

# Net Worth Statement

**1) Property Assets**

Residence \$ \_\_\_\_\_  
 Vacation Home \_\_\_\_\_  
 Furnishings \_\_\_\_\_  
 Jewelry & Art \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Real Estate \_\_\_\_\_  
 Other \_\_\_\_\_

**2) Equity Assets**

Stocks \_\_\_\_\_  
 Equity Mutual Funds \_\_\_\_\_  
 Variable Annuities \_\_\_\_\_  
 Business Interests \_\_\_\_\_  
 Other \_\_\_\_\_

**3) Cash Reserve Assets**

Checking Accounts \_\_\_\_\_  
 Savings & Money Market \_\_\_\_\_  
 CDs & T-Bills \_\_\_\_\_  
 Life Insurance Policies \_\_\_\_\_ (cash value)  
 Other Cash Reserves \_\_\_\_\_

**4) Fixed Assets**

Bond Mutual Funds \_\_\_\_\_  
 Government Bonds \_\_\_\_\_  
 Municipal Bonds \_\_\_\_\_  
 Corporate Bonds \_\_\_\_\_  
 Fixed Annuities \_\_\_\_\_  
 Other Fixed Assets \_\_\_\_\_

**5) Retirement Assets**

Client 401(k)s & IRAs \_\_\_\_\_  
 Spouse 401(k)s & IRAs \_\_\_\_\_

**6) Total Assets** \$ \_\_\_\_\_

**7) Liabilities**

Home Mortgage \$ \_\_\_\_\_  
 Other Mortgage \_\_\_\_\_  
 Bank Loans \_\_\_\_\_  
 Auto Loans \_\_\_\_\_  
 Personal Loans \_\_\_\_\_  
 Education Loans \_\_\_\_\_  
 Charge Accts. \_\_\_\_\_  
 Other Debt \_\_\_\_\_

**8) Total Liabilities** \$ \_\_\_\_\_

**Family Net Worth:**

**Total Assets** \$ \_\_\_\_\_

*(Line 6)*

**Total Liabilities** \$ \_\_\_\_\_

*(Line 8)*

**Total Net Worth** \$ \_\_\_\_\_

# Cash Flow Statement

**1) Monthly Income**

Wages, Salary, Tips (earned income) \_\_\_\_\_  
 Dividends from stocks, mutual funds \_\_\_\_\_  
 Interest on Savings, CDs, Bonds, etc. \_\_\_\_\_  
 Other Pensions, royalties, alimony, etc. \_\_\_\_\_

**Note:** You may want to use a 12-month average for income and expenses.

**2) Total Monthly Income** \_\_\_\_\_

**3) Monthly Expenses**

Mortgage Payment or Rent _____	Furniture, decor _____
Vacation Home Mortgage _____	Gas/Elec _____
Real Estate Taxes _____	Telephone _____
Automobile Loan Payment _____	Water _____
Personal Loan Payments _____	Food _____
Charge Account Payments _____	Garbage _____
Income Taxes _____	Clothing _____
Social Security _____	Medical _____
Transportation _____	Entertainment _____
Insurance (home, car, life, med.) _____	Club Dues _____
Savings/Investments _____	Education Exp. _____
Charitable Contributions _____	Child Care _____
Household Maintenance & Repair _____	Other _____
Qualified Retirement Plan Contrib. _____	

**4) Total Monthly Expenses** \_\_\_\_\_

**Net Cash Flow**

**Total Monthly Income** (Line 2)      \$ \_\_\_\_\_

**Total Monthly Expenses** (Line 4)      \$ \_\_\_\_\_

**Discretionary Monthly Income**      \$ \_\_\_\_\_

# Major Medical

**Date:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

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**Next Review Date:** \_\_\_\_\_



# How to Use the Major Medical Worksheet

## 1) Plan Type

Individual plans are programs that insure just one family. If your client has coverage through an individual plan, you should discuss the deductible and coverage maximums to ensure adequate coverage.

A group policy is typically offered by an employer or association and insures many families under one policy. Group policies usually do not offer clients choices regarding deductibles and lifetime limits.

## 2) Insurance Company

Especially for individual policies, you should make sure that the policy is written through a highly rated insurance company. You may call Financial Planning Support to obtain ratings of most insurance companies.

A) Enter the amount that the client contributes toward the monthly premium on the insurance plan. This is for budgeting purposes.

## 3) Lifetime Benefits Cap

Fill in the lifetime cap on the client's current medical policy. This is the amount of coverage the client has over the life of the policy. H.D. Vest recommends that lifetime benefits be at least \$1 million, to cover major illnesses (such as cancer, organ transplant, etc.)

## 4) Deductible

Fill in the deductible amount on the client's current policy. The deductible represents the amount the client must pay before benefits are paid. This number should represent the annual deductible to be met by the individual or the family, usually two to five times the individual amount.

## 5) Stop Loss Amount

Fill in the stop loss amount on the client's current policy. This represents the amount, after payment of the deductible, at which the client is no longer responsible for the co-pay percentage. For example, a family with a co-pay of 80/20% to \$5,000, would have a stop loss at \$5,000 in covered medical expenses. In most policies, the medical expenses incurred after \$5,000 would be paid at 100%.

## 6) Co-pay Percentage

A) Fill in the co-pay percentage on the client's current policy. The co-pay percentage represents the amount, after payment of the deductible, that the insured is responsible to pay up to the stop loss amount. For example, in an 80/20% to \$5,000 plan, the insured is responsible for 20% (the co-pay) of the expenses after payment of the deductible, up to \$5,000. The insurance company pays the other 80%.

B) To determine the **maximum out-of-pocket expense**, multiply the co-pay by the stop loss amount and add the deductible. The result is the client's maximum out-of-pocket expenses.

$$\begin{aligned} \text{For example: } & (20\% \times \$5,000) + \$250 = \$1,250 \\ & (\text{co-pay} \times \text{stop loss}) + \text{deductible} = \text{maximum out-of-pocket expense} \end{aligned}$$

**You should ensure that the client's emergency funds are adequate to handle the "maximum out-of-pocket" expenses.**

#### **7) Any Coverage Excluded**

Make sure that your client's policy doesn't specifically exclude major items. If an exclusion exists, the client may need to have a medical insurance specialist help determine the available options.

#### **8) Cafeteria Plan Available**

Your clients may reduce their healthcare costs by participating in a cafeteria plan offered by their employers. Also referred to as flexible benefit plans, these plans allow the client to make contributions to their chosen plan in pretax dollars and use those tax-free funds to pay for a selected number of qualified benefits (such as childcare). For more information on things to look for in a Section 125 Cafeteria Plan, call the H.D. Vest Financial Planning Support department.

