

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"/>
COMMISSION INCOME		
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"/>
HOURLY INCOME		
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"/>
21. Total All Recurring/Non-Recurring	<input type="text"/>	+ <input type="text"/>
22. Recurring + Non-Recurring = Total Gross Revenue	<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 2020?
The number of new assets acquired in your practice in 2020.
- 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 2020?
The number of new households acquired in 2020.
- 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 2016?
- 33.* What was your revenue in 2017?
- 34.* What was your revenue in 2018?
- 35.* What was your revenue in 2019?
- 36.* What was your revenue in 2020?

* = 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