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Date Analysis Needed	С	lient Mtg. Time	Today's Date	
Financial Advisor Name				
Firm Name				
Advisor Fee Desired	Same as CCMG	Other:		

NOTE: We will match our fee unless otherwise specificed above. Income Plan & Proposal generally delivered 2-3 business days

HOUSEHOLD INFORMATION from current date, or by time and date above, if specified.

Household Name		
	Spouse 1	Spouse 2
Client Name		
Birth Date		
Current Age		
Target Retirement Date		

Would you like help introducing t	the income pl	Yes No			
Preferred Inflation Assumption	2% 3%	4%	Other	Client's Adjusted Gross Income (AGI)	\$

Please enter any existing accounts in the client's name. Provide client statements if available (add more registrations on page 3).

	Registration Names	CCMG to Manage?		Account Type	Current Value
1		Yes	No		\$
2		Yes	No		\$
3		Yes	No		\$
4		Yes	No		\$
5		Yes	No		\$
6		Yes	No		\$
7		Yes	No		\$
NOTE:	Please include ALL assets, even those that will NOT be managed by CCMG. Your Income		<u></u>		¢.

NOTE: Please include ALL assets, even those that will NOT be managed by CCMG. Your Income Plan cannot be accurately completed unless you include ALL assets.

Current Investable Assets

Accumulation Period

When will you begin taking withdrawals (year)?

If you intend to begin taking withdrawals immediately, enter the current year above and ignore the Contribution section below.

Please enter the Contributions you intend to make during the Accumulation Period in the section below.

Contribution Description	Annual Contribution	Start Year*	End Year*	COLA**
	\$			
	\$			
	\$			
	\$			
	\$			

*Start Date refers to 1/1 of year while End Date refers to 12/31.**Cost of Living Adjustment Percentage



Distribution Period

If you have a desired monthly income amount during your Distribution Period, please enter it below.

Gross **MONTHLY** Income Required from Income Sources and Investments

OPTIONAL. Please complete this section if your Gross Monthly Income Required will change over time.

Time Frame	Time Frame Description	Duration Years	Monthly Income Need
1			\$
2			\$
3			\$
4			\$
5			\$

Please enter the income that will supplement your investment plan during the Distribution Period.

Annual Income Sources	Spouse 1	Start Year	End Year	COLA*	Spouse 2	Start Year	End Year	COLA*
Social Security	\$				\$			
Defined Benefit/Pension	\$				\$			
Annuities	\$				\$			
Business/Property Sale	\$				\$			
Inheritance	\$				\$			
Other 1	\$				\$			
Other 2	\$				\$			
Other 3	\$				\$			

*Cost of Living Adjustment Percentage

Legacy

OPTIONAL: If you wish to leave a specific legacy amount at the end of the investment plan, please enter the amount below.

Desired Legacy Amount	\$
Maximize Legacy	Yes

Maximizing your legacy ensures that the largest amount possible will remain after your monthly income needs are met. If you choose that option, DO NOT enter a Desired Legacy Amount.



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Add additional Registrations here

	Registration Names	CCMG to Manage?		Account Type	Current Value
8		Yes	No		\$
9		Yes	No		\$
10		Yes	No		\$
11		Yes	No		\$
12		Yes	No		\$
13		Yes	No		\$
14		Yes	No		\$
15		Yes	No		\$
NOTE:	Please include ALL assets, even those that will NOT be managed by CCMG. Your Income		Curron	at Investable Assets	¢

NOTE: Please include ALL assets, even those that will NOT be managed by CCMG. Your Income Plan cannot be accurately completed unless you include ALL assets.

Current Investable Assets \$