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)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Bank** | **Type of Account** | **Maturity Date** | **Interest Rate** | **Approximate Balance** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**IRA accounts and Other Retirement Accounts**

(Please bring in most recent statement/report)

|  |  |  |  |
| --- | --- | --- | --- |
| **Location of Account****(Bank, Broker, Employer)** | **Type of Account****(401(k), 403(b), IRA, etc)** |  **Approximate Market Value** | **Account Holder** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**When do you plan to retire? \_**

**Stock and Bond Certificates**

(Please bring in most recent statement/report)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Stock/Bond** | **Number of Shares** | **Approximate Market****Value** | **Account Holder** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Mutual Fund and/or Brokerage Accounts**

(Please bring in most recent statement/report)

|  |  |  |
| --- | --- | --- |
| **Name of Brokerage Firm or Mutual Fund** | **Approximate Market Value** | **Account Holder** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Real Estate and Residence**

|  |  |  |  |
| --- | --- | --- | --- |
| **Property Address** | **Original Cost** | **Approximate Market Value** | **Debt Owed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Family Business / Partnerships**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Partnership** | **Type of Investment** | **Amount Invested** | **Market Value** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Long Term Care**

|  |  |
| --- | --- |
| **Insured** | **Monthly Benefit/ Premium Amount** |
|  |  |
|  |  |
|  |  |

**Life Insurance**

(Please bring in policies and latest statements)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Company** | **Insured** | **Type of Insurance** | **Cash Value** | **Death Benefit** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Pensions or Other Streams of Income**

(Including: social security, current employment, rentals, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Account Holder** | **Monthly Amount** | **Survivorship %** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(Please bring in policies and latest statements)

**Children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Sex** | **Date of Birth** | **Filed as****Dependant** | **Funds Needed for College** |
|  |  |  | **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**