



Over **175**
YEARS of helping
people act on their love.

A brief chat about who we are
and what we do, to see if we
might be a fit for you.



#1

largest mutual insurer
In the U.S.¹

1845

a mutual company
from the start

136,000

hours volunteered to help
charities in 2019



STABILITY



MUTUALITY



HUMANITY

¹Based on revenue as reported by "Fortune 100 ranked within Industries, Insurance: Life, Health (Mutual)," Fortune magazine, 5/2020.



I strive to be your trusted partner.

I help with these.



Financial security

Retirement needs

Children's education

Estate conservation

Lifetime income

Extended care

Your attorney

Your accountant

Your home / auto agent

Your HR benefits

Trusted confidante



I coordinate with these.



New York Life

My role

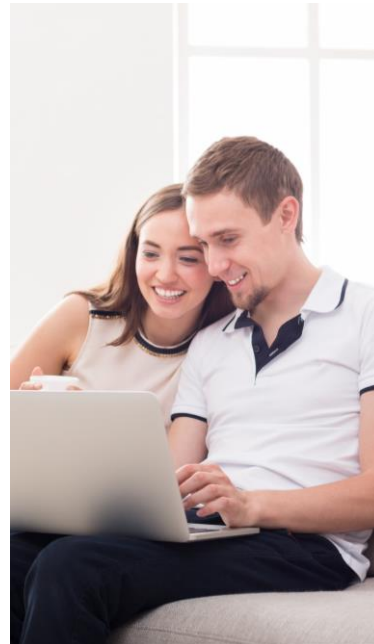
Our process

Our services

Our Financial GPS helps you get where you want to be.



GUIDANCE



PREPARATION



SOLUTIONS

Human guidance to help map a course for your personal priorities.



GUIDANCE

Reduce my debt

Lower my taxes

Start a business

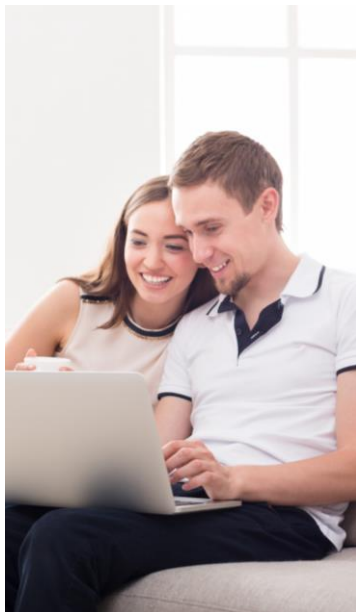
Fund an education

Retire when I want

Not outlive my money

Prepare for the unexpected

Person to person help to craft and execute your unique strategy.



PREPARATION

1.
Think
about your
goals

2.
Prioritize
your
goals

3.
Develop
a strategy
and take
action

4.
Update
and review
your
progress
at least
once a
year

We discuss the *hows*, and *whys* to take appropriate next steps.

Your financial house



SOLUTIONS

Preservation solutions

Accumulation solutions

Protection solutions



New York Life

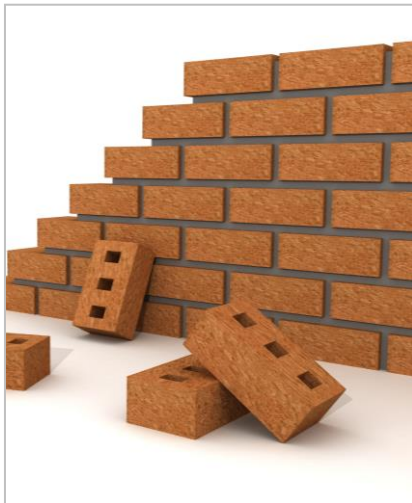
My role

Our process

Our services

Before we build a financial house, we can help construct a strong foundation. (In coordination with your other professionals.)

Plan for what is difficult
while it is easy.



PROTECTION

Wills / Powers of attorney[#]

Trusts[#]

Emergency savings

Debt management

Charitable continuance

Health insurance^{*}

Home / Auto insurance^{**}

Disability insurance

Long-term care insurance

Life insurance

^{*}Products available through one or more carriers not affiliated with New York Life Insurance Company, dependent on carrier authorization and product availability in your state or locality.

