

# At Retirement

## Personal Information

**Client**                      Prefix    Mr.  Mrs.  Ms.  Dr.      Name \_\_\_\_\_  
 Birth Date (mm/dd/yyyy)    \_\_\_ / \_\_\_ / \_\_\_\_      Gender    M  F              Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Address \_\_\_\_\_

City \_\_\_\_\_                      State \_\_\_\_\_      Zip \_\_\_\_\_ - \_\_\_\_\_

**Spouse/Partner**      Prefix    Mr.  Mrs.  Ms.  Dr.      Name \_\_\_\_\_  
 Birth Date (mm/dd/yyyy)    \_\_\_ / \_\_\_ / \_\_\_\_      Gender    M  F              Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email Address \_\_\_\_\_

### Relationships

Name	Birth Date	Gender	Dependent	Age Dependency Ends	Relationship Type*	Relationship to Whom**
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

\*Aunt, Brother, Brother-in-Law, Cousin, Daughter, Daughter-in-Law, Divorced Spouse, Father, Father-in-Law, Fiancee, Friend, Godchild, Godfather, Godmother, Granddaughter, Grandfather, Grandmother, Grandson, Mother, Mother-in-Law, Nephew, Niece, Sister, Sister-in-Law, Son, Son-in-Law, Stepdaughter, Stepfather, Stepmother, Stepson, Uncle

\*\*Client, Spouse/Partner, Both

# Retirement Goals

Provide as much of the requested information as you are able.

	Client	Co-Client
Current annual earned income	\$ _____	\$ _____
Retirement begin date – Month/Year	____ / ____	____ / ____
Provide retirement funding until age	_____	_____
<b>Retirement Spending</b>	<b>Basic</b>	<b>Discretionary</b>
Monthly spending goal (today's dollars)	\$ _____	\$ _____
or		
Annual spending goal (today's dollars)	\$ _____	\$ _____
Portion of goal to provide for surviving client	_____ %	_____ %

## Additional Spending Goals

	Goal 1	Goal 2	Goal 3
<b>Description</b>	_____	_____	_____
Monthly amount	\$ _____	\$ _____	\$ _____
or			
Annual amount	\$ _____	\$ _____	\$ _____
Inflation rate until goal begins	_____ %	_____ %	_____ %
Inflation rate after goal begins	_____ %	_____ %	_____ %
Goal begins: (check one)	On a specific date At 1 <sup>st</sup> retirement At 2 <sup>nd</sup> retirement	On a specific date At 1 <sup>st</sup> retirement At 2 <sup>nd</sup> retirement	On a specific date At 1 <sup>st</sup> retirement At 2 <sup>nd</sup> retirement
If you checked "On a specific date," provide the month and year this goal will begin:	_____ Month      Year	_____ Month      Year	_____ Month      Year
Goal ends: (check one)	On a specific date After a number of periods At 1 <sup>st</sup> death At 2 <sup>nd</sup> death	On a specific date After a number of periods At 1 <sup>st</sup> death At 2 <sup>nd</sup> death	On a specific date After a number of periods At 1 <sup>st</sup> death At 2 <sup>nd</sup> death
If you checked "On a specific date," provide the month and year this goal will end:	_____ Month      Year	_____ Month      Year	_____ Month      Year
If you checked "After a number of periods," provide the number of years and months this goal will last:	_____ Years      Months	_____ Years      Months	_____ Years      Months

## Debt Obligations

Description	Loan Type*	Responsible Party**	Current Balance	Periodic Payment Amount	Payment Frequency***	Interest Rate
_____	_____	_____	\$ _____	\$ _____	_____	_____%
_____	_____	_____	\$ _____	\$ _____	_____	_____%
_____	_____	_____	\$ _____	\$ _____	_____	_____%
_____	_____	_____	\$ _____	\$ _____	_____	_____%
_____	_____	_____	\$ _____	\$ _____	_____	_____%

\*Primary Residence, Home Equity/Other Mortgage, Real Estate, Business, Investment/Margin, Consumer, Automobile, Other

\*\* Client, Co-client, Joint

\*\*\* Semi-Monthly, Monthly, Quarterly, Semi-Annual, Annual

**Legacy amount** (indicate the amount you would like to leave as a legacy) \$ \_\_\_\_\_

### Social Security

#### Client

#### Co-Client

Covered by Social Security?

