

Date Completed: _____

Retirement Strategy Analysis

(Your company info here)

COMPLETE THIS FORM AND BRING IT WITH YOU TO YOUR FIRST APPOINTMENT

1. Please Print and if you are not sure about a question, please leave it blank.
2. Please use approximate values – round to the nearest thousand.
3. Please return this form with last year’s tax return.

Client Information:

Name: _____ Date of Birth: _____

NickName: _____ Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Business Phone: (____) _____ x _____

Occupation: _____ Employer: _____

Spouse Information:

Name: _____ Date of Birth: _____

Nickname: _____ Social Security Number: _____

Occupation: _____ Employer: _____

Amounts in Banks, Savings & Loans, and Credit Unions (NON-IRA)

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Approximate Balance</u>

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IRA accounts and Other Retirement Accounts

(Please bring in most recent statement/report)

<u>Location of Account</u> (Bank, Broker, Employer)	<u>Type of Account</u> (401(k), 403(b), IRA, etc)	<u>Approximate Market Value</u>	<u>Account Holder</u>

When do you plan to retire? _____

Stock and Bond Certificates

(Please bring in most recent statement/report)

<u>Name of Stock/Bond</u>	<u>Number of Shares</u>	<u>Approximate Market Value</u>	<u>Account Holder</u>

Mutual Fund and/or Brokerage Accounts

(Please bring in most recent statement/report)

<u>Name of Brokerage Firm or Mutual Fund</u>	<u>Approximate Market Value</u>	<u>Account Holder</u>

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Real Estate and Residence

<u>Property Address</u>	<u>Original Cost</u>	<u>Approximate Market Value</u>	<u>Debt Owed</u>

Family Business / Partnerships

<u>Name of Partnership</u>	<u>Type of Investment</u>	<u>Amount Invested</u>	<u>Market Value</u>

Long Term Care

<u>Insured</u>	<u>Monthly Benefit/ Premium Amount</u>

Life Insurance

(Please bring in policies and latest statements)

<u>Name of Company</u>	<u>Insured</u>	<u>Type of Insurance</u>	<u>Cash Value</u>	<u>Death Benefit</u>

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Pensions or Other Streams of Income

<u>Source</u>	<u>Account Holder</u>	<u>Monthly Amount</u>

(Please bring in policies and latest statements)

Children

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Filed as Dependant</u>	<u>Funds Needed for College</u>
			Y / N	
			Y / N	
			Y / N	

Other Assets

Approximate value of Person Property (Household goods, Jewelry, Cars, Etc): \$_____

Family Business (Provide name, value, and how held. Is it a Corporation?):

Other Assets:

What are your Primary Financial Concerns?

Approximate Monthly Expenses?

Appointment Checklist:

(Make sure you have the following items for your financial evaluation)

- Annuity Statements Brokerage Statements Mutual Fund Statements Social Security Statement
- Retirement Account Statements Life Insurance Policies and Statements Last Year's Tax Return

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