

### ADVISOR INFORMATION

Date Analysis Needed		Client 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 specified above. Income Plan & Proposal generally delivered 2-3 business days from current date, or by time and date above, if specified.

### 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?	Yes	No		
Preferred Inflation Assumption	2%	3%	4%	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		Yes	No		\$	
2		Yes	No		\$	
3		Yes	No		\$	
4		Yes	No		\$	
5		Yes	No		\$	
6		Yes	No		\$	
7		Yes	No		\$	
					Current 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.

General Account Information

## Accumulation Period

When will you begin taking withdrawals (year)?	
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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

Accumulation Period Information

## Distribution Period

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

Gross <b>MONTHLY</b> Income Required from Income Sources and Investments	\$
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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

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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