# Disability Insurance

**Date:** \_\_\_\_\_

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**Next Review Date:** \_\_\_\_\_

# Disability Insurance Worksheet

Client(s)	Client	Spouse
1) Is a Disability Policy owned that Replaces their Income? <i>If "no," go to Line 2</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A) Gross Monthly Income	\$ _____	\$ _____
B) Percentage of Gross Income of Benefit	_____ %	_____ %
C) Monthly Benefit Amount <i>Line 1A x 1B</i>	\$ _____	\$ _____
2) Monthly Family Expenses (from Cash Flow Worksheet)	\$ _____	\$ _____
3) Other <b>After Tax</b> Monthly Income Sources		
A) Spouse's Income	\$ _____	\$ _____
B) Social Security	\$ _____	\$ _____
C) Disability Coverage ( <i>Line 1C</i> )	\$ _____	\$ _____
D) Investment Income	\$ _____	\$ _____
E) Total Other Income Sources	\$ _____	\$ _____
4) Income Shortfall (Gap) <i>Line 2 - Line 3E</i>	\$ _____	\$ _____
5) Information Needed to Prepare an Illustration		
Date of Birth	_____	_____
Smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Benefit Amount ( <i>Line 4</i> )	\$ _____	\$ _____
Occupation	_____	_____
Elimination Period Desired	_____	_____
Benefit Period (years)	_____	_____
Misc. Riders:		
Cost of Living	_____ %	_____ %
Residual	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Increased Benefit	\$ _____	\$ _____

# How to Use the Disability Worksheet

## 1) Does Your Client Have a Disability Policy that Replaces their Income?

Find out if your client already has a disability policy and mark the answer. If the client answered *yes*, indicate the benefits on Lines 1A, B and C. If the client answered *no*, gather the information needed to run an illustration (Lines 2, 3, 4 and 5).

- A) Enter each person's gross monthly income individually.
- B) Enter the percentage of income benefit that the client's policy provides.
- C) Divide the monthly income by the benefit percentage (in decimal form) to arrive at the monthly benefit they are eligible to receive. (Line 1A x 1B) This benefit amount may be limited by the provisions in your client's disability policy for a maximum amount.

## 2) Monthly Family Expenses (from Cash Flow Worksheet)

Enter the client's monthly expenses from the Cash Flow Worksheet minus amounts not incurred if the client is disabled, such as income tax, Social Security tax, qualified plan contributions, or charitable contributions.

## 3) Other Monthly Income Sources (After Tax)

Enter the after-tax income of the client, spouse and any other unearned income sources. To figure the after-tax income of the client and spouse, take annual income divided by 12. Multiply that number by (1 - tax rate). Remember to put the client's income in the spouse column and the spouse income in the client column because you are figuring out each person's alternative income not including their own.

Add up all of the other income sources and enter the sum in the Total, Line 3E.

## 4) Income Shortfall (Gap)

Subtract Line 3E from Line 2 and enter the result on this line. This is the amount of money that would not be provided if your client was disabled and could not work.

## 5) Information Needed to Prepare an Illustration

If your client does not currently have a disability policy or if he/she suspects it is not enough coverage, fill out the information here to discuss having an illustration run by the H.D. Vest Financial Planning Support Department.

For more detailed instructions see the section on "How to Use the Worksheet" in the Check-up Training Guide.

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# Emergency Fund

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**Next Review Date:** \_\_\_\_\_

# Emergency Fund Worksheet

## 1) How much does your client currently have in an Emergency Fund?

- A. Cash in Checking Accounts \$ \_\_\_\_\_
- B. Savings Accounts and Money Market Accounts \$ \_\_\_\_\_
- C. CDs (less than 90 days) and Treasury Bills \$ \_\_\_\_\_
- D. Other Available Liquid Resources \$ \_\_\_\_\_
- E. Total in Current Emergency Fund \$ \_\_\_\_\_  
*Line 1A + 1B + 1C + 1D*

## 2) How much money should your client have in an Emergency Fund?

- A. Family Monthly Living Expenses \$ \_\_\_\_\_
- B. # of months X \_\_\_\_\_
- C. Emergency Fund Needed \$ \_\_\_\_\_  
*(2A x 2B)*

## 3) Emergency Fund shortage or surplus?

*Line 2C - Line 1E*

\$ \_\_\_\_\_

## 4) Monthly Investment Needed for a Sufficient Emergency Fund

- A. Number of months to invest \_\_\_\_\_
- B. Monthly investment needed to meet goal \$ \_\_\_\_\_  
*Line 3/Line 4A*

# How to Use the Emergency Fund Worksheet

## 1) How much does your client currently have in an Emergency Fund?

Enter the amount of money that the client currently has in the stated accounts on their respective line (Lines 1A through 1D). Other Available Liquid Resources might include: mutual funds, or some might even consider stocks, bonds or the cash value of a life insurance policy as part of their emergency fund. If using these resources as emergency funds, make sure that this asset is not allocated to any of the client's other planning goals.

## 2) How much money should your client have in an Emergency Fund?

A) Fill in the family monthly living expenses.

B) Fill in the number of months of living expenses that the client needs to have in their emergency fund in Line 2B. You can use a number as low as 1 or as high as 12 depending upon the client's situation (See "Technical Information").

C) Multiply Line 2A by Line 2B and enter the result on Line 2C.

## 3) How much is your client's Emergency Fund shortage or surplus?

Subtract line 1E (Total in Current Emergency Fund) from line 2C (Emergency Fund Needed) and enter the result here. If there is a surplus, you might suggest that your client redirect these funds to meet another funding goal or pay off some debt (like credit card debt).

## 4) Monthly Investment Needed for a Sufficient Emergency Fund

Enter the number of months that the client wants (should be the lowest number that the client can afford) to invest to meet the Emergency Funding need. Divide the total shortfall (Line 3) by Line 4A to find the monthly investment needed to meet the goal.

For more detailed instructions see the section on "How to Use the Worksheet" in the Check-up Training Guide.

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# Debt

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**Next Review Date:** \_\_\_\_\_

# Debt Worksheet

**1) Add Up Your Client's Debt**

\*Do not include mortgage on primary residence.

Creditor*	Average Monthly Payment	Total Balance Owed	Annual Interest Charge	Annual Interest Paid
_____	\$ _____	\$ _____	_____ %	\$ _____
_____	\$ _____	\$ _____	_____ %	\$ _____
_____	\$ _____	\$ _____	_____ %	\$ _____
_____	\$ _____	\$ _____	_____ %	\$ _____
_____	\$ _____	\$ _____	_____ %	\$ _____
_____	\$ _____	\$ _____	_____ %	\$ _____
_____	\$ _____	\$ _____	_____ %	\$ _____
<b>Totals</b>	<b>(A) \$ _____</b>	<b>(B) \$ _____</b>		<b>(C) \$ _____</b>

C) Debt Payment/Income Ratio \_\_\_\_\_ %  
*Total 1A/After- tax monthly income*

**2) Debt Management Plan**

- Debt Reduction** \_\_\_\_\_  
\_\_\_\_\_
- Debt Consolidation** \_\_\_\_\_  
\_\_\_\_\_
- Debt Refinancing** \_\_\_\_\_  
\_\_\_\_\_
- Home Equity Loan** \_\_\_\_\_  
\_\_\_\_\_
- Credit Counseling** \_\_\_\_\_  
\_\_\_\_\_

# How to Use the Debt Worksheet

## 1) Add Up Your Client's Debt

In this section you will help the client list all of their current creditors (excluding the mortgage on their primary residence). The Annual Interest amount is purely to show your clients how much they are spending for their "credit."

