

☐ SINGLE ☐ MARRIED

PLEASE CHOOSE WHETHER THE CLIENT IS SINGLE OR MARRIED

Client Profile Tab - Information

Contact Information

	Client	Spouse
First Name		
Last Name		
Birth Date	____/____/____	____/____/____
Phone	() - _____	() - _____
Email		
Street Address		
City, State, Zip		

Professional Contact Information

Profession	Name	Email Address	Telephone
Accountant			() - _____
Estate Planning Attorney			() - _____

Other Information

Question	Yes	No	Updated
Do you own health insurance?	☐	☐	____/____/____
Do you own disability insurance?	☐	☐	____/____/____
Have you named your beneficiaries?	☐	☐	____/____/____
Do you have a will?	☐	☐	____/____/____
Do you have a trust?	☐	☐	____/____/____

Client Profile Tab - Information Continued**Family Information**

Name	Relationship	Date of Birth	Spouse's Name
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	

Beneficiary Information

Name	Relationship	Date of Birth	Address
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	

Client Profile Tab – Goals**Goals**

Date	Description
____/____/____	
____/____/____	
____/____/____	
____/____/____	

Software Tab 1 - Income

Employment Income

	Client 1	Client 2
Employer		
Current Gross Monthly Salary	\$	\$
Projected Annual Salary Increase %	%	%
Projected Retirement Date	____/____ ☐ Retired	____/____ ☐ Retired

Social Security Benefits

Owner	Strategy	Start Age	Life or End Age	Gross Monthly Benefit	Projected COLA
			☐ Life or	\$	%
			☐ Life or	\$	%
			☐ Life or	\$	%

Pension or Employer Sponsored Retirement Plan

Owner	Description	Start Age	Life or End Age	Gross Monthly Benefit	Projected COLA	% to Survivor
			☐ Life or	\$	%	%
			☐ Life or	\$	%	%

Software Tab 2 - Assets

Retirement Assets

Owner	Company	Tax Classification IRA, 401k, etc	Investment Vehicle CD, Bond etc	Allocation	Account Value	Monthly Contributions
				☐ Low Risk ☐ At Risk	\$	\$
				☐ Low Risk ☐ At Risk	\$	\$
				☐ Low Risk ☐ At Risk	\$	\$
				☐ Low Risk ☐ At Risk	\$	\$
				☐ Low Risk ☐ At Risk	\$	\$
				☐ Low Risk ☐ At Risk	\$	\$
				☐ Low Risk ☐ At Risk	\$	\$

Retirement Assets Continued						
Owner	Company	Tax Classification IRA, 401k, etc	Investment Vehicle CD, Bond etc	Allocation	Account Value	Monthly Contributions
				☐ Low Risk ☐ At Risk	\$	\$
				☐ Low Risk ☐ At Risk	\$	\$
				☐ Low Risk ☐ At Risk	\$	\$

Additional Assets			
Owner	Company	Description	Value

Single Premium Annuities								
Owner	Company	Tax Classification	Payout	Mode	Initial Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			☐ Single ☐ Joint	☐ Monthly ☐ Annual	\$	\$	___/___	☐ Life or ___/___
			☐ Single ☐ Joint	☐ Monthly ☐ Annual	\$	\$	___/___	☐ Life or ___/___

Income Benefit Annuities								
Owner	Company	Tax Classification	Payout	Payout Mode	Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			☐ Single ☐ Joint	☐ Monthly ☐ Annual	\$	\$	___/___	☐ Life or ___/___
			☐ Single ☐ Joint	☐ Monthly ☐ Annual	\$	\$	___/___	☐ Life or ___/___
			☐ Single ☐ Joint	☐ Monthly ☐ Annual	\$	\$	___/___	☐ Life or ___/___

Portfolio Information	
	Amount
Projected Before Retirement Rate of Return	%
Projected After Retirement Rate of Return	%
Minimum Retirement Funds	\$
Desired Risk Level (Please reference the Risk Assessment Questionnaire below)	%

