

PARK CITY  
WEALTH ADVISORS

# Wealth Studios Lifestyle Workbook

Individual Client



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# Park City Wealth Client Workbook

Park City Wealth presents this workbook as a starting point in your financial journey. The information collected from the following pages will help us develop a financial plan that leverages your resources to help you achieve your goals. We appreciate you setting aside time to fill this out, and we cannot wait to help you protect, enjoy, and elevate all that you've worked so hard to build.

## Checklist

Gathering information listed in the checklist below will help you move through the remainder of the workbook. It's a good idea to gather as much of this information as possible before getting started.

### Statements:

These statements may be helpful throughout the workbook.

- Social Security Administration
- Bank
- Investment
- Retirement accounts
- College savings accounts
- Mortgage
- Trust Documents

### Retirement Income

Gather the information regarding sources of income in retirement and the amounts.

- Pension
- Annuity Income
- Alimony
- Part-time work
- Royalties
- Rental properties
- HSA
- Other

### Risk Management:

See current insurance list.

- Life insurance with cash value
- Group term
- Long-Term Care
- Disability
- Auto
- Home
- Other

### Investment Assets and Contributor Amounts

You will be able to enter totals for each of these asset types:

- Employer-sponsored plans (Eg. 401k, 403b, 457)
- Traditional IRAs
- Roth IRAs
- Taxable / brokerage assets
- Tax-deferred accounts (Eg. Annuity)
- Tax-free / brokerage accounts
- 529 college savings plans
- Other

### Liabilities or Debt (Total Amount and End Dates):

Gather information regarding current balance, interest rates, bequest value and payments.

- Mortgages
- Equity lines of credit
- Vehicle loans
- Business loans
- Credit cards
- Personal lines of credit
- Education or student loans
- Other

### Other Assets

Other assets you may have and estimate the dollar value.

- Home(s)
- Collectibles
- Personal property
- Business
- Real estate
- Inheritance or gift
- Other

# Get Started

## Personal Information

	Client (C)		
Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth			
Email Address			
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker		
Employment Income	\$		
Other Income (non-investment only)	\$		
Marital Status		State of Residence	

## Important relationships / Family Tree

List any participant you plan to include in your gifting, goals, beneficiaries or owners of insurance policies such as children, grandchildren, charities, etc.

Name	Date of Birth	Relationship

## Entities

Enter entities such as businesses, charities, and trusts.

Business Type	Name of Business	Owner(s)	Inception Date	Income	Expenses	Federal Tax Rate	State Tax Rate

Charity Type	Name of Charity	Is this charity a 50% Limit Organization?
<input type="checkbox"/> Donor Advisor Fund <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Donor Advisor Fund <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Donor Advisor Fund <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Donor Advisor Fund <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Donor Advisor Fund <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

Trust Type	Name of Trust	Trustee(s)/ Grantor(s)	Established Date	End Date	Exclusion Amount Used
Income	Expenses	Remainder Beneficiaries	Income Beneficiaries	Tax Rate	GST Exempt

## Retirement Age

If already retired, skip to **Planning Age**. When would you like to retire? Write down your goal retirement age below. Then, think about how willing you are to delay retirement beyond that age. Are you willing to push back retirement if it means funding your goals?

	Client
Ideal retirement age?	Age:
How willing are you to retire later (if necessary) to attain your goals?	<input type="checkbox"/> Not at All <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Very
What order of retirement do you prefer?	<input type="checkbox"/> Both retire in the same year. <input type="checkbox"/> Either can retire first.

## Planning Age / Life Expectancy

With Americans living longer, it's a good idea to consider how long you think you will live. This is important because your plan will need to cover expenses for the length of your retirement. By answering the questions, we can help you determine a reasonable planning age.

	Client
Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For your age, how would you rate your health?	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent
If you compare your family members to others, how long do they tend to live?	<input type="checkbox"/> Shorter than average <input type="checkbox"/> About average <input type="checkbox"/> Longer than average



# Retirement Income

Identify all the resources you have to fund your goals.