**A)** Once you have completed the list, add up the Total Average Monthly Payments column and place this total in the designated space.

**B)** Add up the Total Balance Owed. Many people have no idea how deep in debt they are!

**C)** Add up the Annual Interest Paid column and place this total in the designated space.

**D)** Calculate the client's debt payment-to-income ratio. This is the client's total minimum monthly payments on credit purchases (Total 1A) divided by their monthly income (net of taxes). A healthy debt payment-to-income ratio will be less than 15%.

## 2) Debt Management Plan

Several techniques can be used to effectively improve your client's debt situation. Some of these possibilities are listed below:

- o Debt Reduction
- o Debt Consolidation
- o Debt Refinancing
- o Home Equity Loan
- o Credit Counseling

For more detailed instructions see the section on "How to Use the Worksheet" in the Check-up Training Guide.

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# Property & Casualty

**Date:** \_\_\_\_\_

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**Next Review Date:** \_\_\_\_\_



# How to Use the Property & Casualty Worksheet

## 1) Auto Insurance

- A) In this section you will list all the vehicles that the client owns (this includes all cars, trucks, and any recreational vehicles) and provide the indicated information on each.
- B) To determine if the coverage is adequate, consult the Training Guide.

## 2) Homeowners

- A) Complete the provided checklist to determine if the client has coverage for many of the most common risks.
- B) If the policy has not been reviewed recently, you may suggest that the client note any major changes in their situation that might warrant increased or decreased coverage.

## 3) Umbrella Liability Coverage

- A) Indicate the amount of umbrella liability coverage that the client currently maintains. H.D. Vest recommends a minimum of coverage for personal liability of \$1,000,000.
- B) If their policy has not been reviewed recently, you may suggest that they note any major changes in their situation that might warrant increased or decreased coverage.

## 4) Additional Coverage

Note any additional coverage that the client may have or need.

For more detailed instructions see the section on “How to Use the Worksheet”  
in the Check-up Training Guide.

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# Insurance

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**Next Review Date:** \_\_\_\_\_

# Insurance Worksheet

	Husband	Wife
<b>1) Pre-Retirement Income</b>		
A. Replacement Income Needed After Death	_____	_____
B. # of Years Until Retirement	_____	_____
C. Capital Needed to Replace \$1,000 in Income (Table One)	_____	_____
D. Capital Needed to Replace Client's Income (1A/1,000 x 1C)	=====	=====
<b>2) Final Expenses</b>	_____	_____
<b>3) Educational Fund Gap</b> (From Education Worksheet Line 14)	_____	_____
<b>4) Survivor Retirement Gap</b> (From Retirement Worksheet Line 17)	_____	_____
<b>5) Child Care Fund</b>	_____	_____
<b>6) Emergency Fund Gap</b> (From Emergency Fund Worksheet Line 3)	_____	_____
<b>7) Miscellaneous Fund Gap</b>	_____	_____
<b>8) Total Protection Needed</b> <i>Line 1D + Lines 2,3,4,5,6 &amp; 7</i>	=====	=====
<b>9) Non-Committed Assets</b>	( _____ )	( _____ )
<b>10) Present Life Insurance</b>	( _____ )	( _____ )
<b>11) Social Security Benefits</b>	( _____ )	( _____ )
<b>12) Additional Insurance Need</b> <i>Line 8 - (Line 9 + Line 10 + Line 11)</i>	=====	=====

# How to Use the Insurance Worksheet

Please note that all Lines are current numbers that can be attributed to either your client or the spouse. If your client is the husband and makes \$50,000/year in salary, put that in the husband column. If he has a \$100,000 life insurance policy through his work, put \$100,000 in his column under "Present Life Insurance."

## 1) Pre-Retirement Income

### A. Replacement Income Needed After Death

This value should represent the annual amount needed to replace the income provided by the client to pay family expenses. This amount will be inflation adjusted to the retirement age entered in the Client Profile worksheet.

### B. # of Years Until Retirement

Fill in the number of years until the client plans to quit working.

### C. Factor: Capital Needed to Replace \$1,000 in Income

Refer to Table One. Find the number of years until retirement (rounded up) and the assumed annual interest rate that your client wants to use. Enter the number on this line.

### D. Capital Needed to Replace Client's Income

Divide line 1A by \$1,000. Multiply that number by line 1C and fill in the result here. This value represents the lump sum required to provide income through the client's desired retirement age. The value assumes that the client will deplete this fund over the "pre-retirement period." The pre-retirement period is the number of years that the client will "work for his/her money" vs. the "retirement period," which represents the number of years that the client plans to live off of the investments made in the pre-retirement period. This value also assumes the selected rate of interest will be earned consistently on the funds during the pre-retirement period.

## 2) Final Expenses

Fill in the dollar amount that the client estimates will be needed at death to cover final expenses. H.D. Vest recommends \$25,000.

## 3) Educational Fund Gap

The educational funding gap can be found by totaling Line 14 on the Educational Funding Worksheet (pg. 33) for all children. If the educational funding requirements can be met out of current expenses (Line 10 on the Educational Funding Worksheet), then enter zero on this line.

## 4) Survivor Retirement Gap

The retirement funding gap can be found on the Retirement Worksheet (pg. 41, Line 17). If the Retirement funding requirements can be met out of current expenses (Line 13 on the Retirement Worksheet), then enter zero on this line.

## 5) Child Care Fund

Enter the amount of the average annual daycare (or nanny) expense multiplied by the number of years this care would be required.

## 6) Emergency Fund Gap

Take this information from the Emergency Fund Worksheet (Pg. 13, Line 3).

**7) Miscellaneous Fund Gap**

This area is provided to address any other funding goals that may be unmet because of an untimely death. (Consider the Special Needs Worksheet information, Pg. 49, Line 5.) This can also include any outstanding debt that the client has.

**8) Total Protection Needed**

Total Lines 1D through 7 for each party.

**9) Non-Committed Assets**

List the total of any assets that could be liquidated to offset the total protection needed and are not earmarked for goals covered in lines 3, 4 and 7.

**10) Present Life Insurance**

List the total of any life insurance on each party’s life.

**11) Social Security Benefits**

H.D. Vest recommends that you assume zero. See Training Guide Instructions for more information.

**12) Additional Insurance Need**

Subtract the sum of Line 9, Line 10 and Line 11 from Line 8 and enter the result here. This represents the additional insurance needed to ensure that the family is protected against the economic loss of the earning potential of the insured party.

