

Date Completed: _____

Retirement Strategy Analysis

Complete this form and bring it with you to your first appointment

*Please print and return this form with last year's tax return and other necessary documents.

*If you are not sure about a question, please leave it blank.

*Please use approximate values – round to the nearest thousand.

Client Information:

Name: _____ Nickname: _____

Today's Date: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

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

Social Security, Pensions, or Other Streams of Income

(Including: social security, current employment, rentals, etc.)
(Please bring in policies and latest statements)

Source	Account Holder	Monthly Amount	Survivorship %

Children

Name	Sex	Date of Birth	Filed as Dependent	Funds Needed for college
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

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? _____

What income you would like in retirement?

#1 What income do you need to Pay the bills? _____

#2 What Income would you like to live your life if we could make it happen? _____

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 Statement ☐ Life Insurance Policies and Statements ☐ Last Year's Tax Return