

## Using the QuickStart Packet

The QuickStart packet was designed to make submitting plan information easier. This document has been legally approved to use all the pages as a whole (the entire document), or to use the pages individually (page by page).

You, as the planner, need to assess your client's ability to gather information. For example, you have the option of giving them the title page and information page, plus the monthly expense worksheet. Or, you may give the client the entire package (minus this page).

Once the pages in this document have been completed, the pages can be inserted into the "Standard FactFinder" or the "Standard FactFinder with Questions." You do this by replacing fact finder pages with QuickStart pages that have the same "QS" code. The QS code appears in the upper right hand corner of each page of this document. Here's an example of the QS code:



The unique *QuickStart* page ID number will appear inside the icon box (e.g. QS02PI is the Personal Information page). The number, "QS01PI," can be used to help cross-reference the equivalent pages in the *FactFinder* documents.

So, it's as easy as 1-2-3-4!

1. Fill out a QuickStart page
2. Remove the Fact Finder page with the same QS code
3. Insert the QuickStart page
4. Complete the rest of the FactFinder or the rest of the FactFinder with Questions

**Financial planning services are offered through financial planners of MetLife Securities, Inc., a registered investment adviser. 200 Park Avenue, New York, NY 10166.**

Or

**Financial planning services are offered through financial planners of New England Securities Corp., a registered investment adviser. 200 Park Avenue, New York, NY 10166.**



*QuickStart*  
Client Information Packet

**Version LF 008**  
Revision Date: September 2009



**Required Documents**

Taking a few minutes to pull together the following documents will maximize the value of our time together and ensure that MetLife can develop the most comprehensive and accurate financial plan for you.

- The enclosed confidential Client Worksheet(s)

*Note: If possible, please provide photocopies of the following documents rather than originals. Please make sure that the photocopies are clear and legible.*

- Copies of your most recent investment statements (mutual funds, annuities, retirement, brokerage accounts)
- Benefits booklet(s) and statement(s) from your employer(s), including disability insurance, life insurance, pension plan, 401(k), 403(b), 457, retirement accounts
- Pay stub(s) for the last month (entire month, both Client and Co-Client)
- Bank Statements (CD's, Savings, Checking, Money Market)
- A copy of any estate planning documents (wills, trusts)
- Copies of insurance policies and statements (life, disability, auto, excess liability, homeowners, long-term care)
- Most recent federal income tax return
- Annual Social Security statements
- Copies of your most recent liabilities statements (loans, credit cards, mortgages)
- Buy-Sell Agreements
- (For business owners) A copy of your most recent federal business tax return

Confidential

**Other Requested Documents**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**Personal Information**

Your Name ( <b>Client</b> )		Title (circle one) Mr. Mrs. Ms. Dr.	Gender (circle one) M F	Date of Birth / /
U.S. Citizen (circle one) Yes No	Marital Status (circle one) S M D W	Previous Marriage (circle one) Yes No	Social Security # — —	
Home Street Address		City	State	Zip
Home Phone ( ) -	Home Fax ( ) -		Email Address	
Employer Name		Occupation/Industry		
Work Phone ( ) -	Work Fax ( ) -		Cell Phone or Pager (circle one) ( ) -	
Co-Client Name (if applicable)		Title (circle one) Mr. Mrs. Ms. Dr.	Gender (circle one) M F	Date of Birth / /
U.S. Citizen (circle one) Yes No	Marital Status (circle one) S M D W	Previous Marriage (circle one) Yes No	Social Security # — —	
Home Street Address ( <i>if different from Client</i> )		City	State	Zip
Home Phone ( <i>if different from Client</i> ) ( ) -	Home Fax ( <i>if different from Client</i> ) ( ) -		Email Address	
Employer Name		Occupation/Industry		
Work Phone ( ) -	Work Fax ( ) -		Cell Phone or Pager (circle one) ( ) -	

NOTES: \_\_\_\_\_  
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Children or Dependents (of Client and/or Co-Client)

Name and Social Security #	Gender	Relationship	Birth Date	Dependent?	Heir?	Relation to Whom?
SS #: _____	M F	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	/ /	Y N	Y N	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Both
SS #: _____	M F	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	/ /	Y N	Y N	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Both
SS #: _____	M F	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	/ /	Y N	Y N	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Both
SS #: _____	M F	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	/ /	Y N	Y N	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Both
SS #: _____	M F	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	/ /	Y N	Y N	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Both
SS #: _____	M F	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	/ /	Y N	Y N	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Both
SS #: _____	M F	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	/ /	Y N	Y N	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Both
SS #: _____	M F	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	/ /	Y N	Y N	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Both
SS #: _____	M F	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	/ /	Y N	Y N	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Both

NOTES: \_\_\_\_\_

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\_\_\_\_\_

Real Estate Asset Information: Primary and Secondary Residences, Vacation Homes



Ref #	Name or Address of Property	Purchase Amount/ Cost Basis ①	Purchase Date	Owner ② (Circle One)	Current Market Value	Growth Rate	Date of Planned Sale (if applicable)
1		\$	/ /	C Co Jt CP Other: _____	\$	2 % default or _____ %	/ /
2		\$	/ /	C Co Jt CP Other: _____	\$	2 % default or _____ %	/ /

Real Estate Asset Information: Investment / Rental Property

**NOTE:** If you have investment real estate, be sure the copy of your tax return that you provide includes “Schedule E”.