For more detailed instructions see the section on “How to Use the Worksheet” in the Check-up Training Guide.

**Insurance Reference Table**

**Table One**

**Factor: Lump sum needed today to provide \$1000 per year until the year of retirement (for dependents in case of death)**

Years Until Retirement	At 6%	At 8%	At 10%
45	15,456	\$12,108	\$9,863
40	15,046	11,925	9,779
35	14,498	11,655	9,644
30	13,765	11,258	9,427
25	12,783	10,675	9,077
20	11,470	9,818	8,513
15	9,712	8,559	7,606
10	7,360	6,710	6,145
5	4,212	3,993	3,791

# Long-Term Care

**Date:** \_\_\_\_\_

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**Next Review Date:** \_\_\_\_\_

# Long-Term Care Worksheet

## 1) Existing Long-term Care Plan

A) If you needed extended or nursing home care, have you developed a plan to pay for these expenses?       Yes       No

B) If your parents needed extended or nursing home care, have you developed a plan to pay for these expenses?       Yes       No

C) If a policy exists, how long ago was it purchased?      \_\_\_\_\_ years

## 2) If Long-Term Care Insurance is owned, have your client bring in the policy so you can review it for adequate coverage and competitiveness.

## 3) If no policy is owned, answer the following questions to obtain the information necessary to order an illustration for insurance:

A) Date of Birth of person requesting coverage      \_\_\_\_\_

B) Are you a Smoker?       Yes       No

C) Daily Benefit Requested      \$\_\_\_\_\_

D) Benefit Period Desired       2 yrs     3 yrs     4 yrs     Lifetime  
 Other \_\_\_\_\_

E) Home Health Care       Yes       No

F) Elimination Period       20 days     100 days    \_\_\_\_\_ days

G) Benefit Increase Amount      \_\_\_\_\_%       simple       compound

H) Special Health Problems  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# How to Use the Long-Term Care Worksheet

## 1) Existing Long Term Care Plan

A) Ask your clients if they have a plan for providing for long-term care for themselves. They are eligible to get a policy if they are over 40 years old. Some people may think they have a long-term care policy but it is really Medi-gap which only covers what Medicare doesn't. Refer to the Training Guide for more information about this.

B) Perhaps your clients have a policy for their parents or would consider getting one.

C) If there is an existing policy that was written more than two years ago, it should be reviewed for adequate coverage and competitiveness.

## 2) If A Policy is Owned.

Have your client bring in the policy for your review. Refer to the Training Guide for more information about what to look for in the policy. Also, consider having an illustration run at H.D. Vest to see if you can offer the same policy features at a more reasonable rate.

## 3) If No Policy is Owned:

### A) Date of Birth

Enter date of birth of the person who is requesting coverage.

### B) Smoker?

Note whether this person is a smoker.

### C) Daily Benefit Amount

Fill in the daily coverage provided to pay for nursing home expenses. The average cost of an extended care facility is between \$90 and \$100 per day. Call a few facilities in your area and find out what the average daily cost is in your area. Use that as a base line to evaluate the adequacy of your client's benefits in this area.

### D) Benefit Period

Fill in the length of time that the benefits last. Typically 24, 36, 48 months to lifetime. The average nursing home stay is between 24 and 36 months. Of course, the most conservative approach is lifetime benefits. H.D. Vest recommends coverage periods as long as possible.

### E) Home Health Care Coverage

Check "yes" if the client desires home health care services. Check "no" if the client does not want this coverage. We recommend that the coverage extends to home health care, due to the growing popularity of this type of care.

**F) Elimination Period**

Check the desired number of days before benefits are to begin, or fill in a specific number. The shorter the waiting period, the more expensive the policy will be. If adequate emergency funds exist, consider a longer waiting period to save on premiums.

**G) Benefit Increase Amount**

Fill in the percentage that benefits will increase during the life of the policy. Many policies have a stated increase percentage, usually approximately 5% with choices of simple or compound interest. We recommend at least a 5% simple provision be included in the policy if the applicant is under 70 years of age. This feature protects the client from increases in long-term care costs. The benefits begin to increase 12 months after the policy goes in force. The premium remains the same.

**H) Special Health Problems**

List any special health problems or surgeries that the client currently has or has had in the past.

**Call the Financial Planning Support department to obtain an illustration for your client.**

For more detailed instructions see the section on "How to Use the Worksheet" in the Check-up Training Guide.

# Educational Funding

**Date:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

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**Next Review Date:** \_\_\_\_\_

# Educational Funding Worksheet

**Child:** \_\_\_\_\_

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| 1) Number of Years until College   | _____                               | years                               |
| 2) Public or Private College   | <b>o Public</b>                     | <b>o Private</b>                    |
| 3) Cost of a Four-Year College Education<br>in the Future ( <i>Table One</i> )                                 | _____                               | _____                               |
| 4) Choose Two Rates of Return<br>(6%, 8% or 10%)   | <b>Rate of Return #1</b><br>_____ % | <b>Rate of Return #2</b><br>_____ % |
| 5) Accumulation To Date Toward Goal  | _____                               | _____                               |
| 6) Future Value of a \$1000<br>( <i>Table Two</i> )  | _____                               | _____                               |
| 7) Future Value of Current Educational Fund<br>Accumulation ( <i>Line 5/\$1000</i> ) x <i>Line 6</i>           | _____                               | _____                               |
| 8) Educational Funding Gap<br><i>Line 3 - Line 7</i>   | =====                               | =====                               |
| 9) Factor: Monthly Funding Needed in<br>\$1000 Increments ( <i>Table Three</i> )                               | _____                               | _____                               |
| 10) Monthly Investment Required to<br>Fund Future College Expenses<br>( <i>Line 8/\$1000</i> ) x <i>Line 9</i> | _____                               | _____                               |
| 11) Current Monthly Investment for<br>College Education Expenses   | ( _____ )                           | ( _____ )                           |
| 12) Additional Monthly Investment<br>Needed <i>Line 10 - Line 11</i>   | =====                               | =====                               |
| 13) Factor: Present Value of a Lump Sum<br>in \$1000 Increments ( <i>Table Four</i> )                          | _____                               | _____                               |
| 14) Lump Sum Needed Today<br>To Fund Educational Goal<br>( <i>Line 8/\$1000</i> ) x <i>Line 13</i>             | =====                               | =====                               |

# How to Use the Educational Funding Worksheet

You should complete a separate Educational Funding Worksheet (Lines 1 through 14) for each child. Then, add the results of Line 12 for each child to determine the total additional monthly investment needed to provide funding for all children's college education.

**1) Number of Years Until College Attendance**

Determine the number of years until your client's child will be attending college, and enter the number here.

**2) Public or Private College**

Indicate whether the parents plan for their child to attend a public or private university. Or, use both columns to compare the costs.

**3) Cost of a Four-Year College Education in the Future**

Refer to Table One. Enter the number that corresponds to the number of years until college attendance for both public and private or just one, whichever the client prefers.

