

Client Data Form

Tab 1

Information for Retirement Profile

Today's Date	
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Client 1 First Name	Client 1 Last Name	Client 2 First Name	Client 2 Last Name
Address		City	State
			Zip Code
Phone	Email	Select One: Single Analysis Dual Analysis	

Personal and Employment Information

	Client 1	Client 2
Date of Birth		
Current Monthly Gross Salary		
Estimated % Salary Increase		
Projected Retirement Date		

Social Security Benefits

	Client 1	Client 2
Current Age if Collecting Today		
Current Monthly Benefit Received Today		
Age to Collect in the Future		
Projected Future Monthly Benefit		
Projected Cost of Living Adjustment		

Client Initials ____ Client Initials ____ Date _____ Advisor Initials ____ Date _____

Tab 2

Accounts Earmarked for Retirement

Desired Minimum Retirement Account Balance	
Estimated Rate of Return on Balance Prior to Retirement	
Estimated Rate of Return on Balance After Retirement	
Percent of Desired Risk of Total Assets	

Tab 3

Determination of Needed Monthly Income

Current Monthly After Tax Income Needed for Expenses (Use Budget Calculation Worksheet Below)	
Projected Inflation Percentage Rate	
What Percent of Your Current Income Will You Need in Retirement	
Estimated State Income Tax Rate (if applicable)	
Annual Deductions From IRS Form 1040	
Future Adjustment to Deductions (+/-)	
Year of Adjustment	

Future Monthly Income/Expense Changes

Reason for Adjustment	Select One Increase or Decrease	Monthly Amount	Start Year	End Year

Client Initials ____ Client Initials ____ Date _____ Advisor Initials ____ Date _____

Monthly Budget Calculation Worksheet

Home	Amount	Daily Living	Amount		
Mortgage/Rent		Groceries			
Home/Rental Insurance		Personal Supplies			
Gas/Oil/Electric		Clothing			
Water/Sewer/Trash		Cleaning			
Phone		Education/Lessons			
Cable/Satellite		Dining/Eating Out			
Internet		Hair Salon			
Furnishings/Appliances		Other			
Lawn/Garden		Total Daily Living		Analysis	
Maintenance/Supplies					
Improvements		Entertainment		Total Income	Amount
Other		Videos/DVDs			
Total Home		Music		Total Net Income	
		Rentals			
Transportation		Movies/Theater		Expense Sub Totals	Amount
Auto Loans		Concerts/Plays			
Auto Insurance		Books		Sub Total Home	
Registration/License		Sports/Hobbies		Sub Total Transportation	
Fuel		Outdoor Recreation		Sub Total Health	
Repairs		Vacation/Travel		Sub Total Charity/Gifts	
Other		Other		Sub Total Subscriptions	
Total Transportation		Total Entertainment		Sub Total Daily Living	
				Sub Total Entertainment	
Health		Savings		Sub Total Savings	
Health Insurance		Emergency Fund		Sub Total Obligations	
Doctor/Dentist		Transfer to Savings		Sub Total Miscellaneous	
Medicine/Drugs		Investments			
Health Club Dues		Education		Total Income Need Tab 3	
Life, LTC Insurance		Other			
Veterinarian/Pet Care		Total Savings		Total Cash Flow	
Other					
Total Health		Obligations			
		Student Loans			
Charity/Gifts		Other Loans			
Gifts Given		Credit Cards			
Charitable Donations		Alimony/Child Support			
Other		Other			
Total Charity/Gifts		Total Obligations			
Subscriptions		Miscellaneous			
Newspaper/Magazines		Bank Fees			
Dues/Memberships		Postage			
Other		Other			
Total Subscriptions		Total Miscellaneous			

Client Initials ____ Client Initials ____ Date _____ Advisor Initials ____ Date _____

Tab 4

Other Income and Future Adjustments

Owner	Income Source	Income Type Lump Sum Monthly	Taxation Taxable Non-Taxable	Value	Month/Year Start Date	Year End Date	% Increase

Tab 8

Existing Life Insurance Policies

Owner	Type Term Permanent	Company	Death Benefit	Monthly Premium	Cash Value	Policy Start Date	Policy End Date

Client 1	Smoker	Non-Smoker	Health Concerns:
Client 2	Smoker	Non-Smoker	Health Concerns:

Client Initials ____ Client Initials ____ Date _____ Advisor Initials ____ Date _____

Tab 9

Existing LTC Insurance Policies

Owner	Daily Benefit	Years	Inflation %	Company	Monthly Premium

Red Line Solutions Ranking

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 alleviate the red line? Use a scale of 1-5 where 1 would be the most desirable step and 5 the least desirable step.

Red Line Solution Steps - Rank from 1-5	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 Accounts.	
Sell an Asset.	

Supplementary Information

Professional Contact Information	Name	Email Address	Telephone Number
Accountant			
Estate Planning Attorney			
Other Financial Professional			

Other Information	Yes	No	Date of Review
Do you have a will; if yes when was it last reviewed?			
Have you created a trust; if yes when was it last reviewed?			
Do you own health insurance?			
Do you own disability insurance?			
When is the last time you reviewed your beneficiaries?			

Client Initials ____ Client Initials ____ Date _____ Advisor Initials ____ Date _____

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 program to create my retirement analysis.

Client 1 _____ Date _____

Client 2 _____ Date _____