

Personal Retirement Plan Questionnaire

Scarborough's Personal Retirement Plan will show whether you are on track to achieve your long-term retirement income goals and offers key recommendations for adjustments to improve your retirement planning. To obtain your personalized report, please complete the following information. The information you provide will not be shared with any third party and will only be used to help evaluate your current financial situation.

MEMBER INFORMATION

Name _____ Single Married
 Address _____
 Phone _____ Email Address _____
 Date of Birth _____ Desired Retirement Age _____
 Employer _____ IBEW Local # _____

INCOME INFORMATION

Annual Wages Without Overtime\$ _____ Number of Paychecks per Year _____ Expected Annual Raise _____ %

SOCIAL SECURITY

You can receive Social Security retirement benefits as early as age 62. However, your benefit will be reduced if you start receiving benefits before your full retirement age. To help complete the following and receive an estimate of your full retirement age benefit, go to ssa.gov/prepare/plan-retirement.

Desired Social Security Starting Age _____ Estimated Benefit at Full Retirement Age \$ _____

PENSION PLAN INFORMATION

Name of Plan _____
 Monthly Amount at Retirement \$ _____
 or,
 Lump Sum Amount at Retirement \$ _____
 Notes _____

OTHER RETIREMENT ACCOUNTS

(Traditional IRA, Roth IRA, additional 401(k) etc.)

Type of Account _____
 Institution Holding Account _____
 Current Balance \$ _____
 If Contributing to the Account, _____ % per paycheck
 or, \$ _____ per _____ (frequency)
 Notes _____

401(K) PLAN INFORMATION

Name of Plan _____
 Current Balance \$ _____
 Contribution Percentage _____ %
 or, Amount Per Paycheck \$ _____
 Company Match Percentage _____ % of the first _____ %

Type of Account _____
 Institution Holding Account _____
 Current Balance \$ _____
 If Contributing to the Account, _____ % per paycheck
 or, \$ _____ per _____ (frequency)
 Notes _____

Continued

Personal Retirement Plan Questionnaire

SPOUSE INFORMATION

Name _____

Date of Birth _____ Desired Retirement Age _____

Employment Status Employed Self Employed Not Working Retired

Employer _____ Occupation _____

INCOME INFORMATION

Annual Wages Without Overtime\$ _____ Number of Paychecks per Year _____ Expected Annual Raise _____ %

SOCIAL SECURITY

You can receive Social Security retirement benefits as early as age 62. However, your benefit will be reduced if you start receiving benefits before your full retirement age. To help complete the following and receive an estimate of your benefits, go to ssa.gov/prepare/plan-retirement.

Social Security Starting Age _____ Estimated Benefit at Starting Age \$ _____

401(K)OR OTHER RETIREMENT PLAN

Name of Plan _____

Current Balance \$ _____

Contribution Percentage _____ %

or, Amount Per Paycheck \$ _____

Company Match Percentage

_____ % of the first _____ %

PENSION PLAN INFORMATION

Name of Plan _____

Monthly Amount at Retirement \$ _____

or,

Lump Sum Amount at Retirement \$ _____

Notes _____

OTHER RETIREMENT ACCOUNTS *(Traditional IRA, Roth IRA, additional 401(k) etc.)*

Type of Account _____

Institution Holding Account _____

Current Balance \$ _____

If Contributing to the Account, _____ % per paycheck

or, \$ _____ per _____ (frequency)

Notes _____

Type of Account _____

Institution Holding Account _____

Current Balance \$ _____

If Contributing to the Account, _____ % per paycheck

or, \$ _____ per _____ (frequency)

Notes _____

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Personal Retirement Plan Questionnaire

OTHER ACCOUNTS

Savings or Investment Accounts, etc.

Ownership Member Spouse Joint

Type of Account _____

Institution Holding Account _____

Current Balance \$ _____

Reserved for emergency use or specific purpose? Yes No

Notes _____

Ownership Member Spouse Joint

Type of Account _____

Institution Holding Account _____

Current Balance \$ _____

Reserved for emergency use or specific purpose? Yes No

Notes _____

Ownership Member Spouse Joint

Type of Account _____

Institution Holding Account _____

Current Balance \$ _____

Reserved for emergency use or specific purpose? Yes No

Notes _____

Ownership Member Spouse Joint

Type of Account _____

Institution Holding Account _____

Current Balance \$ _____

Reserved for emergency use or specific purpose? Yes No

Notes _____

ADDITIONAL INCOME SOURCES

(Please list additional income sources such as severance pay, additional pension income, annuity income, part-time work or the net income from a rental property)

Member Spouse Joint

Type of Income _____

\$ _____ Per _____ (frequency)

Annual Rate of Increase or Inflation Adjustment _____ %

When Income Will Start

Currently At Retirement Other _____

When Income Will End

Date _____ Retirement Death # of Years _____

Notes _____

Member Spouse Joint

Type of Income _____

\$ _____ Per _____ (frequency)