**4) Choose Two Rates of Return**

For comparison purposes, in each column, enter two different rates of return (6%, 8% or 10%). This will allow you to show the difference rate of return makes to the client's investments. Or, use the columns to compare public vs. private costs.

**5) Accumulation To Date Toward Goal**

Enter the amount of the client's current investments or savings that are earmarked for education. Do this for both columns.

**6) Future Value of \$1000**

Refer to Table Two. Enter the number that corresponds to your chosen assumed rate of return and the number of years until college. Do this for both columns.

**7) Future Value of Current Educational Fund Accumulation**

Divide Line 5 by \$1000. Multiply by Line 6. Enter the result on this line. Do this for both columns.

**8) Educational Funding Gap**

Subtract Line 7 from Line 3 and enter the result on this line. Do this for both columns.

**9) Factor: Monthly Funding Needed in \$1000 Increments**

Refer to Table Three. Enter the number that corresponds to your chosen assumed rate of return and the number of years until college attendance. Do this for both columns.

**10) Monthly Investment Required to Fund Future College Expenses**

Divide Line 8 by \$1000, then multiply the result by Line 9. Do this for both columns.

**11) Current Monthly Investment for College Education Expenses**

Enter the current amount that is being invested toward educational funding.

**12) Additional Monthly Investment Needed**

Subtract Line 11 from Line 10 and enter the result on this line. This is the amount the client needs to invest each month to reach the educational funding goal (assuming the rate of return is achieved).

**13) Factor: Present Value of a Lump Sum in \$1000 Increments**

Refer to Table Four. Enter the number that corresponds to your chosen assumed rate of return and the number of years until college attendance. Do this for both columns.

**14) Lump Sum Needed Today to Fund Educational Goal**

Divide Line 8 by \$1000. Multiply by Line 13. Enter the result here. This is the lump sum needed today to completely meet the educational funding goal (assuming the rate of return is achieved).

# Educational Funding Reference Tables

**Table One**

**Cost of a Four-Year College Education in the Future**

Years Until College Attendance	Public College	Private College
1	\$46,690	\$99,331
2	\$49,491	\$105,291
3	\$52,461	\$111,608
4	\$55,609	\$118,305
5	\$58,945	\$125,403
6	\$62,482	\$132,927
7	\$66,231	\$140,903
8	\$70,204	\$149,357
9	\$74,417	\$158,319
10	\$78,882	\$167,818
11	\$83,615	\$177,887
12	\$88,632	\$188,560
13	\$93,949	\$199,873
14	\$99,586	\$211,866
15	\$105,562	\$224,578
16	\$111,895	\$238,053
17	\$118,609	\$252,336
18	\$125,726	\$267,476

*\*Table One assumes a 6% annual increase in cost, based upon the 1997-98 academic year from the College Entrance Examination Board ([www.collegeboard.com](http://www.collegeboard.com)).*

*This table assumes that the client will pay their taxes with other assets and that all the funds are spent the first year of college.*

**Table Two**

**Future Value of \$1000 (pre-tax)**

<b>Number of Years</b>	<b>At 6%</b>	<b>At 8%</b>	<b>At 10%</b>
1	\$1,060	\$1,080	\$1,100
2	\$1,124	\$1,166	\$1,210
3	\$1,191	\$1,260	\$1,331
4	\$1,262	\$1,360	\$1,464
5	\$1,338	\$1,469	\$1,611
6	\$1,419	\$1,587	\$1,772
7	\$1,504	\$1,714	\$1,949
8	\$1,594	\$1,851	\$2,144
9	\$1,689	\$1,999	\$2,358
10	\$1,791	\$2,159	\$2,594
11	\$1,898	\$2,332	\$2,853
12	\$2,012	\$2,518	\$3,138
13	\$2,133	\$2,720	\$3,452
14	\$2,261	\$2,937	\$3,797
15	\$2,397	\$3,172	\$4,177
16	\$2,540	\$3,426	\$4,595
17	\$2,693	\$3,700	\$5,054
18	\$2,854	\$3,996	\$5,560

**Table Three**

**Factor: Monthly Funding Needed in \$1,000 Increments (pre-tax)**

<b>Years Until College Attendance</b>	<b>At 6%</b>	<b>At 8%</b>	<b>At 10%</b>
1	\$81.07	\$80.32	\$79.58
2	39.32	38.56	37.80
3	25.42	24.67	23.93
4	18.49	17.75	17.03
5	14.33	13.61	12.91
6	11.57	10.87	10.19
7	9.61	8.92	8.27
8	8.14	7.47	6.84
9	7.01	6.35	5.75
10	6.10	5.47	4.88
11	5.37	4.75	4.19
12	4.76	4.16	3.62
13	4.25	3.66	3.15
14	3.81	3.25	2.75
15	3.44	2.89	2.41
16	3.11	2.58	2.13
17	2.83	2.32	1.88
18	2.58	2.08	1.67

## Table Four

Factor: Present Value of a Future Sum in \$1000 Increments (pre-tax)

Years	At 6%	At 8%	At 10%
1	\$943	\$926	\$909
2	\$890	\$857	\$826
3	\$840	\$794	\$751
4	\$792	\$735	\$683
5	\$747	\$681	\$621
6	\$705	\$630	\$564
7	\$665	\$583	\$513
8	\$627	\$540	\$467
9	\$592	\$500	\$424
10	\$558	\$463	\$386
11	\$527	\$429	\$350
12	\$497	\$397	\$319
13	\$469	\$368	\$290
14	\$442	\$340	\$263
15	\$417	\$315	\$239
16	\$394	\$292	\$218
17	\$371	\$270	\$198
18	\$350	\$250	\$180

*This table assumes that the client will pay their taxes with other assets and that all the funds are spent the first year of college.*

# Retirement

**Date:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

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**Goal:** \_\_\_\_\_

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**Strategy:** \_\_\_\_\_

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**Next Review Date:** \_\_\_\_\_

