



RED FEATHER FINANCIAL

Pre-Planning Questionnaire

Today's Date: _____

Client 1's Name: _____ Client 2's Name, if any: _____

Client's DOB: _____ Age: _____ Client 2's DOB: _____ Age: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work phone: _____

Client 1's Email: _____ Client 2's email: _____

Marital Status: _____

Children's Info, if applicable:

Name	DOB	Age	Whose child

Pre-Screening Health Statement – Part A

1. Within the past two years have you been confined to a nursing home, assisted living center, received or been advised to receive hospice care, been advised that you have a terminal illness or need assistance with: bathing, eating, dressing, toileting, transferring into and out of bed, chair, or wheelchair and/or maintain continence?
2. Are you currently hospitalized, bedridden or use medical devices such as: wheelchair, walker, dialysis machine, oxygen equipment, respirator, stair lift, chair lift, motorized scooter or taking medications Aricept, Exelon, Reminyl or Namenda?
3. Have you ever been diagnosed by a member of the medical profession as having AIDS, HIV, or ARC disorders, or tested positive for antibodies for the AIDS virus?
4. If under the age of 65, is there any reason you are not physically and mentally capable of active employment or are you currently receiving or have received within the past five years social security disability income benefits?
5. Have you ever been diagnosed, treated, tested positive for, or been given professional medical advice for: Alzheimer's disease, dementia, memory loss, multiple sclerosis, muscular dystrophy, ALS (Lou Gehrig's disease) Parkinson's disease, down syndrome, organ transplant (other than kidney) or active cancer?

Client 1

Client 2, if any

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No
 N/A

Yes No
 N/A

Yes No

Yes No

Client(s) Pre-screening Health Statement – Part B

Client 1's Name: _____ **Height:** _____ **Weight:** _____

In the past 5 years, is there a history of:

- Diabetes Leukemia Heart Disease Heart Attack Stroke Depression
- Congestive Heart Failure Cardiomyopathy Uncontrolled High Blood Pressure
- Amyotrophic Lateral Sclerosis (ALS) Cancer Organ Failure/Disease Alcohol/Drug Abuse
- Chronic Obstructive Lung Disease (COLD) Chronic Obstructive Pulmonary Disease (COPD)

Other: _____

Medication	Dose	Frequency	Reason

Comments: _____

Client 2's Name: _____ **Height:** _____ **Weight:** _____

In the past 5 years, is there a history of:

- Diabetes Leukemia Heart Disease Heart Attack Stroke Depression
- Congestive Heart Failure Cardiomyopathy Uncontrolled High Blood Pressure
- Amyotrophic Lateral Sclerosis (ALS) Cancer Organ Failure/Disease Alcohol/Drug Abuse
- Chronic Obstructive Lung Disease (COLD) Chronic Obstructive Pulmonary Disease (COPD)

Other: _____

Medication	Dose	Frequency	Reason

Comments: _____

Financial Information

1. Own home: No Yes If Yes, Value \$ _____
 Outstanding Mortgage: No Yes If Yes, Balance owed: \$ _____
 Mortgage interest rate: _____
 HELOC: No Yes If Yes, Balance owed: \$ _____
 Reverse Mortgage: No Yes

Please add any monthly mortgage payment to Monthly Expenses section below.

2. Own other property/real estate? No Yes Description: _____

 Value \$ _____ Outstanding Mortgage \$ _____

3. Monthly Income (Gross amounts)

Type	Client 1	Client 2	Notes
Total			
Are you retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you rely on IRA income for living expenses? Yes No

If you are not retired, provide estimated Social Security benefit/month at:

- full retirement age \$ _____
- early retirement age \$ _____
- late retirement age \$ _____

Federal Income Tax Bracket: _____ AGI on most recent tax return: \$ _____

See 2018 Federal Tax Rates table at end.

4. Monthly Expenses

Type	Client 1's	Client 2's	Notes
Health Insurance monthly premium			Not including any Medicare part B premiums

Total			

Other liabilities (like credit card debt, car loans, student loans, personal loans) No Yes

If Yes, combined balance \$ _____

Are you making contributions to an IRA or 401k? No Yes If yes, how much and how often:

5. Assets

Accounts	Owner of account	Value of account
Total		

Life insurance Company and Policy #	Owner	Death Benefit	Cash Value	Year Issued
Total				

Clients Goals and Objectives

1. Is there a Long-term Care Insurance Plan in place? Yes No
Total Benefit Amount: \$ _____ Daily Benefit Amount: \$ _____
Premium: \$ _____ per month/year (circle one) How many rate increases have you experienced? _____
2. If you get sick and need LTC, where would you want to receive care?
 At home Assisted Living Nursing Home
3. Assuming you need LTC, which asset would you liquidate first to pay for care? _____

4. Have you been declined for any type of insurance in past 5 years? Yes No
If yes, explain _____
5. Is there anyone in your family (adult child, grandchild) with a special needs disability?
 Yes No
6. Please tell us what you are hoping to accomplish with this plan?

7. Are there any special circumstances we should be aware of as we design this plan, e.g. client likes, dislikes, or any factors we should be aware of that will make this plan the perfect one for you? _____

To be completed by Red Feather Financial:

Who is the primary contact in your office in case we have any questions about this fact find? _____

What is the best way to reach him/her? Phone: _____
 Email: _____
 Cell Phone: _____

Date of next appointment: _____

2018 Federal Tax Rates

SINGLE FILING STATUS

From	To	Rate	Cumulative
\$0	\$9,525	10.0%	0
\$9,526	\$38,700	12.0%	\$953
\$38,701	\$82,500	22.0%	\$4,453
\$82,501	\$157,500	24.0%	\$14,089
\$157,501	\$200,000	32.0%	\$32,089
\$200,001	\$500,000	35.0%	\$45,689
\$500,001	and up	37.0%	\$150,688

MARRIED FILING JOINT STATUS

From	To	Rate	Cumulative
\$0	\$19,050	10.0%	0
\$19,051	\$77,400	12.0%	\$1,905
\$77,401	\$165,000	22.0%	\$8,907
\$165,001	\$315,000	24.0%	\$28,179
\$315,001	\$400,000	32.0%	\$64,178
\$400,001	\$600,000	35.0%	\$91,378
\$600,001	and up	37.0%	\$161,378

HEAD OF HOUSEHOLD STATUS

From	To	Rate	Cumulative
\$0	\$13,600	10.0%	0
\$13,601	\$51,800	12.0%	\$1,360
\$51,801	\$82,500	22.0%	\$5,944
\$82,501	\$157,500	24.0%	\$12,698
\$157,501	\$200,000	32.0%	\$30,697
\$200,001	\$500,000	35.0%	\$44,297
\$500,001	and up	37.0%	\$149,297