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I am pleased to announce my association with Beneficial Financial Group. Through this new relationship, I can now help people build and protect assets and preserve their standard of living with an objective financial analysis. The following list of products and services will offer insight into the depth of my new association:

Services

- Retirement planning
- Estate strategies
- Fee-based financial planning*
- Brokerage services*
- Insurance planning
- Debt/credit management
- Cash-flow management
- Employee benefits
- Business-continuation strategies
- Executive-compensation strategies
- Charitable-giving strategies
- Education strategies

Products

- Term life insurance
- Universal life insurance
- Survivorship universal life insurance
- Whole life insurance
- Variable universal life insurance*
- Long-term care insurance**
- Disability income insurance**
- Fixed annuities
- Index annuities
- Variable annuities*
- Mutual funds*
- Individual securities*
- Private money managers*
- Business insurance: buy-sell, key person
- Employee retirement plans*

I am excited to now offer access to these services so that I can better meet your complete financial needs. I ask that you complete the enclosed questionnaire and return it in the enclosed envelope. We will contact you soon to answer any questions and set up a convenient time for us to meet. Or, if like, call 360-427-0427 to arrange for an appointment.

Respectfully,

Everett L. Hughes EA

*Securities and investment advisory services offered solely by Beneficial Investment Services, Inc., a wholly owned subsidiary of Beneficial Financial Group, member FINRA/SIPC, 150 Social Hall Avenue, Ste. 500, Salt Lake City, Utah 84136, (800) 278-1103.

**These products are provided by financial services companies that are strategic allies of Beneficial Financial Group.

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TC#4872(0907)

CLIENT PLANNING QUESTIONNAIRE

This questionnaire is designed to help you highlight personal financial planning areas that may need attention. Please fill out the form, checking all that apply for each statement. Thank you.

Assessment Areas	Yes	No	Not applicable	I'd like to discuss
1. I have a financial plan in place that is updated annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am confident that my (and my spouse's) retirement funds will be adequate, even if we live very long lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the event of a prolonged disability, I have an alternate source of income to pay my mortgage and other financial obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have sufficient life insurance protection to maintain our family's current lifestyle at my death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am maximizing my savings within my employer's tax-favored retirement plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I currently have a satisfactory, systematic savings plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am satisfied with my current investment strategy and the tax efficiency of my investments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have an updated will in place that details the disposition of my assets in the event of my death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have a living will and power of attorney in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have made provisions for helping my children/grandchildren achieve their educational goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My parents are enjoying a comfortable retirement and will not require my financial support in the foreseeable future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I have a plan in place to distribute assets upon my death that will minimize estate tax exposure and maximize wealth to my heirs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I have made, and will continue to make, meaningful charitable contributions in keeping with my most important values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client name _____ Date _____

Phone number _____ E-mail _____

Comments _____

BUSINESS OWNER PLANNING QUESTIONNAIRE

This questionnaire is designed to highlight areas of your business that may need attention. Please fill out the form, checking all that apply for each statement. Thank you.

Assessment Areas	Yes	No	Not applicable	I'd like to discuss
1. I know who will continue to operate my business in the event I die, become disabled, or retire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a buy-sell arrangement in place that is currently funded in the event of a death, disability, or retirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My income is protected in the event I'm sick or hurt and cannot return to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My estate has sufficient liquid assets to protect the value of my business at my death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Income to my family is assured in the event of my death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have ensured that the loss of a specific key employee would not adversely affect profits or business credit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My business has the resources to pay overhead expenses if I'm sick or hurt or unable to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have a plan in place to repay my business loans in the event of my death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have reviewed my employee benefit program within the last two years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I maximize my annual tax-favored-plan contributions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My employees and I are fully covered for health care costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am satisfied with our company-sponsored retirement plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am satisfied with the quality of service our company is receiving from our benefits agent(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My business uses selective employee benefits to attract and retain key employees (i.e., deferred compensation, split dollar).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client name _____ Date _____

Business name _____

Phone number _____ E-mail _____

Comments _____



Securities products and services are sold by financial professionals who are registered representatives of Equity Services, Inc., member NASD/SIPC, 36 South State St., Salt Lake City, UT 84136, (801) 933-1100.

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