

General Account Information

ADVISOR INFORMATION

Date Analysis Needed		Client Mtg. Time		Today's Date	
New AssetMark Client	Yes No				
Financial Advisor Name					
Firm Name					

HOUSEHOLD INFORMATION

	Spouse 1 <i>(Plan to be run based upon this spouse)</i>	Spouse 2
Client Name		
Birth Date		
Preferred Inflation Assumption	2% 3% 4% Other	

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

	Owner	Registration Names	CCMG to Manage?	Account Type	Tax Transition*	Current Value
1			Yes No		Yes No	\$
2			Yes No		Yes No	\$
3			Yes No		Yes No	\$
4			Yes No		Yes No	\$
5			Yes No		Yes No	\$
6			Yes No		Yes No	\$
7			Yes No		Yes No	\$
8			Yes No		Yes No	\$

If there is a need to discuss the transition of unrealized gains, please reach out to your Investment Consultant Team.

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. Do NOT include Annuities or Life Insurance. Annuities that will not be surrendered should not be included as a Registration Type.

Accumulation Period

Accumulation Period Information

Start date for income distribution (i.e. retirement)

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.

Owner	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.

Please note that income required may be more than RMD.

Gross MONTHLY Income Required (Income Sources + Investment Income)	\$
Maximize income to age 95?	Yes No

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

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	\$				\$			
Life Insurance Payout	\$				\$			
	\$				\$			
	\$				\$			
	\$				\$			
	\$				\$			
	\$				\$			

Fillable if other forms of income

Note: RMD is not considered an "annual income source"

*Cost of Living Adjustment Percentage

Distribution Period Information

Legacy

Maximize Legacy	Yes
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Maximizing your legacy ensures that the largest amount possible will remain after your monthly income needs are met.

Legacy

NOTES. Enter additional instructions here

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