^{**}Home / Auto Insurance are not offered by New York Life Insurance Company or its agents.

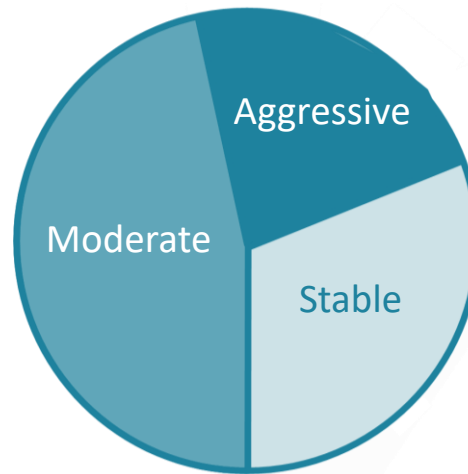
[#] In coordination with your trusted tax, legal and other advisors.

We help with a tax-diversified approach to your accumulation goals.

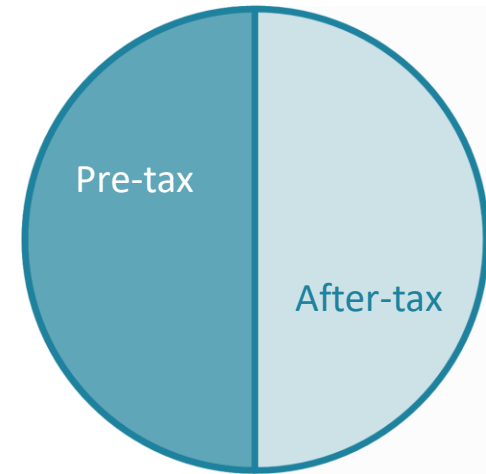


ACCUMULATION

Others talk only about
Risk mix



We focus on
Tax mix



Education funding

Retirement strategies

We implement strategies to help you keep more of what you've saved.



PRESERVATION

Risk assessment

Orderly estate transfer

Pension maximization strategies

Required minimum distribution help

Retirement readiness budget analysis

Guaranteed lifetime income products

Two common questions

“Am I covered for that?”



PROTECTION

Foundation first

*Focus on life insurance for now.
Address additional components later.*

“Am I saving enough?”



INTEGRATED

Whole house

*Address all applicable components together,
in a connected approach.*



New York Life

My role

Our process

Our services

My retirement progress

Current age

Desired retirement age

Annual household income

Desired retirement income

**Pre-retirement growth rate*

**Post-retirement income rate*

Total amount saved so far

*Rates are hypothetical only and are not a projection or guarantee of actual results.