Yes  No

Yes  No

Indicate the Social Security estimation method that best reflects your situation, and provide the information requested for that method. If you are married, also select the method that best reflects the co-client's situation.

I know my actual Social Security benefit

Age (years/months) benefit began \_\_\_\_\_/\_\_\_\_\_

Current monthly benefit \$ \_\_\_\_\_

I have a recent Social Security statement

Monthly benefit at full retirement age \$ \_\_\_\_\_

I expect to begin receiving benefits:  
(check one)

- At full retirement age  
 At retirement  
 At a specific age

- At full retirement age  
 At retirement  
 At a specific age

If you checked "At a specific age,"  
provide the age (years and months)  
that you expect to begin receiving  
benefits:

\_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_ Months

Estimate a Social Security benefit for me

Earned income in last full working year \$ \_\_\_\_\_

**(Social Security continued)**

**Client**

**Co-Client**

I expect to begin receiving benefits:  
(check one)

- At full retirement age
- At retirement
- At a specific age

- At full retirement age
- At retirement
- At a specific age

If you checked "At a specific age,"  
provide the age (years and months)  
that you expect to begin receiving  
benefits:

_____	_____	_____	_____
Years	Months	Years	Months

**Other Government Programs**

**Program 1**

**Program 2**

**Program 3**

Description \_\_\_\_\_

Owner:

- Client  Co-Client

- Client  Co-Client

- Client  Co-Client

Monthly amount

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

or

Annual amount

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Inflation rate until payments  
begin

\_\_\_\_\_ %

\_\_\_\_\_ %

\_\_\_\_\_ %

Inflation rate during  
payments

\_\_\_\_\_ %

\_\_\_\_\_ %

\_\_\_\_\_ %

Percent taxable

\_\_\_\_\_ %

\_\_\_\_\_ %

\_\_\_\_\_ %

Benefit begins:  
(check one)

- Now
- At retirement
- On a specific date

- Now
- At retirement
- On a specific date

- Now
- At retirement
- On a specific date

If you checked "On a  
specific date," provide the  
month and year that you  
expect the benefit to  
begin:

_____	_____	_____	_____	_____	_____
Month	Year	Month	Year	Month	Year

Benefit ends:  
(check one)

- On a specific date
- After a number of pmts.
- At 1st death
- At 2nd death

- On a specific date
- After a number of pmts.
- At 1st death
- At 2nd death

- On a specific date
- After a number of pmts.
- At 1st death
- At 2nd death

If you checked "On a  
specific date," provide the  
month and year that you  
expect the benefit to end:

