

A guide to unlocking your financial strategy

Thank you for taking the time to meet with me. An effective way to help you achieve your financial goals is to put a strong strategy in place. To start that process, I'd like to gather the information needed to complete a review of your current financial and protection profile. I certainly recognize the trust you are placing in me by providing me this information. Please be assured the information you provide will remain completely confidential.

Requested documents *for you and your spouse (if applicable)*

Personal

- Personal income tax returns (Two years of tax returns)
- Paycheck stubs(s), showing deductions
- Personal insurance policies (declarations pages)
 - Automobile insurance
 - Homeowners/ Renters insurance
 - Umbrella
 - Life insurance
 - Disability income insurance

Retirement Plan Statements

- 401K, 457, 403B
- IRA (Roth, Traditional, SEP)
- SSS Statements (go to ssa.gov for the latest)

- Wills
- Trusts
- Hospitalization/Major medical/ Group medical insurance policy(ies)
- Any other insurance policy(ies)
- Most recent mortgage statement(s)
- Current bank account statement(s)

Business

- Business income tax returns
- Business financial statements
- Business life insurance policies
- Business insurance or agreements (key person, buy-sell, deferred compensation, etc.)



Life insurance

What thoughts or feelings do you have about life insurance in general? What purpose should life insurance play in your life?

On a scale of 1 to 10, if you died yesterday, how confident are you that you have the right amount of life insurance coverage?

If you didn't say 9-10, what would it take to get you there?

What thought processes or formula did you use to determine the amount of coverage currently on your life and your spouse?

How important is it to you that your family is adequately covered? Why?

Disability income

What experience have you had personally with someone who has gone through a disability?

How would you pay your bills if you got sick or hurt and could not work for an extended period of time?

Do you have any outside sources of income that you can rely on? Yes No

If you are currently covered by a work provided disability plan, do you know exactly how much you will receive post tax? Is it portable in the event you leave or are laid off?

How important is it to you that your family is adequately covered? Why?

Retirement

What thoughts or feelings do you have about your lifestyle in retirement? What expectations do you have on how much income you will need?

How many years do you expect that you will need that amount of income? _____

Would you like to include social security? Yes No

Are there any businesses, settlements or inheritance that may alter the picture?

Long-term care

Have you ever known someone who provided care services to someone or have you provided care? If so, please tell me more about that:

How much will long-term care cost when you would like to retire? _____

If we decide to include planning for long-term care into the mix, where would you ideally like your care, at home or in a facility? Why?

Will you be required to help in providing care for parents, family members or friends in your lifetime? If so please tell me about that situation:

PLEASE CHOOSE THE CLIENTS TAX FILING STATUS

SINGLE
 HEAD OF HOUSEHOLD
 MARRIED

Contact Information

	Client	Spouse
First Name		
Last Name		
Birth Date	___/___/___	___/___/___
Phone	() -	() -
Email		
Street Address		
City, State, Zip		

Professional Contact Information

Profession	Name	Email Address	Telephone
Accountant			() -
Estate Planning Attorney			() -

Other Information

Question	Yes	No	Updated
Do you own health insurance?	<input type="radio"/>	<input type="radio"/>	___/___/___
Do you own disability insurance?	<input type="radio"/>	<input type="radio"/>	___/___/___
Have you named your beneficiaries?	<input type="radio"/>	<input type="radio"/>	___/___/___
Do you have a will?	<input type="radio"/>	<input type="radio"/>	___/___/___
Do you have a trust?	<input type="radio"/>	<input type="radio"/>	___/___/___

Family Information			
Name	Relationship	Date of Birth	Spouse's Name
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	

Beneficiary Information			
Name	Relationship	Date of Birth	Address
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	

Goals	
Date	Description
___/___/___	
___/___/___	
___/___/___	
___/___/___	

Notes	
Date	Description
___/___/___	
___/___/___	
___/___/___	
___/___/___	

Software Tab 1 - Income

Employment Income		
	Client 1	Client 2
Employer		
Current Gross Monthly Salary	\$ _____	\$ _____
Projected Annual Salary Increase %	_____ %	_____ %
Projected Retirement Date	____/____ <input type="checkbox"/> Retired	____/____ <input type="checkbox"/> Retired

