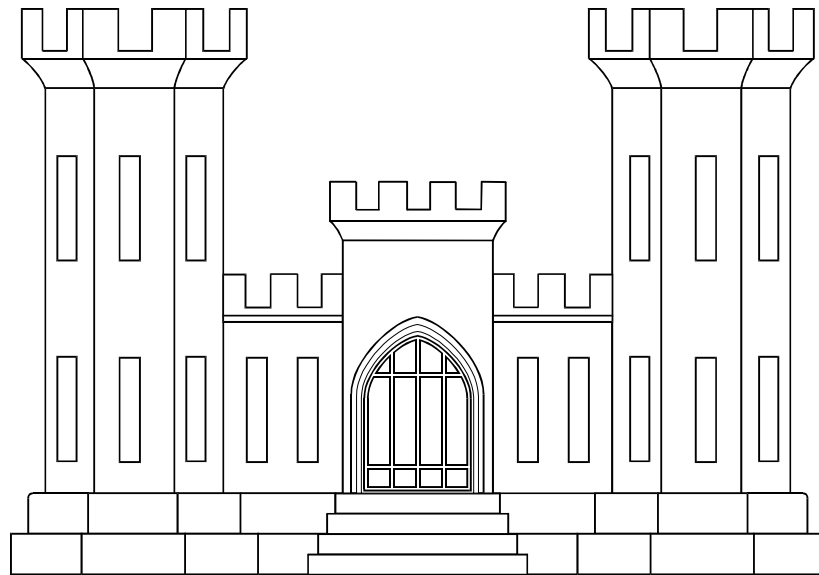


# The Fortress Trust



Evaluation  
Data Form

## The Fortress Trust – Evaluation Data Form

Fortress Representative \_\_\_\_\_

Representatives Phone (\_\_\_\_) \_\_\_\_\_

Members Name \_\_\_\_\_

Occupation \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Social Security \_\_\_\_\_

List the names, ages, and marital status of your children. Indicate if any of the children are from a former marriage.


Describe Your Present Estate Plan


What are your objectives in creating a business and estate plan?

Describe Your Business Interests

Primary Business

Name of Business \_\_\_\_\_

Business is a C-Corp., S-Corp., Partnership (General or Limited), Sole Proprietorship, Limited Liability Company \_\_\_\_\_

Your position in the company \_\_\_\_\_

Spouse's position in the company (if any) \_\_\_\_\_

What type of business does this company engage in? \_\_\_\_\_

\_\_\_\_\_

Present value of business \_\_\_\_\_

Secondary Business

Name of Business \_\_\_\_\_

Business is a C-Corp., S-Corp., Partnership (General or Limited), Sole Proprietorship, Limited Liability Company \_\_\_\_\_

Your position in the company \_\_\_\_\_

Spouse's position in the company (if any) \_\_\_\_\_

What type of business does this company engage in? \_\_\_\_\_

\_\_\_\_\_

Present value of business \_\_\_\_\_

Secondary Business

Name of Business \_\_\_\_\_

Business is a C-Corp., S-Corp., Partnership (General or Limited), Sole Proprietorship, Limited Liability Company \_\_\_\_\_

