



## Questionnaire

James P. Conway and Cathy Conway

Prepared by Tom Clancy



12/3/2009

Mr. Conway and Mrs. Conway

Dear James P.,

I have prepared this report for you based on what you've told me about your finances and our time spent together.

This report is designed to give you an overview of the basic aspects of your financial future. It will help you see your current financial situation clearly and evaluate how well your current **Present Position™** will allow you to achieve your goals.

You should carefully review the assumptions underlying this analysis. While an exact prediction of your future is impossible, assumptions must be used in order to provide a look into the future. You have provided and agreed to the use of the assumptions contained herein. Give careful consideration to your assumed rates of inflation, hypothetical asset returns, as well as all other component variables since they all play a major role in determining the outcome of our hypothetical analysis. Therefore, it is important that you keep track of your progress.

Although some of the material in this report is directly based on current tax assumptions, understanding the tax law requires professional assistance. The importance of professional tax and legal advice cannot be overstated. Since the **Wealth In Motion™** software does not provide any legal or tax advice, I strongly urge you to consult with your own attorney or tax advisor regarding these issues and your personal situation.

Please take the time to understand the many aspects of this analysis, especially your Present Position, and any of your financial aspirations as they may be addressed in our work together. Feel free to contact me to continue to discuss any of your financial needs so that I may help you to better understand the choices and options that are present before you. I look forward to meeting with you again.

Sincerely,

Tom Clancy

## CLIENT PROFILE

|                       | Title | First Name       | Last Name        |
|-----------------------|-------|------------------|------------------|
| <b>Client's Name:</b> | Mr.   | James P.         | Conway           |
| <b>Spouse's Name:</b> | Mrs.  | Cathy            | Conway           |
| <b>Home Address:</b>  |       |                  |                  |
| <b>City:</b>          |       | <b>State:</b> NJ | <b>Zip Code:</b> |

|                         | Client     | Spouse     |
|-------------------------|------------|------------|
| <b>Home Phone:</b>      |            |            |
| <b>Work Phone:</b>      |            |            |
| <b>Date of Birth:</b>   | 01/01/1975 | 01/01/1978 |
| <b>Retirement Age:</b>  | 67         | 67         |
| <b>Life Expectancy:</b> | 90         | 90         |

## BENEFICIARIES

| Name          | Category        | Date of Birth | Age | State Tax | Fed Tax |
|---------------|-----------------|---------------|-----|-----------|---------|
| Charity       | Charity         | N/A           | N/A | 0.0%      | 15.0%   |
| Trust         | Other           | 01/01/2004    | 5   | 0.0%      | 15.0%   |
| Conway, John  | Child/Stepchild | 01/01/2002    | 7   | 0.0%      | 15.0%   |
| Conway, Cathy | Child/Stepchild | 01/01/2005    | 4   | 0.0%      | 15.0%   |

## TAX AND INFLATION ASSUMPTIONS

|                          | Before Retirement | After Retirement |
|--------------------------|-------------------|------------------|
| <b>Federal Tax:</b>      | 25.0%             | 25.0%            |
| <b>State Tax:</b>        | 5.0%              | 5.0%             |
| <b>Capital Gain Tax:</b> | 15.0%             | 15.0%            |
| <b>Inflation:</b>        | 3.0%              | 3.0%             |

## OTHER OUTFLOWS

| Expense Name                 | Expense Amount | Start Age | End Age | Inflation Adjusted? |
|------------------------------|----------------|-----------|---------|---------------------|
| Living Expense               | \$22,775       | 33        | 93      | Yes                 |
| PSG Model Withdrawal Expense | \$0            | 34        | 93      | No                  |
| Other Expense                | \$50,000       | 58        | 58      | Yes                 |

### GOVERNMENT BENEFITS

|                                  | Client   | Spouse |
|----------------------------------|----------|--------|
| <b>Social Security Benefits:</b> | \$27,000 | \$0    |
| <b>Pension Benefits:</b>         | \$0      | \$0    |