Ref #	Name or Address of Property	Purchase Amount/ Cost Basis ①	Purchase Date	Owner ② (Circle One)	Current Market Value	Growth Rate	Date of Planned Sale (if applicable)	Annual Gross Rental Income	Annual Rental Expenses ③
3		\$	/ /	C Co Jt CP Other: _____	\$	2 % default or _____ %	/ /	\$	\$
4		\$	/ /	C Co Jt CP Other: _____	\$	2 % default or _____ %	/ /	\$	\$

Real Estate Loan Information

**NOTE:** Please use the Ref # field to relate each loan to a specific property listed above.

Ref #	Loan Type (select one type for each loan)	Original Principal	Owner ②	Loan Start Date	Interest Rate	Current Balance	Current Balance Date	Term of Loan	Min. Monthly Payment ④	Extra \$ Towards Principal?
	<input type="checkbox"/> Mortgage <input type="checkbox"/> 2 <sup>nd</sup> Mortgage <input type="checkbox"/> Home Equity Loan	\$	C Co Jt Other: _____	/ /	%	\$	/ /	<input type="checkbox"/> 30 yr <input type="checkbox"/> 20 yr <input type="checkbox"/> 15 yr	\$	\$
	<input type="checkbox"/> Mortgage <input type="checkbox"/> 2 <sup>nd</sup> Mortgage <input type="checkbox"/> Home Equity Loan	\$	C Co Jt Other: _____	/ /	%	\$	/ /	<input type="checkbox"/> 30 yr <input type="checkbox"/> 20 yr <input type="checkbox"/> 15 yr	\$	\$
	<input type="checkbox"/> Mortgage <input type="checkbox"/> 2 <sup>nd</sup> Mortgage <input type="checkbox"/> Home Equity Loan	\$	C Co Jt Other: _____	/ /	%	\$	/ /	<input type="checkbox"/> 30 yr <input type="checkbox"/> 20 yr <input type="checkbox"/> 15 yr	\$	\$
	<input type="checkbox"/> Mortgage <input type="checkbox"/> 2 <sup>nd</sup> Mortgage <input type="checkbox"/> Home Equity Loan	\$	C Co Jt Other: _____	/ /	%	\$	/ /	<input type="checkbox"/> 30 yr <input type="checkbox"/> 20 yr <input type="checkbox"/> 15 yr	\$	\$

- ① Cost Basis = the purchase price (or market value at time of inheritance) plus total documented money invested in the property. (For investment property, subtract depreciation).
- ② Owner: C = Client Co = Co-Client Jt = Joint CP = Community Property. If owned by a trust, use Other and indicate type of trust (e.g. Client Revocable, Irrevocable, etc.)
- ③ Rental expenses should **exclude** any principal, interest or depreciation. ④ Principal & interest only. Exclude real estate taxes, homeowners insurance, PMI.



Personal Use (Lifestyle) Assets

Ref #	Asset Name	Owner ①	Total Market Value
1	Client Auto	C Co Jt CP Other: _____	\$
2	Client Auto	C Co Jt CP Other: _____	\$
3	Co-Client Auto	C Co Jt CP Other: _____	\$
4	Co-Client Auto	C Co Jt CP Other: _____	\$
5	Personal Assets	C Co Jt CP Other: _____	\$
6	Collectibles	C Co Jt CP Other: _____	\$
7	Other:	C Co Jt CP Other: _____	\$
8	Other:	C Co Jt CP Other: _____	\$
	<b>TOTAL</b>		\$

Loans with Set Terms

**NOTE:** Refer to your loan statements to complete this section. Please use the **Ref #** field to relate each loan to a specific asset listed above. Leave the **Ref #** blank if the loan is not related to one of the assets (e.g., a student loan).

Ref #	Loan Type ②	Owner ①	Loan Start Date	Original Principal	Term of Loan (years)	Interest Rate	Current Balance	Current Balance Date	Minimum Monthly Payment ③
		C Co Jt	/ /	\$		%	\$	/ /	\$
		C Co Jt	/ /	\$		%	\$	/ /	\$
		C Co Jt	/ /	\$		%	\$	/ /	\$
		C Co Jt	/ /	\$		%	\$	/ /	\$
		C Co Jt	/ /	\$		%	\$	/ /	\$

Other Revolving Debts

**NOTE:** Refer to your loan statements to complete this section.

Loan Name	Loan Type ④	Owner ①	Interest Rate	Current Balance	Minimum Monthly Payment ③
		C Co Jt	%	\$	\$
		C Co Jt	%	\$	\$
		C Co Jt	%	\$	\$
		C Co Jt	%	\$	\$

- ① Owner: C = Client Co = Co-Client Jt = Joint CP = Community Property  
If owned by a trust, use Other and indicate type of trust (e.g. Client Revocable, Irrevocable, etc.)
- ② Examples include auto, or boat loans, student loans and bank loans. Lease payments are entered in the expense section.
- ③ Default = Monthly Payment on Loan. Please note if payments are made on different frequency (bi-weekly, etc.).
- ④ Examples include credit lines and credit card loans.

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**Non-Retirement-Based (Non-Qualified) Cash Assets**

**NOTE:** If any of the assets identified below are **earmarked for a goal**, please provide details in the notes at the bottom of this page. Examples of goals may include things like retirement, education, home improvement or a planned major expense.