Your position in the company \_\_\_\_\_

Spouse's position in the company (if any) \_\_\_\_\_

What type of business does this company engage in? \_\_\_\_\_

\_\_\_\_\_

Present value of business \_\_\_\_\_

## Describe Your Real Estate Holdings

Property #1

Address \_\_\_\_\_

Name on title \_\_\_\_\_

Fair Market Value \_\_\_\_\_ Mortgage \_\_\_\_\_ Remaining Months \_\_\_\_\_

Current use of property (residence, rental, business) \_\_\_\_\_

Property #2

Address \_\_\_\_\_

Name on title \_\_\_\_\_

Fair Market Value \_\_\_\_\_ Mortgage \_\_\_\_\_ Remaining Months \_\_\_\_\_

Current use of property (residence, rental, business) \_\_\_\_\_

Property #3

Address \_\_\_\_\_

Name on title \_\_\_\_\_

Fair Market Value \_\_\_\_\_ Mortgage \_\_\_\_\_ Remaining Months \_\_\_\_\_

Current use of property (residence, rental, business) \_\_\_\_\_

Property #4

Address \_\_\_\_\_

Name on title \_\_\_\_\_

Fair Market Value \_\_\_\_\_ Mortgage \_\_\_\_\_ Remaining Months \_\_\_\_\_

Current use of property (residence, rental, business) \_\_\_\_\_

## LIFE INSURANCE AND ANNUITIES

Company	Issue Date	Insured	Face Amount	Surrender Value	Death Benefit

FINANCIAL ACCOUNTS		
Banks, Credit Unions, CDs, Money Markets		
Institution	Type of Account	Value

IRA AND RETIREMENT PLANS		
Institution	Type of Account	Value

MORTGAGES HELD		
Notes, Trust Deeds, etc.		
Name of person(s) who owes you	Outstanding Balance	Payment Amount

SECURITIES Stocks, Bonds, Mutual Funds, Limited Partnerships, etc.				
Type of security	Issuer	# of shares/units	Your original price	Current Value

VALUABLE PERSONAL PROPERTY Vehicles, Household Items, Antiques, Jewelry, Tools, Guns, Collections, Etc.	

OTHER ASSETS OR COMMENTS ON FAMILY CIRCUMSTANCES NOT COVERED ELSEWHERE

LIABILITIES
Mortgages, Auto Loans, Credit Lines, Short Term Loans (Include Outstanding Balances)

DO YOU HAVE ANY PENDING OR THREATENED LITIGATION?
Give Full Details

## SUMMARY

Member Name \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### ASSET SUMMARY

Business Interests	\$ _____
Real Estate	\$ _____
Life Insurance	\$ _____
Annuities	\$ _____
Financial Accounts	\$ _____
Retirement Accts.	\$ _____
Mortgages Held	\$ _____
Securities	\$ _____
Personal Property	\$ _____
Other	\$ _____
Total Value	\$ _____

### CURRENT MONTHLY INCOME

	Husband	Wife
Net Business Income	_____	_____
W-2 Income	_____	_____
Income from Real Estate	_____	_____
Income from Securities	_____	_____
Alimony/Support	_____	_____
Pension/Retirement	_____	_____
Social Security	_____	_____
Other	_____	_____
Total Monthly Income	\$ _____	_____

☐ I/We have enclosed copies of the last two years tax returns for personal and business.  
**THIS IS REQUIRED**

Fortress believes that the desires and intentions of each individual member is of primary importance in designing and recommending an estate and business plan for that member.

After the Fortress Representative has explained the financial operation and the probable financial impact of various planning devices, we ask that you indicate to us the type of arrangement in which you are most interested. We will take this into consideration when evaluating your circumstances and designing a suggested plan for you.

### Member Statement MUST BE SIGNED

I/We have had the financial operation, and probable financial impact of various planning entities explained to me/us, and we/I are/am most interested in a plan that would include the following entities:

☐ Limited Liability Company    ☐ Non-Grantor Complex Trust    ☐ Charitable Trust  
☐ Revocable Living Trust    ☐ Foreign Corporation    ☐ Family Limited Partnership

\_\_\_\_\_  
 Sign Date Sign Date



# Supplemental Data Form

If your plan ultimately includes the sale of Trust Certificates, we often recommend the use of a Family Limited Partnership to hold the proceeds of any sale of Trust Certificates. We typically recommend that the General Partners will be the Fortress members and the limited partners will be the members and one of more of their children.

Furthermore, we typically recommend that the partnership units owned by the Fortress members should be held in a revocable living trust. Additionally, when a member's plan includes the use of a Limited Liability Company, we often recommend the use of the revocable living trust for holding the members interest in the limited liability company.