Social Security Benefits

Owner	Strategy	Start Age	Life or End Age	Gross Monthly Benefit	Projected COLA
			<input type="checkbox"/> Life or	\$ _____	_____ %
			<input type="checkbox"/> Life or	\$ _____	_____ %
			<input type="checkbox"/> Life or	\$ _____	_____ %

Pension or Employer Sponsored Retirement Plan

Owner	Description	Start Age	Life or End Age	Gross Monthly Benefit	Projected COLA	% to Survivor
			<input type="checkbox"/> Life or	\$ _____	_____ %	_____ %
			<input type="checkbox"/> Life or	\$ _____	_____ %	_____ %

Software Tab 2 - Assets

Retirement Assets

Owner	Company	Tax Classification IRA, 401k, etc	Investment Vehicle CD, Bond etc	Allocation	Account Value	Monthly Contributions
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$ _____	\$ _____
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$ _____	\$ _____
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$ _____	\$ _____
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$ _____	\$ _____
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$ _____	\$ _____
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$ _____	\$ _____
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$ _____	\$ _____

Retirement Assets Continued						
Owner	Company	Tax Classification IRA, 401k, etc	Investment Vehicle CD, Bond etc	Allocation	Account Value	Monthly Contributions
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$

Additional Assets			
Owner	Company	Description	Value

Single Premium Annuities								
Owner	Company	Tax Classification	Payout	Mode	Initial Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___

Income Benefit Annuities								
Owner	Company	Tax Classification	Payout	Payout Mode	Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___

Portfolio Information	
	Amount
Projected Before Retirement Rate of Return	%
Projected After Retirement Rate of Return	%
Minimum Retirement Funds	\$
Desired Risk Level (Please reference the Risk Assessment Questionnaire below)	%

Software Tab 2 – Risk Assessment Button	
EMERGENCY FUNDS – What dollar amount would you like in liquid or emergency funds?	
TIME HORIZON - How much time, in years, can you let your Assets Earmarked for Retirement grow, before you will have to begin withdrawals?	Points
0-2 Years	0
3-5 Years	1
6-10 Years	2
10+ Years	3
13+ Years	4
Answers to this question will help us determine how long you might leave your money before having to use it in retirement.	Total Points
APPROACH TO SAVINGS & RISK – How do you feel about Saving and Risk?	
	Points
I do not want to see my principal amount decrease.	0
I cannot afford a significant loss to principal regardless of interest earned.	1
As long as my rate of interest stays ahead of inflation, I don't want the exposure to non - guaranteed financial products.	2
If I can make a moderate rate of interest on my money, I can withstand some fluctuation.	3
I want the potential for higher returns and I am willing to take on some risk.	4
Answers to this question will help us determine your tolerance for risk.	Total Points
INTEREST EARNING - What would you consider reasonable interest earned on your assets earmarked for retirement?	
	Points
3% - 4%	0
4% - 6%	1
7% - 9%	2
9% - 11%	3
Greater than 11%	4
Answers to this question will help us determine your expectations for interest earned.	Total Points
RISK TOLERANCE – You've just made a \$100,000 investment. You are exposed to the following best and worst-case scenarios. Which possibility would you choose?	
	Points
Best Case = \$102,000 Increase = 2,000 Worst Case = \$100,000 Decrease = \$0	0
Best Case = \$104,000 Increase = 4,000 Worst Case = \$96,000 Decrease = \$4,000	1
Best Case = \$108,000 Increase = \$8,000 Worst Case = \$92,000 Decrease = \$8,000	2
Best Case = \$112,000 Increase = \$12,000 Worst Case = \$88,000 Decrease = \$12,000	3
Best Case = \$116,000 Increase = \$16,000 Worst Case = \$84,000 Decrease = \$16,000	4
Answers to this question will help us determine your risk tolerance.	Total Points

Software Tab 3 - Expenses	
Monthly Expenses	
Current Monthly Expenses After Tax	Projected Inflation Rate
\$	%

Advanced Monthly Budget Worksheet

Household

Description	Monthly Amount	Inflation %	Start Date	End Date
Mortgage Principal & Interest	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Real Estate Taxes	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Homeowners Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Home Equity Loan	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Association Dues	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Rent	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Renters Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Utilities – Gas – Electric	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Water – Sewer	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Cable – Phone – Internet	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Maintenance & Improvement	\$	%	___/___	<input type="checkbox"/> Life or ___/___
House Cleaning	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Daily Living

