



**RETIRE WISE, LLC**

## Retirement and Financial Preparation Questionnaire

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# Retirement & Financial Plan – Confidential Preparation

## Client 1

Legal Name

Birth Date

Age you would like to work less  
or retire                      Already Retired

Age you would like to start drawing Social  
Security

Employer

Job Title

Gross Annual Income

Monthly Net Income

Contribute to Social Security

Self Employed

Defined Benefit Pension deducted from  
pay?                      Percentage

Other Current Income                      Amount/Yr.

1.

2.

3.

Social Security                      Amount/Yr.

Age 62

Full Retirement Age

Age 70

Employer Pension                      Amount/Yr.

1.

2.

Anticipated Changes to Income

## Client 2

Legal Name

Birth Date

Age you would like to work less  
or retire                      Already Retired

Age you would like to start drawing Social  
Security

Employer

Job Title

Gross Annual Income

Monthly Net Income

Contribute to Social Security

Self Employed

Defined Benefit Pension deducted from  
pay?                      Percentage

Other Current Income                      Amount/Yr.

1.

2.

3.

Social Security                      Amount/Yr.

Age 62

Full Retirement Age

Age 70

Employer Pension                      Amount/Yr.

1.

2.

Anticipated Changes to Income

Income Taxes (from last tax return filed)

Federal (IRS Form 1040, Line 56)

State (Actual State taxes paid)

Describe any significant anticipated changes to Income Taxes or Living Expenses:

Investment Accounts

| <u>Client</u>          | <u>Description &amp; Name</u> | <u>Balance</u> | <u>Contribution /Month</u> | <u>Employer Match</u> |
|------------------------|-------------------------------|----------------|----------------------------|-----------------------|
|                        | 401k/403b/457                 |                |                            |                       |
|                        | IRA                           |                |                            |                       |
|                        | Roth IRA                      |                |                            |                       |
|                        | Brokerage                     |                |                            |                       |
|                        | Mutual Fund                   |                |                            |                       |
|                        | Annuity                       |                |                            |                       |
|                        | Excess Savings                |                |                            |                       |
|                        | Other                         |                |                            |                       |
| <b><u>Client 2</u></b> |                               |                |                            |                       |
|                        | 401k/403b/457                 |                |                            |                       |
|                        | IRA                           |                |                            |                       |
|                        | Roth IRA                      |                |                            |                       |
|                        | Brokerage                     |                |                            |                       |
|                        | Mutual Fund                   |                |                            |                       |
|                        | Annuity                       |                |                            |                       |
|                        | Excess Savings                |                |                            |                       |
|                        | Other                         |                |                            |                       |

Rental Real Estate (If applicable)

Property 1

Property 2

Property 3

Property Name

Estimated Value

Rental Income/Yr.

Property Tax/Yr.

Insurance/Yr.

Maintenance/Yr.

Property Mgmt./Yr.

Other/Yr.

Mortgage Balance

Monthly Pmt. (P&I)

Payment Start Yr.

Payment End Yr.

**Combined Assets**

Current Value

Checking (Avg./Mo.)

Savings

Residence

Vacation Home

Valuable Vehicles

Motor Home

Other Valuables

## Loans and Liabilities

|                | <u>Current Balance</u> | <u>Monthly Pmt.</u> | <u>Start Yr.</u> | <u>End Yr.</u> |
|----------------|------------------------|---------------------|------------------|----------------|
| Residence Loan |                        |                     |                  |                |
| Equity Loan    |                        |                     |                  |                |
| Credit Card    |                        |                     |                  |                |
| Vehicle 1      |                        |                     |                  |                |
| Vehicle 2      |                        |                     |                  |                |
| Other Loan     |                        |                     |                  |                |

## Extra Cost Items

Do you have any Temporary, Abnormal Out-of-Pocket Costs like College, Health Care, Etc.?

| <u>Description</u> | <u>Monthly Cost</u> | <u>End Year</u> |
|--------------------|---------------------|-----------------|
|--------------------|---------------------|-----------------|

## Other **Financial** Information (**Income and/or Debt**)

Do you have a current advisor? Yes      No

If yes, rate them on a scale from 1 to 5, with 5 being the best.

## **Primary Retirement Concerns**

**Please select at least three**

I want a second opinion on my portfolio. Is what I have in line with my goals?

I am concerned about outliving my income. I want more guaranteed income in retirement.

I want a retirement strategy that gives me greater financial confidence.

I want to earn competitive return without losing money in the market.

I want to preserve wealth for my heirs.

