# **Financial Life Planning**





#### Vision

To inspire our clients and community with financial wellness for people to live their best life possible.

#### Mission

Dedicated to guide those that seek financial confidence in a world that is always changing with the highest standards of integrity.

At Legacy Accounting & Financial Services, our clients are at the center of everything we do. Our goal is to help you and your family plan for your best future possible, for us to do that, we need to know more about you. Please spend a few minutes to share your expectations and concerns.

What are your biggest concerns about getting to your ideal retirement? As you consider this, rank these control items below from 1-6. Indicate what you feel are the greatest threats to your goals with 1 being your greatest concern.

Things W	e Cannot Control	Things We Can Control				
~~	The Markets: Market Volatility			<b>Beliefs:</b> Social, Moral, Religious		
血	The Economy: Taxes, Inflation, Interest rates		(••)	<b>Emotions:</b> Fear, Over-confidence, Loss Aversion		
	<b>Noise:</b> From the Media, "Expert" Advice/Opinions		6	<b>Decisions:</b> Past, Present & Future		

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## Your Expectations & Concerns

Retirement Expectations What do you most look forward to? Select what applies		Client	Co-Client			
No work						
Part-time work for a few years						
Never completely retire						
Active lifestyle						
Quiet lifestyle						
Time to travel						
Time with friends and family		$\overline{\Box}$				
Opportunity to help others						
Moving to a new home						
Start a business						
Less stress – Peace of mind						
Other:		一一				
What are your expectations of a financial advisor?						
What can I do to help you achieve your goals?						
Financial Planning Concerns	Client	Co-Client	Degree			
Financial Planning Concerns What worries or concerns you? Select what applies	Client	Co-Client	Degree High/Med/Low			
Financial Planning Concerns What worries or concerns you? Select what applies Not having a paycheck anymore	Client	Co-Client	_			
Financial Planning Concerns What worries or concerns you? Select what applies Not having a paycheck anymore Running out of money	Client	Co-Client	_			
Financial Planning Concerns What worries or concerns you? Select what applies Not having a paycheck anymore Running out of money Suffering investment losses	Client	Co-Client	_			
Financial Planning Concerns What worries or concerns you? Select what applies Not having a paycheck anymore Running out of money Suffering investment losses Leaving money to others	Client	Co-Client	_			
Financial Planning Concerns What worries or concerns you? Select what applies Not having a paycheck anymore Running out of money Suffering investment losses Leaving money to others Spending too much	Client	Co-Client	_			
Financial Planning Concerns What worries or concerns you? Select what applies Not having a paycheck anymore Running out of money Suffering investment losses Leaving money to others Spending too much Cost of health care or long-term care	Client	Co-Client	_			
Financial Planning Concerns What worries or concerns you? Select what applies Not having a paycheck anymore Running out of money Suffering investment losses Leaving money to others Spending too much Cost of health care or long-term care Current or future health issues	Client	Co-Client	_			
Financial Planning Concerns What worries or concerns you? Select what applies Not having a paycheck anymore Running out of money Suffering investment losses Leaving money to others Spending too much Cost of health care or long-term care Current or future health issues Dying early	Client	Co-Client	_			
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### Retirement age & living expense

	Clie	ent	Co- Client (together)			
At what age would you like to retire?						
How willing are you to retire later?	Not at all Somewhat	Slightly Very	Not at all Somewhat	Slightly Very		
Living expense amount (take home)						

### **Retirement Lifestyle**

Lifestyle goals are above and beyond what you need to pay for basic expenses. Rate the importance of each goal on a scale of 10-1. Needs (10,9,8), Wants (7,6,5,4), and Wishes (3,2,1).

Most Common Goals			Other Goals								
Travel College		W	Wedding		1	New home			Celebration		
Car Home improvement		Ma	Major purchase		5	Start business			Provide care		
Health care Gift or donation		Gift or donation	Leave bequest		F	Private school		Other			
Importance High Low 10-1		Description		Start Year	Client	Clie	_	Amount		How Often	How Many Times

R	Your Experience
What	positive experiences have you had with investments, and how did they come about?
What	disappointing experiences have you had, and how did they happen?
	guidelines or rules do you attempt to follow regarding managing your money and investments, and how did you these guidelines?