Annual Rate of Increase or Inflation Adjustment _____ %

When Income Will Start

Currently At Retirement Other _____

When Income Will End

Date _____ Retirement Death # of Years _____

Notes _____

Continued

Personal Retirement Plan Questionnaire

RETIREMENT INCOME GOALS

Select either the Budgeting or Estimation Method to determine how much income you will need in retirement. **Please note that we recommend the Budgeting Method for members within 5 years of retirement.**

Budgeting Method

From the attached Budgeting Worksheet enter the Dollar Amount Needed Monthly \$ _____
(excluding income taxes)

or,

Estimation Method

Desired Percentage of Working Income Needed _____ %
(typically 70% - 90%)

PORTFOLIO SELECTION

Please complete the attached Risk Tolerance Questionnaire to gauge your ability and willingness to accept investment risk and help determine the portfolio that may be most appropriate for you.

Portfolio _____ (Enter recommended portfolio from Risk Tolerance Questionnaire)

THE FOLLOWING ITEMS MAY BE HELPFUL DURING YOUR CONSULTATION

- Recent Paystubs
- Retirement Account Statements
- Pension Estimates
- Other Investment Statements
- Social Security Estimate



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PlanMember also administers qualified retirement plans; these programs are not securities or obligations of Scarborough or PlanMember.

Calculating Your Retirement Expenses **The Budgeting Method**

For those within 5 years of retirement, we recommend completing the budget worksheet below to help you determine your retirement expenses. Enter your anticipated monthly expenses in the applicable boxes.

Monthly Expense	
Housing	
Mortgage/Rent	\$
Association Fees	\$
Property Taxes	\$
Homeowners Insurance	\$
Repairs and Maintenance	\$
Other	\$
Utilities	
Electric	\$
Oil/Gas	\$
Water/Sewer/Trash	\$
Telephone	\$
Cable/Satellite TV/Internet	\$
Other	\$
Transportation	
Auto Loan or Lease Payment	\$
Excise Tax/Registration Fees	\$
Gasoline	\$
Auto Insurance	\$
Maintenance	\$
Public Transportation	\$
Other	\$
Personal	
Groceries	\$
Clothing	\$
Misc. Products and Services	\$
Other	\$
Health Care	
Medical Insurance	\$
Medicare Premiums	\$
Medicare Supplemental Premiums	\$
Dental, Vision and Hearing	\$
Out-of-Pocket Expenses	\$
Other	\$
COLUMN SUBTOTAL	\$

Monthly Expense	
Personal Insurance	
Life Insurance	\$
Long-Term Care Insurance	\$
Disability Insurance	\$
Other	\$
Family Care	
Support of Adult Children	\$
Support of Parents	\$
Other Obligations	\$
Recreation	
Travel	\$
Hobbies	\$
Memberships	\$
Other	\$
Entertainment	
Dining Out	\$
Movies/Sporting Events/Theater	\$
Other	\$
Donations and Gifts	
Charitable Donations	\$
Gifts	\$
Other	\$
Custom Expenses	
Expense 1:	\$
Expense 2:	\$
Column Subtotal	\$
Subtotal from Previous Column	\$
Total Expenses (Excluding Taxes)	\$
Estimated Income Taxes*	
Federal Income Tax	\$
State Income Tax	\$
Local Income Tax	\$
TOTAL EXPENSES**	\$

*Scarborough can help you estimate the income taxes. Please consult your tax advisor for specific tax information.

**Add income taxes plus expenses.

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RISK TOLERANCE QUESTIONNAIRE

IBEW Local Unions Savings & Security Plan

Name _____ Date _____

This simple questionnaire is designed to measure both your basic ability and willingness to endure investment risk in order to help you determine the portfolio that is most appropriate for you.

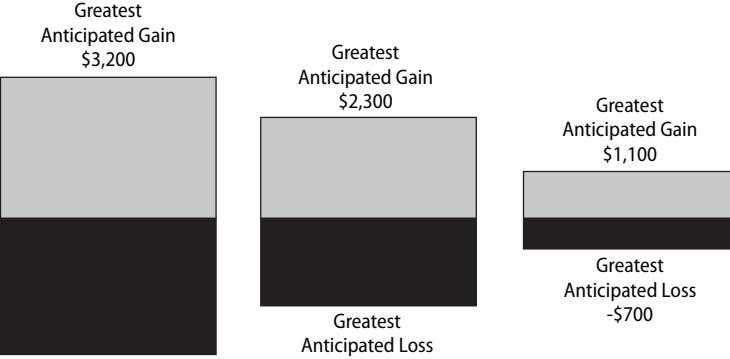
Part 1 – Time Horizon: Check the choice that best describes your answers to the two questions below:

Question	Answer	Response	Score
1. I plan to begin taking money from my investments in...	A. Less than 1 year B. 1 to 5 years C. 5 to 10 years D. 11 to 20 years E. More than 20 years	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	0 14 25 32 35
2. When I begin taking money from my investments, I would like my account to provide me with income over a period of...	A. Less than 1 year B. 1 to 5 years C. 5 to 10 years D. 11 to 20 years E. More than 20 years	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	0 6 11 13 15
	MY TIME HORIZON SCORE (add your scores for the questions above)		