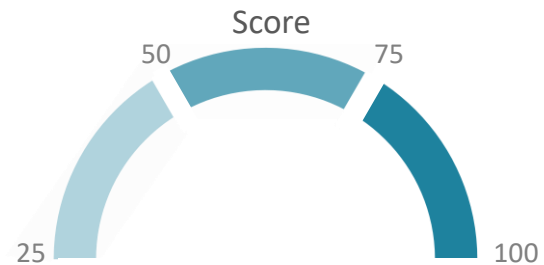
New York Life

My role

Our process

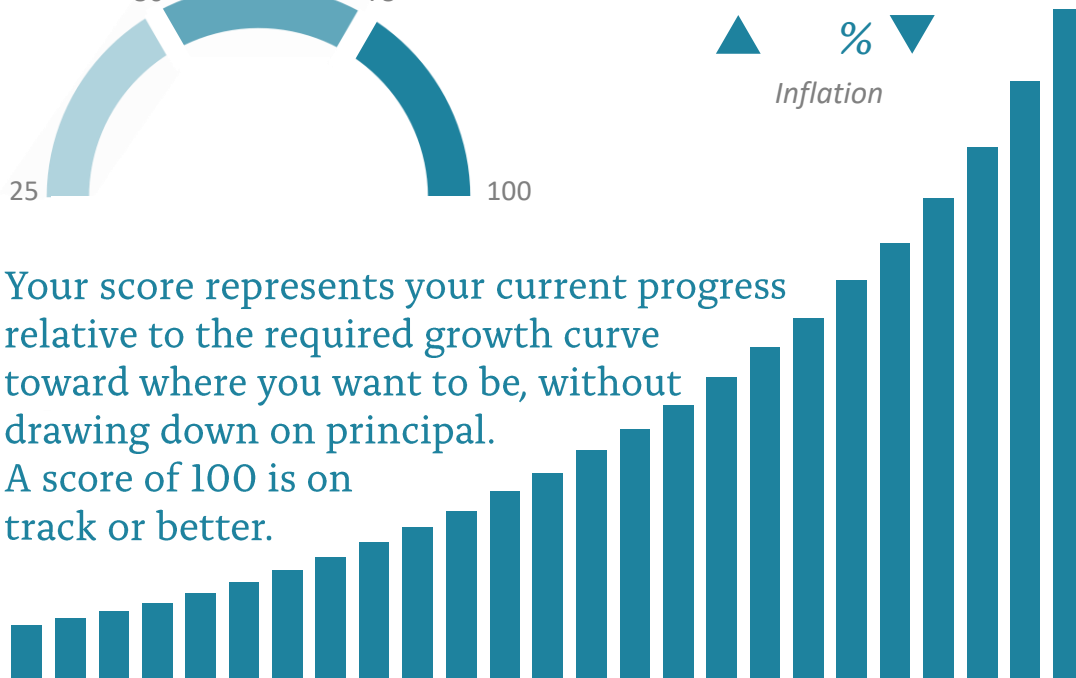
Our services

My retirement progress



Your score represents your current progress relative to the required growth curve toward where you want to be, without drawing down on principal. A score of 100 is on track or better.

▲ % ▼
Inflation



Where you want to be¹

Total assets needed at retirement

Where you are now²

Current progress

Amount left to go

Where you want to be, minus where you are

¹Assumes the principal is kept intact and the desired income is generated from interest/earnings only.

All figures are hypothetical only and not a projection or guarantee of future results. Actual results will vary. No products are being offered or recommended.



New York Life

My role

Our process

Our services

My retirement progress



¹This is the annual savings amount required to reach your retirement goal, based on the hypothetical "Pre-retirement growth rate" input on the previous page. All figures are hypothetical only and not a projection or guarantee of future results. Actual results will vary. No products are being offered or recommended.



New York Life

My role

Our process

Our services

My personal appraisal

My current age

My planned retirement age

*My current annual income**

**For fulltime homemaker, parent or caregiver, use an annual replacement value of the work performed, which is often near or equal to the income of the wage-earner.*

Clear form



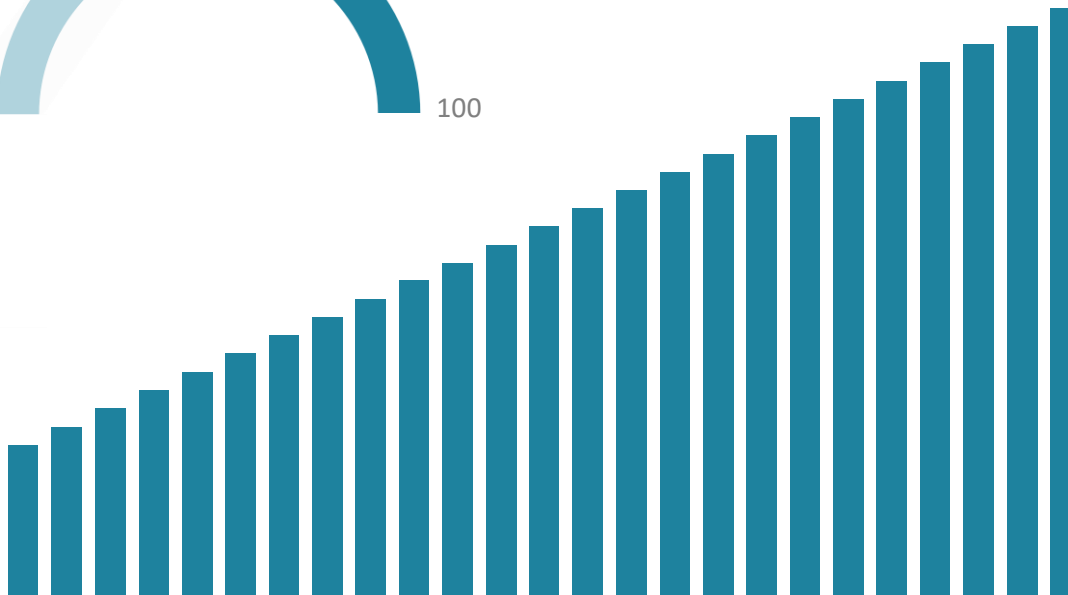
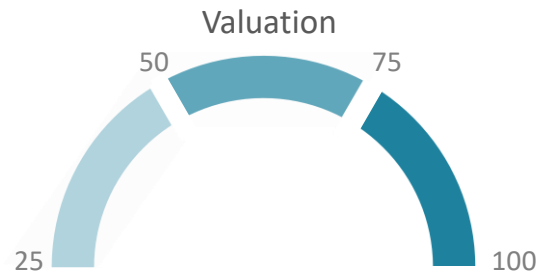
New York Life