**Social Security Benefits** - If available, provide your Social Security estimate from ssa.gov.

Client	
Are you eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No      Receiving Now: \$ _____
Benefit amount	Primary Insurance Amount (PIA) \$ _____
When to start	At Full Retirement Age (per Social Security) at age _____ <input type="checkbox"/> at retirement

## Part-Time Work & Other Retirement Income

Include income from part-time work, rental property, annuities, royalties, alimony, etc. All amounts are pre-tax and begin at retirement unless otherwise noted.

Don't include interest or dividend income from your investments.

Description	Monthly Income	Year It Ends or Number of Years
e.g., Part-time	\$ e.g., Part-time	5
	\$	
	\$	
	\$	

## Pension Income

If available, provide your pension statement. If unavailable, provide information below.

For a lifetime pension, put "End of Life" in "Year It Ends" column.

Description	Monthly Income	Start Year	Year It Ends or No. of Years	% Survivor Benefit	Check if amount inflates	GPO
e.g., ABC Pension	\$1,500		End of Life	50%		
	\$					
	\$					
	\$					



## Investment Assets

Identify all the resources you have to fund your goals. Don't worry about determining the exact amounts, reasonable estimates are fine. If available provide your investment

### Client

Investment Type	Current Value	Annual Additions	Approximate Allocation		
			Cash	Bond	Stock
Retirement Plans (e.g., 401k, 403b)	\$	\$ or %	%	%	%
• Employer Match	\$	\$ or %			
Traditional IRA	\$	\$	%	%	%
Roth IRA	\$	\$	%	%	%
529 Savings Plan	\$	\$	%	%	%
Annuities	\$	\$	%	%	%
HSA	\$	\$	%	%	%
Taxable / Brokerage	\$	\$			
Other	\$	\$			

## Beneficiaries

Qualified Account Name	Primary Beneficiary	%	Contingent Beneficiary	%

## Other Assets

This includes other homes, real estate, personal property, collectibles, inheritance, etc.

Description	Current Value	Planning to sell this asset?	Year Sell / Received	Cash Received
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		

## Liabilities

Description	Beginning Balance	Current Balance	Start Date	Monthly Payment	Term	Interest Rate	Planned Payoff Date	Secured Loan?
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No

# Additional Considerations

Do you have any of the following? If available, provide statements.

## Employer Rewards

Enter stock options, restricted stock, performance shares, stock appreciation rights, and cash rewards.

- Symbol: \_\_\_\_\_
- Number of Grants: \_\_\_\_\_
- Grant Date: \_\_\_\_\_
- Grant Price: \_\_\_\_\_
- When do they first vest? \_\_\_\_\_
- If applicable, when are they exercised? (Stock Options, SAR's) \_\_\_\_\_
- How often do they vest? (Annual, Semi-Annual, Quarterly, Monthly) \_\_\_\_\_

Award Type	Symbol	Number of Grants	Grant Date	Grant Price	When do they Vest	When are they exercised?	How often do they vest?

## Insurance

Have your insurance reviewed and analyzed to see if you have enough coverage.

	Client	Notes
<b>Group/Term Life Insurance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <b>Death Benefit</b>	\$	
<b>Cash Life Insurance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <b>Death Benefit</b>	\$	
• <b>Cash Value</b>	\$	
<b>Disability Insurance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Long-Term Care Insurance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Cash Value Life Insurance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Will

Complete this section so we can begin reviewing your estate plan.

	Client	Notes
Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Recipient		
Contingent Recipient		
Including a provision for a Bypass Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date documents were last reviewed		
Medical Directive	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Bequests

Recipient	Funding Type	Cash Amount if applicable	Asset if applicable	Amount if applicable
	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	\$		%
	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	\$		%
	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	\$		%

## Prior Gifts

Gift Description	Donor	Recipient	Date	GST Used (\$)
				\$
				\$
				\$

## Planned Gifts

Gift Description	Donor	Recipient	Recurrence (one time or recurring)	Start Date(s)	End Date(s)

# Notes

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