We often recommend that the revocable living trust should contain instructions that any remaining value in the estate will be given to the below listed beneficiaries except that any value in excess of the members Federal Estate Tax Exemption Equivalent will be donated to a Charitable Trust, with the below named persons acting as Trustees of that Charitable Trust.

Therefore, please tell us who you would want as the beneficiaries of the living trust, their relationship to you, and what percentage of your estate you would want them to receive.

## Beneficiaries of Living Trust:

Name	Relationship	Percentage Share
_____		
_____		
_____		
_____		
_____		
_____		

## Successor Trustees of Living Trust:

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

## Supplemental Document Data Form

The Fortress Trust does not provide any legal documents. However, as part of our service to our members, we compile information that can be used by your attorney in drafting an estate plan for you. Therefore, we ask you to provide the information that would be needed by your attorney in preparing the following documents.

=====

☐ GUARDIAN OF MINOR CHILDREN:

THIS DOCUMENT WOULD GENERALLY BE USED ONLY IF YOU HAVE MINOR CHILDREN, OR ADULT HANDICAPPED CHILDREN.

Name – 1st. Guardian \_\_\_\_\_

Address \_\_\_\_\_

Name – 2nd. Guardian \_\_\_\_\_

Address \_\_\_\_\_

=====

☐ DURABLE POWER OF ATTORNEY AND NOMINATION OF CONSERVATOR:

1st. Choice - Power of Attorney: Spouse ☐ or \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2nd. Choice - Power of Attorney: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ POWER OF ATTORNEY FOR HEALTH CARE:

1st. Choice - Power of Attorney: Spouse ☐ or \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2nd. Choice - Power of Attorney: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### INSTRUCTIONS

#### Durable Power of Attorney

If a married couple, check "Spouse", then fill in only the "2nd Power of Attorney". If single, name a "1st Power of Attorney" and a "2nd Power of Attorney".

#### Durable Power of Attorney for Health Care

If a married couple, check "Spouse", then fill in only the "2nd Power of Attorney". If single, name a "1st Power of Attorney" and a "2nd Power of Attorney".

=====

☐ LIVING WILL (No information is needed, but please indicate if you are interested in having your attorney prepare these documents for you.)

# Personal ized Financial Pl an

Dear Member:

Membership in The Fortress Trust carries many benefits. One of the most helpful benefits is the provision of a detailed and personalized financial plan.

The Fortress Trust has formed a strategic alliance with one of the top financial service firms in the country – ReliaStar Financial Corporation. By virtue of this alliance we are able to provide you with your own personalized financial plan.

This plan will provide you with a detailed analysis and recommendations on several topics of importance to you. The analysis and recommendations may include such issues as life insurance, risk assessments, college funding preparation, estate tax issues, etc.

The next four pages of this booklet requests detailed information on your personal circumstances. This information is required in order to prepare a proper and thorough financial plan for you. All the information in this booklet will be kept confidential.

If you have any questions in completing the next four pages, please contact our offices at (800) 487-8780 and speak to Karen Ritter or Jamie Parnell.

## PERSONAL DATA

Client Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Spouse Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name to Appear on Reports (max. 34 characters) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Client \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Social Security Benefits**  
(circle one)  
Client: None / Moderate / 100%  
Spouse: None / Moderate / 100%

## NOTES

Driver License # \_\_\_\_\_

Client \_\_\_\_\_

Spouse \_\_\_\_\_

e-mail address \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Any family medical problems that could affect your plans? \_\_\_\_\_

Are you a participant in Federal Employees' or Railroad Retirement Plan? \_\_\_\_\_

## OCCUPATION

Client's Job Title \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's Job Title \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What are your career plans? \_\_\_\_\_

With whom do you consult before making important money decisions? \_\_\_\_\_

## ADVISORS

**Advisor Classification#** [1] Accountant [2] Attorney [3] Financial Advisor  
[4] Insurance Agent [5] Stockbroker

Advisor's Name \_\_\_\_\_ Advisor Classification # \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Advisor's Name \_\_\_\_\_ Advisor Classification # \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Who prepares your tax forms? \_\_\_\_\_

## CONCERNS

Rank the following Concerns 1 (very low) through 9 (very high).