Asset Type	Description	Owner ①	Current Balance or Value	Date of Current Balance/Value	Interest Rate	Additional Savings ②
Checking		C Co Jt CP Other: _____	\$	/ /	0 % default or _____ %	\$ _____ per Mo. Yr.
		C Co Jt CP Other: _____	\$	/ /	0 % default or _____ %	\$ _____ per Mo. Yr.
		C Co Jt CP Other: _____	\$	/ /	0 % default or _____ %	\$ _____ per Mo. Yr.
Savings		C Co Jt CP Other: _____	\$	/ /	5 % default or _____ %	\$ _____ per Mo. Yr.
		C Co Jt CP Other: _____	\$	/ /	5 % default or _____ %	\$ _____ per Mo. Yr.
		C Co Jt CP Other: _____	\$	/ /	5 % default or _____ %	\$ _____ per Mo. Yr.
Money Market		C Co Jt CP Other: _____	\$	/ /	5 % default or _____ %	\$ _____ per Mo. Yr.
		C Co Jt CP Other: _____	\$	/ /	5 % default or _____ %	\$ _____ per Mo. Yr.
Credit Union		C Co Jt CP Other: _____	\$	/ /	5 % default or _____ %	\$ _____ per Mo. Yr.
		C Co Jt CP Other: _____	\$	/ /	5 % default or _____ %	\$ _____ per Mo. Yr.

① C = Client Co = Co-Client Jt = Joint CP = Community Property  
Other = UGMA (Uniform Gift to Minors Act), UTMA (Uniform Transfers to Minors Act) or other Trust/Gift accounts.

② If client or co-client is adding to this systematically include regular additions and frequency. It is assumed all savings are indexed to inflation. Indicate N if you **do not** want to index for inflation.

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**Certificates of Deposit (CD's)**

**NOTE:** If any of the CD's identified below are **earmarked for a goal**, please provide details in the notes at the bottom of this page. Examples of goals may include things like retirement, education, home improvement or a planned major expense.

Description	Owner ①	Purchase Date	Purchase Amount / Cost Basis ②	Maturity Date	Current Balance or Value	Date of Current Balance	Interest Rate	Rollover at Maturity?
	C Co Jt CP Other: _____	/ /	\$	/ /	\$	/ /	5.8 % default or ____ %	Y N
	C Co Jt CP Other: _____	/ /	\$	/ /	\$	/ /	5.8 % default or ____ %	Y N
	C Co Jt CP Other: _____	/ /	\$	/ /	\$	/ /	5.8 % default or ____ %	Y N
	C Co Jt CP Other: _____	/ /	\$	/ /	\$	/ /	5.8 % default or ____ %	Y N
	C Co Jt CP Other: _____	/ /	\$	/ /	\$	/ /	5.8 % default or ____ %	Y N
	C Co Jt CP Other: _____	/ /	\$	/ /	\$	/ /	5.8 % default or ____ %	Y N
	C Co Jt CP Other: _____	/ /	\$	/ /	\$	/ /	5.8 % default or ____ %	Y N
	C Co Jt CP Other: _____	/ /	\$	/ /	\$	/ /	5.8 % default or ____ %	Y N

- ① C = Client Co = Co-Client Jt = Joint CP = Community Property  
Other = UGMA (Uniform Gift to Minors Act), UTMA (Uniform Transfers to Minors Act) or other Trust/Gift accounts.
- ② Cost Basis = the purchase price (or market value at time of inheritance) plus total documented money invested in the asset.

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**Non-Retirement-Based (Non-Qualified) Stock Portfolios and Equity Mutual Funds**

**NOTE:** Refer to your investment statements to complete this section. If any of the assets identified below are **earmarked for a goal**, please provide details in the notes at the bottom of this page. Examples of goals may include things like retirement, education, home improvement or a planned major expense.

Ref #	Asset Name	Asset Class ②	Owner ②	Cost Basis ③	Market Value	Dividend ④/ Reinvest	Additional Savings ⑤
1		<input type="checkbox"/> LCV: ____% <input type="checkbox"/> LCG: ____% <input type="checkbox"/> MCV: ____% <input type="checkbox"/> MCG: ____% <input type="checkbox"/> SCV: ____% <input type="checkbox"/> SCG: ____% <input type="checkbox"/> RE: ____% <input type="checkbox"/> ITL: ____%	C Co Jt CP Other: _____	\$	\$	<i>default %</i> or \$ _____ Reinv: Y N	\$ _____ per Mo. Yr.
2		<input type="checkbox"/> LCV: ____% <input type="checkbox"/> LCG: ____% <input type="checkbox"/> MCV: ____% <input type="checkbox"/> MCG: ____% <input type="checkbox"/> SCV: ____% <input type="checkbox"/> SCG: ____% <input type="checkbox"/> RE: ____% <input type="checkbox"/> ITL: ____%	C Co Jt CP Other: _____	\$	\$	<i>default %</i> or \$ _____ Reinv: Y N	\$ _____ per Mo. Yr.
3		<input type="checkbox"/> LCV: ____% <input type="checkbox"/> LCG: ____% <input type="checkbox"/> MCV: ____% <input type="checkbox"/> MCG: ____% <input type="checkbox"/> SCV: ____% <input type="checkbox"/> SCG: ____% <input type="checkbox"/> RE: ____% <input type="checkbox"/> ITL: ____%	C Co Jt CP Other: _____	\$	\$	<i>default %</i> or \$ _____ Reinv: Y N	\$ _____ per Mo. Yr.
4		<input type="checkbox"/> LCV: ____% <input type="checkbox"/> LCG: ____% <input type="checkbox"/> MCV: ____% <input type="checkbox"/> MCG: ____% <input type="checkbox"/> SCV: ____% <input type="checkbox"/> SCG: ____% <input type="checkbox"/> RE: ____% <input type="checkbox"/> ITL: ____%	C Co Jt CP Other: _____	\$	\$	<i>default %</i> or \$ _____ Reinv: Y N	\$ _____ per Mo. Yr.
5		<input type="checkbox"/> LCV: ____% <input type="checkbox"/> LCG: ____% <input type="checkbox"/> MCV: ____% <input type="checkbox"/> MCG: ____% <input type="checkbox"/> SCV: ____% <input type="checkbox"/> SCG: ____%	C Co Jt CP Other: _____	\$	\$	<i>default %</i> or \$ _____ Reinv: Y N	\$ _____ per Mo. Yr.

