

# 3Xequity Comprehensive Inputs

## COMPANY

1. What is your form of ownership? .....   
(LLC, S Corp, C Corp, Sole Prop)
2. What is your Broker-Dealer payout? .....  %  
Percentage You Receive (Can be a range)

## SOURCES OF REVENUE (trailing 12 mo. GDC)

FEE INCOME	Recurring	Non-Recurring
3. Fees from AUM: .....	<input type="text"/>	<input type="text"/>
4. 3RD Party Managed Assets: .....	<input type="text"/>	<input type="text"/>
5. 401k Plans: .....	<input type="text"/>	<input type="text"/>
6. Other: .....	<input type="text"/>	<input type="text"/>
<b>COMMISSION INCOME</b>		
7. Stocks: .....	<input type="text"/>	<input type="text"/>
8. Bonds: .....	<input type="text"/>	<input type="text"/>
9. Mutual Funds: .....	<input type="text"/>	<input type="text"/>
10. Other: .....	<input type="text"/>	<input type="text"/>
<b>HOURLY INCOME</b>		
11. Financial Planning: .....	<input type="text"/>	<input type="text"/>
12. Consulting: .....	<input type="text"/>	<input type="text"/>
13. Estate Planning: .....	<input type="text"/>	<input type="text"/>
14. Other: .....	<input type="text"/>	<input type="text"/>

## SOURCES OF REVENUE (trailing 12 mo. GDC) (cont'd)

INSURANCE INCOME	Recurring	Non-Recurring
15. Universal Life: .....	<input type="text"/>	<input type="text"/>
16. Disability: .....	<input type="text"/>	<input type="text"/>
17. Long Term Care: .....	<input type="text"/>	<input type="text"/>
18. Term Life: .....	<input type="text"/>	<input type="text"/>
19. Whole Life: .....	<input type="text"/>	<input type="text"/>
20. Other: _____	<input type="text"/>	<input type="text"/>
<b>21. Total All Recurring/Non-Recurring</b> .....	<input type="text"/>	<b>+</b> <input type="text"/>
<b>22. Recurring + Non-Recurring = Total Gross Revenue</b> .....	<input type="text"/>	

## YOUR PRACTICE METRICS

- 23.\* What is your percent net asset flow? .....  %  
*Are your net asset flows on average positive or negative?  
 What annualized percentage do you predict for the next 5 years?*
- 24.\* What is your average rate of return? .....  %  
*After you charge your asset fee, what annualized rate of return do you  
 predict to earn for the next 5 years for your client assets?*
- 25.\* What is your client age distribution? .....  
*Based on assets, what percentage of your book falls  
 into each age bracket? The Total should equal 100%.  
 (You can also send us an Excel spreadsheet for us to  
 analyze and sort.)*
- |           |                      |   |
|-----------|----------------------|---|
| 0-59 yrs  | <input type="text"/> | % |
| 60-69 yrs | <input type="text"/> | % |
| 70-79 yrs | <input type="text"/> | % |
| 80+ yrs   | <input type="text"/> | % |
| TOTAL:    | <input type="text"/> | % |

\* = required fields

## YOUR DATA FOR PEER COMPARISON

- 26.\* What are your assets under management? .....   
*Assets under management, or AUM, are the total amount of assets your practice is managing.*
- 27.\* How many assets did you acquire in 2022? .....   
*The number of new assets acquired in your practice in 2021.*
- 28.\* What are your average annual expenses? .....   
*Total number of fixed overhead costs on an annual basis.*
- 29.\* How many new clients did you bring on in 2022? .....   
*The number of new households acquired in 2021.*
- 30.\* How many years have you been in service? .....   
*The number of years you have been advising your client base.*
- 31.\* How many years until retirement? .....   
*How many years until you would like to retire?*

## YOUR PRACTICE TRENDS

- 32.\* What was your revenue in 2018? .....
- 33.\* What was your revenue in 2019? .....
- 34.\* What was your revenue in 2020? .....
- 35.\* What was your revenue in 2021? .....
- 36.\* What was your revenue in 2022? .....

\* = required fields

## PRACTICE DATA

- 37.\* Number of Households (HH)? .....
38. Average Household tenure in years? .....
- Last 12 months      # of new households      # households lost      net household growth
- .....       —            =

## ASSET GROWTH IN THE LAST 12 MONTHS

39. New HH assets: ..... +
40. New assets from existing HH: ..... +
41. Do you engage in multi-generational planning? .....

## CLIENT SERVICE

42. When you meet with clients in person, where do you meet?
- your office       %
- their home       %
- other: \_\_\_\_\_       %

\* = required fields

## PERSONAL INFORMATION

43. What are your current licenses?

3,  5,  6,  15,  22,  24,  42,  52

62,  63,  65,  Exempt,  Other \_\_\_\_\_

44. What is/are your current designations?

CPA,  CFP,  CFA,  ChFC,  CLU,  CSA,  CFS,  MBA,  PhD

RFC,  PFS,  JD,  CIMA,  Other \_\_\_\_\_

45. What insurance lines do you carry?

Life,  Health,  Disability,  LTC,  P&C,  None

Other \_\_\_\_\_

## YOUR CONTACT INFO

46.\* Full Name .....

47.\* Business Name .....

48.\* Email .....

49.\* Phone .....

50.\* State .....   
The state for the business. (The state is used for tax calculations.)

\* = required fields