Part 2 – Risk Perspective: Select the choice that best describes your answers to the six questions below:

Question	Answer	Response	Score
3. My attitude towards investing is...	A. I prefer that my investments do not lose money, even in the short term. I am willing to sacrifice long-term growth in exchange for stability of principal. B. I would like to minimize any short-term declines in the value of my investments, but I am also looking for a small amount of growth. C. Short-term decreases in my investment value are a concern to me, but I am willing to accept some moderate short-term losses in order to pursue moderate long-term investment returns. D. The long-term growth of my investments is more important to me than reducing short-term losses. I can accept moderate-to-high short-term decreases in the value of my investments in the pursuit of long-term growth. E. Maximizing my long-term investment returns is my overriding goal. Significant short-term losses are not a concern to me because of my long-term perspective.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	0 3 6 7 9

RISK TOLERANCE QUESTIONNAIRE CONTINUED

Question	Answer	Response	Score
4. When I invest, I am...	A. Most concerned about my investments losing value B. Equally concerned about my investments losing or gaining value C. Most concerned about my investments gaining value	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	0 5 8
5. The following chart shows the greatest anticipated 1-year gain and 1-year loss on three different hypothetical investments of \$10,000*. Given the potential for gain or loss in any one year, which investment would you choose? <i>*The maximum gain or loss on an investment is impossible to predict. The ranges shown in the chart are hypothetical and are designed solely to gauge an investor's risk tolerance.</i>	 <p>Investment A- Most Volatility</p> <p>Investment B- Medium Volatility</p> <p>Investment C- Least Volatility</p>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	8 5 0
6. Historically, markets have experienced downturns followed by market recoveries. Suppose you owned a well-diversified portfolio of investments that declined 20% over a three month period, consistent with the overall market. What would you do?	A. I would do nothing or at least give the portfolio some more time to recover before making a decision to sell. B. I would sell a portion of my portfolio and move it to more conservative investments in an effort to reduce the potential further losses. C. I would immediately move my money to more conservative investments in an effort to minimize potential losses.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	8 5 0
7. In order to maintain buying power, investment returns must keep pace with inflation. Which statement best describes your feelings about inflation and the impact it may have on your savings?	A. I am satisfied with my investments only keeping pace with inflation in exchange for limiting the potential for short-term loss. B. I would like my investments to outpace inflation. I am willing to assume the potential for some short-term loss in order to achieve that goal. C. I prefer that my investments significantly outpace inflation. I am willing to assume a greater potential for short-term loss in order to achieve that goal.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	0 5 8
8. Suppose you purchased an investment and did not intend on using the proceeds from the investment for 10 years or more. In the first year, the investment experiences a decline in value. How much would the investment have to decline in value before you would be tempted to sell it to "cut your losses"?	A. I would be tempted to sell if it declined more than 5%. B. I would be tempted to sell if it declined more than 10%. C. I would be tempted to sell if it declined more than 15%. D. I would be tempted to sell if it declined more than 20%. E. I would not be tempted to sell even if it declined more than 20%.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	2 3 6 7 9
	MY RISK PERSPECTIVE SCORE (add your scores for questions 3 through 8)		

RISK TOLERANCE QUESTIONNAIRE CONTINUED

Part 3 - Your Investment Objective and Portfolio Recommendation



Find your total score in the table below to get your recommended investment objective and portfolio. For more information on these investments, please refer to the fact sheets for Scarborough's Model Portfolios and the Elite Index Portfolios which can be found in this brochure or on our website scarboroughalliance.com.

INVESTMENT OBJECTIVE BASED ON YOUR SCORES

If your total score is between	Your recommended investment objective is	Portfolio to Consider
0 and 5	Very Conservative	Consult with your Regional Manager
6 and 27	Stability of Principal and Inflation Protection	Conservative Mix or Elite Index Portfolio I
28 and 48	Stability of Principal and Moderate Long-Term Growth	Conservative Growth Mix or Elite Index Portfolio II
49 and 68	Moderate Long-Term Growth	Moderate Growth Mix or Elite Index Portfolio III
69 and 84	Long-Term Growth	Growth Mix or Elite Index Portfolio IV
85 and 100	Maximum Long-Term Growth	Aggressive Growth Mix or Elite Index Portfolio V

About Your Recommended Investment Objective

Your recommendation gives roughly equal weight to your ability to accept investment risk (as measured by your Time Horizon score) and your willingness to accept investment risk (as measured by your Risk Perspective score). While this methodology will result in an appropriate recommendation for most people, you may wish to adjust your investment objective if your ability and willingness to accept investment risk are not aligned. In these cases, you may want to give more weight to your Risk Perspective score, because it will point you toward the investment objective that "feels" right for you.

Although the Risk Tolerance Questionnaire results suggest an investment objective of _____,

For the purpose of this investment, my objective is: _____

for the following reason(s): _____

Notes on Portfolio Selection _____

Client Signature _____ Date _____

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