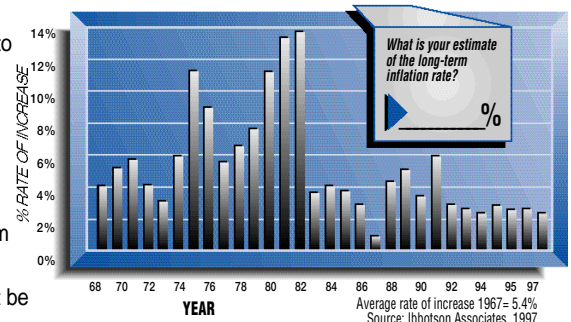
Avoid duplicating the same ranking in any of the six concerns. We are concerned principally with "surplus" money that you have saved or invested, or will save or invest in the future and, of course, inherited money. It is the growth, protection and eventual use of this capital that we are asking you to think about as each of the six key financial concerns is ranked.

(1-9)

- \_\_\_\_\_ **Inflation Hedge** How much are you concerned about having your savings dollars and investments keep pace with inflation?
- \_\_\_\_\_ **Tax Advantage** To what extent are you concerned about getting all of the tax relief to which you are legally entitled and which is suitable for you?
- \_\_\_\_\_ **Safety** How much are you concerned about being sure you could get back your own dollars? (High score indicates a desire for safe investments)
- \_\_\_\_\_ **Liquidity** How much are you concerned that your investments can quickly be converted to cash at or near their prevailing market price?
- \_\_\_\_\_ **Current Income** How much are you concerned about getting maximum income from your savings and investments this year?
- \_\_\_\_\_ **Family Benefit** To what extent are you concerned that your investment program not be harmful or difficult for your family to manage?

## HISTORY OF INFLATION

% Increase Since 1967



## DEPENDENTS

## EDUCATION GOALS

## NOTES

- Present Value of the Annual Amount required for this Education Goal.
- Present Value of Assets not owned by the Client or Spouse, but available from other sources to help meet this Education Goal.

Name (First)	Birthdate	Soc. Sec. Until Age.	1 \$ Per Year	# Yrs.Until Needed	# Yrs. Needed	Current Savings	2 Other's Assets	Monthly Savings	Rate of Return
1. _____	____/____/____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____	____%
2. _____	____/____/____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____	____%
3. _____	____/____/____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____	____%
4. _____	____/____/____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____	____%
5. _____	____/____/____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____	____%
6. _____	____/____/____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____	____%

Do you plan on having additional children?

How do you feel about saving for your

children's college education?

Do you foresee a substantial change

in your income in the next two years?

Do you save and invest systematically?

What percentage of your income

should be saved?

What is the best investment you ever made?

What is the worst investment you ever made?

Do you own a business?

Your ownership %

Do you have an employee booklet

summarizing your benefits?

## CASH FLOW

If you enter Monthly Amounts they will be multiplied by 12 and **added** to the Annual Amounts for calculations.

INCOME	MONTHLY	ANNUAL		MONTHLY	ANNUAL
Salary (Client) .....	\$ _____	\$ _____	<b>TOTALEXPENSES</b> .....	\$ _____	\$ _____
Salary (Spouse) .....	\$ _____	\$ _____	<b>TOTAL TAXES</b> .....	\$ _____	\$ _____
Self-Employment (Client) .....	\$ _____	\$ _____	Additional Monthly Savings Goal	\$ _____	
Self-Employment (Spouse) .....	\$ _____	\$ _____			
Other .....	\$ _____	\$ _____			
<b>TOTALINCOME</b> .....	\$ _____	\$ _____			

## ASSETS & LIABILITIES

Enter detailed asset information or... Enter **TOTALS** Only (at the bottom of the page)

- The expected Rate of Return for each Asset Type (or TOTAL Assets in the Return % column). This % represents the Total Rate of Return. For example, a mutual fund generating a 3% yield (re-invested) and capital growth of 6%, will have a 9% Rate of Return.
- Enter any additional Monthly Savings, followed by the expected percentage of Annual Increase to this Monthly Savings amount.
- For Retirement Plans, "Company Match \$" refers to the dollars the company contributes each month to your Retirement Account.
- For Asset Allocation, select the number that matches your risk tolerance and time period.

