

PREPARING FOR RETIREMENT

A COMPREHENSIVE GUIDE TO FINANCIAL PLANNING

PERSONAL INFORMATION (Digital Forms Available at www.preparingforretirement.org)

CONTACT INFORMATION

Individual 1

Full name: _____

Date of Birth: _____

Social Security #: _____ - _____ - _____

Individual 2

Full name: _____

Date of Birth: _____

Social Security #: _____ - _____ - _____

ADDRESS & EMPLOYMENT INFORMATION

Individual 1

Email: _____

Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Individual 2

Email: _____

Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

EMPLOYMENT

Individual 1

Employer: _____

Job Title: _____

Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Employment Period: _____

Individual 2

Employer: _____

Job Title: _____

Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Employment Period: _____

PROFESSIONAL SERVICES

CPA/Tax Software: _____

Estate Attorney: _____

Insurance Agent: _____

Banking: _____

Investment Advisor/Firm: _____

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PENSION, EARNED INCOME & SOCIAL SECURITY

DEFINED PENSION INFORMATION

Defined Pension Information: Include information on pensions that provide an annual income level (e.g., military pension, state pension)

	Individual 1		Individual 2	
	Pension 1	Pension 2	Pension 1	Pension 2
Anticipated annual amount:	\$ _____	\$ _____	\$ _____	\$ _____
Starting age:	_____	_____	_____	_____
Increase rate before retirement:	_____ %	_____ %	_____ %	_____ %
Increase rate after retirement:	_____ %	_____ %	_____ %	_____ %
Survivor benefit (%):	_____ %	_____ %	_____ %	_____ %

	Individual 1	Individual 2
EARNED INCOME		
Earned income now:	\$ _____	_____

SOCIAL SECURITY

Age to start benefit:	_____	_____
Annual increase rate:	_____ %	_____ %
Estimated or current annual benefit:	\$ _____	\$ _____

ESTATE

Check the box if you have any of the following:	Individual 1	Individual 2
Will	<input type="checkbox"/>	<input type="checkbox"/>
Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Marital Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Credit Shelter Trust Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Irrevocable Life Insurance Trust	<input type="checkbox"/>	<input type="checkbox"/>
Durable General Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Executor	<input type="checkbox"/>	<input type="checkbox"/>

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INSURANCE

INSURANCE INFORMATION

You may need to review your insurance policies in order to get this information.

	Individual 1	Individual 2
Permanent life insurance:	\$ _____	\$ _____
Term life insurance:	\$ _____	\$ _____
Cash values (less loans):	\$ _____	\$ _____
Long-term care insurance:	\$ _____	\$ _____
Car coverage:	\$ _____	\$ _____
Umbrella coverage:	\$ _____	\$ _____

EDUCATION FUNDING

CHILDREN'S EDUCATION AND FUND EXPENSES

Child's Name	Age	Age to start college	Cost per year*	# of years	Current college fund
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____

Inflation rate to use for college planner: _____%

Rate of return on college funds: _____%

College fund account types (529,UGMA,Ect): _____

*In today's dollars

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ASSETS

List capital assets including banking accounts, investment accounts, stocks, bonds, mutual funds, business interests and other financial assets.

No.	Asset name	Current value*	Annual Additions	Account description (i.e. stock, 401k, bank account, etc)	Owner
1	_____	\$ _____	\$ _____	_____	_____
2	_____	\$ _____	\$ _____	_____	_____
3	_____	\$ _____	\$ _____	_____	_____
4	_____	\$ _____	\$ _____	_____	_____
5	_____	\$ _____	\$ _____	_____	_____
6	_____	\$ _____	\$ _____	_____	_____
7	_____	\$ _____	\$ _____	_____	_____
8	_____	\$ _____	\$ _____	_____	_____
9	_____	\$ _____	\$ _____	_____	_____
10	_____	\$ _____	\$ _____	_____	_____
11	_____	\$ _____	\$ _____	_____	_____
12	_____	\$ _____	\$ _____	_____	_____
13	_____	\$ _____	\$ _____	_____	_____
14	_____	\$ _____	\$ _____	_____	_____
15	_____	\$ _____	\$ _____	_____	_____

