

Client Data Form

PLEASE CHOOSE THE CLIENTS TAX FILING STATUS

☐ SINGLE ☐ HEAD OF HOUSEHOLD ☐ MARRIED FILING JOINTLY

Software – Profile Tab

Contact Information

	Client	Spouse
First Name		
Last Name		
Birthdate	____/____/____	____/____/____
Veteran	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Branch		
Wedding Anniversary	____/____/____	
Phone	()	()
Email		
Street Address		
City, State, Zip		

Professional Contact Information

Profession	Name	Email Address	Telephone
			() -
			() -

Other Information

Question	Yes	No	Updated
Do you own have a will?			____/____/____
Have you named your beneficiaries?			____/____/____
Own health insurance?			____/____/____
Have a health savings account?			____/____/____
Own disability insurance?			____/____/____
Own Long Term Care Insurance?			____/____/____
Have a Durable Power of Attorney?			____/____/____
Have a Healthcare Power of Attorney?			____/____/____
Own final expense insurance?			____/____/____
Have a trust(s)?			____/____/____

Family Information			
Name	Relationship	Date of Birth	Spouse's Name
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	

Beneficiary Information			
Name	Relationship	Date of Birth	Address
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	

Goals	
Date	Description
____/____/____	
____/____/____	
____/____/____	
____/____/____	

Notes	
Date	Description
____/____/____	
____/____/____	
____/____/____	
____/____/____	

Software Tab 1 - Income		
Employment Income		
	Client 1	Client 2
Employer		
Current Gross Monthly Salary	\$	\$
Projected Annual Salary Increase %	%	%
Projected Retirement Date	____/____ <input type="checkbox"/> Retired	____/____ <input type="checkbox"/> Retired

Social Security Benefits					
Owner	Strategy	Start Age	Life or End Age	Gross Monthly Benefit	Projected COLA
			<input type="checkbox"/> Life or	\$	%
			<input type="checkbox"/> Life or	\$	%
			<input type="checkbox"/> Life or	\$	%

Pension Benefits						
Owner	Description	Start Age	Life or End Age	Gross Monthly Benefit	Projected COLA	% to Survivor
			<input type="checkbox"/> Life or	\$	%	%
			<input type="checkbox"/> Life or	\$	%	%

Software Tab 2 - Assets

Spendable Assets

Owner	Company	Tax Classification IRA, 401k, etc.	Investment Vehicle CD, Stock etc.	Value	Monthly Contributions
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Protected Assets

Owner	Company	Description	Value
			\$
			\$
			\$

Single Premium Annuities

Owner	Company	Tax Classification	Payout	Mode	Initial Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___

Income Benefit Annuities

Owner	Company	Tax Classification	Payout	Payout Mode	Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___

Software Tab 2 - Risk Assessment Questionnaire

1. EMERGENCY FUNDS – What dollar amount you would like to keep in liquid accounts, such as checking, saving, or money market accounts, etc.? These funds can be protected in the plan, for use in the future if needed.

\$

2. TIME HORIZON – How many years can you let your assets grow before having to take withdrawals? This helps us determine how long you might leave your money invested before needing it in retirement.

- a. ☐ 0-2 Years
- b. ☐ 3-5 Years
- c. ☐ 6-10 Years
- d. ☐ 10+ Years
- e. ☐ 13+ Years

3. APPROACH TO SAVINGS & RISK – What statement best describes how you feel about saving and risk? This helps us determine your tolerance for risk.

- a. ☐ I do not want to see my principal amount decrease.
- b. ☐ I cannot afford a significant loss to principal regardless of interest earned or rate of return received.
- c. ☐ If my interest or rate of return stays ahead of inflation, I don't want exposure to risk.
- d. ☐ If I can make a moderate interest or rate of return on my investments, I can withstand some market fluctuation.
- e. ☐ I want to invest for higher returns, and I am willing to take on some risk.

4. INTEREST EARNING – What would you consider a reasonable interest rate or rate of return on your investments? This helps us determine your expectations of how your investments might grow over time.

- a. ☐ 3% - 4%
- b. ☐ 4% - 6%
- c. ☐ 7% - 9%
- d. ☐ 9% - 11%
- e. ☐ Greater than 11%

5. RISK TOLERANCE – Which one of the possible outcomes on a one-year investment below, indicates the amount of risk you would be comfortable taking? This will help us further determine your risk tolerance.