(A) Owner Code: C = Client S = Spouse J = Joint M = Community

(B) Retirement Plan Code: 1 = 401(k) 2 = Keogh 3 = TSAor 403B 4 = IRA 5 = Other 6 = Roth IRA

Type	Owner (A)	Value \$	1 Rate of Return	Liability \$	Monthly Savings \$	Annual % Increase
1. Cash, Checking,MM.....	_____	\$ _____	____%	\$ _____	\$ _____	____%
2. Savings, CD, T-Bills.....	_____	\$ _____	____%	\$ _____	\$ _____	____%
3. Tax Free Bond Funds....	_____	\$ _____	____%	\$ _____	\$ _____	____%
4. Bonds/Income Funds ...	_____	\$ _____	____%	\$ _____	\$ _____	____%
5. Annuities (Fixed/Variable)...	_____	\$ _____	____%	\$ _____	\$ _____	____%
6. Stocks/Growth Funds...	_____	\$ _____	____%	\$ _____	\$ _____	____%
7. Residence.....	_____	\$ _____	____%	\$ _____	\$ _____	____%
8. Real Estate.....	_____	\$ _____	____%	\$ _____	\$ _____	____%
9. Limited Partnerships .....	_____	\$ _____	____%	\$ _____	\$ _____	____%
10. Business.....	_____	\$ _____	____%	\$ _____	\$ _____	____%
12. Speculative.....	_____	\$ _____	____%	\$ _____	\$ _____	____%
13. Collectibles, Tangibles .....	_____	\$ _____	____%	\$ _____	\$ _____	____%
14. Personal Property .....	_____	\$ _____	____%	\$ _____	\$ _____	____%
15. Other Assets (Money owed you)	_____	\$ _____	____%	\$ _____	\$ _____	____%
16. Other Liabilities.....	_____	\$ XXXXXXXX	XXXX%	\$ _____	\$ XXXXXXXXXX	XX%

## 4 Asset Allocation Time Period

	Short 3-5 Years	Medium 6-10 Years	Long 11+ Years
Low	1	2	3
Moderate	2	3	4
High	3	4	5

RISK PROFILE

Code (B)	Retirement Plan Owner (A)	Value \$	Rate of Return	Liability \$	Monthly Savings \$	3 Company Match \$	Annual % Increase
_____	_____	\$ _____	____%	\$ _____	\$ _____	\$ _____	____%
_____	_____	\$ _____	____%	\$ _____	\$ _____	\$ _____	____%
		Value \$	Rate of Return	Liability \$	Monthly Savings \$		Annual % Increase
<b>TOTALS</b>		\$ _____	____%	\$ _____	\$ _____		____%

## INSURANCE

(1) Insured Codes C= Client S= Spouse 1=1st to Die 2=2nd to Die O= Other  
 (2) Owner Codes C= Client S= Spouse J= Joint/ Community G=Group Ins. T=Trust (Ins.) O= Other  
 (3a) Beneficiary Codes S= Spouse D= Dependents O= Other  
 (3b) Disability Type G= Group P= Personal

Life Insurance Policy	Insured (1)	Owner (2)	Beneficiary (3a)	Net Death Benefit	Annual Premium	Current Net Cash Value	@ Independence	
							*Cash Value	Insured's Age
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		

\*If the cash value is a source of income for financial independence, enter the cash value and insured's age (assumption is age 65).

