



Deseret Mutual Financial Planning Data Gathering Worksheet

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 financial planning services at no cost to you. Our financial planners are experienced financial and investment professionals. And you can be 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 counsel.

Please complete this worksheet and return it to Deseret Mutual's Financial Planning group by e-mail, mail, or fax. Then contact us to schedule an appointment for an individual consultation.

If you prefer to use e-mail, please save your data in this PDF form with [Adobe Reader 8 or newer](#), attach the file in your e-mail program, and [e-mail](#) it. If you choose to fax, please send it to the attention of Financial Planning.

We usually schedule appointments at our offices in downtown Salt Lake City. If you can't come to our offices, we'll be happy to send you a report, including our recommendations and comments. Then we can consult with you by phone, e-mail, or regular mail. Planners can also visit with you individually when traveling to conduct workshops.

Use the information below to contact Deseret Mutual's Financial Planning group directly.

E-mail Address and Telephone Numbers:

E-mail finplanning@dmba.com
Salt Lake City area 1-801-578-5627
Toll free 1-800-777-3622, ext. 5627
Fax 1-801-578-5933

Mailing Address:

Deseret Mutual
Financial Planning
P.O. Box 45530
Salt Lake City, UT 84145-0503

Office Location:

Deseret Mutual
Eagle Gate Plaza, 4th floor
60 E. South Temple
Salt Lake City, UT 84111

RISK PROFILE & ASSESSMENT

Investment Attitude: Very Conservative Conservative Moderate Aggressive Very Aggressive

Investment Experience: None Very Little Moderate Significant Extensive

To help you in determining your risk assessment attitude, respond to the items in this section. Your answers will help you to establish your personal financial attitudes that will serve as your decision-making guide.

IDENTIFY YOUR TIME HORIZON (Check the answers that best apply to you.)

<p>1. In how many years do you expect to begin withdrawing money from your retirement account?</p>	<input type="checkbox"/> 0-4 years <input type="checkbox"/> 5-11 years <input type="checkbox"/> 12-19 years <input type="checkbox"/> 20+ years	<p>2. Once you begin taking money from your retirement account, for how many years do you expect the withdrawals to continue?</p>	<input type="checkbox"/> 0-4 years <input type="checkbox"/> 5-11 years <input type="checkbox"/> 12-19 years <input type="checkbox"/> 20+ years
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IDENTIFY YOUR RISK TOLERANCE (Check the answers that best apply to you.)

<p>3. Which of the following statements best describes your attitude about investing your retirement account?</p>	<input type="checkbox"/> My main goal is to maximize potential returns, regardless of risks involved. <input type="checkbox"/> I would like to achieve high returns, but I am still concerned about controlling risk. <input type="checkbox"/> I am willing to accept some risk to achieve moderate returns. <input type="checkbox"/> My main concern is avoiding losses.
<p>4. Suppose your retirement account fell by 20% over a three-month period. Assume you still have 10 years until you begin making withdrawals from your account. How would you react?</p>	<input type="checkbox"/> I would immediately change my retirement account. <input type="checkbox"/> I would wait at least six months before adjusting my retirement account. <input type="checkbox"/> I would wait at least one year before adjusting my retirement account. <input type="checkbox"/> I would not change my retirement account.
<p>5. Which of the following best describes your investment philosophy?</p>	<input type="checkbox"/> Conservative. You are cautious, wanting to preserve your original investment more than wanting to risk staying ahead of inflation. You are unable or unwilling to live with market volatility, the fluctuations in market values. <input type="checkbox"/> Moderately conservative. You are concerned about market risk and cautious about preserving your original investments. However, you will accept some market volatility or risk to keep pace with inflation. <input type="checkbox"/> Moderately aggressive. You have moderately high expectations for the return on your investments, so you can tolerate some market risk for the possibility of achieving your long-term investment goals. <input type="checkbox"/> Aggressive. You have high expectations for a return on your investments and want them to substantially exceed inflation. Therefore, you can remain calm during the risk of market volatility so you have the possibility of meeting your long-term investment goals.

<p>6. Assume at the beginning of the year you have \$50,000. The graph shows the hypothetical performance of four different asset allocation models. Each bar gives the range of potential values at the end of one year. With which model are you most comfortable?</p>	<input type="checkbox"/> Model A <input type="checkbox"/> Model B <input type="checkbox"/> Model C <input type="checkbox"/> Model D	<table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="text-align: center;">\$120,000</td> <td></td> </tr> <tr> <td style="text-align: center;">\$100,000</td> <td></td> </tr> <tr> <td style="text-align: center;">\$80,000</td> <td></td> </tr> <tr> <td style="text-align: center;">\$60,000</td> <td></td> </tr> <tr> <td style="text-align: center;">\$40,000</td> <td></td> </tr> <tr> <td style="text-align: center;">\$20,000</td> <td></td> </tr> </table> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p>MODEL A</p> <p>\$45,000 to \$65,000</p> </div> <div style="text-align: center;"> <p>MODEL B</p> <p>\$40,000 to \$75,000</p> </div> <div style="text-align: center;"> <p>MODEL C</p> <p>\$35,000 to \$90,000</p> </div> <div style="text-align: center;"> <p>MODEL D</p> <p>\$30,000 to \$100,000</p> </div> </div>	\$120,000		\$100,000		\$80,000		\$60,000		\$40,000		\$20,000	
\$120,000														
\$100,000														
\$80,000														
\$60,000														
\$40,000														
\$20,000														

