



Doctors Economic Research Project Participation Data

BEFORE-TAX ANNUAL PLANNED PERSONAL INCOME

(1) Annual Net Practice Income available to you \$ _____
(practice revenues less expenses available to you before payment of compensation to you as salary, benefits and tax costs)

(2) Annual Outside Income before tax costs \$ _____
(Includes spousal income, interest, dividends, annuity, pension and property rental income net of expenses and loan payments)

(3) PLANNED MONTHLY PERSONAL LOAN PAYMENTS

Monthly Loan Payments (monthly mortgage payment, credit card, and other loan payments)

Do not include loans paid by business or investment real estate \$ _____

(4) MONTHLY LIFESTYLE COSTS

(include utilities, rent, food, clothing, vacations, medical, car, dependents' education, etc.) \$ _____

(5) INVESTMENT RISK RATIO DETERMINATION

Desired Allocation Percentages: Personal Assets Retirement Plan Assets

- | | | |
|-------------------------|---------|---------|
| 1. Guaranteed Principal | _____ % | _____ % |
| 2. Risk of Principal | _____ % | _____ % |

(6) PERSONAL ASSETS & LIABILITIES

	Cost	Market Value	Debt
Personal Residence	\$ _____	\$ _____	\$ _____
Bank CDs, Treasuries	\$ _____	\$ _____	\$ _____
Legal Reserve Life Ins Cash	\$ _____	\$ _____	\$ _____
Legal Reserve Annuity Cash	\$ _____	\$ _____	\$ _____
Partnership Shares	\$ _____	\$ _____	\$ _____
Listed Securities: Stocks	\$ _____	\$ _____	\$ _____
Listed Securities: Bonds	\$ _____	\$ _____	\$ _____
Money Market Funds Cash	\$ _____	\$ _____	\$ _____
Investment Real Estate	\$ _____	\$ _____	\$ _____
Variable Life Ins Cash	\$ _____	\$ _____	\$ _____
Variable Annuity Cash	\$ _____	\$ _____	\$ _____
Estimated Practice Value	\$ _____	\$ _____	\$ _____
Other Personal Property	\$ _____	\$ _____	\$ _____

(7) NON-DEDUCTIBLE PERSONAL DEBT

Total of personal outstanding loans (include car, credit cards, student loans, exclude home mortgage) \$ _____

(8) CHARITABLE GIFTS

Annual Amount \$ _____
Recurring Yes _____ No _____

(9) LIFE INSURANCE

Death Benefit	Annual Premium	Policy Type P = Perm T = Term	
\$ _____	\$ _____	P _____	T _____
\$ _____	\$ _____	P _____	T _____
\$ _____	\$ _____	P _____	T _____

(10) DISABILITY INSURANCE

Monthly Benefit	Annual Premium	Policy Type I = Individual G = Group B = Bus. Overhead Exp.		
\$ _____	\$ _____	I _____	G _____	B _____
\$ _____	\$ _____	I _____	G _____	B _____
\$ _____	\$ _____	I _____	G _____	B _____

(11) LONG TERM CARE INSURANCE

Monthly Benefit	Annual Premium	Benefit Payment Period
\$ _____	\$ _____	Years: _____

(12) OTHER INSURANCE

	Annual Cost	Premium Payer
Malpractice	\$ _____	B _____ P _____
Medical	\$ _____ (13)	B _____ P _____

EMPLOYER TAX YEAR END:

12/31 Other (Date: month: day: year: 20

(14) PARTICIPANT

DEGREE

Name _____
Office Address _____
City _____ State _____ Zip _____
Phone () _____
Home Address _____
City _____ State _____ Zip _____
Phone () _____
SSN _____ Mail To: Home _____ Office _____
Mother's Maiden Name _____
Email Address _____
Date of Birth _____ Male _____ Female _____

(15) PARTICIPANT'S SPOUSE

DEGREE

Name _____
Occupation _____
Date of Birth _____ SSN _____

(16) PARTICIPANT'S CHILDREN

	PLANNED COLLEGE COSTS	DESIRED LEGACIES
Name	_____	_____
DOB	\$ _____	\$ _____
Name	_____	_____
DOB	\$ _____	\$ _____
Name	_____	_____
DOB	\$ _____	\$ _____

(17) Qualified Retirement Plan Data:

(18) Do You Control Your Employer? Yes _____ No _____

Check: Employer Tax Status: "S" _____ "C" _____ "SE" _____

(19) EXISTING RETIREMENT PLAN TYPE: DB _____ DC _____ SE _____

(20) PLANNED ANNUAL CONTRIBUTION \$ _____

Your Share _____ % Other Employees Share _____ % # other employees _____

(21) QUALIFIED RETIREMENT PLAN INVESTMENTS (Your Share)

	DB Pension	401(k)- PS	IRA
Bank CDs, Treasuries,	\$ _____	\$ _____	\$ _____
Legal Reserve Life Ins Cash	\$ _____	\$ _____	\$ _____
Legal Reserve Annuity Cash	\$ _____	\$ _____	\$ _____
Listed Securities: Bonds	\$ _____	\$ _____	\$ _____
Listed Securities: Stocks	\$ _____	\$ _____	\$ _____
Currency Investments	\$ _____	\$ _____	\$ _____
Investment Real Estate	\$ _____	\$ _____	\$ _____
Variable Life Ins Cash	\$ _____	\$ _____	\$ _____
Variable Annuity Cash	\$ _____	\$ _____	\$ _____
Money Market Funds Cash	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Premium Payer

B = Business P = Personal

PP = Pension Plan

B _____ P _____ PP _____

B _____ P _____ PP _____

B _____ P _____ PP _____

Premium Payer

P = Personal

B = Business

P _____ B _____

P _____ B _____

P _____ B _____

Lifetime Benefits

Yes _____ No _____

Yes _____ No _____

Yes _____ No _____

Premium Refund

Yes _____ No _____

Yes _____ No _____

Yes _____ No _____

Premium Payer

P = Personal

B = Business

P _____ B _____

P _____ B _____

Lifetime Benefits

Yes _____ No _____

Yes _____ No _____

Premium Refund

Yes _____ No _____

Yes _____ No _____

NOTES:

Consultant Name: _____