NOTES: \_\_\_\_\_  
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 \_\_\_\_\_

		<input type="checkbox"/> RE: _____ %					
		<input type="checkbox"/> ITL: _____ %					
6		<input type="checkbox"/> LCV: _____ %	C Co	\$	\$	<i>default % or</i>	\$ _____
		<input type="checkbox"/> LCG: _____ %	Jt CP			\$ _____	per Mo. Yr.
		<input type="checkbox"/> MCV: _____ %	Other:			Reinv: Y N	
		<input type="checkbox"/> MCG: _____ %	_____				
		<input type="checkbox"/> SCV: _____ %					
		<input type="checkbox"/> SCG: _____ %					
		<input type="checkbox"/> RE: _____ %					
		<input type="checkbox"/> ITL: _____ %					

- ① LCV = U.S Large Cap Equity Value LCG = U.S Large Cap Equity Growth MCV = U.S Mid Cap Equity Value MCG = U.S Mid Cap Equity Growth SCV = U.S Small Cap Equity Value SCG = U.S Small Cap Equity Growth  
RE = Specialty Equity: Real Estate. ITL =International Equity . For individual stocks, check the appropriate Asset Class and leave % blank. For stock mutual funds, check all asset classes that apply with the % that is applicable to each class (the total should equal 100%).
- ② C = Client Co = Co-Client Jt = Joint CP = Community Property  
Other = UGMA (Uniform Gift to Minors Act), UTMA (Uniform Transfers to Minors Act) or other Trust/Gift accounts.
- ③ Cost Basis = the total amount of money you have invested in the asset and/or the market value at the time of inheritance.
- ④ See the Defaults & Assumptions page (page 35) later in this document for default rates of return.
- ⑤ It is assumed that all savings are indexed to inflation. If you **do not** want to index for inflation, please indicate in the Notes below.

NOTES: \_\_\_\_\_  
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**Non-Retirement-Based (Non-Qualified) Individual Bonds & Bond Mutual Funds**

**NOTE:** Refer to your investment statements to complete this section. If any of the assets identified below are **earmarked for a goal**, please provide details in the notes at the bottom of this page. Examples of goals may include things like retirement, education, home improvement or a planned major expense.

Ref #	Asset Name	Asset Class ①	Owner ②	Reinvest Coupons / Dividends ③	Cost Basis ④	Market Value	Additional Savings ⑤
1	<i>Tax Free? Y or N</i>	<input type="checkbox"/> STB: _____% <input type="checkbox"/> AB: _____% <input type="checkbox"/> HYB: _____%	C Co Jt CP Other: _____	<i>default % or</i> \$ _____ Reinv: Y N	\$	\$	\$ _____ per Mo. Yr.
2	<i>Tax Free? Y or N</i>	<input type="checkbox"/> STB: _____% <input type="checkbox"/> AB: _____% <input type="checkbox"/> HYB: _____%	C Co Jt CP Other: _____	<i>default % or</i> \$ _____ Reinv: Y N	\$	\$	\$ _____ per Mo. Yr.
3	<i>Tax Free? Y or N</i>	<input type="checkbox"/> STB: _____% <input type="checkbox"/> AB: _____% <input type="checkbox"/> HYB: _____%	C Co Jt CP Other: _____	<i>default % or</i> \$ _____ Reinv: Y N	\$	\$	\$ _____ per Mo. Yr.
4	<i>Tax Free? Y or N</i>	<input type="checkbox"/> STB: _____% <input type="checkbox"/> AB: _____% <input type="checkbox"/> HYB: _____%	C Co Jt CP Other: _____	<i>default % or</i> \$ _____ Reinv: Y N	\$	\$	\$ _____ per Mo. Yr.
5	<i>Tax Free? Y or N</i>	<input type="checkbox"/> STB: _____% <input type="checkbox"/> AB: _____% <input type="checkbox"/> HYB: _____%	C Co Jt CP Other: _____	<i>default % or</i> \$ _____ Reinv: Y N	\$	\$	\$ _____ per Mo. Yr.
6	<i>Tax Free? Y or N</i>	<input type="checkbox"/> STB: _____% <input type="checkbox"/> AB: _____% <input type="checkbox"/> HYB: _____%	C Co Jt CP Other: _____	<i>default % or</i> \$ _____ Reinv: Y N	\$	\$	\$ _____ per Mo. Yr.