My role

Our process

Our services

My personal appraisal



Future earnings.

Future earnings with 3% raises.

Net present value.



Valuation is based on Personal appraisal as a multiple of current income: 0-2 times income = 40/Low, 3-5 = 55/Moderately low, 6-10 = 70/Moderate, 11-14 = 80/Moderately high, 15-20 = 90/High, over 20 = 100/Very high.

Net present value assumes 4% discount for the time-value of money.



New York Life

My role

Our process

Our services

The first step: A confidential goals and guidance discussion.



GUIDANCE

Confidential Questionnaire

Client Discovery Discussion



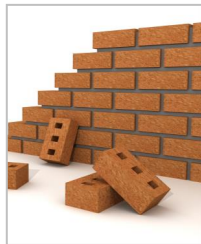
Client 1: First name _____ Last name _____ Date _____

Client 2: First name _____ Last name _____



Confidential Questionnaire

Client Discovery Discussion



PROTECTION

☐

Foundation first - Focus on life insurance for now.
Address additional components later.



INTEGRATED

☐

Whole house - Address all applicable components
together, in a connected approach.

Client 1: First Name _____ Last Name _____ Date _____

Client 2: First Name _____ Last Name _____

Personal Priorities

Use [Personal Information Worksheet](#) if needed.

1. What is most important to you? (Could be anything or anyone.)

Date of birth: Client 1 _____ Client 2 _____

Family life (List children or other dependents.)

First name _____

Date of birth _____

Relationship _____

3. What is your number one financial priority or concern? What keeps you up at night?

Work life (Employee? Contractor? Business owner?) Use [Business Owner Worksheet](#) if needed.

(Client 1) Occupation _____ Employer _____ Annual income \$ _____

(Client 2) Occupation _____ Employer _____ Annual income \$ _____

4. Tell me about your work. (Any expected changes?)

What is your tax filing status? ☐ Single ☐ Married/Joint ☐ Married/Separate ☐ Head of household ☐ Qualifying widow(er)

Saving & Investing

Use [Assets Worksheet](#) if needed.

1. If you were financially set, and didn't have to bring home a paycheck, what would you want your life to look like?

Do you own your primary residence? Yes ☐ No ☐ If no, what is your monthly rent payment? \$ _____

Market value	Mortgage balance	Payment	Extra payment	Years left	Loan rate	Notes
\$ _____	\$ _____	\$ _____	\$ _____	_____	% _____	_____

2. What processes or strategies are you using for your saving and investing?

Asset type	Variable balance	Fixed balance	Annual deposits	Pre-tax	Notes	Owner		
						C1	C2	Jnt
	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What are your thoughts on education funding for your children, grandchildren or others?