# Retirement Worksheet

- |   |                        |                        |
|---|------------------------|------------------------|
| 1) Number of Years to Retirement  |                        | _____                  |
| 2) Annual Family Income Needed <i>(80% of current gross income)</i>                                       |                        | _____                  |
| 3) Future Value of \$1000 <i>(Table One)</i>  |                        | _____                  |
| 4) Future Value of Annual Income Needed <i>(Line 2/\$1000) x Line 3</i>                                   |                        | _____                  |
| 5) Social Security Benefits <i>(Table Two)</i>  |                        | _____                  |
| 6) Pensions   | _____                  | _____                  |
| 7) Choose Two Rates of Return   | <b>Rate #1</b> _____ % | <b>Rate #2</b> _____ % |
| 8) Current Retirement Assets  | _____                  | _____                  |
| 9) Factor: Annual Retirement Income<br>Created by a \$1000 Investment today<br><i>(Table Three)</i>       | _____                  | _____                  |
| 10) Projected Annual Income From<br>Current Retirement Assets<br><i>(Line 8/\$1000) x Line 9</i>          | _____                  | _____                  |
| 11) Retirement Income Gap<br><i>Line 4 - Line 5 - Line 6 - Line 10</i>                                    | _____                  | _____                  |
| 12) Factor: Monthly Investment Needed<br>to create \$1,000 annually<br>in retirement <i>(Table Four)</i>  | _____                  | _____                  |
| 13) Total Monthly Investment Needed<br>to Eliminate Retirement Gap<br><i>(Line 11/\$1000) x Line 12</i>   | _____                  | _____                  |
| 14) Monthly Amount Currently Invested<br>Toward Retirement  | _____                  | _____                  |
| 15) Additional Monthly Investment Needed<br>To Eliminate Retirement Gap<br><i>Line 13 - Line 14</i>       | _____                  | _____                  |
| 16) Factor: Investment Needed to Fund<br>a \$1000/year Income Stream at<br>Retirement <i>(Table Five)</i> | _____                  | _____                  |
| 17) Additional Lump Sum Needed Today<br>to Fund the Retirement Gap<br><i>(Line 11/\$1000) x Line 16</i>   | _____                  | _____                  |

# How to Use the Retirement Worksheet

**1) Number of Years Until Retirement**

Fill in the number of years until the client plans to quit working.

**2) Annual Family Income Needed**

To estimate the annual income needed for retirement, H.D. Vest recommends you enter 80% of the client's current family gross annual income. However, you can use any percentage that your client is comfortable with for retirement income.

**3) Future Value of \$1,000**

Refer to Table One. Find the number of years until retirement that corresponds most closely to the client's years to retirement, and enter the value from the table.

**4) Future Value of Annual Income Needed**

Divide Line 2 by \$1,000. Multiply the result by Line 3.

**5) Social Security Benefits**

Refer to Table Two. Fill in the amount of Social Security payments that your client can expect to receive annually. If the client does not believe he or she will receive Social Security benefits, enter zero on this line.

**6) Pensions**

Estimate the annual future retirement income from company-sponsored pension plans. This excludes 401(k)s, SEPs, IRAs.

**7) Choose Two Rates of Return**

For comparison purposes, in each column, enter a different rate of return (6%, 8% or 10%). This will allow you to see the difference rate of return makes to the client's investments.

**8) Current Retirement Assets**

Fill in the total amount currently set aside for retirement (IRAs, 401Ks, other assets earmarked for retirement). Do not include corporate-sponsored pension plan payments.

**9) Factor: Annual Retirement Income Created by a \$1000 Investment Today**

Refer to Table Three. Enter the number that corresponds to your chosen assumed rate of return and the number of years until retirement. Do this for both columns.

**10) Projected Annual Income from Current Retirement Assets**

Divide Line 8 by \$1,000. Multiply by Line 9. Repeat this procedure using the figures in column 2.

**11) Retirement Income Gap**

From Line 4, subtract Lines 5, 6 and 10. Repeat this using the figures in column 2.

**12) Factor: Monthly Investment Needed to Create \$1,000 in Annual Retirement Income**

Refer to Table Four. Find the number of years until retirement and the chosen assumed rate of return. Enter the corresponding value here. Do this for both columns.

**13) Total Monthly Investment Needed to Eliminate Retirement Gap**

Divide Line 11 by \$1,000. Multiply by Line 12 and fill in the result. Repeat this procedure using the figures in column 2. This is the amount the client needs to be investing to meet his or her retirement funding need.

**14) Monthly Amount Currently Invested Toward Retirement**

Enter the monthly amount that is currently being invested toward Retirement Funding.

**15) Additional Monthly Investment Needed to Eliminate Retirement Gap**

Subtract Line 14 from Line 13 and enter the result on this line. This is the amount the client needs to invest additionally each month to reach the educational funding goal (assuming the rate of return is achieved). If this number is less than zero because the client is funding their retirement sufficiently, put zero here for purposes of the rest of the worksheet.

**16) Factor: Investment Needed to Fund a \$1000/year Income Stream at Retirement**

Refer to Table Five. Write the number that corresponds to your assumed rate of return and number of years until retirement. Repeat for column 2.

**17) Additional Lump Sum Needed Today to Fund the Retirement Gap**

Divide Line 11 by \$1000. Multiply by Line 16. Enter the result on Line 17. Repeat for column 2. This is the lump sum needed today to completely fund the retirement gap.

# Retirement Reference Tables

**Table One**  
**Future Value of a Sum (\$1,000 Increments)**

Years to Retirement	3% Inflation
45	3,781
40	3,262
35	2,813
30	2,427
25	2,093
20	1,806
15	1,558
10	1,344
5	1,159

This number represents the amount of money it will take when your client retires to have the purchasing power equal to \$1,000 today, assuming a 3% rate of inflation.

**Table Two**  
**Projected Annual Social Security Benefits**

Worker's Current Age		Worker's Earnings in 1997			
		\$24,000	\$36,000	\$52,000	\$68,400+
35*	Single	9,468	12,588	14,652	16,776
	Married Couple	14,016	18,636	21,696	24,840
45*	Single	10,056	13,464	15,648	17,808
	Married Couple	14,988	20,076	23,328	26,544
55*	Single	9,924	13,332	15,348	16,956
	Married Couple	14,796	19,872	22,884	25,272
65	Single	10,152	13,548	15,108	16,104
	Married Couple	15,228	20,316	22,656	24,156

\*These amounts are reduced for retirement at age 65 because the normal retirement age is higher for these persons.

**Table Three****Factor: Annual Retirement Income Created by a \$1,000 Investment Today  
(pre-tax)**

Years to Retirement	Pre-tax 6%	Rate of 8%	Return 10%
45	918	2,530	6,773
40	686	1,722	4,205
35	512	1,172	2,611
30	383	797	1,621
25	286	543	1,007
20	214	369	625
15	160	251	388
10	119	171	241
5	89	116	150

This number represents the annual income (adjusted for inflation to maintain purchasing power) that a \$1,000 lump sum investment would create throughout the retirement period if invested at the selected rate of return. Assumes a retirement period of 20 years.

**Table Four****Factor: Monthly Investment Needed to Create \$1,000 in Annual Retirement  
Income (pre-tax)**

Years to Retirement	Pre-tax 6%	Rate of 8%	Return 10%
45	5.60	2.50	1.10
40	7.75	3.79	1.82
35	10.83	5.76	3.03
30	15.37	8.87	5.09
25	22.75	13.90	8.67
20	33.41	22.45	15.15
15	53.07	38.22	27.25
10	94.83	72.30	56.13
5	221.75	180.04	148.47

This number represents the monthly investment your client would need to make until retirement at the selected rate of return to create a \$1,000 annual income (adjusted for inflation) throughout their retirement period. (Adjusted for inflation during disbursement.)