### OTHER INFLOWS

| Income Name             | Income Amount | Start Age | End Age | Inflation Adjusted? |
|-------------------------|---------------|-----------|---------|---------------------|
| Other Income            | \$0           | 34        | 67      | No                  |
| Spouse Survivor Benefit | \$0           | 34        | 67      | No                  |
| Family Survivor Benefit | \$0           | 34        | 67      | No                  |
| Disability Benefit      | \$0           | 34        | 67      | No                  |
| Tax Adjustment          | \$7,000       | 34        | 67      | No                  |
| Disability Benefit      | \$0           | 34        | 67      | No                  |
| Survivor Benefit        | \$0           | 34        | 67      | No                  |
| Trust Income            | \$0           | 34        | 67      | No                  |

### INCOME INFORMATION

|                                | Client   | Spouse |                                |       |
|--------------------------------|----------|--------|--------------------------------|-------|
| <b>Current Annual Income:</b>  | \$85,000 | \$0    | <b>Retirement Income Goal:</b> | 80.0% |
| <b>Annual Salary Increase:</b> | 1.0%     | 0.0%   | <b>Capital Preservation:</b>   | \$0   |

### SAVINGS

#### S2 - Savings Accounts

| NAME: Savings        |         | OWNER: Client                  | INSTITUTION: |                              |     |
|----------------------|---------|--------------------------------|--------------|------------------------------|-----|
| <b>Account Type:</b> | Savings | <b>Account Balance:</b>        | \$5,800      | <b>Annual Contributions:</b> | \$0 |
| <b>Beneficiary:</b>  | Spouse  | <b>Expected Interest Rate:</b> | 1.00%        | <b>Annual Withdrawals:</b>   | \$0 |
| <b>Start Age:</b>    | 34      | <b>End Age:</b>                | 67           |                              |     |

| NAME: My Savings     |         | OWNER: Spouse                  | INSTITUTION: |                              |     |
|----------------------|---------|--------------------------------|--------------|------------------------------|-----|
| <b>Account Type:</b> | Savings | <b>Account Balance:</b>        | \$2,800      | <b>Annual Contributions:</b> | \$0 |
| <b>Beneficiary:</b>  | Client  | <b>Expected Interest Rate:</b> | 1.00%        | <b>Annual Withdrawals:</b>   | \$0 |
| <b>Start Age:</b>    | 34      | <b>End Age:</b>                | 67           |                              |     |

**TOTAL VALUE: \$8,600**

#### S6 - Money Market

| NAME: My Money Market |              | OWNER: Client                  | INSTITUTION: |                              |     |
|-----------------------|--------------|--------------------------------|--------------|------------------------------|-----|
| <b>Account Type:</b>  | Money Market | <b>Account Balance:</b>        | \$13,000     | <b>Annual Contributions:</b> | \$0 |
| <b>Beneficiary:</b>   | Spouse       | <b>Expected Interest Rate:</b> | 3.00%        | <b>Annual Withdrawals:</b>   | \$0 |
| <b>Start Age:</b>     | 34           | <b>End Age:</b>                | 67           |                              |     |

**TOTAL VALUE: \$13,000**

**S8 - Tax Free**

|                                          |                                  |                                      |  |                     |  |
|------------------------------------------|----------------------------------|--------------------------------------|--|---------------------|--|
| <b>NAME:</b> 529 Plan                    |                                  | <b>OWNER:</b> Client                 |  | <b>INSTITUTION:</b> |  |
| <b>Account Type:</b> Edu 529             | <b>Account Balance:</b> \$36,000 | <b>Beneficiary:</b> Spouse           |  |                     |  |
| <b>Annual Contributions Pre-Tax:</b> \$0 | <b>After-Tax:</b> \$5,000        | <b>Start Age:</b> 34                 |  |                     |  |
| <b>Cost Basis:</b> \$25,000              | <b>Annual Withdrawals:</b> \$0   | <b>Expected Interest Rate:</b> 6.00% |  |                     |  |
| <b>TOTAL VALUE:</b> <b>\$64,000</b>      |                                  |                                      |  |                     |  |

