



Deseret Mutual Financial Planning

At Deseret Mutual, our mission is to improve your health and financial well-being. To help you meet your financial goals, as well as make educated decisions and use your retirement benefits wisely, we offer free Financial Planning services. Our Financial Planners are experienced financial and investment professionals. And you can rest assured that your financial information will be kept completely confidential.

Financial planning is an individual business. In other words, one size does **not** fit all. Therefore, we need to know more about you and your current financial situation before we can answer your financial questions or offer any advice.

Please complete this worksheet and return it to Deseret Mutual's Financial Planners. If you're mailing the form, please allow a few days for it to arrive at our offices. Then, if possible, contact us to schedule an appointment for an individual consultation. For faster service, please feel free to fax your form to Deseret Mutual, attention Financial Planning / Client Services.

We usually schedule appointments at our offices in downtown Salt Lake City. If you can't come to our offices for an appointment, we'll be happy to send you a report, including our analysis and comments. We can then discuss your situation either over the telephone or by mail or e-mail.

Mailing Address:

Financial Planning / Client Services Division
Eagle Gate Plaza, 3rd floor
60 East South Temple
Salt Lake City, UT 84111

Telephone & Fax Numbers:

Call one of the following numbers and ask the operator to speak with a financial planner. If you need to fax any information, please use the fax number listed below:

Salt Lake City Area 1-801-578-5600
Toll Free 1-800-777-3622
Fax Number 1-801-578-5933

E-mail Address: finplanning@dmba.com

Personal Financial Data Form Introduction

Family Data

	First Name	Middle Initial	Last Name	Gender	Birth Date (mm/dd/yyyy)
Deseret Mutual Member				M F	
Spouse				M F	
Home Address					
City	State	Zip	Deseret Mutual ID Number (REQUIRED)		
Work Phone ()	Home Phone ()		E-mail Address		
Member's Job Title	Years	Spouse's Job Title	Years		

Dependents

Name	Birth Date (mm/dd/yyyy)	Gender	Education Funding Goal			
			College Choice	Start Age	Years to Complete College	% of Cost You Will Pay
		M F				
		M F				
		M F				
		M F				

Required Documents

Please include **photocopies** of the following documents for yourself **and your spouse**. If these documents do not apply to you or your spouse, please disregard. All information will be treated with the strictest confidentiality:

- Most recent pay stub
- Individual stock or bond brokerage statements
- Most recent tax return
- Other investment statements
- Social Security annual benefit statement
- Life insurance statement
- Roth IRA investment statement
- Annuity statement
- Traditional IRA investment statement
- Spouse employee benefit statement
- Mutual fund investment statement
- Spouse retirement plan statement
- 529 plan investment statement
- Retirement plan statements from previous employers

In the following sections, you will provide information about your financial status and investments. This information is necessary to get an accurate picture of your resources for retirement.

Desired Retirement Income

Desired Monthly, After-tax Retirement Income (in today's dollars)

\$ _____

Retirement Assumptions

Member

Desired Retirement Age: _____

Assumed Life Expectancy (if other than 90) _____

Do you want Social Security included as a retirement income source?

Yes No

Estimated Amount: Full \$ _____

Age 62 \$ _____

Pension 1

Expected Monthly Pension Benefits: \$ _____
(Master Retirement Plan)

Pension 2

Company Name: _____

Expected Monthly Pension Benefits: \$ _____

Age to start benefits: _____

Cost-of-living adjustment percentage: _____

Spouse

Desired Retirement Age: _____

Assumed Life Expectancy (if other than 90) _____

Do you want Social Security included as a retirement income source?

Yes No

Estimated Amount: Full \$ _____

Age 62 \$ _____

Pension 1

Company Name: _____

Expected Monthly Pension Benefits: \$ _____

Age to start benefits: _____

Cost-of-living adjustment percentage: _____

Pension 2

Company Name: _____

Expected Monthly Pension Benefits: \$ _____

Age to start benefits: _____

Cost-of-living adjustment percentage: _____

Other Financial Goals (Mission, Vacation Home, etc.)

Name / Description	Amount Needed*	Frequency (lump sum or annually)	First Payment (mm/dd/yyyy)	Number of Payments to Receive	Amount Currently Saved
	\$				\$
	\$				\$
	\$				\$
	\$				\$

Concerns (Insurance, Debt, Estate Planning, etc.)

* In today's dollars

Cash Assets

Asset Type	Name / Description	Owner*	Value	Total Return	Annual Additions
C	Checking Account		\$	%	\$
C	Money Market		\$	%	\$
C	Savings		\$	%	\$
CD	CD		\$	%	\$
			\$	%	\$
			\$	%	\$

* **Owner:** **A** – Member, **B** – Spouse, **J** – Joint Tenants, **C** – Tenants-in-Common, **CP** – Community Property, **U** – UTMA, Uniform Transfer to Minors Act, **T** – Trust

Personal Life Insurance

Type*	Description	Insured**	Death Benefit	Annual Premium	Cash Value	Rate of Return
			\$	\$	\$	%
			\$	\$	\$	%
			\$	\$	\$	%
			\$	\$	\$	%
			\$	\$	\$	%
			\$	\$	\$	%
			\$	\$	\$	%

* **Type:** **T** – Term, **GT** – Group Term, **W** – Whole Life, **U** – Universal Life, **V** – Variable, **VU** – Variable Universal.