- ① STB = U.S Short Term Bonds AB = U.S Aggregate Bonds HYB = U.S High Yield Bonds  
For individual bonds, check the appropriate Asset Class and leave % blank. For bond mutual funds, check all asset classes that apply with the % that is applicable to each class (the total should equal 100%).
- ② C = Client Co = Co-Client Jt = Joint CP = Community Property  
Other = UGMA (Uniform Gift to Minors Act), UTMA (Uniform Transfers to Minors Act) or other Trust/Gift accounts.
- ③ See the Defaults & Assumptions page for the defaults used (page 35).
- ④ Cost Basis = the total amount of money you have invested in the asset and/or the market value at the time of inheritance.
- ⑤ It is assumed that all savings are indexed to inflation. If you **do not** want to index for inflation, please indicate in the Notes below.

NOTES: \_\_\_\_\_  
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### Retirement-Based (Qualified) Assets

**NOTE:** Refer to investment statements to complete this section. Please enter information on any past or current retirement plans.

Asset Name	Asset Type ① Please circle or fill in type	Asset Class ②	Owner ③	Market Value	Total After-Tax Contributions	Annual Employee Additions Before/After Tax ④	Beneficiary Name and Portion	Employer Additions as a % of Salary
	401 ROTH 403 IRA Other: _____	<input type="checkbox"/> CA: _____% <input type="checkbox"/> MCV: _____% <input type="checkbox"/> STB: _____% <input type="checkbox"/> MCG _____% <input type="checkbox"/> AB: _____% <input type="checkbox"/> SCV: _____% <input type="checkbox"/> HYB: _____% <input type="checkbox"/> SCG: _____% <input type="checkbox"/> LCV: _____% <input type="checkbox"/> RE: _____% <input type="checkbox"/> LCG: _____% <input type="checkbox"/> ITL _____%	C Co	\$	\$	Before Tax per yr: \$ _____ or _____% After Tax per yr: \$ _____ or _____%	Default = 100% to spouse Or _____ % to _____ and _____ % to _____	_____ % \$ _____ max
	401 ROTH 403 IRA Other: _____	<input type="checkbox"/> CA: _____% <input type="checkbox"/> MCV: _____% <input type="checkbox"/> STB: _____% <input type="checkbox"/> MCG _____% <input type="checkbox"/> AB: _____% <input type="checkbox"/> SCV: _____% <input type="checkbox"/> HYB: _____% <input type="checkbox"/> SCG: _____% <input type="checkbox"/> LCV: _____% <input type="checkbox"/> RE: _____% <input type="checkbox"/> LCG: _____% <input type="checkbox"/> ITL _____%	C Co	\$	\$	Before Tax per yr: \$ _____ or _____% After Tax per yr: \$ _____ or _____%	Default = 100% to spouse Or _____ % to _____ and _____ % to _____	_____ % \$ _____ max
	401 ROTH 403 IRA Other: _____	<input type="checkbox"/> CA: _____% <input type="checkbox"/> MCV: _____% <input type="checkbox"/> STB: _____% <input type="checkbox"/> MCG _____% <input type="checkbox"/> AB: _____% <input type="checkbox"/> SCV: _____% <input type="checkbox"/> HYB: _____% <input type="checkbox"/> SCG: _____% <input type="checkbox"/> LCV: _____% <input type="checkbox"/> RE: _____% <input type="checkbox"/> LCG: _____% <input type="checkbox"/> ITL _____%	C Co	\$	\$	Before Tax per yr: \$ _____ or _____% After Tax per yr: \$ _____ or _____%	Default = 100% to spouse Or _____ % to _____ and _____ % to _____	_____ % \$ _____ max
	401 ROTH 403 IRA Other: _____	<input type="checkbox"/> CA: _____% <input type="checkbox"/> MCV: _____% <input type="checkbox"/> STB: _____% <input type="checkbox"/> MCG _____% <input type="checkbox"/> AB: _____% <input type="checkbox"/> SCV: _____% <input type="checkbox"/> HYB: _____% <input type="checkbox"/> SCG: _____% <input type="checkbox"/> LCV: _____% <input type="checkbox"/> RE: _____% <input type="checkbox"/> LCG: _____% <input type="checkbox"/> ITL _____%	C Co	\$	\$	Before Tax per yr: \$ _____ or _____% After Tax per yr: \$ _____ or _____%	Default = 100% to spouse Or _____ % to _____ and _____ % to _____	_____ % \$ _____ max

① Asset Type

ROTH = Roth IRA

401 = 401(k)

IRA = Traditional IRA

403 = 403(b)

SEP = SEP IRA

PSP = Profit Sharing

SIMPLE = SIMPLE IRA

MPP = Money Purchase

DEF = Deferred Comp

② Check all asset classes that apply with the % that is applicable to each class (the total should equal 100%).

CA = Cash

STB = U.S Short Term Bonds

AB = U.S Aggregate Bonds

HYB = U.S High Yield Bonds

LCV = U.S Large Cap Equity Value

LCG = U.S Large Cap Equity Growth

MCV = U.S Mid Cap Equity Value

MCG = U.S Mid Cap Equity Growth

SCV = U.S Small Cap Equity Value

SCG = U.S Small Cap Equity Growth

RE = Specialty Equity: Real Estate

ITL = International Equity

③ Owner: C = Client Co = Co-Client

④ It is assumed that all savings are indexed to inflation. If you do not want to index for inflation, please indicate below.