**Table Five**

**Factor: Payment Needed to Fund a \$1000/year Future Income Stream at Retirement (pre-tax)**

<b>Years Until Retirement</b>	<b>At 6%</b>	<b>At 8%</b>	<b>At 10%</b>
45	1,121	414	158
40	1,501	609	254
35	2,008	895	409
30	2,687	1,315	659
25	3,596	1,932	1,061
20	4,813	2,839	1,709
15	6,440	4,171	2,752
10	8,619	6,128	4,432
5	11,534	9,004	7,138

This number represents the lump sum amount your client would need to invest today at the given interest rate to create a \$1,000 annual income (in today's dollars) throughout his or her retirement period. (Not adjusted for inflation.)

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# Special Needs Funding

**Date:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

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**Goal:** \_\_\_\_\_

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**Strategy:** \_\_\_\_\_

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**Next Review Date:** \_\_\_\_\_

# Special Needs Funding Worksheet

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1) Goal Needing Special Funding   |                          |                          |
| 2) Number of Years to Invest  |                          |                          |
| 3) Total Funds Needed for Goal  |                          |                          |
| 4) Future Value of \$1000 ( <i>Table One</i> )  |                          |                          |
| 5) Future Value of Goal<br>( <i>Line 3/\$1000</i> ) x <i>Line 4</i>                                   |                          |                          |
| 6) Assumed Rate of Return   | <b>Rate of Return #1</b> | <b>Rate of Return #2</b> |
|   | _____ %                  | _____ %                  |
| 7) Accumulation To Date<br>Toward Goal  |                          |                          |
| 8) Future Value of a \$1000<br>( <i>Table Two</i> )   |                          |                          |
| 9) Future Value of Accumulation to date<br>( <i>Line 7/\$1000</i> ) x <i>Line 8</i>                   |                          |                          |
| 10) Special Needs Funding Gap<br><i>Line 5 - Line 9</i>   |                          |                          |
| 11) Factor: Funding Needed in<br>\$1,000 Increments ( <i>Table Three</i> )                            |                          |                          |
| 12) Monthly Investment Required<br>to Fund Goal<br><i>Line 10/\$1000</i> x <i>Line 11</i>             |                          |                          |
| 13) Current Monthly Investment<br>Toward Funding Goal   | ( _____ )                | ( _____ )                |
| 14) Additional Monthly Investment<br>Needed <i>Line 12 - Line 13</i>                                  |                          |                          |
| 15) Factor: Present Value of a Lump<br>Sum in \$1000 Increments<br>( <i>Table Four</i> )              |                          |                          |
| 16) Lump Sum Needed Today<br>to Fund Special Needs Goal<br>( <i>Line 10/\$1000</i> x <i>Line 13</i> ) |                          |                          |

# How to Use the Special Needs Funding Worksheet

You should complete a separate Special Needs Funding Worksheet for each accumulation goal to determine the monthly investment needed to provide funding for each goal.

**1) Goal**

Enter a title or short description of the special need that will require funding.

**2) Number of Years to Invest**

Indicate the number of years that the client has to invest for the described goal.

**3) Funds Needed for Goal**

Enter the lump sum amount needed by the client to meet the goal.

**4) Future Value of \$1000**

Refer to Table One. Find the number of years your client has in which to accumulate the funds for this goal and the corresponding number on this line. This number represents the amount of money \$1000 will be worth when your client wishes to realize his or her goal, adjusted for 3% inflation per year.

**5) Future Value of Goal**

Take the amount entered in Line 3/\$1000 and multiply the result by the factor in Line 4. This number represents what the special need goal will be worth when your client reaches the end of the investment period.

**6) Choose Two Rates of Return**

For comparison purposes, in each column, choose on a different rate of return (6%, 8% or 10%). This will allow you to see the difference rate of return makes to the client's investments.

**7) Accumulation To Date Towards Goal**

Enter the amount of the client's current investments or savings that are earmarked for this goal.

**8) Future Value of \$1000**

Refer to Table Two. Enter the number that corresponds to your chosen assumed rate of return and the number of years your client has to invest.

**9) Future Value of Current Educational Fund Accumulation**

Divide Line 7 by \$1000. Multiply by Line 8. Enter the result on this line.

**10) Special Needs Funding Gap**

Take the amount entered in Line 5 and subtract the amount entered in Line 9. This number represents the future cost of your client's goal minus the future value of your client's current investment. This shows the amount, if any, that will need to be accumulated to fund the goal.

**11) Factor: Monthly Funding Needed in \$1,000 Increments**

Refer to Table Three. Find the number of years your client has in which to accumulate the funds for this goal and the assumed rate of return and enter the corresponding number on this line. This number represents the amount of money your client needs to invest monthly, starting today, at the chosen rate of return for the given number of years to create \$1,000 at the time he or she wishes to realize the goal.

**12) Monthly Investment Required to Fund Goal**

Take the amount entered in Line 10 divided by \$1000 and multiply the result by the factor in Line 11. This number represents the monthly investment needed today to meet your client's total funding goal.

**13) Current Monthly Investment Toward Funding Goal**

Enter the monthly amount that is currently being invested toward your client's goal on this line.

**14) Additional Monthly Investment Needed**

Subtract the amount entered in Line 13 from the amount in Line 12 (Current monthly investment subtracted from monthly investment required). This is the additional amount the client needs to invest each month to reach the funding goal (assuming the rate of return is achieved).

**15) Factor: Present Value of a Lump Sum in \$1,000 Increments**

Refer to Table Four. Find the number of years your client has in which to accumulate the funds for this goal and the assumed rate of return and enter the corresponding number on this line. This number represents the lump sum that if invested today would create \$1,000 at the end of the investment period.

**16) Lump Sum Needed Today to Fund Special Needs Goal**

Take the amount entered in Line 10 and divide by \$1000. Multiply the result by the factor in Line 15. This number is the lump sum needed today to completely meet the funding goal for this need (assuming the rate of return is achieved).

# Special Needs Reference Tables

## Table One - Special Needs Funding

### Future Value of \$1,000 (pre-tax)

This number represents the amount of money \$1000 will be worth when your client wishes to realize his or her goal. This number is adjusted for 3% inflation per year.