** **Insured:** **A** – Member, **B** – Spouse, **C** – Child.

Other Insurance

Description	Premium Per Period	Premium Period*	Paid By**	Monthly Benefit	Waiting Period (days)	Inflation Adjustment	Benefit Period (months)
Auto	\$						
Home	\$						
Member long-term care	\$			\$			
Spouse long-term care	\$			\$			
Member disability	\$			\$			
Spouse disability	\$			\$			
Medical (other than Deseret Mutual)	\$			\$			

* **Premium Period:** **M** – Monthly, **Q** – Quarterly, **S** – Semi-Annual, **A** – Annual.

** **Paid By:** **A** – Member, **B** – Spouse, **O** – Other.

Real Estate

Property (Home, Cabin, etc.)		Current Market Value	Purchase Price	Capital Improvements	Property Tax	
1.		\$	\$	\$	\$	
2.		\$	\$	\$	\$	
3.		\$	\$	\$	\$	
1st or 2nd	Original Mortgage Amount	Original Term	Origination Date	Current Mortgage Balance	Monthly Payment (Principle & Interest Only)	Interest Rate
1	\$	yrs.		\$	\$	%
	\$	yrs.		\$	\$	%
2	\$	yrs.		\$	\$	%
	\$	yrs.		\$	\$	%
3	\$	yrs.		\$	\$	%

Personal Property

Personal Property Value (Furniture, Cars, Boats, etc.)	\$
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Annual Income

Source	Member	Spouse
Salary and Wages	\$	\$
Net Self-Employment	\$	\$
Taxable Interest	\$	\$
Dividends	\$	\$
Alimony Received	\$	\$
Rental Income	\$	\$
Social Security Benefits	\$	\$
Taxable Pension Income	\$	\$
Child Support Received	\$	\$

Liabilities

Debts/Liabilities (other than mortgage, for example, credit cards, loans, etc.)

Description	Owner	Remaining Balance	Remaining Term	Interest Rate	Monthly Payment Amount
		\$		%	\$
		\$		%	\$
		\$		%	\$
		\$		%	\$
		\$		%	\$

Budget

Budget Item (not already listed)	Monthly Amount		Monthly Amount
Food	\$	Unreimbursed Business Expenses	\$
Medical/Dental	\$	Automobile Expenses and Leases	\$
Entertainment/Recreation	\$	Rent	\$
Charity/Gift Giving	\$	Education Expenses	\$
Clothing	\$	Alimony / Child Support (Paid)	\$
Home Maintenance/Furnishings	\$	Other	\$
Utilities and Miscellaneous Costs	\$	Other	\$

Money Owed You

Description	Balance	Remaining Term	Interest Rate	Monthly Amount
1	\$		%	\$
2	\$		%	\$

Estate Planning

Identify the following estate planning documents you and your spouse have and the most current date.

	Member	Spouse
Will	Date: _____	Date: _____
Trust	Date: _____	Date: _____
Power of Attorney	Date: _____	Date: _____
Living Will	Date: _____	Date: _____
Health Care Power of Attorney	Date: _____	Date: _____

Notes

Investment Attitudes

Please answer the following questions. Your answers will help establish personal investment parameters that will serve as decision-making guides.

Investment Attitudes	1. Strongly Disagree	2. Disagree	3. Neutral	4. Agree	5. Strongly Agree	Circle One
1. I am willing to hold my investments in my portfolio for at least five years.	1	2	3	4	5	
What would cause this to change?:						
2. It is important that I am able to convert my investments into cash on short notice.	1	2	3	4	5	
What would cause this to change?:						
3. I am concerned that inflation may erode the value of my investments.	1	2	3	4	5	
What would cause this to change?:						
4. I am comfortable holding onto an investment during market fluctuations to achieve long-term objectives.	1	2	3	4	5	
What would cause this to change?:						
5. I am uncomfortable with the possibility that my portfolio may lose value.	1	2	3	4	5	
What would cause this to change?:						
6. It is important that my portfolio earn the highest overall rate of return.	1	2	3	4	5	
What would cause this to change?:						
7. I do not need current income from my investments.	1	2	3	4	5	
What would cause this to change?:						
8. It is important that my portfolio generates the maximum amount of income possible.	1	2	3	4	5	
What would cause this to change?:						
9. I am most comfortable when my portfolio contains many different investments.	1	2	3	4	5	
What would cause this to change?:						
10. Tax-advantaged investments are very important to me.	1	2	3	4	5	
What would cause this to change?:						