### Income Sources

**NOTE:** Obtain from clients' pay statements or tax return.

<b>Client Income</b>						
Description (not rental income)	Annual Amount	Period <sup>ⓐ</sup>	At Client's Retirement (%)	If Co-Client is deceased (%)	If Client is disabled (%)	Annual Increase
Gross Wages (Do not include bonuses)	\$	PRE RET LIFE	0 % default or _____ %	100 % default or _____ %	0 % default or _____ %	3% default or _____ %
Net Self-Employment	\$	PRE RET LIFE	0 % default or _____ %	100 % default or _____ %	0 % default or _____ %	3% default or _____ %
Non-Taxable <sup>ⓔ</sup> (Do not include interest or dividends from tax-free bonds)	\$	PRE RET LIFE	0 % default or _____ %	100 % default or _____ %	0 % default or _____ %	3% default or _____ %
Other Taxable <sup>ⓕ</sup>	\$	PRE RET LIFE	0 % default or _____ %	100 % default or _____ %	0 % default or _____ %	3% default or _____ %
	\$	PRE RET LIFE	0 % default or _____ %	100 % default or _____ %	0 % default or _____ %	3% default or _____ %

<b>Co-Client Income</b>						
Description (not rental income)	Annual Amount	Period <sup>ⓐ</sup>	At Co-Client's Retirement (%)	If Client is deceased (%)	If Co-Client is disabled (%)	Annual Increase
Gross Wages (Do not include bonuses)	\$	PRE RET LIFE	0 % default or _____ %	100 % default or _____ %	0 % default or _____ %	3% default or _____ %
Net Self-Employment	\$	PRE RET LIFE	0 % default or _____ %	100 % default or _____ %	0 % default or _____ %	3% default or _____ %
Non-Taxable <sup>ⓔ</sup> (Do not include interest or dividends from tax-free bonds)	\$	PRE RET LIFE	0 % default or _____ %	100 % default or _____ %	0 % default or _____ %	3% default or _____ %
Other Taxable <sup>ⓕ</sup>	\$	PRE RET LIFE	0 % default or _____ %	100 % default or _____ %	0 % default or _____ %	3% default or _____ %
	\$	PRE RET LIFE	0 % default or _____ %	100 % default or _____ %	0 % default or _____ %	3% default or _____ %

	<b>Client</b>			<b>Co-Client</b>		
How often are you paid?	Weekly Monthly	Bi-Weekly Other _____	Semi-Monthly	Weekly Monthly	Bi-Weekly Other _____	Semi-Monthly
Expected Annual Bonus	\$ Date:			\$ Date:		

- ⓐ Period = time this income source is applicable. Default is PRE (from today until retirement age).  
PRE = Until Retirement      RET = During Retirement      LIFE = From now throughout life expectancy.
- ⓔ Other Taxable includes partnership income, deferred compensation, S-corp. income, trust income, royalties, alimony or professional fees.
- ⓕ Explain in NOTES section or state source of non-taxable income in NOTES.

Semi-Regular Expenses

Ref #	Expense	Who	How often Does this occur?	How much Is this expense? (today's \$)	Lump Sum or Down-Payment?	How many years until this occurs again?
1	Client Automobile Upgrade	C Co Jt	Every ____ Years	\$		
2	Co-Client Automobile Upgrade	C Co Jt	Every ____ Years	\$		
3	Vacation	C Co Jt	Every ____ Years	\$		
4	Other:	C Co Jt	Every ____ Years	\$		
5	Other:	C Co Jt	Every ____ Years	\$		

**Client:**

Will you buy or lease a new automobile? \_\_\_\_\_

How much lump sum cash will you need for this vehicle? \$ \_\_\_\_\_

**Co-Client:**

Will you buy or lease a new automobile? \_\_\_\_\_

How often do you buy or lease a new automobile? \_\_\_\_\_

How much lump sum cash will you need for this vehicle? \$ \_\_\_\_\_

**Client/Family:**

How often do you plan on taking a vacation? \_\_\_\_\_


When do you plan on taking your next vacation? \_\_\_\_\_

How much do you usually spend per vacation? \$ \_\_\_\_\_

## Annual Expenses

**NOTE:** Please indicate in the notes below if any of the listed expenses have a termination date. For special needs expenses, please refer to the Special Needs Expense form located on the *LearnNow* website.

### Section 1: Lifestyle Expenses

Category	Who	Annual Amount 	While Retired (%)	At Disability (%)	Client as Survivor (%)	Co-Client as Survivor (%)
<b>Housing</b>						
Rent/Condo Fees	Jt C Co	\$				
Utilities	Jt C Co	\$				
Cable/Internet	Jt C Co	\$				
Telephone (Home/Cellular)	Jt C Co	\$				
Home Improvements	Jt C Co	\$				
Plowing/Landscape/Trash	Jt C Co	\$				
Maintenance/Cleaning	Jt C Co	\$				
Homeowners/Renters Insurance	Jt C Co	\$				
<b>Total Housing</b>		\$	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Food</b>						
Groceries	Jt C Co	\$				
Lunches	Jt C Co	\$				
<b>Total Food</b>		\$				
<b>Transportation</b>						
Auto Leases	Jt C Co	\$				
Auto Fuel	Jt C Co	\$				
Maintenance/Repairs	Jt C Co	\$				
Auto Insurance	Jt C Co	\$				
Parking/Tolls/Transit	Jt C Co	\$				
<b>Total Transportation</b>		\$	<b>80%</b>	<b>90%</b>	<b>75%</b>	<b>75%</b>
<b>Entertainment</b>						
Dining Out	Jt C Co	\$				
Movies/Concerts/Sporting Events	Jt C Co	\$				
Gym/Health Club	Jt C Co	\$				
Gifts/Birthdays/Holidays	Jt C Co	\$				
Other	Jt C Co	\$				
<b>Total Entertainment</b>		\$	<b>100%</b>	<b>90%</b>	<b>75%</b>	<b>75%</b>

