



Date

Please complete prior to your appointment. If not sure, leave blank. Print clearly. OK to approximate amounts.
Please bring in your most recent tax return.

Client Name

Social Security Number

Nickname

Age

Date of Birth

Spouse Name

Social Security Number

Nickname

Age

Date of Birth

Mailing Address

City

State

ZIP

Home Phone

Business Phone

Cell Phone

Spouse Cell Phone

E-mail Address(es)

Do you have a current Will? Y ___ N ___ Living Trust? Y ___ N ___

Are you concerned about possible Nursing Home Expenses? Y ___ N ___

Planned retirement date: _____, or if retired, date retired: _____.

What are your primary financial concerns? How would you improve your financial situation if you could? Why?



Amounts in Banks, and Credit Unions (non-IRA)
(i.e., Checking, Savings, Money Market)

NAME OF INSTITUTION	TYPE OF ACCOUNT	MATURITY DATE	INTEREST RATE	APPROXIMATE BALANCE
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$

IRA Accounts and Other Retirement Accounts
(Please bring in your latest reports/statements)

ACCOUNT TYPE & LOCATION (i.e., Bank, Broker, Employer, etc.)	TYPE OF ACCOUNT (401(k), IRA, TSA, etc.)	APPROXIMATE MARKET VALUE
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$



Mutual Funds and/or Brokerage Accounts
(Please bring in your latest reports/statements)

NAME OF BROKERAGE FIRM/ MUTUAL FUND	NUMBER OF SHARES	APPROXIMATE MARKET VALUE
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____
4. _____		\$ _____
5. _____		\$ _____

Promissory Notes and Trust Deeds (where someone owes or is paying you on a note)

NAME OF DEBTOR	INTEREST RATE	APPROXIMATE BALANCE OF NOTE
1. _____	%	\$ _____
2. _____	%	\$ _____
3. _____	%	\$ _____
4. _____	%	\$ _____

Limited or General Partnerships

NAME OF PARTNERSHIP	TYPE OF INVESTMENT	APPROXIMATE MARKET VALUE OR AMOUNT INVESTED
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____
4. _____		\$ _____



Annuities (Please bring in contracts and latest statements)

COMPANY	ANNUITANT/ OWNER	INTEREST RATE	APPROX VALUE	DATE PURCHASED
1.		%	\$	
2.		%	\$	
3.		%	\$	
4.		%	\$	

Other Assets

1.	\$
2.	\$
3.	\$

HOUSEHOLD CASH FLOW

Client's Wages: \$ _____ /year/month Source: _____
 Spouse's Wages: \$ _____ /year/month Source: _____

OTHER INCOME

No. 1. \$ _____ /year/month Source: _____
 No. 2. \$ _____ /year/month Source: _____
 No. 3. \$ _____ /year/month Source: _____
 No. 4. \$ _____ /year/month Source: _____

What are your approximate annual expenses? \$ _____



Residence and Other Real Estate Owned
(Use another sheet if more space is needed)

PROPERTY ADDRESS	ORIGINAL COST	APPROX. VALUE	DEBT	NET CASH FLOW BEFORE DEPREC
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$

Insurance

(Please bring in policies and latest statements)

COMPANY	NAME OF INSURED	TYPE OF INSURANCE (Life, Disability, etc.)	APPROX DEATH BENEFIT	LOAN AGAINST?
1.				
2.				
3.				
4.				
5.				



PERSONAL LIFE EXPECTANCY WORKSHEET

Begin filling in the calculation value listed. The final number on your total will provide a rough estimate of your life expectancy.

