



UNDERSTANDING YOU AND YOUR RETIREMENT

Tell me about your family.

Are your parents still living? If so, how old are they? Health? Still living at home?

Tell me about your work history. Will you retire with a Pension? 401k? IRA? Roth?

Have you reviewed your Social Security earnings? Done any analysis of SSA retirement benefits?

What does retirement look like for you in the next 5 years? Trips? Special Events? Vacations?

Have you done any cost analysis to determine what your expenses will be in retirement, and if your income will fully support it?

Do you have any health concerns as you approach or enter retirement?

Are you optimistic, pessimistic or realistic when it comes to retirement?

Will you wade into retirement or jump in with both feet?

What keeps you up at night? Money? Inflation? Health issues? Family?



FAMILY INFORMATION

You: _____ DOB: _____ DOD: _____

Spouse: _____ DOB: _____ DOD: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Residence Address: _____

Phone: _____ Cell: _____ E-Mail: _____

Do you have a Will? Yes No Last time updated: _____

Do you have a Trust? Yes No Last time updated: _____

OCCUPATION

Employer: _____ Occ: _____

Address: _____ Tele: _____

Employer: _____ Occ: _____

Address: _____ Tele: _____

FINANCIAL INFORMATION

Currently Working? YES / NO If Yes, For How Much Longer: _____ YES / NO If Yes, For How Much Longer: _____

Your Annual Income: \$ _____ Spouse Annual Income: \$ _____

Other Income: \$ _____ Other Income: \$ _____

Checking Balance: \$ _____ Checking Balance: \$ _____

INVESTMENTS

Mutual Funds: _____

Stock Brokerage: _____

Real Estate: _____

GENERAL QUESTIONS

Do you own your home? Yes No Mortgage Balance: \$ _____ Bank: _____

Monthly Mortgage Payment: \$ _____ Interest Rate: _____ Years Remaining: _____

Would you like to pay off your mortgage prior to, or concurrent to, your retirement? Yes No _____

Are you regularly setting money aside for future needs: Yes No Goal: _____ Amount: \$ _____



INSURANCE INFORMATION

Life Insured	Company	Plan Type	Death Benefit	Premium	Cash Value	Date Issued

Annuities	Company	Current Value	Surrender Value	When Purchased	Type of Annuity

Do you have health insurance: Yes No Source / Benefits: _____

Reminder: A copy of customer account statements is always helpful in conducting due diligence and past performance review on current financial holdings.

RETIREMENT ASSETS

Have you engaged in Retirement Income Planning to determine if this is enough: Yes No

Client Traditional IRA Yes No How / Where invested: _____

Current Balance: \$ _____ Contributing: Yes No \$ _____

Spouse Traditional IRA Yes No How / Where invested: _____

Current Balance: \$ _____ Contributing: Yes No \$ _____

Client Roth IRA Yes No How / Where invested: _____

Current Balance: \$ _____ Contributing: Yes No \$ _____

Spouse Roth IRA Yes No How / Where invested: _____

Current Balance: \$ _____ Contributing: Yes No \$ _____

Client 401k Yes No How / Where invested: _____

Current Balance: \$ _____ Contributing: Yes No \$ _____

Spouse 401k Yes No How / Where invested: _____

Current Balance: \$ _____ Contributing: Yes No \$ _____

Client Pension Yes No Current Balance: \$ _____ Contributing: Yes No \$ _____

Spouse Pension Yes No Current Balance: \$ _____ Contributing: Yes No \$ _____



Retirement Budget Worksheet

Personal Information	Current	At Retirement
Your Age		
Spouse Age		
Housing Costs	Current	At Retirement
Mortgage or Rent		
Real Estate Taxes		
Utilities		
Maintenance / Repair		
Insurance (Home / Renters)		
Other		
Total		
Personal Expenses	Current	At Retirement
Groceries		
Clothing		
Grooming		
Medical Insurance		
Prescription Drugs		
Taxes (Personal)		
Personal Debt		
Other		
Total		
Transportation Costs	Current	At Retirement
Auto Payment / Lease		
Auto Insurance		
Fuel / Maintenance		
Public Transportation		
Other		
Total		
Travel / Entertainment	Current	At Retirement
Travel		
Entertainment		
Charitable Giving		
Gifts to Others		
Other		
Other		
Total		

Risk Profile Worksheet

(1) What is your primary financial goal?

Client 1

Client 2

- | | |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Current Income (0)
<input type="checkbox"/> <input type="checkbox"/> Major Purchase (5)
<input type="checkbox"/> <input type="checkbox"/> Retirement Planning (10) | <input type="checkbox"/> <input type="checkbox"/> Wealth Preservation (0)
<input type="checkbox"/> <input type="checkbox"/> Education Funding (5)
<input type="checkbox"/> <input type="checkbox"/> Wealth Accumulation (10) |
|--|--|

(2) Which of the following best describes your primary investment objective?

-
-
- Increase Current Income (0)
-
-
-
- Maintain principal assets; income is not a primary concern (5)
-
-
-
- Grow assets and increase current income (10)
-
-
-
- Substantially grow assets over a period of time (15)

(3) When do you expect to reach your financial goal?

- | | |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Less than 5 years (0)
<input type="checkbox"/> <input type="checkbox"/> 5 to 10 years (5) | <input type="checkbox"/> <input type="checkbox"/> 11 to 15 years (10)
<input type="checkbox"/> <input type="checkbox"/> More than 15 years (15) |
|--|--|

(4) What is your current age?

- | | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Under 30 (20)
<input type="checkbox"/> <input type="checkbox"/> Age 30 to 40 (15)
<input type="checkbox"/> <input type="checkbox"/> Age 41 to 50 (10) | <input type="checkbox"/> <input type="checkbox"/> Age 51 to 60 (5)
<input type="checkbox"/> <input type="checkbox"/> Over 60 (0) |
|---|---|

(5) Which word best describes your past investment experience?

-
-
- Minimal (0)
-
-
- Moderate (5)
-
-
- Extensive (10)

(6) Which statement best describes your attitude toward investing?

-
-
- I am most concerned about the possibility of my assets losing money (0)
-
-
-
- I am equally concerned about the possibility of my assets growing or losing value (5)
-
-
-
- I am most concerned about the possibility of my assets growing in value (10)

(7) Which statement best describes your feelings toward market risk?

-
-
- I am very uncomfortable with any market risk with my assets (0)
-
-
-
- I am willing to accept market risk with a portion of my assets (5)
-
-
-
- I am willing to accept significant risk with my assets, even if I lose money (10)

(8) Which of the following planning strategies do you think is most appropriate for you?

-
-
- A focus on income and minimal loss of principal (0)
-
-
-
- A blended focus on growth and income (5)
-
-
-
- A focus on long term growth of my assets (10)

