

At Retirement Foundations

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, Both

Input

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

	Client	Spouse
Current annual earned income	\$ _____	\$ _____
Retirement begin date – Month/Year	____ / ____	____ / ____
Annual retirement spending goal (today's dollars after tax)		_____

Retirement Income Resources

	Client	Spouse
Covered by Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 your spouse's situation.

- I know my actual Social Security benefit

Age (years/months) benefit began	____ / ____	____ / ____
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Current monthly benefit	\$ _____	\$ _____
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- Use my recent Social Security benefit statement

Monthly benefit at full retirement age	\$ _____	\$ _____
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I expect to begin receiving benefits: (check one)	<input type="checkbox"/> At full retirement age	<input type="checkbox"/> At full retirement age
	<input type="checkbox"/> At retirement	<input type="checkbox"/> At retirement
	<input type="checkbox"/> At a specific age	<input type="checkbox"/> 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

- Use my current earned income

Monthly benefit at full retirement age	\$ _____	\$ _____
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I expect to begin receiving benefits: (check one)	<input type="checkbox"/> At full retirement age	<input type="checkbox"/> At full retirement age
	<input type="checkbox"/> At retirement	<input type="checkbox"/> At retirement
	<input type="checkbox"/> At a specific age	<input type="checkbox"/> 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

Retirement Plans (401(k), IRA, etc.) - Qualified

	Plan 1	Plan 2	Plan 3
Owner	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Description	_____	_____	_____
Plan type*	_____	_____	_____
Current balance	\$ _____	\$ _____	\$ _____
Basis	\$ _____	\$ _____	\$ _____
Annual personal contribution	\$ _____	\$ _____	\$ _____
Annual employer contribution	\$ _____	\$ _____	\$ _____
Contribution increase rate	_____ %	_____ %	_____ %

	Plan 4	Plan 5	Plan 6
Owner	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Description	_____	_____	_____
Plan type*	_____	_____	_____
Current balance	\$ _____	\$ _____	\$ _____
Basis	\$ _____	\$ _____	\$ _____
Annual personal contribution	\$ _____	\$ _____	\$ _____
Annual employer contribution	\$ _____	\$ _____	\$ _____
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.

Other Assets for Retirement (Stocks, Mutual Funds, Investments)

	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Tax type*	<input type="checkbox"/> Taxed <input type="checkbox"/> Tax-Free <input type="checkbox"/> Tax-Deferred	<input type="checkbox"/> Taxed <input type="checkbox"/> Tax-Free <input type="checkbox"/> Tax-Deferred	<input type="checkbox"/> Taxed <input type="checkbox"/> Tax-Free <input type="checkbox"/> Tax-Deferred
Current balance	\$ _____	\$ _____	\$ _____
Cost basis	\$ _____	\$ _____	\$ _____
Percent available for retirement	_____ %	_____ %	_____ %
How much do you contribute to all "other" assets annually			\$ _____

Other Retirement Income (Rental Income, Inheritance, etc.)

	Source 1	Source 2	Source 3
Description	_____	_____	_____
Owner	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Monthly amount	\$ _____	\$ _____	\$ _____
or			
Annual amount	\$ _____	\$ _____	\$ _____
Inflation rate until pmts. begin	_____ %	_____ %	_____ %
Inflation rate after pmts. begin	_____ %	_____ %	_____ %
Percent taxable	_____ %	_____ %	_____ %
Income begins: (check one)	<input type="checkbox"/> Now <input type="checkbox"/> At retirement <input type="checkbox"/> On a specific date	<input type="checkbox"/> Now <input type="checkbox"/> At retirement <input type="checkbox"/> On a specific date	<input type="checkbox"/> Now <input type="checkbox"/> At retirement <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: (check one)	<input type="checkbox"/> On a specific date <input type="checkbox"/> After a specific duration <input type="checkbox"/> At retirement <input type="checkbox"/> At death	<input type="checkbox"/> On a specific date <input type="checkbox"/> After a specific duration <input type="checkbox"/> At retirement <input type="checkbox"/> At death	<input type="checkbox"/> On a specific date <input type="checkbox"/> After a specific duration <input type="checkbox"/> At retirement <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
If you checked "After a specific duration," provide the number of years and months this income will last:	_____ Years Months	_____ Years Months	_____ Years Months