4. What are your thoughts about Social Security or other sources of guaranteed lifetime income?

Desired retirement age C1 _____ C2 _____ Would you like a Retirement Analysis? ☐ Y ☐ N If yes, complete [Savings Goals Worksheet](#).

Risk & Protection

Use [Risk & Protection Worksheet](#) if needed.

1. What are your feelings about risk when it comes to saving and investing?

	Policy type	Benefit amount	Premium	Notes / Issuer	C1	C2	EE Benefit
Disability insurance		\$	\$		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
		\$	\$		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Long-term care insurance		\$	\$		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
		\$	\$		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Life insurance		\$	\$		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
		\$	\$		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
		\$	\$		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
		\$	\$		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

2. Tell me about your will or trust (e.g., last review date, beneficiaries, powers of attorney, executor, custodian, trustees).

3. How are you currently using insurance to protect against personal loss (e.g., disability, long-term care, life)?

	Name of debt	Balanced owed	Monthly payment	Months left	Interest rate	Loan	Credit Card	Other
Debts & liabilities (Excluding mortgage)		\$	\$		%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		\$	\$		%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		\$	\$		%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		\$	\$		%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		\$	\$		%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		\$	\$		%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Tell me about your debts, loans and liabilities.

Calculated total survivor needs? Client 1 \$ Client 2 \$

Use [Survivor Needs Analysis Worksheet](#) if needed.

Survivor Needs Analysis Worksheet - Part 1

Client 1 _____ Date _____

Client 2 _____

Select the statement you most closely identify with:

I prefer a simplified "big picture" approach. (Skip to **section 2 Income replacement needs** only.)

I prefer a more thorough approach that considers other variables. (Complete **both sections** below.)

Client 1

Client 2

☐☐☐☐

Section 1 - Survivor cash needs

Client 1

Client 2

Immediate money fund - For bills presented after death, such as funeral, medical, attorney, probate fees, etc.
(Consider 50% of annual household income.)

\$

\$

Emergency fund - For unexpected bills not readily payable from current income, including major repairs to home or car, medical emergencies, etc. (Consider 25% to 50% of household income.)

\$

\$

Mortgage payoff or rent fund - What would it take to pay-off your mortgage or what amount is sufficient for a rent fund? (Consider monthly rent amount x 120 months.)

\$

\$

Child / home care - To pay for duties and services formerly performed by the one who died.
(Consider \$10,000 to \$50,000 x the number of years desired to fund.)

\$

\$

Liabilities / debts - Credit card balances, school loans, auto loans, outstanding loans and other liabilities.

\$

\$

Education fund - Select an amount you wish to provide for education and multiply by the number of children.

\$

\$

Survivor cash needs subtotal

\$

\$ (A)

Liquid assets - Enter the amount of liquid assets available, not earmarked for retirement.

\$

\$ (B)

Use **Assets Worksheet** if needed.

Survivor cash needs shortfall (A minus B)

\$

\$ (C)

Survivor Needs Analysis Worksheet - Part 2

Client 1 _____ Date _____
Client 2 _____

Section 2 - Income replacement needs

Income to replace - Enter the amount of gross annual income you wish to provide for your surviving loved ones.
(Consider 60% to 80% of income if top section was completed, or 80% to 100% if completing this section only.)

Client 1
\$

Client 2
\$ (D)

Years to replace income - Enter the amount of years you wish to provide income for your surviving loved ones.
(Considerations: Until full retirement age? Until kids are independent?)

Years

Years (E)

Additional payout - Enter any additional benefit you would want to leave, not entered in the section above.
(Examples: Charity. Scholarships. Endowments. Specified payouts.)

\$

\$ (F)

Income replacement needs subtotal (D times E plus F)

\$

\$ (G)

Current coverage - Enter the total amount of death benefit from in-force life insurance policies that you intend to keep. Use **Risk & Protection Worksheet** if needed

\$

\$ (H)

Income replacement needs shortfall (G minus H. End here for "big picture" approach.)

\$

\$ (I)

Total survivor needs shortfall (C plus I)

\$

\$

Savings Goals Worksheet - Part 1

Client 1 _____ Date _____

Client 2 _____

Retirement - Goals & Considerations

At what age would you like to have the option to retire?