ADDITIONAL ASSETS/DEBTS

Other Asset Values		Owner	Other Debts/Liabilities		Owner
Residence value:	\$ _____	_____	Residence mortgage:	\$ _____	_____
Personal property:	\$ _____	_____	Credit card balances:	\$ _____	_____
Autos:	\$ _____	_____	Autos loans:	\$ _____	_____
Boats, RVs, etc:	\$ _____	_____	Boats, RVs, etc. loans:	\$ _____	_____
Other assets:	\$ _____	_____	Other Loans:	\$ _____	_____

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TAXES

CURRENT TAXES

Last Year AGI: \$ _____

Effective (Avg.) Tax Rate: _____ %

FUTURE TAXES

Estimate present and post-retirement effective income tax rates.

Effective income tax rate before retirement: _____ %

Effective income tax rate after retirement: _____ %

INVESTMENT GAINS/LOSSES

Unrealized Investment Gains (if any): \$ _____

Carryover Losses (if any): \$ _____

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BUDGET CALCULATION WORKSHEET

EXPENSES

Estimate annual figures for expenses related to shelter, food, clothing, transportation, insurance, loans, etc. Do not include taxes.

Annual Living Expenses (today's dollars)

Annual inflation rates for living expenses

Now: \$ _____ Before Retirement: _____ %

Current Surviving Household: \$ _____ Surviving Household: _____ %

During Retirement: \$ _____ During Retirement: _____ %

Single Retiree Survivor: \$ _____ Single Retiree Survivor: _____ %

SPECIAL INCOME/EXPENSES

Description	Annual amount	Increase rate	Starting year	# of years	Priority
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____

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RISK ASSESSMENT QUESTIONNAIRE

1. When making a long-term investment, I plan on holding the investment for:

1. 1-2 Years
2. 2-5 Years
3. 5-10 Years
4. 10+ Years

2. In 2008, stocks lost over 30% in 3 months. If I lost 30% in 3 months, I would:

1. Sell all remaining investment
2. Sell a portion of investment
3. Hold investment and make no change
4. Buy more of the investment

3. Generally, I prefer investments with little fluctuation and will accept a lower rate of return for it.

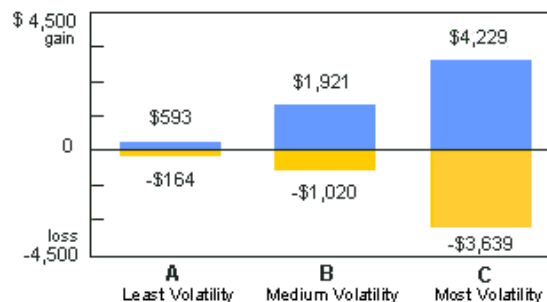
1. Strongly Agree
2. Slightly Agree
3. Slightly Disagree
4. Strongly Disagree

4. I would invest in a stock solely based on a brief conversation with friend or co-worker.

1. Strongly Disagree
2. Slightly Disagree
3. Slightly Agree
4. Strongly Agree

5. The chart below shows the greatest 1 year gain on 3 different hypothetical investments of \$10,000. Given the potential gain or loss in any 1 year, I would invest my money in:

1. A
2. B
3. C



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RISK ASSESSMENT QUESTIONNAIRE

6. My current and future income sources are (salary, pension, investment income, etc.):

1. Very unstable
2. Unstable
3. Stable
4. Very stable

7. During a market correction (stocks down 10% or more), I check my account balance:

1. Several times a day
2. Once a day
3. Once a week
4. Once a month or less

8. My current investment allocation is:

1. I don't know
2. Mostly low risk assets like bonds/CDs/cash
3. Well diversified between stocks and bonds/CDs/cash
4. Mostly stocks or stock mutual funds

SCORING

Look at the number beside each answer and sum all numbers together for your total score.

My Score: _____

Low Risk Investor: 12 Points or Lower

Moderate Risk Investor: 12 to 23 Points

Aggressive Risk Investor: 24 Points or Higher