

Confidential Retirement Planning Questionnaire

Date: _____

Retirement Planning Information

*Please fill in prior to your appointment. If not sure, leave blank. It is okay to approximate amounts.
If you are not yet receiving Social Security benefits, please bring in your most recent annual statement.*

CLIENT NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

SPOUSE NAME: _____

DATE OF BIRTH: _____ SS NUMBER: _____ ANNIVERSARY DATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

E-MAIL: _____ FAX: _____

Do you have a current will? Yes ____ No ____ Existing Trust? Yes ____ No ____

Durable Power of Attorney? Yes ____ No ____ Heath Care Proxy? Yes ____ No ____

Are you concerned about possible nursing home expenses? Yes ____ No ____

Do you currently have Long-Term Care coverage? Yes ____ No ____

Do you wish to discuss options for Long-Term Care coverage? Yes ____ No ____

Children: _____ Age: _____ State of Residence: _____

Are all children from your current marriage? Yes ____ No ____

Grandchildren: Yes ____ No ____ How many? _____

Do you have financial concerns for any of your children or grandchildren that we need to discuss?

Yes ____ No ____

Amounts in BANKS, SAVINGS & LOANS, CREDIT UNIONS (Non-IRA)
 (i.e., Checking, Savings, Money Market)

<u>FINANCIAL INSTITUTION</u>	<u>TYPE</u>	<u>MATURITY DATE</u>	<u>BALANCE</u>	<u>RATE</u>
_____	_____	_____	\$ _____	____%
_____	_____	_____	\$ _____	____%
_____	_____	_____	\$ _____	____%
_____	_____	_____	\$ _____	____%
_____	_____	_____	\$ _____	____%
_____	_____	_____	\$ _____	____%

TOTAL: \$ _____

IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS

<u>ACCOUNT LOCATION</u> (Banker, Broker, Employer)	<u>TYPE</u> (401(k), IRA)	<u>BENEFICIARY</u>	<u>VALUE</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TOTAL: \$ _____

Are you happy with the management of these assets? Yes _____ No _____

Will these accounts be needed for income? Yes _____ No _____

Planned Retirement Date: _____ or if retired, date retired: _____

Pension Benefits (Client) \$ _____ Pension Benefit (Spouse) \$ _____

Social Security Benefit (Client) \$ _____ Social Security Benefit (Spouse) \$ _____

STOCKS AND BONDS

(Where you hold certificates yourself.)

<u>NAME OF STOCK/BOND</u>	<u># OF SHARES</u>	<u>MARKET VALUE</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	TOTAL	\$ _____

MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS

(Please bring latest reports/statements to your appointment.)

<u>NAME OF BROKERAGE FIRM OR MUTUAL FUND</u>	<u>MARKET VALUE</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	TOTAL \$ _____

Are you happy with the management of these assets? Yes _____ No _____

PROMISSORY NOTES & TRUST DEEDS

(Where someone owes or is paying you on a note.)

<u>NAME OF DEBTOR</u>	<u>INTEREST RATE</u>	<u>BALANCE OF NOTE</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	TOTAL	\$ _____

RESIDENCE AND OTHER REAL ESTATE OWNED

(Use another sheet if more space is needed)

<u>PROPERTY ADDRESS</u>	<u>MORTGAGE?</u>	<u>INCOME</u>	<u>MARKET VALUE</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL			\$ _____

LIMITED OR GENERAL PARTNERSHIPS

<u>NAME OF PARTNERSHIP</u>	<u>TYPE OF INVESTMENT</u>	<u>MARKET VALUE</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ _____

OTHER ASSETS

(Trusts or inheritances you expect in the future.)

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
TOTAL		\$ _____

LIFE INSURANCE

(Please bring in policies and latest statements.)

COMPANY	TYPE OF INSURANCE	BENEFICIARY	DEATH BENEFIT	CASH VALUE
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
			TOTAL	\$ _____

ANNUITIES

(Please bring in contracts and latest statements.)

COMPANY	BENEFICIARY	PURCHASE PRICE	DATE PURCHASED	MARKET VALUE
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
			TOTAL	\$ _____

HOUSEHOLD CASH FLOW

	SOURCE	AMOUNT PER MONTH
HUSBAND'S WAGES:	SOCIAL SECURITY:	\$ _____
	PENSION	\$ _____
	OTHER	\$ _____
WIFE'S WAGES:	SOCIAL SECURITY:	\$ _____
	PENSION	\$ _____
	OTHER	\$ _____
	TOTAL	\$ _____

What are your approximate annual expenses? \$ _____

Are you satisfied with your income? Yes _____ No _____

Approximate value of your Estate? \$ _____

What are your primary retirement planning concerns? (Please list in order of importance.)

How would you improve your financial situation, if you could? Why?

