



Income				
Monthly Income Type		You		Spouse
Wages / Salary:				
Projected Annual Salary Increase:				
Social Security:				
Pension:				
Rental Income:				
Other Income:				
Total Income:				

Future Considerations				
Desired Retirement Income:				
Required Income Projection:				
Desired Retirement Age:				
Have you considered cost-of-living, inflation, and increased medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you expect a significant income or cash flow change in the near future? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes", please explain:	<input type="checkbox"/> Bonus:		<input type="checkbox"/> Tax Refund:	
	<input type="checkbox"/> Gifts:		<input type="checkbox"/> Inheritance:	
	<input type="checkbox"/> Other:			

Current Life Insurance					
Your Life Insurance			Spouse Insurance		
General Health:			General Health:		
Smoker:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Smoker:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Term	<input type="checkbox"/> Permanent	<input type="checkbox"/> Employer	<input type="checkbox"/> Term	<input type="checkbox"/> Permanent	<input type="checkbox"/> Employer
Premium:			Premium:		
Death Benefit:			Death Benefit:		
Cash Value:			Cash Value:		
<input type="checkbox"/> Term	<input type="checkbox"/> Permanent	<input type="checkbox"/> Employer	<input type="checkbox"/> Term	<input type="checkbox"/> Permanent	<input type="checkbox"/> Employer
Premium:			Premium:		
Death Benefit:			Death Benefit:		
Cash Value:			Cash Value:		

**Accounts: (Savings, Checking, 401(k), 403(b), 457, 529, IRA, Roth IRA, UTMA/UGMA, etc.):**

Financial Institution	Acct Type	Acct Value	Mo. Contribution	Available	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Would you postpone retirement savings if you could eliminate debt sooner and end up with more in retirement?  Yes  No

Which concerns you more, the growth in your savings or protection against loss of savings?  
 Growth  Protection against loss

Do you want a retirement plan controlled solely by you or subject to government influence?  
 Controlled by me.  Subject to government influence

Are you currently working with a financial advisor?  Yes  No How long?

**Miscellaneous Questions**

Projected Monthly SSA Income:  Age 62  NRA:  Age 70

What significant expenses do you plan on having each year?

- |   |  |
|---|--|
| <input type="checkbox"/> Spring Break Trips | <input type="checkbox"/> Travel Sports Fees          |
| <input type="checkbox"/> Fall Break Trips   | <input type="checkbox"/> Private School Tuition      |
| <input type="checkbox"/> Summer Vacations   | <input type="checkbox"/> Art, Music Athletic Lessons |
| <input type="checkbox"/> Other Vacations    | <input type="checkbox"/> Other                       |

Do you have a Will, Living Will, General Power of Attorney and Healthcare Power of Attorney?  
 Yes  No

Do you have a concern about the cost of Long Term Care needs in the future?  Yes  No

Do you own more properties than just your personal residence?  Yes  No

Notes: