



THE BREAKWATER GROUP

LIFE PLANNING ORGANIZER[®]

Planning. Prosperity. Protection. One Call. Many Solutions.
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Dear Client:

Congratulations on taking the first step towards the implementation of an organized and comprehensive financial plan for you and your loved ones.

Although the task at hand may seem daunting at first, rest assured that the information gathered in this process will help ensure that your life's financial plan will cover all the material aspects an individual faces during a lifetime.

We at Breakwater want to thank you in advance for your cooperation. If there is anything that is unclear in the attached organizer, please feel free to call us or send us an e-mail with your questions at info@breakwatergroup.com

Sincerely,

John
John P. Corrigan

Brian
Brian P. Zwarych

Joe
Joseph L. Soricelli

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PART ONE
LIFE GOALS AND OBJECTIVES

In your own words provide a brief commentary on some of your present goals and objectives as they relate to each of the areas below:

A. Career Objectives

B. Residence / Geographic Goals

C. Investment Goals and Risk Tolerance

D. Further Education Objectives for Self / Spouse

E. Responsibilities for Elderly Parents / Others

F. Retirement Objectives

PART TWO
PERSONAL AND FAMILY DATA

1. Basic Information

<u>Full Name</u>	<u>Date of Birth</u>	<u>Soc. Sec. No.</u>	<u>Status of Health</u>
Client _____			
Spouse _____			
Tel # (Home): _____	Tel # (Work): _____	Fax: _____	
Tel # (Cellular): _____	E-mail: _____		

2. Residence

Permanent home address _____

Business address (client) _____

Business address (spouse) _____

Other temporary residences _____
(possibility of treatment as permanent residence?)

Period of residence in present state _____

Prior residences _____
(e.g., any community property states?)

3. Citizenship

Client:	U.S.	_____	Other	_____
Spouse:	U.S.	_____	Other	_____

4. Children & Grandchildren

<u>Full Name</u>	<u>Soc. Sec. No.</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Health Status</u>

PART THREE
IMPORTANT DOCUMENTS AND PROFESSIONAL ADVISORS

A. Safe Deposit Box

Location _____

B. Present Legal Documents (if any)

1) Will: _____ Any Codicils? _____

2) Living Will and Health Care Proxy: _____

3) Springing Power of Attorney for Finances: _____

4) Appointment of Guardian: _____

5) Trusts:

i) created by you _____

ii) created by others for your benefit _____

6) Gift Tax Returns:

Have you ever filed any in the past? _____ are copies available? _____

7) Income Tax Returns: are copies of last 3 years available? _____

8) Other pertinent documents we should know about? (*please list*)

C. Professional Advisors (names, telephone # and addresses)

1) Accountant _____

2) Attorney _____

3) Commercial Banker _____

4) Investment Advisor _____

5) Stockbroker _____

6) Life Insurance Agent _____

7) Casualty Insurance Agent _____

8) Trust Officer _____

9) Other () _____

PART FOUR
PRESENT CASH FLOW AND INCOME DATA

<u>A. Current Income Sources</u>	<u>Client</u>	<u>Spouse</u>	<u>Total</u>
Salaries and Wages	_____	_____	_____
Commissions	_____	_____	_____
Dividends and Interest	_____	_____	_____
Consulting Fees	_____	_____	_____
Net Rental Income	_____	_____	_____
Royalties	_____	_____	_____
Net Business Profits	_____	_____	_____
Trust Distributions	_____	_____	_____
Disability Benefits	_____	_____	_____
Social Security Benefits	_____	_____	_____
Pensions	_____	_____	_____
Annuities	_____	_____	_____
IRA Distributions	_____	_____	_____
Other (_____)	_____	_____	_____
Total Income Sources	=====	=====	=====

<u>B. Current Expenditures</u>			
Mortgage & Real Estate Taxes	_____	_____	_____
Car Payment (Loan or Lease)	_____	_____	_____
Utilities (electric, gas, telephone, etc.)	_____	_____	_____
Groceries & Misc. Personal Care	_____	_____	_____
Medical, Dental, Drugs, etc.	_____	_____	_____
Vacation & Entertainment	_____	_____	_____
Insurance (home and auto)	_____	_____	_____
Insurance (Life, LTC, Disability)	_____	_____	_____
Credit Cards/Other Debts	_____	_____	_____
Home Furnishings & Repairs	_____	_____	_____
Charitable Contributions & Gifts	_____	_____	_____

	<u>Client</u>	<u>Spouse</u>	<u>Total</u>
Federal Income Taxes	_____	_____	_____
State Income Taxes	_____	_____	_____
School Tuition	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Total Expenditures	=====	=====	=====
<u>C. Amount Available for Savings</u>	=====	=====	=====
(Current Income Sources less Current Expenditures)			