Years To Invest	3%		Years To Invest	3%
1	\$1,030		26	\$2,157
2	\$1,061		27	\$2,221
3	\$1,093		28	\$2,288
4	\$1,126		29	\$2,357
5	\$1,159		30	\$2,427
6	\$1,194		31	\$2,500
7	\$1,230		32	\$2,575
8	\$1,267		33	\$2,652
9	\$1,305		34	\$2,732
10	\$1,344		35	\$2,814
11	\$1,384		36	\$2,898
12	\$1,426		37	\$2,985
13	\$1,469		38	\$3,075
14	\$1,513		39	\$3,167
15	\$1,558		40	\$3,262
16	\$1,605		41	\$3,360
17	\$1,653		42	\$3,461
18	\$1,702		43	\$3,565
19	\$1,754		44	\$3,671
20	\$1,806		45	\$3,782
21	\$1,860			
22	\$1,916			
23	\$1,974			
24	\$2,033			
25	\$2,094			

## Table Two - Special Needs Funding

Future Value of \$1000 (pre-tax)

Number of Years	6%	8%	10%
1	\$1,060	\$1,080	\$1,100
2	\$1,124	\$1,166	\$1,210
3	\$1,191	\$1,260	\$1,331
4	\$1,262	\$1,360	\$1,464
5	\$1,338	\$1,469	\$1,611
6	\$1,419	\$1,587	\$1,772
7	\$1,504	\$1,714	\$1,949
8	\$1,594	\$1,851	\$2,144
9	\$1,689	\$1,999	\$2,358
10	\$1,791	\$2,159	\$2,594
11	\$1,898	\$2,332	\$2,853
12	\$2,012	\$2,518	\$3,138
13	\$2,133	\$2,720	\$3,452
14	\$2,261	\$2,937	\$3,797
15	\$2,397	\$3,172	\$4,177
16	\$2,540	\$3,426	\$4,595
17	\$2,693	\$3,700	\$5,054
18	\$2,854	\$3,996	\$5,560
19	\$3,026	\$4,316	\$6,116
20	\$3,207	\$4,661	\$6,727
21	\$3,400	\$5,034	\$7,400
22	\$3,604	\$5,437	\$8,140
23	\$3,820	\$5,871	\$8,954
24	\$4,049	\$6,341	\$9,850
25	\$4,292	\$6,848	\$10,835
26	\$4,549	\$7,396	\$11,918
27	\$4,822	\$7,988	\$13,110
28	\$5,112	\$8,627	\$14,421
29	\$5,418	\$9,317	\$15,863
30	\$5,743	\$10,063	\$17,449
31	\$6,088	\$10,868	\$19,194
32	\$6,453	\$11,737	\$21,114
33	\$6,841	\$12,676	\$23,225
34	\$7,251	\$13,690	\$25,548
35	\$7,686	\$14,785	\$28,102
36	\$8,147	\$15,968	\$30,913
37	\$8,636	\$17,246	\$34,004
38	\$9,154	\$18,625	\$37,404
39	\$9,704	\$20,115	\$41,145
40	\$10,286	\$21,725	\$45,259
41	\$10,903	\$23,462	\$49,785
42	\$11,557	\$25,339	\$54,764
43	\$12,250	\$27,367	\$60,240
44	\$12,985	\$29,556	\$66,264
45	\$13,765	\$31,920	\$72,890

## Table Three - Special Needs Funding

### Factor: Monthly Funding Needed in \$1,000 Increments

This number represents the amount of money your client needs to invest monthly, starting today, at the chosen rate of return for the given number of years to create \$1,000 at the time he or she wishes to realize the goal.

Years to Invest	6%	8%	10%
1	\$81.07	\$80.32	\$79.58
2	\$39.32	\$38.56	\$37.81
3	\$25.42	\$24.67	\$23.93
4	\$18.49	\$17.75	\$17.03
5	\$14.33	\$13.61	\$12.91
6	\$11.57	\$10.87	\$10.19
7	\$9.61	\$8.92	\$8.27
8	\$8.14	\$7.47	\$6.84
9	\$7.01	\$6.35	\$5.75
10	\$6.10	\$5.47	\$4.88
11	\$5.37	\$4.75	\$4.19
12	\$4.76	\$4.16	\$3.62
13	\$4.25	\$3.66	\$3.15
14	\$3.81	\$3.25	\$2.75
15	\$3.44	\$2.89	\$2.41
16	\$3.11	\$2.58	\$2.13
17	\$2.83	\$2.32	\$1.88
18	\$2.58	\$2.08	\$1.67
19	\$2.36	\$1.88	\$1.48
20	\$2.16	\$1.70	\$1.32
21	\$1.99	\$1.54	\$1.17
22	\$1.83	\$1.40	\$1.05
23	\$1.69	\$1.27	\$0.94
24	\$1.56	\$1.15	\$0.84
25	\$1.44	\$1.05	\$0.75
26	\$1.34	\$0.96	\$0.68
27	\$1.24	\$0.88	\$0.61
28	\$1.15	\$0.80	\$0.55
29	\$1.07	\$0.73	\$0.49
30	\$1.00	\$0.67	\$0.44
31	\$0.93	\$0.61	\$0.40
32	\$0.86	\$0.56	\$0.36
33	\$0.81	\$0.52	\$0.32
34	\$0.75	\$0.47	\$0.29
35	\$0.70	\$0.44	\$0.26
36	\$0.66	\$0.40	\$0.24
37	\$0.61	\$0.37	\$0.21
38	\$0.57	\$0.34	\$0.19
39	\$0.54	\$0.31	\$0.18
40	\$0.50	\$0.29	\$0.16
41	\$0.47	\$0.26	\$0.14
42	\$0.44	\$0.24	\$0.13
43	\$0.41	\$0.22	\$0.12
44	\$0.39	\$0.21	\$0.11
45	\$0.36	\$0.19	\$0.10

## Table Four - Special Needs Funding

### Factor: Present Value of a Future Sum in \$1000 Increments

This number represents the lump sum that if invested today would create \$1,000 at the end of the investment period.

Number of Years	6%	8%	10%
1	\$943	\$926	\$909
2	\$890	\$857	\$826
3	\$840	\$794	\$751
4	\$792	\$735	\$683
5	\$747	\$681	\$621
6	\$705	\$630	\$564
7	\$665	\$583	\$513
8	\$627	\$540	\$467
9	\$592	\$500	\$424
10	\$558	\$463	\$386
11	\$527	\$429	\$350
12	\$497	\$397	\$319
13	\$469	\$368	\$290
14	\$442	\$340	\$263
15	\$417	\$315	\$239
16	\$394	\$292	\$218
17	\$371	\$270	\$198
18	\$350	\$250	\$180
19	\$331	\$232	\$164
20	\$312	\$215	\$149
21	\$294	\$199	\$135
22	\$278	\$184	\$123
23	\$262	\$170	\$112
24	\$247	\$158	\$102
25	\$233	\$146	\$92
26	\$220	\$135	\$84
27	\$207	\$125	\$76
28	\$196	\$116	\$69
29	\$185	\$107	\$63
30	\$174	\$99	\$57
31	\$164	\$92	\$52
32	\$155	\$85	\$47
33	\$146	\$79	\$43
34	\$138	\$73	\$39
35	\$130	\$68	\$36
36	\$123	\$63	\$32
37	\$116	\$58	\$29
38	\$109	\$54	\$27
39	\$103	\$50	\$24
40	\$97	\$46	\$22
41	\$92	\$43	\$20
42	\$87	\$39	\$18
43	\$82	\$37	\$17
44	\$77	\$34	\$15
45	\$73	\$31	\$14