**S9 - Tax Deductible**

|                                              |                                  |                                      |  |                     |  |
|----------------------------------------------|----------------------------------|--------------------------------------|--|---------------------|--|
| <b>NAME:</b> My 401(k)                       |                                  | <b>OWNER:</b> Client                 |  | <b>INSTITUTION:</b> |  |
| <b>Account Type:</b> 401(k)                  | <b>Account Balance:</b> \$67,500 | <b>Beneficiary:</b> Spouse           |  |                     |  |
| <b>Annual Contributions Pre-Tax:</b> \$6,000 | <b>After-Tax:</b> \$0            | <b>Start Age:</b> 34                 |  |                     |  |
| <b>Cost Basis:</b> \$0                       | <b>Annual Withdrawals:</b> \$0   | <b>Expected Interest Rate:</b> 7.00% |  |                     |  |
| <b>Employer Match:</b> \$3,000               |                                  |                                      |  |                     |  |
| <b>TOTAL VALUE:</b> <b>\$67,500</b>          |                                  |                                      |  |                     |  |

**GROWTH**

**G6 - GROWTH SECURITIES**

|                                                |                                    |                                   |  |                     |  |
|------------------------------------------------|------------------------------------|-----------------------------------|--|---------------------|--|
| <b>NAME:</b> My Growth Securities              |                                    | <b>OWNER:</b> Client              |  | <b>INSTITUTION:</b> |  |
| <b>Account Type:</b> Growth Securities         | <b>Account Balance:</b> \$18,500   | <b>Annual Contributions:</b> \$0  |  |                     |  |
| <b>Beneficiary:</b> Spouse                     | <b>Cost Basis:</b> \$18,500        | <b>Annual Withdrawals:</b> \$0    |  |                     |  |
| <b>Dividends and Realized Cap Gains:</b> 2.00% | <b>Short Term Cap Gains:</b> 3.00% | <b>Long Term Cap Gains:</b> 2.00% |  |                     |  |
| <b>TOTAL VALUE:</b> <b>\$18,500</b>            |                                    |                                   |  |                     |  |

**G8 - REAL ESTATE**

|                                      |                                                |                                 |  |                     |  |
|--------------------------------------|------------------------------------------------|---------------------------------|--|---------------------|--|
| <b>NAME:</b> My Home                 |                                                | <b>OWNER:</b> Joint             |  | <b>INSTITUTION:</b> |  |
| <b>Property Type:</b> Home           | <b>Current Value:</b> \$425,000                | <b>Annual Net Income:</b> \$0   |  |                     |  |
| <b>Beneficiary:</b> Survivor         | <b>Original Value:</b> \$0                     | <b>Appreciation Rate:</b> 2.00% |  |                     |  |
| <b>Loan Balance:</b> \$245,000       | <b>Loan Rate:</b> 6.000%                       | <b>Payment:</b> \$1,628         |  |                     |  |
| <b>Months Left:</b> 280              | <b>Interest Only?</b> <input type="checkbox"/> | <b>Excess Payment:</b> \$0      |  |                     |  |
| <b>TOTAL VALUE:</b> <b>\$425,000</b> |                                                |                                 |  |                     |  |

**OTHER ASSETS**

**HOME**

|                            |           |                              |                  |
|----------------------------|-----------|------------------------------|------------------|
| <b>ASSET NAME:</b> My Home |           | <b>OWNER:</b> Joint          |                  |
| <b>ASSET VALUE:</b>        |           | <b>LIABILITY:</b>            |                  |
| <b>Current Value:</b>      | \$425,000 | <b>Total Liability:</b>      | \$245,000        |
| <b>Sale Value:</b>         | Not sold  | <b>Interest Rate:</b>        | 6.000%           |
| <b>Rate of Return:</b>     | 2.0%      | <b>Sale Year:</b>            | N/A              |
|                            |           | <b>Payment Amount:</b>       | \$1,628          |
|                            |           | <b>Payment Frequency:</b>    | Monthly          |
|                            |           | <b>Liability Start Year:</b> | 2008             |
| <b>CURRENT NET VALUE:</b>  |           |                              | <b>\$180,000</b> |