CLIENT COMMENTS & NOTES

PART FIVE
POST RETIREMENT CASH FLOW AND INCOME DATA

II. Future Annual Cash Requirements (i.e Post Retirement)

<u>A. Future Income Sources</u>	<u>Client</u>	<u>Spouse</u>	<u>Total</u>
Salaries and Wages	_____	_____	_____
Commissions	_____	_____	_____
Dividends and Interest	_____	_____	_____
Consulting Fees	_____	_____	_____
Net Rental Income	_____	_____	_____
Royalties	_____	_____	_____
Net Business Profits	_____	_____	_____
Trust Distributions	_____	_____	_____
Disability Benefits	_____	_____	_____
Social Security Benefits	_____	_____	_____
Pensions	_____	_____	_____
Annuities	_____	_____	_____
IRA Distributions	_____	_____	_____
Other (_____)	_____	_____	_____
Total Income Sources	=====	=====	=====

B. Future Income Needs

Mortgage & Real Estate Taxes	_____	_____	_____
Car Payment (Loan or Lease)	_____	_____	_____
Utilities (electric, gas, telephone, etc.)	_____	_____	_____
Groceries & Misc. Personal Care	_____	_____	_____
Medical, Dental, Drugs, etc.	_____	_____	_____
Vacation & Entertainment	_____	_____	_____
Insurance (home and auto)	_____	_____	_____
Insurance (Life, LTC, Disability)	_____	_____	_____
Credit Cards/Other Debts	_____	_____	_____
Home Furnishings & Repairs	_____	_____	_____
Charitable Contributions & Gifts	_____	_____	_____

Federal Income Taxes	_____	_____	_____
State Income Taxes	_____	_____	_____
School Tuition	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Total Future Needs	=====	=====	=====
<u>C. Amount Available for Savings</u>	=====	=====	=====
(Future Income Sources less Future Income Needs)			

CLIENT COMMENTS & NOTES

PART SIX
SUMMARY OF ASSETS & LIABILITIES

	(Identify Contributor)		
<i>I. Assets</i>	<u>Client</u>	<u>Spouse</u>	<u>Total</u>
A. Cash and Bank Accounts (see Attachment A)	_____	_____	_____
B. Notes, Accounts Receivable, Mortgages (see Attachment A)	_____	_____	_____
C. Bonds (see Attachment A)	_____	_____	_____
D. Stocks and Mutual Funds (see Attachment A)	_____	_____	_____
E. Closely-Held Business Interests (see Attachment B)	_____	_____	_____
F. Real Estate (see Attachment C)	_____	_____	_____
G. Life Insurance (not employer provided) (see Attachment D)	_____	_____	_____
H. Employee Benefit Plans (see Attachment E)	_____	_____	_____
I. Misc. (e.g., personal effects, collections, patents, trademarks, copyrights, etc.) (see Attachment F)	_____	_____	_____
Total Assets	=====	=====	=====
<i>II. Liabilities (see Attachment G)</i>			
A. Real Estate Mortgages	_____	_____	_____
B. Notes to Financial Institutions	_____	_____	_____
C. Loans on Insurance Policies	_____	_____	_____
D. Other Obligations	_____	_____	_____
E. Charitable Pledges	_____	_____	_____
F. Tax Liabilities	_____	_____	_____
Total Liabilities	=====	=====	=====
<i>III. Net Worth (Assets less Liabilities)</i>	=====	=====	=====

ATTACHMENT "A"

LIQUID ASSETS

A. Cash and Bank Accounts

		\$\$ Amount		
	<u>Bank/Broker Name</u>	<u>Client</u>	<u>Spouse</u>	<u>Total</u>
Cash, CD's, etc.	_____	_____	_____	_____
Cash, CD's, etc.	_____	_____	_____	_____
Cash, CD's, etc.	_____	_____	_____	_____
Checking Account	_____	_____	_____	_____
Checking Account	_____	_____	_____	_____
Savings Account	_____	_____	_____	_____
Savings Account	_____	_____	_____	_____
Money Market Account	_____	_____	_____	_____
Money Market Account	_____	_____	_____	_____

B. Accounts Receivable, Notes & Mortgages

<u>Name of Debtor</u>	<u>Type of Security</u>	<u>Maturity Date</u>	<u>Monthly Income</u>	<u>Interest Rate</u>	<u>Amount Due At Maturity</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

C. Bonds (ATTACH BROKERAGE STATEMENTS, SUMMARIZE & REFERENCE IF APPLICABLE)

<u>No. Shares & Description</u>	<u>Legal Ownership</u>	<u>Original Cost</u>	<u>Date Purchased</u>	<u>Current Value</u>	<u>% Yield</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