Software Tab 2 – Risk Assessment Button	
EMERGENCY FUNDS – What dollar amount would you like in liquid or emergency funds?	
TIME HORIZON - How much time, in years, can you let your Assets Earmarked for Retirement grow, before you will have to begin withdrawals?	Points
0-2 Years	0
3-5 Years	1
6-10 Years	2
10+ Years	3
13+ Years	4
Answers to this question will help us determine how long you might leave your money before having to use it in retirement.	Total Points
APPROACH TO SAVINGS & RISK – How do you feel about Saving and Risk?	Points
I do not want to see my principal amount decrease.	0
I cannot afford a significant loss to principal regardless of interest earned.	1
As long as my rate of interest stays ahead of inflation, I don't want the exposure to non - guaranteed financial products.	2
If I can make a moderate rate of interest on my money, I can withstand some fluctuation.	3
I want the potential for higher returns and I am willing to take on some risk.	4
Answers to this question will help us determine your tolerance for risk.	Total Points
INTEREST EARNING - What would you consider reasonable interest earned on your assets earmarked for retirement?	Points
3% - 4%	0
4% - 6%	1
7% - 9%	2
9% - 11%	3
Greater than 11%	4
Answers to this question will help us determine your expectations for interest earned.	Total Points
RISK TOLERANCE – You've just made a \$100,000 investment. You are exposed to the following best and worst-case scenarios. Which possibility would you choose?	Points
Best Case = \$102,000 Increase = 2,000 Worst Case = \$100,000 Decrease = \$0	0
Best Case = \$104,000 Increase = 4,000 Worst Case = \$96,000 Decrease = \$4,000	1
Best Case = \$108,000 Increase = \$8,000 Worst Case = \$92,000 Decrease = \$8,000	2
Best Case = \$112,000 Increase = \$12,000 Worst Case = \$88,000 Decrease = \$12,000	3
Best Case = \$116,000 Increase = \$16,000 Worst Case = \$84,000 Decrease = \$16,000	4
Answers to this question will help us determine your risk tolerance.	Total Points

Software Tab 3 - Expenses**Monthly Expenses**

Current Monthly Expenses After Tax	Projected Inflation Rate
\$	%

Advanced Monthly Budget Worksheet**Household**

Description	Monthly Amount	Inflation %	Start Date	End Date
Mortgage Principal & Interest	\$	%	___/___	☐ Life or ___/___
Real Estate Taxes	\$	%	___/___	☐ Life or ___/___
Homeowners Insurance	\$	%	___/___	☐ Life or ___/___
Home Equity Loan	\$	%	___/___	☐ Life or ___/___
Association Dues	\$	%	___/___	☐ Life or ___/___
Rent	\$	%	___/___	☐ Life or ___/___
Renters Insurance	\$	%	___/___	☐ Life or ___/___
Utilities – Gas – Electric	\$	%	___/___	☐ Life or ___/___
Water – Sewer	\$	%	___/___	☐ Life or ___/___
Cable – Phone – Internet	\$	%	___/___	☐ Life or ___/___
Maintenance & Improvement	\$	%	___/___	☐ Life or ___/___
House Cleaning	\$	%	___/___	☐ Life or ___/___

Daily Living

Description	Monthly Amount	Inflation %	Start Date	End Date
Food	\$	%	___/___	☐ Life or ___/___
Dining Out	\$	%	___/___	☐ Life or ___/___
Clothing	\$	%	___/___	☐ Life or ___/___
Personal Care	\$	%	___/___	☐ Life or ___/___

Healthcare & Insurance

Description	Monthly Amount	Inflation %	Start Date	End Date
Health Insurance	\$	%	___/___	☐ Life or ___/___
Prescriptions	\$	%	___/___	☐ Life or ___/___
Life Insurance	\$	%	___/___	☐ Life or ___/___
Long Term Care Insurance	\$	%	___/___	☐ Life or ___/___
Disability Insurance	\$	%	___/___	☐ Life or ___/___
Veterinarian	\$	%	___/___	☐ Life or ___/___

