



**DATE:** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Retired?  Yes  No Date Retired or Target Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Children	Birth Date	Currently Residing (City/State)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Personal Questions**

- 1. Do you have a Financial Advisor?  Yes  No  
If yes, who? \_\_\_\_\_
- 2. Do you have a living trust?  Yes  No
- 3. Do you have a pour-over will?  Yes  No
- 4. Do you have Power of Attorney?  Yes  No
- 5. Do you have a Health Care Directive?  Yes  No
- 6. Do you have income from Real Estate?  Yes  No
- 7. Do you have an attorney?  Yes  No
- 8. Do you have a tax preparer?  Yes  No
- 9. Do you expect to care for a child or parent?  Yes  No
- 10. Do you expect an inheritance?  Yes  No
- 11. Any problems with Financial Advisors?  Yes  No
- 12. Do you have Long-Term Care protection?  Yes  No

**Financial Planning Objectives**

How concerned are you with the following:

**IMPORTANCE: N/A LOW MED HIGH**

Outliving My Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Current Income Taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing Current Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legacy Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximum Asset Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction With Current Finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety of Retirement Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety of Non-IRA Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Care Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**PLEASE RESPOND WITH YOUR OPINION:**

What dollar amount would you like in cash or emergency funds? \$ \_\_\_\_\_

What would you consider reasonable interest earned on your assets earmarked for retirement?

- 3-4%    4-6%    7-9%    9-11%    >11%

What rate are those investments currently earning?

- 3-4%    4-6%    7-9%    9-11%    >11%

How much time can you let your assets grow before you will have to begin withdrawals?

- 0-2 yr    3-5 yr    6-10 yr    10+ yr    13+ yr

How do you feel about Saving and Risk?

- I do not want to see my principal amount decrease.
- I cannot afford a significant loss to principal regardless of interest earned.
- As long as my rate of interest stays ahead of inflation, I don't want the exposure to non-guaranteed financial products.
- If I can make a moderate rate of interest on my money, I can withstand some fluctuation.
- I want the potential for higher returns and I am willing to take on some risk and volatility.

Describe what your ideal retirement looks like:

What is your main concern about money?

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Knowing what you know now, what would you have done differently with your money?

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How do you plan on handling your long-term care expenses?

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Tell us about your hobbies and interests:

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