FAMILY INFORMATION

PARTICIPANT			SPOUSE		
First Name	Middle Initial	Last Name	First Name	Middle Initial	Last Name
Deseret Mutual ID Number	Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Deseret Mutual ID Number (if appropriate)	Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Home Address		City	State	ZIP Code	Home Phone Number ()
Participant's Employer	Job Title	Years with Employer	Spouse's Employer	Job Title	Years with Employer
Work E-mail Address	Work Phone Number ()		Work E-mail Address	Work Phone Number ()	
Work Address	City	State	ZIP Code	Work Address	City State ZIP Code
Personal E-mail Address	Planned Retirement Age	Life Expectancy ☒ ^ Á	Personal E-mail Address	Planned Retirement Age	Life Expectancy ☒ ^ Á

DESIRED RETIREMENT INCOME

Desired Monthly, After-tax Retirement Income (in today's dollars)	\$
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REQUIRED DOCUMENTS

Please include **photocopies** of the following documents for yourself, **your spouse and dependents**. However, you do not need to submit photocopies for benefits from Deseret Mutual. If these documents do not apply to you or your spouse, please disregard. All documents you submit will remain in your financial plan file at Deseret Mutual. All information will be treated with the strictest confidentiality:

- | | |
|--|---|
| <input type="checkbox"/> Most recent pay stubs | <input type="checkbox"/> Individual stock & bond brokerage statements |
| <input type="checkbox"/> Most recent tax returns | <input type="checkbox"/> Other investment statements |
| <input type="checkbox"/> Social Security annual benefit statements | <input type="checkbox"/> Life insurance statements |
| <input type="checkbox"/> Roth IRA investment statements | <input type="checkbox"/> Annuity statements |
| <input type="checkbox"/> Traditional IRA investment statements | <input type="checkbox"/> Spouse employee benefit statement |
| <input type="checkbox"/> Mutual fund investment statements | <input type="checkbox"/> Spouse retirement plan statement |
| <input type="checkbox"/> 529 plan investment statements | <input type="checkbox"/> Retirement plan statements from previous employers |

ESTATE DOCUMENTS

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

	PARTICIPANT	SPOUSE
Will	Date: _____	Date: _____
Durable General Power of Attorney	Date: _____	Date: _____
Living Will	Date: _____	Date: _____
Health Care Power of Attorney	Date: _____	Date: _____
Trust	Date: _____	Date: _____
Other	Date: _____	Date: _____

LIFE INSURANCE (Please complete or provide your annual statements.)

Insured*	Type**	Company	Death Benefit	Annual Premium	Cash Value	Rate of Return	If Term, Origination Date	If Term, Length of Term
			\$	\$	\$	%		
			\$	\$	\$	%		
			\$	\$	\$	%		
			\$	\$	\$	%		
			\$	\$	\$	%		

* Insured: **A** – Participant, **B** – Spouse, **C** – Child

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

ANNUAL EARNED INCOME

Income Source	Participant	Spouse
Primary salary and wages (gross)	\$	\$
Secondary salary and wages (gross)	\$	\$
Self-employment (net)	\$	\$
Royalties	\$	\$
Alimony received	\$	\$
Rental income (net)	\$	\$
Social Security benefit payments (gross and if you are already receiving)	\$	\$
Taxable pension income (gross and if you are already receiving)	\$	\$
Child support received	\$	\$
Other	\$	\$

SOCIAL SECURITY INFORMATION (Please complete or provide your annual statements.)

Do you want to include your Social Security benefits as a source of retirement income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you want to include your spouse's Social Security benefits as a source of retirement income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Participant Full Benefit	Participant Age 62 Benefit	Spouse Full Benefit	Spouse Age 62 Benefit
Age to start benefit	years	62 years	years	62 years
Anticipated or current annual benefit	\$	\$	\$	\$

DEFINED BENEFIT PLANS (PENSIONS)

(Other than for Deseret Mutual's Master Retirement Plan, please complete or provide your annual statements.)

	Participant Pension 1	Participant Pension 2	Spouse Pension 1	Spouse Pension 2
Company name				
Anticipated annual amount (gross)	\$	\$	\$	\$
Starting age				
Increase rate before retirement	%	%	%	%
Cost of living adjustment rate in retirement	%	%	%	%
Survivor benefit (percentage)	%	%	%	%

OTHER INSURANCE (Please complete or provide your annual statements.)