Description	Monthly Amount	Inflation %	Start Date	End Date
Food	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Dining Out	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Clothing	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Personal Care	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Healthcare & Insurance

Description	Monthly Amount	Inflation %	Start Date	End Date
Health Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Prescriptions	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Life Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Long Term Care Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Disability Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Veterinarian	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Transportation				
Description	Monthly Amount	Inflation %	Start Date	End Date
Auto Loans	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Auto Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Fuel	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Repairs	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Debt & Obligations				
Description	Monthly Amount	Inflation %	Start Date	End Date
Credit Cards	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Tuition – Student Loans	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Alimony	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Child Support	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Entertainment				
Description	Monthly Amount	Inflation %	Start Date	End Date
Parties & Events	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Sports – Hobbies – Lessons	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Membership Dues	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Vacation & Travel	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Miscellaneous				
Description	Monthly Amount	Inflation %	Start Date	End Date
Charitable Donations	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Gifts	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Other	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Liabilities			
Owner	Company	Description	Value

Future Cash Flows								
Owner	Description	Mode	Type	Taxation	Amount	% Change	Start Date	End Date
		Annual Monthly	Outflow Inflow	Taxable Non-Taxable	\$	%	___/___	___/___
		Annual Monthly	Outflow Inflow	Taxable Non-Taxable	\$	%	___/___	___/___
		Annual Monthly	Outflow Inflow	Taxable Non-Taxable	\$	%	___/___	___/___

Software Tab 6 – Red Line Solves Button

The analysis may show you running out of money during retirement. If this were to occur, how would you rank taking the following steps to help alleviate the red line? Use a scale of 1-6 where 1 would be the most desirable step and 6 the least desirable step.

Red Line Solutions Steps – Rank from 1-6	Ranking
Retire at a later date.	
Work a second or part time job after retirement.	
Reduce monthly expenses.	
If not yet retired, increase contributions to retirement savings.	
Reverse mortgage.	
Look for other income alternatives.	

Software Tab 7 – Life Insurance

Health Information

Client	Smoker	Health Concerns
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Existing Life Insurance Information

Owner	Company	Type	Death Benefit	Monthly Premium	Cash Value	Policy End Date
		Term Permanent	\$	\$	\$	<input type="checkbox"/> Life or ___/___
		Term Permanent	\$	\$	\$	<input type="checkbox"/> Life or ___/___
		Term Permanent	\$	\$	\$	<input type="checkbox"/> Life or ___/___

Software Tab 8 – Long Term Care

Existing Long-Term Care Coverage Information

Owner	Company	Type	Start Date	Daily Benefit	Years	Inflation Type	Inflation %	Monthly Premium
		Cash Reimbursement	___/___/___	\$		Simple Compound	%	\$
		Cash Reimbursement	___/___/___	\$		Simple Compound	%	\$

Client Signatures

I hereby attest that the information on this Client Data Form has been provided by me and to the best of my knowledge is accurate. I further understand that the information provided will be used with your retirement software to create my retirement analysis. I understand fixed-only licensed insurance agents may not suggest the sale of an insurance product based upon the sale or liquidation of securities products. Proper registered registrations are required for such recommendations and sales. The information gathered with this form will be used for the sole purpose of helping create a financial strategy for your retirement. The financial professional providing the analysis does not provide tax or legal advice. Prior to making any financial decisions consumers should obtain tax or legal advice from a qualified professional.

Client: _____ Date: _____

Client: _____ Date: _____

Agent: _____ Date: _____

Summary

The next step is for me to take this information back to my office, begin the analysis we agree upon and see if there is any way I can help you. As I review the information you shared with me, I will focus on seven questions:

- 1. Does the client believe there is a need to work with our firm?
- 2. How much coverage is the client considering?
- 3. How long does the client want financial protection?
- 4. Which strategy(ies) can help the client reach current and future financial goals?
- 5. What kind of coverage is appropriate for the client?
- 6. How does the client intend to pay for coverage?
- 7. On a scale of one to 10, how committed is the client?

When we get back together for our next meeting, what do you expect from me?

What date is best to schedule our next appointment? _____

What is the best way to contact you? Email Text Cell

Best number to contact you at: _____

Email: _____

Best time to contact you: _____