I want to protect my retirement assets from nursing home expenses.

I want to reduce my taxes in retirement.

I want to take steps to benefit charities, now and/or when I pass on.

## **How do you see your overall personal situation in the next few years?**

I am concerned there may be significant changes, for the worse, on the horizon.

Everything seems stable and okay for now, but I am still concerned.

Everything seems stable and okay for the foreseeable future and may improve.

Everything seems like it will improve substantially over the foreseeable future.

If you were looking back on today in three years, what would need to have happened for you to feel happy with your progress?

What are you looking forward to in retirement?

## **Market Volatility**

**What do you expect the annual rate of return to be on the safe part of your retirement funds?**

1-3% average annual return

4-5% average annual return

3-4% average annual return

6% or higher average annual return

**Do you realize that the US stock market as a whole has lost over 30% several times in the past, and is likely to lose this much, or more, sometime in your lifetime?**

Yes, I realized this is possible.

No, I didn't now this, or think this is possible.

## **Budget and Expenses**

**How much money do you spend monthly? (Budget worksheet on next page for your assistance)**

**Does this match with how much money leaves your bank account monthly? If no, please explain.**

**Do you anticipate any large increases or decreases in your expenses? (Mortgage paid off, buying a car, etc.) Please explain.**

**How much "comfort room" do you want in your monthly budget above your monthly expenses?**

**What do you currently keep at the bank in cash? What is a comfortable amount of money for you to have immediate access to?**

**What Do You Spend Currently?**  
*Monthly Budget Worksheet*

**Household**

*Mortgage*  
*Real Estate taxes*  
*Rent*  
*Insurance Home/Rental*  
*Maintenance/Supplies*  
*Electric/Gas*  
*Water/Sewer*  
*Cable/Internet*  
*Phones*  
*House Cleaning*  
*Other*  
*Other*

**Daily Living**

*Groceries*  
*Dining out*  
*Clothing*  
*Personal Care*  
*Other*  
*Other*

**Entertainment**

*Events/Shows*  
*Sports/Hobbies*  
*Dues/Memberships*  
*Vacation*  
*Other*  
*Other*

***Total Monthly Expenses***

**Transportation**

*Auto Loans*  
*Auto Insurance*  
*Fuel*  
*Repairs*  
*Other*

**Health**

*Health Insurance*  
*Life Insurance*  
*LTC Insurance*  
*Disability Insurance*  
*Medicine*  
*Vet/Pet Care*  
*Other*  
*Other*

**Debts/Loans**

*Credit Cards*  
*Student Loans*  
*Alimony/Child Support*  
*Other*  
*Other*

**Charity & Gifts**

*Charitable Donations*  
*Gifts*  
*Other*



## Tell Us About Your Family

Do you have any kids?      Yes      No

List their names and ages:

Do you have any remaining college expenses for yourselves or your Children?      Yes      No

Have you thought about who will be the executor of your will?      Yes      No

## Tell us about your Parents

Client Name:

Client Name

Are your parents still living ?      Yes      No

Are your parents still living?      Yes      No

If yes, what are their ages?

If yes, what are their ages?

Mom      Dad

Mom      Dad

If no, at what age did they pass?

If no, what age did they pass?

Mom      Dad

Mom      Dad

Do you currently care for your parents or anticipate caring for anyone in the future?      Yes      No

Please Explain:

Do you have any concerns about your long term health or long term care?

**Client 1**

**Client 2**

Preferred Name

Preferred Name

Cell Phone

Cell Phone

Email

Email

Address

Address

City

City

State

State

Zip

Zip

Other Phone

Other Phone

Comments or Other Information

*Thank your for filling out the questionnaire and providing necessary documents!*

I/we understand that this questionnaire is designed to organize my/our financial objectives, risk tolerance, cash flow needs and liquidity needs, so that appropriate recommendations can be prepared for me/us. I/we confirm all the information provided is accurate. I/we understand that the information provided will be held confidentially to prepare these recommendations.

X \_\_\_\_\_

X \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## **Documents List for Consultation**

Please provide the most recent copies of these documents for your first appointment. Check those that apply to you.

**Brokerage Account**

**Annuity Statements (even if listed on brokerage statement)**

**Bank, CD, Savings Statements**

**Last filed individual tax return**

**Contract/Policy for each Annuity**

**Mutual Fund Statements**

**IRA Statements**

**401k, 403B, 457 Statements**

**Social Security Benefit Statement**

**Life Insurance Policy Statements**

**Pension Information**