**Bold selections are default.**

Disability Policy	Insured (1)	Type (3b)	Monthly Benefit	Annual Premium	Elimination Months	**Benefit Years	COLA
			\$	\$			Y / N
			\$	\$			Y / N
			\$	\$			Y / N
			\$	\$			Y / N

\*\*If disability or Long-Term Care benefits are payable to age 65, input 65; if payable for life, input 99.

Long-Term Care Policy	Insured (1)	Owner (2)	Daily Benefit	Annual Premium	Elimination Days	**Benefit Years	COLA
			\$	\$			Y / N
			\$	\$			Y / N

## DIRECT INCOME SOURCES

Enter Direct Income Sources to be used to meet Financial Independence and Survivor Needs; exclude items already listed as assets. Use one of the four source codes:

- (1) **Defined Benefit:** Enter the Present Value (PV) or Future Value (FV) of the monthly pension.
- (2) **Social Security Direct Input:** If you know the exact amount of Social Security Benefits, enter it here.
- (3) **Other Income:** For example, Deferred Compensation, income from a Trust Fund, Royalty, etc.
- (4) **Lump Sum:** Enter the Future Value (FV). Examples include bonuses and inheritances.

Enter the data for each Income Source in the following manner:

- 1 Enter all amounts as monthly, except Lump Sum.
- 2 Record the Present Value (PV) or Future Value (FV) of the amount to be received from this Income Source.
- 3 Will this income be available at Client's Death, Spouse's Death, and Financial Independence? The default for each is (Y); Circle (N) if otherwise.

**Bold selections are default.**

Source (1) thru (4)	Client or Spouse	1 Amount	2 PV or FV	Annual Increase	Begin at Age	End at Age	3		
							Client's Death	Spouse's Death	@ Indep.
#	C / S	\$	PV / FV	%			Y / N	Y / N	Y / N
#	C / S	\$	PV / FV	%			Y / N	Y / N	Y / N
#	C / S	\$	PV / FV	%			Y / N	Y / N	Y / N
#	C / S	\$	PV / FV	%			Y / N	Y / N	Y / N
#	C / S	\$	PV / FV	%			Y / N	Y / N	Y / N
#	C / S	\$	PV / FV	%			Y / N	Y / N	Y / N

## NOTES

What do you want this life insurance

to do for you?

How did you arrive at the amount of

life insurance you have?

When did you buy your last policy?

From whom did you buy it?

Are you obligated to do business with

anyone else?

Do you use tobacco products?

Client [Y/N]

Spouse [Y/N]

Are all family members covered by

health insurance?

Will you be caring for elderly parents?

Are you receiving, or will you receive in the

future, any income(monthly or lump sum)

from a defined benefit, deferred compensa-

tion plan, family trust, or inheritance?

## FINANCIAL PRIORITIES

## NOTES

### ① ACCUMULATION:

**Emergency Reserves:** What do you feel is an adequate amount of liquid cash reserves to meet unforeseen emergencies?

\$ \_\_\_\_\_

*One formula suggests that you build and maintain an emergency fund equal to **3 times** your current total monthly income.*

#### Accumulation Goals:

- ① Circle (C) if the target goal will consume the money when the goal is reached.  
Circle (I) if it improves the Client's net worth, providing funds for Financial Independence years.
- ② Circle (0) if this goal will be funded **To** or Circle (1) if it will be funded **Thru** the number of years needed.
- ③ Present Value of the **Annual** amount required.
- ④ Number of years remaining until the need for money begins.
- ⑤ Number of years the funds will be needed.