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 1: Lifestyle Expenses (continued)**

Category	Who	Annual Amount <i>QS</i>	While Retired (%)	At Disability (%)	Client as Survivor (%)	Co-Client as Survivor (%)
<b>Personal</b>						
Child Support Payments	Jt C Co	\$				
Pets	Jt C Co	\$				
Haircuts/Other Personal	Jt C Co	\$				
Clothing/Shoes	Jt C Co	\$				
Dry Cleaning/Laundry	Jt C Co	\$				
Education	Jt C Co	\$				
Professional Fees	Jt C Co	\$				
Child Allowances	Jt C Co	\$				
Bank Fees	Jt C Co	\$				
<b>Total Personal</b>		\$	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**OR: Total Lifestyle Expenses: \$ \_\_\_\_\_ per**  **Month**  
 **Year**

**Section 2: Tax Related Expenses**

NOTE: Defaults do not apply to this section.

Category	Who	Annual Amount <i>QS</i>	While Retired (%)	At Disability (%)	Client as Survivor (%)	Co-Client as Survivor (%)
Alimony Payments	Jt C Co	\$	%	%	%	%
Child Care/Day Care/Dependent Care	Jt C Co	\$	%	%	%	%
Out-of-Pocket Medical & Dental	Jt C Co	\$	%	%	%	%
Long Term Care Insurance	Jt C Co	\$	%	%	%	%
Real Estate/Property Taxes	Jt C Co	\$	%	%	%	%
Charitable Contributions: Cash	Jt C Co	\$	%	%	%	%
Charitable Contributions: Non-Cash	Jt C Co	\$	%	%	%	%
Non-reimbursed Job Related	Jt C Co	\$	%	%	%	%
Personal Property Tax/Excise Tax	Jt C Co	\$	%	%	%	%
Other	Jt C Co	\$	%	%	%	%

How much additional money would you be willing to put toward savings or reducing your debt? \$ \_\_\_\_\_ per  **Month**  
 **Year**

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisors



<b>Attorney</b>			
Name		Phone # (    )       -	
Street Address	City	State	Zip

<b>Accountant</b>			
Name		Phone # (    )       -	
Street Address	City	State	Zip

<b>Broker / Investments</b>			
Name		Phone # (    )       -	
Street Address	City	State	Zip

<b>Insurance Agent</b>			
Name		Phone # (    )       -	
Street Address	City	State	Zip

<b>HR Contact</b>			
Name		Phone # (    )       -	
Street Address	City	State	Zip

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Asset Allocation Questionnaire

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Questionnaire

Standard & Poor's Investment Advisory Services LLC ("SPIAS"), an affiliate of Standard and Poor's, created this questionnaire specifically for MetLife. The following questions will enable you to determine your time horizon and risk tolerance levels so that you can select a suggested asset allocation strategy. Please answer all of the questions and then calculate your score as indicated and select the corresponding asset allocation strategy from the provided table. Please remember these are only suggested allocations; the final decision is up to you.

### YOUR TIME HORIZON

The amount of time that you can let your investments grow until you need them can impact the amount of risk you should take with the money. Please select an answer here that reflects the time you have until you need your money.

1. How many years remain before you plan to take a significant disbursement from this account?
  - a. Less than 5 years
  - b. 5 to 9 years
  - c. 10 to 20 years
  - d. Over 20 years or I plan to leave this money to my heirs

Select the time horizon corresponding to your most immediate financial goal in order to assess your overall investor profile. This question will be answered automatically and separately for each goal based on the date specified for that goal.

### YOUR PERSONAL FINANCIAL SITUATION

Understanding your personal financial situation and your attitude towards your financial goals is an important aspect of determining a suggested asset allocation strategy for you. Please answer the next 4 questions with the answers that best reflect your situation and feelings.

2. Inflation (the price increase for goods and services over time) can reduce the purchasing power of your money. Given that the inflation rate has averaged 3% over the last 20 years, how would you best describe your expected future salary or earnings in the next five years?
  - a. I expect my salary or earnings increases to outpace inflation.
  - b. I expect my salary or earnings increases to keep pace with inflation.
  - c. I expect my salary or earnings to lag inflation or decrease.
3. Do you intend to withdraw any of your retirement savings to pay for non-retirement expenses?
  - a. Yes, if immediate goals become a priority I would make significant withdrawals.
  - b. Yes, but only in limited amounts and only in case of personal financial emergency.
  - c. Yes, but only once and very limited in quantity.
  - d. No, I have no intention of ever making such a withdrawal.

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4.** How long would your long-term savings last in the event of a personal financial emergency?
- a. 0–3 months
  - b. 4–6 months
  - c. 7–12 months
  - d. More than 12 months
- 5.** About how much of your monthly income do you use to pay installment debt (auto loans, credit cards, etc., but not mortgages)?
- a. I have no installment debt.
  - b. Less than a quarter of my monthly income is used to pay installment debt.
  - c. Between a quarter and a half of my monthly income is used to pay installment debt.
  - d. More than half of my monthly income is used to pay installment debt.

