



CLIENT DATA FORM

Basic Information

PLEASE CHOOSE WHETHER THE CLIENT IS SINGLE OR MARRIED

SINGLE MARRIED

Contact Information

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

Additional Information

Professional Contact Information

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

Other Information

Question	Yes	No	Updated
Do you have a will?	<input type="radio"/>	<input type="radio"/>	___/___/___
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"/>	___/___/___

Additional Information

Family Information

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

Goals

Goals

Retirement Goals	Date	Amount
	___/___/___	
	___/___/___	
	___/___/___	
	___/___/___	

Notes

1. Income

Employment Income

Name		
Employer		
Current Gross Monthly Salary	\$	\$
Projected Annual Salary Increase %		%
Projected Retirement Date	___/___ <input type="checkbox"/> Retired	___/___ <input type="checkbox"/> Retired

Social Security Benefits

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

Pension Benefits

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

2. Assets

Retirement Assets

Owner	Company	Account Type IRA, 401k, etc.	Risk (At Risk/Low Risk)	Account Value	Monthly Contributions
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Guaranteed Income Benefits or SPIA's						
Owner	Company	Payout Mode (Monthly/Annual)	Account Value	Benefit Amount	Start Date	Life or End Date
			\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			\$	\$	___/___	<input type="checkbox"/> Life or ___/___

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

Risk Assessment Questionnaire

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 Savings 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 or rate of return.	Total Points

RISK TOLERANCE - You've just bought a financial product for \$100,000. 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

3. Expenses

Monthly Expenses		
Current Monthly Expenses After Tax	Projected Inflation Rate	% of Needed Expenses in Retirement
\$	%	%

Future Monthly Expense Changes					
Description	Type (Fixed/Inflated)	Change (Increase/Decrease)	Monthly Amount	Start Date	End Date
			\$	___/___	___/___
			\$	___/___	___/___
			\$	___/___	___/___

Future Cash Flows								
Owner	Description	Mode (Annual/Monthly)	Cash Flow (Outflow/Inflow)	Taxation (Taxable/Non-Taxable)	Amount	Increase %	Start Date	End Date
					\$	%	___/___/___	___/___/___
					\$	%	___/___/___	___/___/___
					\$	%	___/___/___	___/___/___

3. Budget Worksheet

Household	Monthly Amount
Mortgage Principal & Interest	\$
Real Estate Taxes	\$
Rent	\$
Insurance – Home/Rental	\$
Maintenance – Supplies	\$
Utilities – Electric/Gas	\$
Water – Sewer	\$
Cable – Phone – Internet	\$
House Cleaning	\$
Other	\$
Total	\$

Daily Living	Monthly Amount
Groceries	\$
Dining – Eating Out	\$
Clothing	\$
Salon – Massage – Manicure	\$
Other	\$
Total	\$

Entertainment	Monthly Amount
Home – Shows – Events	\$
Sports – Hobbies – Lessons	\$
Dues – Memberships	\$
Vacation – Travel	\$
Other	\$
Total	\$

Transportation	Monthly Amount
Auto Loans	\$
Auto Insurance	\$
Fuel	\$
Repairs	\$
Other	\$
Total	\$

Health	Monthly Amount
Health Insurance	\$
Life Insurance	\$
LTC Insurance	\$
Disability Insurance	\$
Medicine – Drugs	\$
Veterinarian - Pet Care	\$
Other	\$
Total	\$

Debts, Loans	Monthly Amount
Credit Cards	\$
Student Loans	\$
Alimony - Child Support	\$
Other	\$
Total	\$

Charity, Gifts	Monthly Amount
Charitable Donations	\$
Gifts	\$
Other	\$
Total	\$

8. Life Insurance

Existing Life Insurance Information

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

Health Information

Client	Smoker	Health Concerns
	Yes or No	
	Yes or No	

9. Long Term Care

Existing Long-Term Care Coverage Information

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

Red Line Solutions Ranking

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 1-5 where 1 would be the most desirable step and 5 the least desirable step.

Red Line Solutions Steps – Rank from 1-5	Ranking
Work Longer, 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.	
Look for Other Income Alternatives.	

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: _____