_____	_____	_____	_____	_____	_____
Month	Year	Month	Year	Month	Year

**(Other Government Programs continued)**

	<b>Program 1</b>	<b>Program 2</b>	<b>Program 3</b>
<p>If you checked "After a number of payments," provide the number of years and months you expect the benefit to last:</p>	<p>_____ Years</p> <p>_____ Months</p>	<p>_____ Years</p> <p>_____ Months</p>	<p>_____ Years</p> <p>_____ Months</p>
<b>Annuities and Pensions</b>			
	<b>Income 1</b>	<b>Income 2</b>	<b>Income 3</b>
Description	_____	_____	_____
Type:	<input type="checkbox"/> DBP <input type="checkbox"/> Annuity <input type="checkbox"/> Other	<input type="checkbox"/> DBP <input type="checkbox"/> Annuity <input type="checkbox"/> Other	<input type="checkbox"/> DBP <input type="checkbox"/> Annuity <input type="checkbox"/> Other
Owner:	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Monthly amount	\$ _____	\$ _____	\$ _____
or			
Annual amount	\$ _____	\$ _____	\$ _____
Survivor benefit portion	_____ %	_____ %	_____ %
Benefit begins: (check one)	<input type="checkbox"/> Now <input type="checkbox"/> At retirement <input type="checkbox"/> On... <input type="checkbox"/> At a specific age	<input type="checkbox"/> Now <input type="checkbox"/> At retirement <input type="checkbox"/> On... <input type="checkbox"/> At a specific age	<input type="checkbox"/> Now <input type="checkbox"/> At retirement <input type="checkbox"/> On... <input type="checkbox"/> At a specific age
<p>If you checked "On..." provide the month and year that you expect the benefit to begin:</p>	<p>_____ Month</p> <p>_____ Year</p>	<p>_____ Month</p> <p>_____ Year</p>	<p>_____ Month</p> <p>_____ Year</p>
<p>If you checked "At a specific age" enter the age the benefit will begin.</p>	<p>_____ Age</p>	<p>_____ Age</p>	<p>_____ Age</p>
Benefit ends: (check one)	<input type="checkbox"/> On... <input type="checkbox"/> After... <input type="checkbox"/> At last death	<input type="checkbox"/> On... <input type="checkbox"/> After... <input type="checkbox"/> At last death	<input type="checkbox"/> On... <input type="checkbox"/> After... <input type="checkbox"/> At last death
<p>If you checked "On..." provide the month and year that you expect the benefit to end:</p>	<p>_____ Month</p> <p>_____ Year</p>	<p>_____ Month</p> <p>_____ Year</p>	<p>_____ Month</p> <p>_____ Year</p>
<p>If you checked "After..." provide the number of years and months you expect the benefit to last:</p>	<p>_____ Years</p> <p>_____ Months</p>	<p>_____ Years</p> <p>_____ Months</p>	<p>_____ Years</p> <p>_____ Months</p>

**(Annuities and Pensions continued)**

	<b>Income 1</b>	<b>Income 2</b>	<b>Income 3</b>
Inflation rate until benefit begins	_____ %	_____ %	_____ %
Inflation rate during benefit payments	_____ %	_____ %	_____ %
Portion subject to tax	_____ %	_____ %	_____ %

**Other Retirement Income**

	<b>Source 1</b>	<b>Source 2</b>	<b>Source 3</b>
Description	_____	_____	_____
Owner	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Monthly amount	\$ _____	\$ _____	\$ _____
or			
Annual amount	\$ _____	\$ _____	\$ _____
Inflation rate until payments begin	_____ %	_____ %	_____ %
Inflation rate after payments begin	_____ %	_____ %	_____ %
Percent taxable	_____ %	_____ %	_____ %

- |                               |   |   |   |
|-------------------------------|---|---|---|
| Income begins:<br>(check one) | <input type="checkbox"/> Now<br><input type="checkbox"/> At retirement<br><input type="checkbox"/> On a specific date | <input type="checkbox"/> Now<br><input type="checkbox"/> At retirement<br><input type="checkbox"/> On a specific date | <input type="checkbox"/> Now<br><input type="checkbox"/> At retirement<br><input type="checkbox"/> On a specific date |
|-------------------------------|---|---|---|

If you checked "On a specific date," provide the month and year that you expect the income to begin:

_____	_____	_____	_____	_____	_____
Month	Year	Month	Year	Month	Year

- |                             |  |  |  |
|-----------------------------|--|--|--|
| Income ends:<br>(check one) | <input type="checkbox"/> On a specific date<br><input type="checkbox"/> After a specific duration<br><input type="checkbox"/> At retirement<br><input type="checkbox"/> At death | <input type="checkbox"/> On a specific date<br><input type="checkbox"/> After a specific duration<br><input type="checkbox"/> At retirement<br><input type="checkbox"/> At death | <input type="checkbox"/> On a specific date<br><input type="checkbox"/> After a specific duration<br><input type="checkbox"/> At retirement<br><input type="checkbox"/> At death |
|-----------------------------|--|--|--|

If you checked "On a specific date," provide the month and year that you expect the income to end:

_____	_____	_____	_____	_____	_____
Month	Year	Month	Year	Month	Year

**(Other Ret. Income continued)**

**Source 1**

**Source 2**

**Source 3**

If you checked "After a specific duration," provide the number of years and months you expect the income to last:

\_\_\_\_\_  
Years

\_\_\_\_\_  
Months

\_\_\_\_\_  
Years

\_\_\_\_\_  
Months

\_\_\_\_\_  
Years

\_\_\_\_\_  
Months

**Cash Assets**

**Asset 1**

**Asset 2**

**Asset 3**

Description \_\_\_\_\_

Owner\* \_\_\_\_\_

Current balance

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Percent available for retirement