PERSONAL FACTS	CALCULATION	CLIENT	SPOUSE
If you are male	- 3	_____	_____
If you are female	+ 4	_____	_____
If you live in an urban area with a population over 2 million	- 2	_____	_____
If you live in a town under 10,000 or on a farm	+ 2	_____	_____
If any grandparent lived to 85	+ 2	_____	_____
If all four grandparents lived to 80	+ 6	_____	_____
If either parent died of a stroke or heart attack before the age of 50	- 4	_____	_____
If any parent, brother or sister under 50 has (or had) cancer or a heart condition, or has had diabetes since childhood.	- 3	_____	_____
Do you earn over \$70,000 a year?	+ 2	_____	_____
If you finished college	+ 1	_____	_____
If you have a graduate or professional degree	+ 2	_____	_____
If you are 65 or over and still working	+ 3	_____	_____
If you live with a spouse or friend	+ 5	_____	_____
If you do not live with a spouse or friend, subtract 3 for every decade lived alone since age 25	- 3	_____	_____
AGE ADJUSTMENT			
If you are between 30 and 40	+ 2	_____	_____
If you are between 40 and 50	+ 2	_____	_____
If you are between 50 and 70	+ 4	_____	_____
PLEASE CARRY THIS TOTAL TO THE BOTTOM OF THE NEXT PAGE NEXT TO STEP B:		_____	_____



PERSONAL LIFE EXPECTANCY WORKSHEET (CONTINUED)

	CALCULATION	CLIENT	SPOUSE
If you work behind a desk	- 3	_____	_____
If your work requires regular, heavy physical labor	+ 3	_____	_____
If you exercise strenuously (tennis, running, swimming, etc.)			
Five times a week for around a half-hour	+ 4	_____	_____
Two or three times a week for around a half-hour	+ 2	_____	_____
Do you sleep more than ten hours each night?	- 4	_____	_____
Are you intense, aggressive, and easily angered?	- 3	_____	_____
Are you easy going and relaxed?	+ 3	_____	_____
Are you happy?	+ 1	_____	_____
Are you unhappy?	- 2	_____	_____
Have you had a speeding ticket in the past year?	- 1	_____	_____
Do you smoke more than two packs a day?	- 8	_____	_____
One or two packs?	- 6	_____	_____
One-half to one packs?	- 3	_____	_____
Do you drink the equivalent of 1 oz. of liquor a day?	- 1	_____	_____
Are you overweight by 50 lbs. or more?	- 8	_____	_____
By 30 to 50 lbs?	- 4	_____	_____
By 10 to 30 lbs?	- 2	_____	_____
If you are a man over 40 and have annual checkups	+ 2	_____	_____
If you are a woman and see a gynecologist once a year	+ 2	_____	_____
	STEP A: Total of this Page	_____	_____
	STEP B: Total from Previous Page	_____	_____
	Add Total of Steps A and B to age 76		
	Sum of Box = Your Life Expectancy	<input type="text"/>	<input type="text"/>



ARE YOU PREPARED FOR RETIREMENT? WHAT IS YOUR RETIREMENT DREAM?

The amount of money you will need in future years depends on the lifestyle you plan to lead. Use your imagination to construct a picture of the way you want to live. Consider the following questions and the financial impact of each as you try to imagine your retirement. If you are married, you and your spouse might wish to answer them together.

1. Do you plan on retiring? If so, will you stop working permanently?

2. How would you describe the type of retirement lifestyle you'd like to be living? What would you like to be doing?

3. Do you think you might like to keep working (perhaps part-time) to remain involved, or do you think you might need to keep working (perhaps parttime) for financial reasons?

4. Do you think you might wish to move? Why or why not?

5. How is your health? Are you taking excellent care of yourself?

6. What medical risks are you worried about (chronic illness, heart surgery, arthritis)?



7. Are you prepared to pay for long-term care, should it be needed?

8. Do you think that you might wind up having to care for one of your parents or in-laws?

9. Would you like to leave an inheritance to your (grand)children, or perhaps contribute to your grandchildren's education?

10. In your maturity, what state of mind would you ideally like to be in?

11. What do you think you might like to do with your free time? Would you like to start a new career? Pursue a favorite hobby? Go back to school? Learn some new skills? Start your own company? Volunteer? Contribute to your community?

12. Are you preparing—psychologically and financially—to live the life you want in retirement?

13. What steps should you be taking now to prepare?

14. What questions need to be answered for you to feel even more secure with your plans?