**Bold selections are default.**

Accumulation Goals							Designated Savings		
	① Consume or Invest	② Fund To=0 or Thru=1	Fund at Death	③ \$ Per Year	④ #Years Until Needed	⑤ #Years Needed	Current Savings	Monthly Savings	Rate of Return
_____	<b>C / I</b>	<b>0 / 1</b>	<b>Y / N</b>	\$ _____	_____	_____	\$ _____	\$ _____	_____ %
_____	<b>C / I</b>	<b>0 / 1</b>	<b>Y / N</b>	\$ _____	_____	_____	\$ _____	\$ _____	_____ %
_____	<b>C / I</b>	<b>0 / 1</b>	<b>Y / N</b>	\$ _____	_____	_____	\$ _____	\$ _____	_____ %

### ② DISABILITY: How much Monthly Income is needed in the event you or your Spouse become disabled?

#### CLIENT'S DISABILITY

#### SPOUSE'S DISABILITY

\$ \_\_\_\_\_

\$ \_\_\_\_\_

*One formula suggests providing 70% of current total monthly income.*

### ③ INDEPENDENCE: At what age would you like to become Financially Independent?..... Client Age \_\_\_\_\_

Present Value of Monthly Income Needs..... \$ \_\_\_\_\_

*One formula suggests providing 70% of current total monthly income.*

Asset Rate of Return beginning at Independence \_\_\_\_\_ %

### ④ SURVIVOR: How much Monthly Income is needed in the event of your Death or your Spouse's Death?

#### CLIENT'S DEATH

#### SPOUSE'S DEATH

Surviving Spouse's Total Monthly Income Needs\*

\$ \_\_\_\_\_

\$ \_\_\_\_\_

*\*Assumption: 70% of current total monthly income with dependents, 50% without dependents, and 50% during retirement.*

Surviving Spouse's Anticipated Monthly Employment Income From Today Until Independence

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Asset Rate of Return at Client's Death \_\_\_\_\_ %

Asset Rate of Return at Spouse's Death \_\_\_\_\_ %

Payoff Mortgage and Other Loan(s)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Charitable Bequests

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Other Bequests

\$ \_\_\_\_\_

\$ \_\_\_\_\_

### ⑤ ESTATE: Hypothetical age of death

Family Business Exclusion

Client \_\_\_\_\_

Spouse \_\_\_\_\_

Client \_\_\_\_\_

Spouse \_\_\_\_\_

Besides education goals for any dependents

and your retirement need objectives, do you

have any other accumulation goals?

If disabled, how long would you be able to live from savings?

Describe your retirement lifestyle.

When did you last update your will?

Have you made any major changes since?

Have you moved from another state?

Of everything we discussed, what are the two most important issues?

[1]

[2]

#### Document Checklist

[ ] Latest Federal & State Tax Returns

[ ] Most Current Investment Statements

[ ] Wills

[ ] Trust Agreements

[ ] Insurance & Annuity Policies

[ ] Paycheck Stubs

[ ] Employee Benefit Booklet & Statement

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# FORTRESS ASSOCIATION MEMBERSHIP AGREEMENT

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We wish to express, explore and exercise our First Amendment rights to freedom of peaceable assembly, freedom of speech, and freedom to petition the government for redress of grievances as well as any other constitutional right guaranteed to citizens.

We understand that The Fortress Trust (hereinafter "Fortress") is a private membership organization whose purpose is to educate the American people concerning the unfair, confiscatory taxation and expense to their families, their assets and their estates. To welcome into their membership those people who have a common goal of protecting their assets and legally lowering their taxes, through mutual assistance of the association, and to promote the public welfare through education regarding these vital issues.

By working politically through legislative advocacy to change laws that are fundamentally unfair to the American family, Fortress calls for the abolishing of the federal estate tax and the federal gift tax, and an overhaul of the federal system of taxation.

We understand that we are requesting to become members of The Fortress Trust . We wish to receive advice and assistance in the research, development, advancement and dissemination of information concerning members legal rights under all federal statutes and common law and to obtain meaningful access to the courts and the legal processes of the United States. We wish to receive general information regarding the opportunities to legally protect assets from unforeseen liabilities and general information regarding methods to legally lower taxes. We understand such information is available to us as one of the benefits of our membership.

We understand that the annual membership fee is \$250. We understand that the membership fee may be changed by Fortress without prior notice.

