Planning to avoid losing my assets to the Medicaid system is | | | | |
| 7.Owning adequate personal life insurance is | | | | |
| 8.When I die, my family's ability to maintain its current standard of living is | | | | |
| 9.In my opinion, will planning and having a current will is | | | | |
| 10. Having a competent financial professional who understands financial products and their proper use is | | | | |

# Financial Development

Please check the boxes that reflect your present situation.

Y-Yes
N-No
U-Unsure
D-Does Not Apply

| | Y | N | U | D |
|---|---|---|---|---|
| 1. I know what I want to accomplish financially | | | | |
| 2. My spouse/partner has a clear understanding of our financial situation | | | | |
| 3. I am satisfied with my earnings from my portfolio | | | | |
| 4. I have made specific plans to provide for gifts to my children and grandchildren | | | | |
| 5. I know what rate of return I need to achieve in order to avoid running out of money | | | | |
| 6. I know how tax-deferred accounts can increase my earnings and be used to my advantage | | | | |
| 7. Lowering my taxes on social security is | | | | |
| 8. Avoiding the loss of assets to the Nursing home is | | | | |
| 9. I would like assistance in reviewing my financial development | | | | |

# Life Insurance Coverage

Please check the boxes that reflect your present situation.

Y-Yes

N-No

U-Unsure

D-Does Not Apply

| | Y | N | U | D |
|---|---|---|---|---|
| 1. I fully understand my life insurance death benefits | | | | |
| 2. My spouse/partner has sufficient life insurance to maintain our family's life style | | | | |
| 3. To the best of my knowledge, I am medically able to purchase as much life insurance as I want | | | | |
| 4. I am satisfied with the quality of advice provided by my life insurance professional | | | | |
| 5. I would like assistance in reviewing my life insurance coverage | | | | |

# Estate Organization

Please check the boxes that reflect your present situation.

Y-Yes

N-No

U-Unsure

D-Does Not Apply

| | Y | N | U | D |
|---|---|---|---|---|
| 1. I am well informed about the organization of my estate and the probate laws | | | | |
| 2. In the event of my death, specific plans have been made for the distribution of my assets | | | | |
| 3. I understand how taxes will be applied to my estate | | | | |
| 4. All my beneficiary designations are up to date | | | | |
| 5. My spouse would need help in organizing their finances after my death | | | | |
| 6. My healthcare directives and Power of Attorney documents are up to date and organized | | | | |
| 7. I would like assistance in organizing my estate | | | | |

# Investment Strategy

Please check the boxes that reflect your present situation.

Y-Yes

N-No

U-Unsure

D-Does Not Apply

| | Y | N | U | D |
|---|---|---|---|---|
| 1. My investment portfolio is properly diversified in terms of risk versus return | | | | |
| 2. I have a current asset allocation formula as part of my investment strategy and do this yearly | | | | |
| 3. I know exactly what rate of return I need to avoid running out of money | | | | |
| 4. My investment portfolio is rebalanced yearly | | | | |
| 5. Stability in the value of my investments is critical | | | | |
| 6. I have accurately projected my retirement income needs and sources of income | | | | |
| 7. I recognize the importance of having a qualified financial advisor | | | | |
| 8. I am satisfied with the advice and service I receive from my financial advisor | | | | |

# Changes

In the next year I intend to:

| | | | |
|---|---|---|---|
| | Develop a financial plan | | Invest more money |
| | Borrow money | | Pay off a loan |
| | Buy personal property | | Review my will |
| | Realize a capital gain | | Receive an inheritance |
| | Buy stocks | | Sell stocks |
| | Find a financial advisor | | Move to another location |
| | Start a business | | Sell a business |
| | Change my lifestyle | | Change careers |
| | Purchase a home | | Sell property |
| | Build more wealth | | Spend less money |
| | Other | | Plan to avoid the loss of asset from the Medicaid system |

# Review Status

Please check the boxes that reflect your present situation.

A- More than three years ago.
B- One to three years ago.
C- Less than one year ago.

| | A | B | C |
|---|---|---|---|
| 1. My last financial development review was | | | |
| 2. My last investment strategy review was | | | |
| 3. My last lifestyle protection review was | | | |
| 4. My last estate organization review was | | | |

# Discussion Priorities

| | Financial Development | | Investment Strategy |
|---|---|---|---|
| | Designing a financial plan | | Investment planning |
| | Wealth accumulation | | Maximizing tax deferral |
| | Debt restructuring | | Maximizing growth |
| | Better rates of return | | Balancing investment risk |
| | Asset growth strategy | | Asset allocation strategy |
| | Developing more wealth | | Wealth development |

| | Lifestyle Protection | | Estate Organization |
|---|---|---|---|
| | Medicaid Protection of Assets | | Beneficiary arrangements |
| | Disability income | | Estate planning |
| | Life insurance planning | | Estate distribution |
| | Retirement planning | | Survivor benefits |
| | Long-term care insurance | | Transfer strategy |
| | Critical illness coverage | | Tax considerations |

Special Requests

_____
_____
_____
_____
_____
_____
_____

Note: Tax and legal matters should be discussed with a qualified advisor.

Notes:

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