D. Stocks (ATTACH BROKERAGE STATEMENTS, SUMMARIZE & REFERENCE IF APPLICABLE)

<u>No. Shares & Description</u>	<u>Legal Ownership</u>	<u>Original Cost</u>	<u>Date Purchased</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ATTACHMENT "B"

CLOSELY HELD BUSINESS INTERESTS

A. Basic Information

1. Name of Business _____
2. Business Address _____
3. Type of Business Organization _____
(e.g., regular corporation, S corporation, partnership, limited liability company, sole proprietorship)
4. Business advisors, accountants, etc. _____

B. Capitalization (if corporation)

	<u>Common</u>	<u>Preferred</u>	<u>Debentures</u>
Outstanding	_____	_____	_____
Authorized	_____	_____	_____
Dividend Rate	_____	_____	_____

C. Distribution of Ownership

	<u>Common</u>	<u>Preferred</u>	<u>Debentures</u>
Client	_____	_____	_____
Spouse	_____	_____	_____
Children	_____	_____	_____
Other parties	_____	_____	_____

D. Buy-Sell Agreement

1. Does buy-sell agreement exist? _____
2. If so, what type? _____
(e.g., cross-purchase, stock redemption, combination).
3. Is it funded with life insurance? _____
4. Method for determining value _____
(e.g., book value, earnings multiple, appraisal, agreed value)

E. Other Commitments of the Business

1. Stock option agreement _____
2. Deferred compensation agreement _____
3. Other employee benefit plans _____
4. Key-man life insurance _____

F. Anticipated Disposition of Stock (assuming no buy-sell agreement)

ATTACHMENT "C"

REAL ESTATE

	<u>Parcel One</u>	<u>Parcel Two</u>	<u>Parcel Three</u>
<u>A. Basic Information</u>			
1. Location	_____	_____	_____
2. Type of property (e.g., residential, commercial, unimproved land)	_____	_____	_____
3. Form of ownership	_____	_____	_____
4. If joint property, contribution made by each joint tenant	_____	_____	_____
5. Date acquired	_____	_____	_____
6. Cost Basis	_____	_____	_____
7. Present fair market value	_____	_____	_____
<u>B. Mortgage Obligation</u>			
1. Original mortgage amount	_____	_____	_____
2. Current amount of mortgage	_____	_____	_____
3. Maturity and payment schedules	_____	_____	_____
<u>C. Cash Flow</u>			
1. Annual gross income	_____	_____	_____
2. Annual maintenance costs	_____	_____	_____
3. Annual real estate taxes	_____	_____	_____
4. Annual tax depreciation	_____	_____	_____
5. Annual mortgage payments (principal and interest)	_____	_____	_____
6. Net positive (or negative) cash flow	_____	_____	_____

ATTACHMENT "D"

LIFE INSURANCE (not provided by employer)

A. Policies Owned by Client on his/her Life

<u>Name of Insured & (Company & Policy No.)</u>	<u>Whole Life Or Term?</u>	<u>Face Value</u>	<u>Surrender Value</u>	<u>Annual Premium</u>	<u>Designated Beneficiary</u>
---	--------------------------------	-----------------------	----------------------------	---------------------------	-----------------------------------

B. Policies Owned by Others on Client's Life

<u>Name of Insured & (Company & Policy No.)</u>	<u>Whole Life Or Term?</u>	<u>Face Value</u>	<u>Surrender Value</u>	<u>Annual Premium</u>	<u>Designated Beneficiary</u>
---	--------------------------------	-----------------------	----------------------------	---------------------------	-----------------------------------

C. Policies Owned by Client on Lives of Others

<u>Name of Insured & (Company & Policy No.)</u>	<u>Whole Life Or Term?</u>	<u>Face Value</u>	<u>Surrender Value</u>	<u>Annual Premium</u>	<u>Designated Beneficiary</u>
---	--------------------------------	-----------------------	----------------------------	---------------------------	-----------------------------------

D. Other Comments and/or Information

ATTACHMENT "E"

EMPLOYEE BENEFIT PLANS

Employer(s) Name and Address:

<u>A. Type of Plan</u>	<u>Retirement Benefit</u>	<u>Amount Vested</u>	<u>Death Benefits</u>
1. Pension	_____	_____	_____
2. Profit-sharing	_____	_____	_____
3. Deferred Comp. Plan	_____	_____	_____
4. I.R.A./S.E.P.	_____	_____	_____
5. Other: _____	_____	_____	_____
6. Other: _____	_____	_____	_____

<u>B. Stock Option Plan</u>	<u>Option Price</u>	<u>Current Value</u>	<u>Summary of Terms</u>
1. Incentive Stock Plan	_____	_____	_____
2. Nonqualified Stock Option Plan	_____	_____	_____