- | | |
|---|--|
| a. <input type="radio"/> Best Case \$102,000 - Increase of 2,000 | Worst Case \$100,000 - Decrease of \$0 |
| b. <input type="radio"/> Best Case \$104,000 - Increase of 4,000 | Worst Case \$96,000 - Decrease of \$4,000 |
| c. <input type="radio"/> Best Case \$108,000 - Increase of \$8,000 | Worst Case \$92,000 - Decrease of \$8,000 |
| d. <input type="radio"/> Best Case \$112,000 - Increase of \$12,000 | Worst Case \$88,000 - Decrease of \$12,000 |
| e. <input type="radio"/> Best Case \$116,000 - Increase of \$16,000 | Worst Case \$84,000 - Decrease of \$16,000 |

Software Tab 3 - Expenses

Monthly Expenses

Current Monthly Expenses After Tax	Projected Inflation Rate
\$	%

Monthly Budget Worksheet

Household

Description	Monthly Amount	Inflation %	Start Date	End Date
Mortgage Principal & Interest	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Real Estate Taxes	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Homeowners Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Home Equity Loan	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Association Dues	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Rent	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Renters Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Utilities – Gas – Electric	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Water – Sewer	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Cable – Phone – Internet	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Maintenance & Improvement	\$	%	___/___	<input type="checkbox"/> Life or ___/___
House Cleaning	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Daily Living

Description	Monthly Amount	Inflation %	Start Date	End Date
Food	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Dining Out	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Clothing	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Personal Care	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Healthcare & Insurance

Description	Monthly Amount	Inflation %	Start Date	End Date
Health Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Prescriptions	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Life Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Long Term Care Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Disability Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Veterinarian	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Transportation				
Description	Monthly Amount	Inflation %	Start Date	End Date
Auto Loans	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Auto Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Fuel	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Repairs	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Debt & Obligations				
Description	Monthly Amount	Inflation %	Start Date	End Date
Credit Cards	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Tuition – Student Loans	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Alimony	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Child Support	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Entertainment				
Description	Monthly Amount	Inflation %	Start Date	End Date
Parties & Events	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Sports – Hobbies – Lessons	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Membership Dues	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Vacation & Travel	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Miscellaneous				
Description	Monthly Amount	Inflation %	Start Date	End Date
Charitable Donations	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Gifts	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Other	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Liabilities			
Owner	Company	Description	Value
			\$
			\$

Software Tab 4 - Cash Flows								
Owner	Description	Mode	Type	Taxation	Amount	% Change	Start Date	End Date
		Annual Monthly	Outflow Inflow	Taxable Non-Taxable	\$	%	___/___	___/___
		Annual Monthly	Outflow Inflow	Taxable Non-Taxable	\$	%	___/___	___/___
		Annual Monthly	Outflow Inflow	Taxable Non-Taxable	\$	%	___/___	___/___

Software Tab 7 – Red Line Solves Button

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 help alleviate the red line? Use a scale of 1-6 where 1 would be the most desirable step and 6 the least desirable step.

Red Line Solutions Steps – Rank from 1-6	Ranking
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 savings.	
Reverse mortgage.	
Look for other income alternatives.	

Software Tab 8 – Life Insurance**Health Information**

Client	Smoker	Health Concerns
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Existing Life Insurance Information

Owner	Company	Type	Death Benefit	Monthly Premium	Cash Value	Policy End Date
		Term Permanent	\$	\$	\$	<input type="checkbox"/> Life or ____/____
		Term Permanent	\$	\$	\$	<input type="checkbox"/> Life or ____/____
		Term Permanent	\$	\$	\$	<input type="checkbox"/> Life or ____/____

Software Tab 9 – Long Term Care**Existing Long-Term Care Coverage Information**

Owner	Company	Type	Start Date	Daily Benefit	Years	Inflation Type	Inflation %	Monthly Premium
		Cash Reimbursement	____/____/____	\$		Simple Compound	%	\$
		Cash Reimbursement	____/____/____	\$		Simple Compound	%	\$

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 to create my retirement analysis. I understand fixed-only licensed insurance agents may not suggest the sale of an insurance product based upon the sale or liquidation of securities products. Proper registered registrations are required for such recommendations and sales. The information gathered with this form will be used for the sole purpose of helping create a financial strategy for your retirement. The financial professional providing the analysis does not provide tax or legal advice. Prior to making any financial decisions consumers should obtain tax or legal advice from a qualified professional.

Client: _____ Date: _____

Client: _____ Date: _____

Agent: _____ Date: _____