We understand that, as a further benefit of our membership in Fortress, we have the opportunity to attend educational seminars on matters concerning the operation and implementation of various types of programs for achieving the objectives of Fortress, and the opportunity to receive educational newsletters from Fortress, and that the cost of these benefits are included in the membership fee for a period of one year. After one year, we may renew our membership which allows for another year of such benefits as Fortress is then currently providing.

We further understand that Fortress is NOT providing legal or accounting advice, and we do not consider any information provided to us by Fortress or its Representatives as legal advice or as a legal opinion. We understand that the Fortress Representative is not an attorney nor certified tax professional.

We understand that Fortress does NOT provide any legal document preparation for any material, information, estate plans, systems, entities or arrangements suggested by Fortress, and that we will seek a separate evaluation of any information, materials, or suggestions before implementing any such suggestions.

We understand that all information and material provided to us by Fortress or its Representatives is provided with the understanding that neither Fortress nor its Representatives are engaged in rendering legal or accounting services. We further understand and agree that any questions we have relevant to our specific tax, legal, and accounting needs, shall be addressed to practicing members of those professions. We agree that the information, ideas, and suggestions provided by Fortress and its Representatives are considered and believed reliable but cannot be guaranteed insofar as they apply to us. Moreover, Fortress or its Representative has explained to us, and we agree, that because of the technical nature of the material and information supplied by Fortress and its Representatives, and the fact that laws are never static, but ever changing, the assistance of a competent, qualified lawyer and accountant is required when implementing any plans or ideas provided by Fortress or its Representatives.



Furthermore, we understand that Fortress and its Representatives specifically disclaim any liability, loss, or risk, personal or otherwise, incurred as a consequence directly or indirectly of the use and application of any of the information or material provided to us by Fortress or its Representatives.

We wish to receive assistance through other members of the association who are knowledgeable concerning the purposes and objectives of the association and who may be expected to give the wisest counsel concerning those objectives. We agree that the association shall assist the member in a variety of ways including providing research, suggestions, and materials which have been prepared by Fortress association members.

We understand that Fortress does not offer, sell, or recommend any insurance or investment products, and that although Fortress representatives may offer or provide such additional services, any such products offered by Fortress representatives are not offered with the endorsement or recommendation of Fortress.

That, we, the undersigned, wish to become members of The Fortress Trust, a private membership association.

We understand the principles of the Association and have reviewed this document and understand its contents.

We agree to be bound by the principles as set forth herein, based upon the disclosures contained herein.

We declare that none of our assets or income are the proceeds from any criminal activity.

We agree that where applicable, the plural includes the singular and vice versa.

**IF THE FOLLOWING PARAGRAPH APPLIES TO THIS APPLICATION FOR MEMBERSHIP, YOU MUST INITIAL HERE \_\_\_\_\_.**

In addition to our basic membership benefits, we are requesting to receive an evaluation of the probable financial impact of our current estate plan, as well as a proposed plan for improving the financial impact of our current arrangement of our assets and liabilities. We understand that this service is only available to current members of Fortress. We understand that the cost of the evaluation and the proposed plan is not included as part of our membership fees. We understand that the cost is based on a combination of a basic evaluation fee and the gross size of our estate, which we affirm that we have accurately represented in this Evaluation Data Form. We agree and understand that the cost of the requested evaluation and design of a proposed plan is \$\_\_\_\_\_. We understand that one-half of this cost is to be paid at the time of making this request, and is included with this signed Membership Agreement. We understand that the second half of the fee is due at the time that we and our attorney agree to implement the plan. We hereby promise and affirm that we will NOT implement or execute the plan provided for us by Fortress, or any plan that is substantially similar to the plan supplied to us by Fortress, until we have paid the entire fee indicated above. Furthermore, we understand that should we NOT implement the plan provided to us by Fortress, or a plan substantially similar to the plan provided to us by Fortress, that we are entitled to a refund of the fees paid by us for the evaluation and design of a proposed plan. However, the refund shall not include our membership fees.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Fortress Representative