What is your current annual income from work?

How much are you currently saving each year?

What is your annual income from other sources?

What percentage of your total income do you want in retirement? (*Common*: 70% to 90%*)

What rate of return do you expect to average while saving for retirement? (*Common*: 5% to 9%*)

What rate of return do you expect to average after retiring? (*Common*: 2% to 6%*)

What do you expect the rate of inflation will be? (*Common*: 1% to 5%*)

Client 1

Client 2

%

%

%

%

Retirement - Pension Plans

Do you have a defined benefit pension plan at work? (*These plans pay a monthly income upon retirement.*)

If so, at what age will the income begin?

What is the expected monthly income amount?

Does the plan allow for a lump-sum rollover?

Client 1

Client 2

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Retirement - Social Security

Do you want to factor Social Security into your planning?

At what age do you think you will want to start receiving benefits?

What is your expected monthly Social Security benefit amount?

Client 1

Client 2

Yes ☐ No ☐

Yes ☐ No ☐

*Common refers to a range people commonly use, not to any historic or expected range.

Savings Goals Worksheet - Part 2

Client 1 _____ Date _____

Client 2 _____

Education Funding

	Student 1	Student 2	Student 3	Student 4	Student 5
Name of student	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much assistance would you like to provide each year?	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
For how many years would you like to provide assistance?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
At what age (of student) should assistance begin?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much have you set aside so far in a designated account?	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
How much are you contributing each year?	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
What rate of return do you expect to average while saving ? (Common*: 5% to 9%)	<input type="text"/> %		Make values the same for all students. <input type="text"/>		

*Common refers to a range people commonly use, not to any historic or expected range.

Summary & Solutions

Use [Contacts & Advisors Worksheet](#) if needed.

1. Before we consider solutions what else should I know that we haven't talked about yet?

In addition to what you are already doing, what would be a comfortable, yet meaningful, monthly amount to set aside toward accomplishing your goals? (Use [Budget Worksheet](#) if needed.)

2. When it comes to strategy, what are your thoughts about the future of income taxation? Will taxes increase, decrease or stay the same?

Are you a smoker?

Client 1 ☐ Yes ☐ No

Client 2 ☐ Yes ☐ No

Are you a US citizen?

Client 1 ☐ Yes ☐ No

Client 2 ☐ Yes ☐ No

Next Meeting:

Date: Time: Place: Purpose:

3. After all we've discussed, what are the primary things you hope to get out of our working together?

Summary & Solutions Output


☐

Foundation first - Focus on life insurance for now. Address additional components later.

● **Personal appraisal**

● **Survivor needs analysis**

● **Life insurance portfolio**

For your life insurance portfolio...

Include existing employer benefit coverage.

Include existing personal coverage.

Client 1

☐ Yes ☐ No

☐ Yes ☐ No

Client 2

☐ Yes ☐ No

☐ Yes ☐ No

PROTECTION


☐

Whole house - Address all applicable components together, in a connected approach.

● **Protection**

● **Accumulation**

● **Preservation**

INTEGRATED

Discussion notes

Links to worksheets

[*Survivor Needs Analysis Worksheet*](#)

[*Savings Goals Worksheet*](#)

[*Risk & Protection Worksheet*](#)

[*Assets & Liabilities Worksheet*](#)

[*Personal Budget Worksheet*](#)

[*Personal Information Worksheet*](#)

[*Contacts & Advisors Worksheet*](#)

[*Business Owner Worksheet*](#)

The responses that you provide to this questionnaire are intended to assist you in gathering important information about yourself, such as your financial goals, objectives, and time horizon, and to help you make a more informed decision regarding your specific situation. Your responses are not intended to represent a comprehensive basis for evaluating suitability or, if applicable, conducting underwriting on any specific insurance, annuity, or investment product.

In the event that you decide to purchase any product, you will need to complete a separate policy application/contract and/or Investor Profile, which will serve as the governing document in the event any discrepancies and as the basis for the company's conducting suitability and/or an underwriting analysis with regard to the specific product that you wish to purchase.

SMRU #1847466 6/30/2022

