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ADVISOR INFORMATION

Date Analysis Needed		Today's Date	
Financial Advisor Name	Click to Insert Logo Here		
Firm Name			
Advisor Fee Desired			

HOUSEHOLD INFORMATION

Household Name		
	Spouse 1	Spouse 2
Client Name		
Birth Date		
Current Age		
Target Retirement Date		
Would you like help introducing the income plan/proposal to your client?	<input type="radio"/> Yes <input type="radio"/> No	
Preferred Inflation Assumption	<input type="radio"/> 2% <input type="radio"/> 3% <input type="radio"/> 4% <input type="radio"/> Other	

Please enter any existing accounts in the client's name. Provide client statements if available.

	Registration Names	CCMG to Manage?	Account Type	Current Value
1		<input type="radio"/> Yes <input type="radio"/> No		\$
2		<input type="radio"/> Yes <input type="radio"/> No		\$
3		<input type="radio"/> Yes <input type="radio"/> No		\$
4		<input type="radio"/> Yes <input type="radio"/> No		\$
5		<input type="radio"/> Yes <input type="radio"/> No		\$
6		<input type="radio"/> Yes <input type="radio"/> No		\$
7		<input type="radio"/> Yes <input type="radio"/> No		\$
Current Investable Assets				\$

General Account Information

Accumulation Period

When will you begin taking withdrawals (year)?

Example: 2017

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*
Example: Social Security	\$	3	7	
	\$			
	\$			
	\$			
	\$			

*Cost of Living Adjustment Percentage

Accumulation Period Information

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Distribution Period

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

Gross **Monthly** Income Required (Pre-Tax Dollars) \$

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	Example: Joe Smith Jr. College Fund	Example: Years 1-3	\$
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

Distribution Period Information

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.

NOTES. Enter additional instructions here

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