

Personal Information

	Client 1 (C1)				Client 2 (C2)			
Name								
Date of Birth	/	/	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	/	/	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Employment Income	\$ or <input type="checkbox"/> Retired				\$ or <input type="checkbox"/> Retired			
E-mail Address								
Phone Number(s)								

Retirement Age - if retired skip to Lifestyle Goals

When would you like to retire? Enter your Target Retirement Age. Then, indicate how willing you are to delay retirement beyond that age, if it helps you fund your Goals.

	Client 1		Client 2	
Target Retirement Age	Age:		Age:	
How willing are you to retire later to attain your Goals?	<input type="checkbox"/> Not at All	<input type="checkbox"/> Somewhat Willing	<input type="checkbox"/> Not at All	<input type="checkbox"/> Somewhat Willing
	<input type="checkbox"/> Slightly Willing	<input type="checkbox"/> Very Willing	<input type="checkbox"/> Slightly Willing	<input type="checkbox"/> Very Willing
What order of Retirement do you prefer?	<input type="checkbox"/> Both retire in the same year. <input type="checkbox"/> Either can retire first.		<input type="checkbox"/> Only Client 1 can retire first. <input type="checkbox"/> Only Client 2 can retire first.	

Lifestyle Goals

Add a Lifestyle Goal for each significant purchase or activity that will make your Retirement satisfying and enjoyable. Lifestyle Goals are above and beyond what you need to pay the basic expenses of day-to-day living. Rate the importance of each Goal on a scale of 10 ↔ 1. This will identify your goals by Needs (10, 9, 8), Wants (7, 6, 5, 4), and Wishes (3, 2, 1).

Most Common Goals		Other Goals		
Car	College	Wedding	New Home	Celebration
Travel	Home Improvement	Major Purchase	Start Business	Provide Care
Health Care	Gift or Donation	Leave Bequest	Private School	

Importance High Low 10 ↔ 1	Description	Start		Target Amount	How Often	How Many Times	
		Year	At Retirement				
			C1				C2
8	<i>e.g., Ann's Lexus</i>	2015	<input type="checkbox"/>	<input type="checkbox"/>	\$35,000	Every 4 Yrs	5
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			

Retirement Living Expense

This Goal is for your basic day-to-day living expenses (e.g., food, clothes, utilities, etc.) during retirement. Be sure you don't "double count" any expenses. For example, if you entered a separate Goal for a car, don't include the purchase cost of this car in your Living Expense, but do include all operating expenses (e.g., gas, taxes).

Retirement Living Expense	\$	or <input type="checkbox"/> Use Program Estimate
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Identify the resources you have to fund your retirement.

Social Security Benefits

	Client 1			Client 2		
Are you eligible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Receiving Now	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Receiving Now
Amount of benefit/Age	\$ <input type="checkbox"/> Use Program Estimate			\$ <input type="checkbox"/> Use Program Estimate		

Retirement Income

(pension, part-time work, rental property, annuities, royalties, alimony)

Description	Owner		Monthly Amount	Yr It Ends or # of Yrs	Check if amount inflates	% Survivor Benefit (Pension Only)
	C1	C2				
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Investment Assets

Description	Client 1		Client 2	
	Value	Additions / Yr	Value	Additions / Yr
Total Employer Retirement Plan	\$	\$	\$	\$
Total Traditional IRA	\$	\$	\$	\$
Total Roth IRA	\$	\$	\$	\$
Total Tax-Deferred	\$	\$	\$	\$

Description	Joint	
	Value	Additions / Yr
Joint - Total Taxable	\$	\$
Joint - Total Tax-Free	\$	\$

Extra Savings

Enter the maximum extra amount you could save each year in addition to the amounts above:	\$	How willing are you to save more?	<input type="checkbox"/> Not at All <input type="checkbox"/> Somewhat Willing <input type="checkbox"/> Slightly Willing <input type="checkbox"/> Very Willing
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Risk Score

How much market risk are you willing to accept? On a scale of 1 to 100, with 1 being the lowest risk and 100 being the highest risk, what's your risk score?

Client 1	Client 2

Two thirds of all investors score between 40 and 60, and only 1 in 1000 select a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?

	Men			Women		
Age Group	> 64	50-64	< 50	> 64	50-64	< 50
Avg Score	50	54	59	45	48	52

Personal and Family Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Alimony		
Bank Charges		
Books/Magazine		
Business Expense		
Care for Parent/Other		
Cash - Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Care		
Child Support		
Clothing - Client		
Clothing - Spouse		
Clothing - Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare - Dental		
Healthcare - Medical		
Healthcare - Prescription		
Healthcare - Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Pet Care		
Public Transportation		
Recreation		
Self Improvement		
Student Loan Payment		
Vacation/Travel		
Other		

Personal Insurance Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Disability for Client		
Disability for Spouse		
Life for Client		
Life for Spouse		
LTC for Client		
LTC for Spouse		
Medical for Client		
Medical for Spouse		
Umbrella Liability		
Other		

Income

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Employment		
Other		

Home Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Document Checklist

- Investment Account Statements (brokerage, bank, annuities, mutual funds, profit sharing/401(k)/403(b), etc.***
- Pension plan statements or summary of benefits***
- Annual Social Security Estimate Statement***
- Most Recent Federal Income Tax Return (including all schedules)
- Mortgage Statement
- Most Recent Paycheck(s)
- Insurance Policies (life, disability and long term care)
- Wills and Trust Documents
- Employer Benefits Booklets

*** Data recommended for Initial Client Assessment meeting**

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