**OTHER DEBTS**

**DEBT**

|                            |          |                              |                   |
|----------------------------|----------|------------------------------|-------------------|
| <b>ASSET NAME:</b> My Debt |          | <b>OWNER:</b> Client         |                   |
| <b>ASSET VALUE:</b>        |          | <b>LIABILITY:</b>            |                   |
| <b>Current Value:</b>      | \$0      | <b>Total Liability:</b>      | \$6,000           |
| <b>Sale Value:</b>         | Not sold | <b>Interest Rate:</b>        | 4.000%            |
| <b>Rate of Return:</b>     | 0.0%     | <b>Sale Year:</b>            | N/A               |
|                            |          | <b>Payment Amount:</b>       | \$185             |
|                            |          | <b>Payment Frequency:</b>    | Monthly           |
|                            |          | <b>Liability Start Year:</b> | 2008              |
| <b>CURRENT NET VALUE:</b>  |          |                              | <b>(\$10,500)</b> |

**PROTECTION**

**P1 - VEHICLE INSURANCE**

|                                                          |                                                        |                                                                           |
|----------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------|
| <b>VEHICLE:</b> Car                                      | <b>OWNER:</b> Client                                   | <b>CARRIER:</b> acme                                                      |
| <b>Insurance Type:</b> Auto                              | <b>Liability Limit:</b> \$300,000                      | <input type="checkbox"/> Per Person <input type="checkbox"/> Per Accident |
| <b>Annual Premium:</b> \$1,285                           | <b>Collision Deductible:</b> \$500                     |                                                                           |
| <b>Un/Under Insured Liability Limit:</b> \$0             | <b>Property Damage Liability Limit:</b> \$0            | <b>Comprehensive Deductible:</b> \$500                                    |
| <b>Personal Injury Protection Liability Limit:</b> \$0   | <b>Medical Payments Liability Limit:</b> \$0           |                                                                           |
| <b>Emergency camera in car?</b> <input type="checkbox"/> | <b>Rental Car Protection?</b> <input type="checkbox"/> | <b>Towing?</b> <input type="checkbox"/>                                   |
| <b>CURRENT NET VALUE:</b>                                |                                                        | <b>\$300,000</b>                                                          |

**P2 - PROPERTY INSURANCE**

|                                                                                                                                                                                                                |                                                     |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| <b>PROPERTY:</b> Home                                                                                                                                                                                          | <b>OWNER:</b> Client                                | <b>CARRIER:</b> acme                                  |
| <b>Insurance Type:</b> Home                                                                                                                                                                                    | <b>Liability Limit:</b> \$300,000                   | <b>Contents Deductible:</b> \$250                     |
| <b>Annual Premium:</b> \$675                                                                                                                                                                                   | <b>Property Deductible:</b> \$250                   |                                                       |
| <b>Rider:</b> <input type="checkbox"/> Flood <input type="checkbox"/> Hurricane <input type="checkbox"/> Fire <input type="checkbox"/> Wind <input type="checkbox"/> Earthquake <input type="checkbox"/> Other |                                                     |                                                       |
| <b>Replacement Coverage?</b> <input checked="" type="checkbox"/>                                                                                                                                               | <b>Video/Photo Record?</b> <input type="checkbox"/> | <b>Receipt for Contents?</b> <input type="checkbox"/> |
| <input type="checkbox"/> Extra Personal Article Coverage                                                                                                                                                       | <input type="checkbox"/> Collectibles Coverage (G7) |                                                       |
| <b>CURRENT NET VALUE:</b>                                                                                                                                                                                      |                                                     | <b>\$300,000</b>                                      |

