		Financial Goals Works				eet (Specific)	
MUHLENKAMP				nkamp conewood Drive, Suite 300 rd, PA 15090 935-5520			
				ve to make your goals as After listing your goals,			
A.	Name(s) Please complete the following information.						
			FIRST NAME		M.I.	LAST NAME	
	jou	swing information.	SPOUSE'S FIRST NAME		M.I.	LAST NAME	
			ACCESS ID# (For M&C use of	only)			
в.	List	and Prioritize Your G	ioals				Priority
	A.	What?		What is one of your fin	ancial goals?		(1 - 10)
	B.	Why is this goal important to you? Why?					
	C.			uld you expect to spend to	achieve this goal to	day? (In total or per ye	ear)
	D.		or start date	<i>yyyy</i> and number of year	s#		
	A.	What?					
	B.						
	C.						
	D.			and number of year			
	A.	What?					
	B.	Why?					
	C.						
	D.			and number of year			
	A.	What?					
	B.	Why?					
	C.	How Much?					
	D.	When? age	or start date	and number of year	s		
	A.	What?					
	B.	Why?					
	C.	How Much?					
	D.	When? age	or start date	and number of year	s		
		Muhlenkamp respects	the time and trust required	to complete these forms. Security	measures are taken to ens	sure the confidentiality of you	r personal information.

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B. List and Prioritize Your Goals (Continued)

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r	rю	TIL V	,

	А.	What?			
	B.	Why?			
	C.	How Much?			
	D.	When? age	or start date	and number of years	
	A.	What?			
	B.	Why?			
	C.	How Much?			
	D.	When? age	or start date	and number of years	
	A.	What?			
	B.	Why?			
	C.	How Much?			
	D.	When? age	or start date	and number of years	
	A.	What?			
	B.	Why?			
	C.	How Much?			
	D.	When? age	or start date	and number of years	
	А.	What?			
	B.	Why?			
	C.	How Much?			
	D.	When? age	or start date	and number of years	
с.	Ado	ditional Information			