Description	Daily Benefit	Premium Per Period	Premium Period *	Waiting Period (days)	Monthly Benefit	Inflation Adjustment	Benefit Period (years)
Participant long-term care	\$	\$				%	
Spouse long-term care	\$	\$				%	
Participant disability		\$			\$	%	
Spouse disability		\$			\$	%	
Medical (other than Deseret Mutual)		\$					
Auto		\$					
Home		\$					
Other	\$	\$			\$	%	
Other	\$	\$			\$	%	

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

SPECIAL INCOME (List any other source of income.)

Description	Annual Amount	Do you want this amount to increase with inflation until your goal date?	Starting Year	Number of Years
	\$			
	\$			
	\$			
	\$			

FINANCIAL GOALS (such as missions, education, vacation home, & cars)

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

* In today's dollars

MONTHLY EXPENSES WORKSHEET

	Current	In Retirement*		Current	In Retirement*
Mortgage (principal & interest) or Rent	\$	\$	Clothing & Personal Care	\$	\$
Second Mortgage	\$	\$	Household Upkeep & Improvements	\$	\$
Home Equity Loan	\$	\$	Entertainment	\$	\$
Religious Contributions (tithing, fast offerings)	\$	\$	Travel	\$	\$
Missionary Support	\$	\$	Dining Out	\$	\$
Property Tax (home, auto)	\$	\$	Gifts (such as birthdays, Christmas, weddings)	\$	\$
Utilities (gas, electric, phone, water, city)	\$	\$		\$	\$
Life Insurance Premiums	\$	\$	Education	\$	\$
Auto Insurance Premiums	\$	\$	Charitable Contributions	\$	\$
House or Renters Insurance Premium	\$	\$	Internet	\$	\$
Medical Insurance Premiums	\$	\$	Mobile Phone	\$	\$
Long-term Care Premiums	\$	\$	Cable or Satellite	\$	\$
Disability Insurance Premiums	\$	\$	Magazines & Newspapers	\$	\$
Other Insurance Premiums	\$	\$		\$	\$
	\$	\$	Child Care	\$	\$
Auto Loan Payments	\$	\$	Alimony	\$	\$
Credit Card Payments	\$	\$	Child Support (court ordered)	\$	\$
Other Loan Payments	\$	\$		\$	\$
	\$	\$	Other Expenses (list)	\$	\$
Medical / Dental (other than insurance)	\$	\$		\$	\$
Groceries	\$	\$		\$	\$
Auto Operating & Maintenance	\$	\$	Totals	\$	\$

* Fill in the "In Retirement" columns if you expect your expenses to be different from your current expenses.

EDUCATION EXPENSES

Name of Child	Date of Birth (mm/dd/yyyy)	Age to Start College	College Name	Cost Per Year (today's dollars)	Number of Years	Current College Fund	Type of College Fund*
				\$		\$	
				\$		\$	
				\$		\$	
				\$		\$	
				\$		\$	
				\$		\$	
Inflation rate to use for college planner			%				
Rate of return on college funds			%				

* College fund account types (such as 529 & UGMA)

POST-RETIREMENT DEPENDENTS

In addition to your spouse, will you have dependents when you retire? Yes No

Name	Gender	Birth Date (dd/mm/yyyy)	Age Today

CASH ASSETS (such as checking accounts, money markets, savings accounts, and CDs)

Asset Type	Purpose	Current Value (today's dollars)	Annual Additions	Total Return	Owner*
		\$	\$	%	
		\$	\$	%	
		\$	\$	%	
		\$	\$	%	
		\$	\$	%	

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

INVESTMENTS (such as IRAs, Stocks, Annuities, & 401(k) plans other than the Thrift Plan) (Please complete or provide your annual statements.)

Asset Type	Purpose	Current Value (today's dollars)	Annual Additions	Total Return	Owner*
		\$	\$	%	
		\$	\$	%	
		\$	\$	%	
		\$	\$	%	
		\$	\$	%	

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

PERSONAL ASSETS (such as boats, recreational vehicles, and coin collections)

Asset Type	Description	Value	Owner
		\$	
		\$	
		\$	

REAL ESTATE

Property (home, cabin, etc.)	Current Market Value	Purchase Price	Capital Improvements	Property Tax
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$

1st, 2nd or Equity Line	Original Mortgage Amount	Original Term	Origination Date	Current Mortgage Balance	Minimum Monthly Payment (principal & interest only)	Actual Monthly Payment (principal & interest only)	Interest Rate
1.	\$	years		\$	\$	\$	%
	\$	years		\$	\$	\$	%
2.	\$	years		\$	\$	\$	%
	\$	years		\$	\$	\$	%
3.	\$	years		\$	\$	\$	%

LIABILITIES (such as auto loans, signature loans, retirement plan loans, and credit card debt)

Liability Type / Description	Owner	Remaining Balance	Remaining Term	Interest Rate	Minimum Monthly Payment	Actual Monthly Payment
		\$		%	\$	\$
		\$		%	\$	\$
		\$		%	\$	\$
		\$		%	\$	\$
		\$		%	\$	\$
		\$		%	\$	\$

NOTES (such as questions, concerns, and additional information)
