

Retirement and Financial Preparation Confidential Questionnaire

Legal Name: _____

Legal Name: _____

Preferred Name: _____

Preferred Name: _____

DOB: _____

DOB: _____

Retired: Yes No

Retired: Yes No

Last Position: _____

Last Position: _____

Date Retired or Planning to Retire: _____

Date Retired or Planning to Retire: _____

If working, Annual Earned Income: _____

If Working, Annual Earned Income: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____

State: _____

Zip: _____

Zip: _____

Phone: _____

Phone: _____

I/we understand that this questionnaire is designed to organize my/our financial objectives, risk tolerance, cash flow needs, and liquidity needs so that appropriate recommendations can be prepared for me/us. I/we understand that the information provided will be held confidentially to prepare these recommendations.

X _____

X _____

Consultation Document List

Please bring the most recent copies of these documents with you to your first appointment. Check those that apply to you.

- Brokerage Account Statements
- Annuity Statements (even if listed on brokerage statement)
- Bank, CD, Savings Statements
- Filed Individual Tax Return
- Contracts/Policies for each Annuity
- Mutual Fund Statement/s
- IRA Statements
- 401K, 403B, 457 or DROP Statements
- Social Security Benefit Statement
- Life Insurance Policy Statements

Please specify anything else you would like us to review:

Note: All information is kept confidential. You are under no obligation when we meet, and you are not obligated to purchase any financial products. We will use the information you provide to prepare a customized retirement strategy, which will contain our recommendations to you. Please feel free to mark out account numbers and social security numbers on the documents, they are only used to understand your current financial picture.

Tell Us About Your Family

Please use a separate sheet of paper as needed.

Do you have any kids? Yes No

NAME

AGE

STATE RESIDING

HOW MANY CHILDREN

Do you have any remaining college expenses for yourselves or your children? Yes No

Have you thought about who will be the executor of your will? Yes No

Tell Us About Your Parents

Client Name: _____

Client Name: _____

Are your parents still living? Yes No

Are your parents still living? Yes No

If yes, what are their ages:

If yes, what are their ages:

Mom _____ Dad _____

Mom _____ Dad _____

If no, at what age did they pass:

If no, at what age did they pass:

Mom _____ Dad _____

Mom _____ Dad _____

Do you currently care for your parents or anticipate caring for anyone in the future? Yes No

Please explain. _____

Do you have any concerns about your long-term health?

Primary Retirement Concerns

Please select at least 3.

- I want a second opinion on my portfolio. Is what I have in line with my goals?
- I'm concerned about outliving my income. I want a more guaranteed income in retirement. I want a retirement strategy that gives me greater financial confidence.
- I want to earn competitive interest without losing money in the market. I want to preserve wealth for my heirs.
- I want to protect my retirement assets from nursing home expenses. I want to reduce my taxes in retirement.
- I want to take steps to benefit charities now and/or when I pass on.

How do you see your overall personal situation in the next few years?

- I am concerned. There may be significant changes, for the worse, on the horizon.
- Everything seems stable and okay for now, but I am still concerned.
- Everything seems stable and okay for the foreseeable future and may improve. Everything seems like it will improve substantially over the foreseeable future.

If you were looking back on today in 3 years, what would need to have happened for you to feel happy with your progress?

What are you looking forward to in retirement?

Retirement Income

If you've provided paystubs and Income statements on all related income accounts, you can skip to the **market Volatility section on the next page.**

Total Current Gross Income - Mr. \$ _____ Mrs. \$ _____

Total Current Net Income - Mr. \$ _____ Mrs. \$ _____

Total Net Monthly Expenses, Before Retirement - \$ _____

Total Net Monthly Expenses During Retirement - \$ _____

summary of the sources you anticipate drawing retirement income:

Pensions

COMPANY	AMOUNT/MO	WITHDRAWAL AGE	SPOUSE BENEFIT %	REDUCED FOR SOCIAL SECURITY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Social Security