<u>C. Other Benefits</u>	<u>Insurance Company</u>	<u>Benefits</u>	<u>Beneficiary</u>
1. Group Term Life Insurance	_____	_____	_____
2. Long Term Disability Insurance	_____	_____	_____
3. Short Term Disability Insurance	_____	_____	_____
4. Health and Medical Insurance	_____	_____	_____
5. Medicare Supplement Insurance	_____	_____	_____
6. Long Term Care Insurance	_____	_____	_____
7. Split-Dollar Insurance	_____	_____	_____
8. Other: _____	_____	_____	_____
9. Other: _____	_____	_____	_____

ATTACHMENT "F"

MISCELLANEOUS ASSETS

(at current fair market value)

	<u>Client</u>	<u>Spouse</u>	<u>Total</u>
<u>A. Personal Effects</u>			
1. Home furnishings	_____	_____	_____
2. Clothing	_____	_____	_____
3. Furs	_____	_____	_____
4. Jewelry	_____	_____	_____
5. Other: _____	_____	_____	_____
6. Other: _____	_____	_____	_____
<u>B. Other Tangible Personal Property</u>			
1. Automobiles	_____	_____	_____
2. Collections (e.g., art, book, stamp, coin)	_____	_____	_____
3. Other ()	_____	_____	_____
4. Other ()	_____	_____	_____
5. Other ()	_____	_____	_____
<u>C. Patent, Trademark, and Copyright</u>			
Ownership and Royalty Arrangements	_____	_____	_____
<u>D. Partnership or LLC Interests</u>			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
<u>E. Mineral Interests</u>			
1. Oil and gas	_____	_____	_____
2. Coal	_____	_____	_____
<u>F. Estates and Trusts</u>			
1. Anticipated benefits under estates and trusts	_____	_____	_____
2. Powers of appointment (general or limited?)	_____	_____	_____
<u>G. Cemetery Plot</u>			
	_____	_____	_____

ATTACHMENT "G"

PERSONAL LIABILITIES

	<u>Amount</u>	<u>Maturity Date</u>	<u>Interest Rate</u>
A. Real estate mortgages			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
B. Promissory notes			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
C. Loans on insurance policies			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
D. Credit Cards/Credit Lines			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
E. Charitable pledges			
_____	_____	_____	_____
_____	_____	_____	_____
F. Tax liabilities			
_____	_____	_____	_____
_____	_____	_____	_____
G. Other Obligations (including contingent debts)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART SEVEN
INSURANCE POLICIES OTHER THAN LIFE

Describe only those policies not provided by your employer (if applicable). Employer-provided coverage should be reported in Attachment E of Part Six.

A. Disability Policies

B. Medicare Supplement Policies

C. Long Term Care Policies

D. Umbrella Policies

E. Automobile Policies

F. Homeowner Policies

PART EIGHT
INVESTMENT ATTITUDE & RISK TOLERANCE

Circle a number to answer each of the questions below.

A. How important is capital preservation over higher investment returns?

<i>Very Important</i>				<i>Moderately Important</i>					<i>Not At All</i>
1	2	3	4	5	6	7	8	9	

B. How important is portfolio growth over the next 5 to 10 years?

<i>Very Important</i>				<i>Moderately Important</i>					<i>Not At All</i>
1	2	3	4	5	6	7	8	9	

C. How important is maintaining low volatility in your investment portfolio?

<i>Very Important</i>				<i>Moderately Important</i>					<i>Not At All</i>
1	2	3	4	5	6	7	8	9	

D. How important is inflation protection?

<i>Very Important</i>				<i>Moderately Important</i>					<i>Not At All</i>
1	2	3	4	5	6	7	8	9	

E. How important is current cash flow over portfolio growth?

<i>Very Important</i>				<i>Moderately Important</i>					<i>Not At All</i>
1	2	3	4	5	6	7	8	9	

F. How much risk are you willing to take to achieve a higher return?

<i>A Lot</i>				<i>A Moderate Amount</i>					<i>None At All</i>
1	2	3	4	5	6	7	8	9	

Client comments about your personal investment attitude and risk tolerance:

PART NINE
MAJOR PURCHASES ANTICIPATED FOR THE FUTURE

Description _____

Year of goal _____ Annual Cost \$ _____

Assumed Inflation Rate: _____

How often goal will occur: Every _____ years

Description _____

Year of goal _____ Annual Cost \$ _____

Assumed Inflation Rate: _____

How often goal will occur: Every _____ years

Description _____

Year of goal _____ Annual Cost \$ _____

Assumed Inflation Rate: _____

How often goal will occur: Every _____ years

Description _____

Year of goal _____ Annual Cost \$ _____

Assumed Inflation Rate: _____

How often goal will occur: Every _____ years

Description _____

Year of goal _____ Annual Cost \$ _____

Assumed Inflation Rate: _____

How often goal will occur: Every _____ years