Transportation				
Description	Monthly Amount	Inflation %	Start Date	End Date
Auto Loans	\$	%	___/___	☐ Life or ___/___
Auto Insurance	\$	%	___/___	☐ Life or ___/___
Fuel	\$	%	___/___	☐ Life or ___/___
Repairs	\$	%	___/___	☐ Life or ___/___

Debt & Obligations				
Description	Monthly Amount	Inflation %	Start Date	End Date
Credit Cards	\$	%	___/___	☐ Life or ___/___
Tuition – Student Loans	\$	%	___/___	☐ Life or ___/___
Alimony	\$	%	___/___	☐ Life or ___/___
Child Support	\$	%	___/___	☐ Life or ___/___

Entertainment				
Description	Monthly Amount	Inflation %	Start Date	End Date
Parties & Events	\$	%	___/___	☐ Life or ___/___
Sports – Hobbies – Lessons	\$	%	___/___	☐ Life or ___/___
Membership Dues	\$	%	___/___	☐ Life or ___/___
Vacation & Travel	\$	%	___/___	☐ Life or ___/___

Miscellaneous				
Description	Monthly Amount	Inflation %	Start Date	End Date
Charitable Donations	\$	%	___/___	☐ Life or ___/___
Gifts	\$	%	___/___	☐ Life or ___/___
Other	\$	%	___/___	☐ Life or ___/___

Liabilities			
Owner	Company	Description	Value

Future Cash Flows								
Owner	Description	Mode	Type	Taxation	Amount	% Change	Start Date	End Date
		Annual Monthly	Outflow Inflow	Taxable Non-Taxable	\$	%	___/___	___/___
		Annual Monthly	Outflow Inflow	Taxable Non-Taxable	\$	%	___/___	___/___
		Annual Monthly	Outflow Inflow	Taxable Non-Taxable	\$	%	___/___	___/___

Software Tab 6 – Red Line Solves Button

The analysis may show you running out of money during retirement. If this were to occur, how would you rank taking the following steps to help alleviate the red line? Use a scale of 1-6 where 1 would be the most desirable step and 6 the least desirable step.

Red Line Solutions Steps – Rank from 1-6	Ranking
Work longer, retire at a later date.	
Work a second or part time job after retirement.	
Reduce monthly expenses.	
If not yet retired, increase contributions to retirement savings.	
Reverse mortgage	
Look for other income alternatives.	

Software Tab 7 – Life Insurance**Health Information**

Client	Smoker	Health Concerns
	☐ Yes ☐ No	
	☐ Yes ☐ No	

Existing Life Insurance Information

Owner	Company	Type	Death Benefit	Monthly Premium	Cash Value	Policy End Date
		Term Permanent	\$	\$	\$	☐ Life or ____/____
		Term Permanent	\$	\$	\$	☐ Life or ____/____
		Term Permanent	\$	\$	\$	☐ Life or ____/____

Software Tab 8 – Long Term Care**Existing Long-Term Care Coverage Information**

Owner	Company	Type	Start Date	Daily Benefit	Years	Inflation Type	Inflation %	Monthly Premium
		Cash Reimbursement	____/____/____	\$		Simple Compound	%	\$
		Cash Reimbursement	____/____/____	\$		Simple Compound	%	\$

Client Signatures

I hereby attest that the information on this Client Data Form has been provided by me and to the best of my knowledge is accurate. I further understand that the information provided will be used with your retirement software to create my retirement analysis. I understand fixed-only licensed insurance agents may not suggest the sale of an insurance product based upon the sale or liquidation of securities products. Proper registered registrations are required for such recommendations and sales. The information gathered with this form will be used for the sole purpose of helping create a financial strategy for your retirement. The financial professional providing the analysis does not provide tax or legal advice. Prior to making any financial decisions consumers should obtain tax or legal advice from a qualified professional.

Client: _____ Date: _____

Client: _____ Date: _____

Agent: _____ Date: _____