**P4 - DISABILITY INSURANCE**

|                        |            |                        |     |                         |          |
|------------------------|------------|------------------------|-----|-------------------------|----------|
| <b>INSURED:</b> Client |            | <b>OWNER:</b> Client   |     | <b>CARRIER:</b> group   |          |
| <b>Insurance Type:</b> | Disability | <b>Annual Premium:</b> | \$0 | <b>Monthly Benefit:</b> | \$50,000 |
| <b>Taxable?</b>        | Yes        | <b>PayoutAge:</b>      | 32  | <b>Benefit Period:</b>  | 99       |

**CURRENT NET VALUE:** \$0

**P5 - MEDICAL INSURANCE**

|                        |               |                         |             |                                  |     |
|------------------------|---------------|-------------------------|-------------|----------------------------------|-----|
| <b>INSURED:</b> Client |               | <b>OWNER:</b> Client    |             | <b>CARRIER:</b> acme             |     |
| <b>INSURANCE:</b>      |               |                         |             |                                  |     |
| <b>Insurance Type:</b> | Major Medical | <b>Coverage Amount:</b> | \$1,000,000 | <b>Deductible:</b>               | 0   |
| <b>Annual Premium:</b> | \$5,300       | <b>Primary Co-Pay:</b>  | 0           | <b>Annual Max out of Pocket:</b> | \$0 |
| <b>Lifetime Limit:</b> | \$1,000,000   |                         |             |                                  |     |

**CURRENT NET VALUE:** \$1,000,000

**P9 - LIFE INSURANCE**

|                               |           |                         |                |                       |        |
|-------------------------------|-----------|-------------------------|----------------|-----------------------|--------|
| <b>INSURED:</b> Client        |           | <b>OWNER:</b> Client    |                | <b>CARRIER:</b> group |        |
| <b>Insurance Type:</b>        | Term life | <b>Name:</b>            | Life Insurance | <b>Policy Term:</b>   | 32     |
| <b>Annual Premium:</b>        | \$0       | <b>Year Purchased:</b>  | 2008           | <b>Beneficiary:</b>   | Spouse |
| <b>Policy Loan Amt:</b>       | \$0       | <b>Dividend Amount:</b> | \$0            | <b>Current Year:</b>  | 2008   |
| <b>Current Death Benefit:</b> | \$50,000  | <b>at age 65:</b>       | \$50,000       | <b>At age 85:</b>     | \$0    |
|                               |           | <b>At age 100:</b>      |                | <b>At age 100:</b>    | \$0    |
| <b>Current Cash Value:</b>    | \$0       | <b>at age 65:</b>       | \$0            | <b>At age 85:</b>     | \$0    |
|                               |           | <b>At age 100:</b>      |                | <b>At age 100:</b>    | \$0    |

|                               |           |                         |                |                                    |        |
|-------------------------------|-----------|-------------------------|----------------|------------------------------------|--------|
| <b>INSURED:</b> Client        |           | <b>OWNER:</b> Client    |                | <b>CARRIER:</b> supplemental group |        |
| <b>Insurance Type:</b>        | Term life | <b>Name:</b>            | Life Insurance | <b>Policy Term:</b>                | 32     |
| <b>Annual Premium:</b>        | \$650     | <b>Year Purchased:</b>  | 2008           | <b>Beneficiary:</b>                | Spouse |
| <b>Policy Loan Amt:</b>       | \$0       | <b>Dividend Amount:</b> | \$0            | <b>Current Year:</b>               | 2008   |
| <b>Current Death Benefit:</b> | \$425,000 | <b>at age 65:</b>       | \$425,000      | <b>At age 85:</b>                  | \$0    |
|                               |           | <b>At age 100:</b>      |                | <b>At age 100:</b>                 | \$0    |
| <b>Current Cash Value:</b>    | \$0       | <b>at age 65:</b>       | \$0            | <b>At age 85:</b>                  | \$0    |
|                               |           | <b>At age 100:</b>      |                | <b>At age 100:</b>                 | \$0    |

**CURRENT NET VALUE:** \$475,000