NAME	AMOUNT/MO	WITHDRAWAL AGE	COLLECTING SPOUSE BENEFIT
_____	_____	_____	_____
_____	_____	_____	_____

Withdrawals from Investments

ACCOUNT	AMOUNT/MO	WITHDRAWAL AGE	ANNUAL AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____

Employer Sponsored 401K

EMPLOYER	BALANCE	HOW MUCH YOU CONTRIBUTE % OR \$	DO THEY MATCH % OR \$
_____	_____	_____	_____
_____	_____	_____	_____

Market Volatility

What do you expect the annual rate of return to be on the safe part of your retirement funds?

1-3% average annual return.

4-5% average annual return.

3-4% average annual return.

6% or higher average annual return.

Do you realize that the U.S. stock market as a whole has lost over 30% several times in the past, and is likely to lose this much, or more, sometime in your lifetime?

Yes, I realize this is possible.

No, I didn't now this, or don't think this is possible.

Risk Tolerance Percentages (On the scale 0%-100%) If none Write 0%.

Quarterly - Mr. _____ Mrs. _____

Annual – Mr. _____ Mrs. _____

Please describe your ideal scenario to Take SSN:

Please describe your ideal retirement lifestyle:

Debt

Do you have a mortgage or any other debt?

HOME VALUE	MORTGAGE OWED	INTEREST RATE	ESTIMATED YEARS REMAINING	MONTHLY PAYMENT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Debts

TYPE OF DEBT	DEBT DESCRIPTION	INTEREST RATE	BALANCE OWED	MONTHLY PAYMENT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Budget & Expenses

How much money do you spend monthly? *(Budget sheet on last page for your assistance)*

Does this match with how much money leaves your bank accounts monthly? If no, please explain.

Do you anticipate any large increases or decreases in your expenses? (Mortgage paid off, buying a new car, etc.) Please explain.

How much “comfort room” do you want in your monthly budget above your monthly expenses?

What do you currently keep at the bank / in cash? What is a comfortable amount of money for you to have immediate access to? *(In the bank, under the mattress, not to include money market funds in your IRAs.)*

Thank you for filling in the questionnaire and coming prepared for your appointment.

What Do you Spend Currently?

Monthly Budget Work Sheet

Household	Amount
Mortgage	\$ _____
Real Estate Taxes	\$ _____
Rent	\$ _____
Insurance Home/Rental	\$ _____
Maintenance/Supplies	\$ _____
Electric/Gas	\$ _____
Water/Sewer	\$ _____
Cable/Phone/Internet	\$ _____
House Cleaning	\$ _____
Other: _____	\$ \$ _____
Other: _____	\$ \$ _____

Daily Living	Amount
Groceries	\$ _____
Dining	\$ _____
Clothing	\$ _____
Salon	\$ _____
Other: _____	\$ \$ _____
Other: _____	\$ \$ _____

Entertainment	Amount
Shows/Events	\$ _____
Sports/Hobbies	\$ _____
Dues/Memberships	\$ _____
Vacation/Travel	\$ _____
Other: _____	\$ \$ _____
Other: _____	\$ \$ _____

Transportation	Amount
Auto Loans	\$ _____
Auto Insurance	\$ _____
Fuel	\$ _____
Repairs	\$ _____
Other: _____	\$ _____

Health	Amount
Health Insurance	\$ _____
Life Insurance	\$ _____
LTC Insurance	\$ _____
Disability Insurance	\$ _____
Medicine/Drugs	\$ _____
Veterinarian/Pet Care	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

Debts/Loans	Amount
Credit Cards	\$ _____
Student Loans	\$ _____
Alimony-Child Support	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

Charity & Gifts	Amount
Charitable Donations	\$ _____
Gifts	\$ _____
Other: _____	\$ _____

Total Monthly Expenses _____

What monthly income do you need to feel comfortable in retirement:
\$ _____