



DAPHNE A. WRIGHT, CPA, CFP®
Financial Consulting & Wealth Planning

RETIREMENT

NEEDS ANALYSIS

Organizing your Financial Life

FAMILY INFORMATION

Client Name:	Date of Birth: / /	Marital Status:
Spouse Name:	Date of Birth: / /	
Address:		
City:	State:	Zip:
Home Phone:	Fax:	
Client Cell Phone:	Spouse Cell Phone:	
Client Email:		

AGE ASSUMPTIONS

Client/Spouse	Retirement Age	Assumed Life Expectancy	Assumed Life Expectancy

NON-QUALIFIED ASSETS (TAXABLE & CASH)

Type/Institution Name	Current Value	Owner

RETIREMENT ASSETS (QUALIFIED, ROTH IRAS, ANNUITIES & DEFERRED COMPENSATION)

Type/Institution Name	Current Value	Owner	Beneficiary

INCOME

Name	Annual Amount	Owner	Starts	Ends
Salary/Bonus				
Salary/Bonus				
Other				
Social Security- Client				
Social Security- Spouse				

EXPENSES

Current	Retirement	Desired Income in the Event of Death:	
		Client's Death	Spouse's Death