#### YOUR INVESTMENT EXPERIENCE AND RISK TOLERANCE

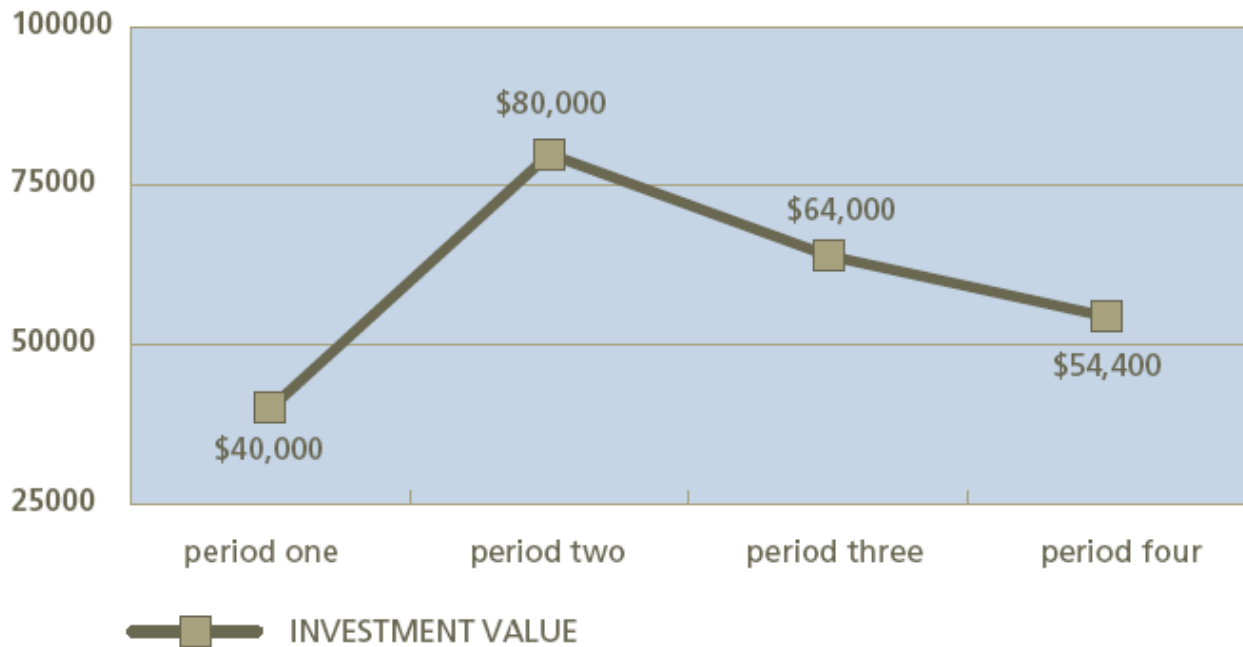
Understanding your overall appetite and attitude for dealing with the various aspects of investment risk—such as loss of principal, volatility/fluctuation of values of your investments, and other factors—will have an influence on the suggested asset allocation strategy that makes sense for you. Please carefully read and answer the following questions.

- 6.** The purchasing power of your savings is eroded by the destructive effect of inflation (the price increase for goods and services over time). One way to offset this impact is to attempt to achieve a return on your investments that exceeds inflation. Investments that have achieved long-term returns that exceed inflation often have much higher levels of volatility (risk of loss) and can incur substantial declines in value along the way. Given this information, would you be willing to take more risk for your investment performance to exceed inflation?
- a. No
  - b. Yes
- 7.** While past performance is no guarantee of future results, for the 40 years since the beginning of 1964, the S&P 500 has averaged an annual return of 11.5% price appreciation. Generally, long-run equity market growth has averaged approximately 13% per year. Occasionally there have been protracted periods of steep decline, such as the 48% drop in the S&P 500 Index from March 2000 to September 2002. How would you react to a substantial decline in the equity market?
- a. I would be comfortable and would see it as a buying opportunity.
  - b. I would be comfortable but would do nothing.
  - c. I would be uncomfortable but would do nothing.
  - d. I would be uncomfortable and would switch to less volatile investments.

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please refer to this graph when answering questions 8 and 9.

## INVESTMENT MODEL PORTFOLIO VALUE



**8.** From an original investment of \$40,000 your portfolio, now worth \$80,000, drops \$16,000 or 20%. How would you react?

- a. Sell the investments entirely.
- b. Make no adjustments to the investments in my portfolio.
- c. Make additional purchases to the current investments in my portfolio.
- d. Try to avoid the investments that might suddenly decline by 20%.

**9.** Your portfolio from question 8, now worth \$64,000, suddenly declines another \$9,600 or 15% to \$54,400. How would you react?

- a. Sell the investments entirely.
- b. Make no adjustments to the investments in my portfolio.
- c. Make additional purchases to the current investments in my portfolio.
- d. Try to avoid the investments that might suddenly decline by 15%.

**10.** How would you best describe the depth and length of your experience as an investor?

- a. I have no experience.
- b. I have some experience investing in mutual funds or individual stocks and bonds.
- c. I have extensive experience investing and have a broad understanding of capital markets.

### Scoring

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Q. 1*	0	5	10	15
Q. 2	3	1	0	
Q. 3	0	1	2	3
Q. 4	0	1	2	3
Q. 5	5	4	2	0
Q. 6	0	1		
Q. 7	3	2	1	0
Q. 8	1	3	5	0
Q. 9	1	4	7	0
Q. 10	0	1	2	

\*Note: This response to this question may be automatically determined by a goal.

**Total**\_\_\_\_\_

**Results**

Score	Risk Profile
0 to 9	Conservative
10 to 19	Conservative to Moderate
20 to 30	Moderate
31 to 41	Moderate to Aggressive
42 to 47	Aggressive