\_\_\_\_\_%

\_\_\_\_\_%

\_\_\_\_\_%

**Investment Assets**

**Asset 1**

**Asset 2**

**Asset 3**

Description \_\_\_\_\_

Owner\* \_\_\_\_\_

Tax type:  
(check one)

- Taxed
- Tax Free
- Tax Deferred

- Taxed
- Tax Free
- Tax Deferred

- Taxed
- Tax Free
- Tax Deferred

Current balance

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Basis

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Percent available for retirement

\_\_\_\_\_%

\_\_\_\_\_%

\_\_\_\_\_%

**Business Assets**

**Asset 1**

**Asset 2**

**Asset 3**

Description \_\_\_\_\_

Owner\* \_\_\_\_\_

Current balance

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Basis

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Percent available for retirement

\_\_\_\_\_%

\_\_\_\_\_%

\_\_\_\_\_%

**Personal Assets**

**Asset 1**

**Asset 2**

**Asset 3**

Description \_\_\_\_\_

Owner\* \_\_\_\_\_

Current balance

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Basis

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Percent available for retirement

\_\_\_\_\_%

\_\_\_\_\_%

\_\_\_\_\_%

\* Client, Co-Client, JTWROS (Joint tenancy with rights of survivorship), Community, Tenants in Common

**Retirement Assets**

**Plan 1**

**Plan 2**

**Plan 3**

Owner  Client  Co-Client  Client  Co-Client  Client  Co-Client

Description \_\_\_\_\_

Plan type\* \_\_\_\_\_

Current balance \$ \_\_\_\_\_

Tax basis \$ \_\_\_\_\_

Annual personal contribution \$ \_\_\_\_\_

Annual employer contribution \$ \_\_\_\_\_

Contributions begin: (check one)  
 Now  On...  After...  Now  On...  After...  Now  On...  After...

If you checked "On..." provide the month and year that you expect the contributions to end:

\_\_\_\_\_  
 Month Year Month Year Month Year

If you checked "After..." provide the number of years and months you expect to pass before contributions begin.

\_\_\_\_\_  
 Years Months Years Months Years Months

Contributions end: (check one)  
 On...  After...  At retirement  At death  On...  After...  At retirement  At death  On...  After...  At retirement  At death

If you checked "On..." enter the month and year when contributions end.

\_\_\_\_\_  
 Month Year Month Year Month Year

If you checked "After..." provide the number of years and months you expect the contributions to last.

\_\_\_\_\_  
 Years Months Years Months Years Months

Contribution increase rate \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

\*401(k), 457, 403(b), Traditional IRA, Roth IRA, Roth 401(k), Simple, SEP, Annuity, Profit Sharing, Money Purchase, After-Tax, Other.

Monthly amount you plan to save for retirement in addition to qualified retirement plan contributions **Amount** **Index Rate**  
 \$ \_\_\_\_\_ %



## Asset and Liability Assumptions

	Return Rate	Order to Liquidate
Taxable assets	_____ %	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>
Tax-free assets	_____ %	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>
Tax-deferred assets	_____ %	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>
Roth assets	_____ %	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>
Unavailable assets growth rate	_____ %	Available to meet legacy? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Inflation Assumptions

	Client	Co-Client
Earned income growth rate	_____ %	_____ %
General inflation rate		_____ %

## Tax Assumptions

	Before Retirement	After Retirement
Income tax rate	_____ %	_____ %
Capital gains tax rate	_____ %	_____ %

## Social Security Assumptions

Portion of Social Security subject to tax	_____ %
Percent Social Security indexes with inflation	_____ %

## Miscellaneous Assumptions

Are earnings from the second person to retire available to fund retirement goals?  Yes  No

Deficit account interest rate \_\_\_\_\_ %

Treatment of miscellaneous income received prior to retirement  Spend  Invest

Source of funds for spending goals occurring before retirement  Retirement Portfolio  Pre-Retire Budget

Are liability payments to be added to goals or assumed to be already in goal?  Added to goal  Assumed in goal

