



CLIENT DATA FORM

Client Profile Tab - Basic Information

PLEASE CHOOSE WHETHER THE CLIENT IS SINGLE OR MARRIED

SINGLE MARRIED

Contact Information

	Client	Spouse
First Name		
Last Name		
Birth Date	____/____/____	____/____/____
Phone	() -	() -
Email		
Street Address		
City, State, Zip		

Client Profile Tab - Additional Information

Professional Contact Information

Profession	Name	Email Address	Telephone
Accountant			() -
Estate Planning Attorney			() -

Other Information

Question	Yes	No	Updated
Do you own health insurance?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you own disability insurance?	<input type="radio"/>	<input type="radio"/>	____/____/____
Have you named your beneficiaries?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you have a will?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you have a trust?	<input type="radio"/>	<input type="radio"/>	____/____/____

Client Profile Tab - Additional Information Continued

Family Information

Name	Relationship	Date of Birth	Spouse's Name
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	

Client Profile Tab - Goals

Goals

Retirement Goals	Date	Amount
	___/___/___	
	___/___/___	
	___/___/___	
	___/___/___	

Client Profile Tab - Notes

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 & Month	Life or End Age	Gross Monthly Benefit	Projected COLA Increase %
			<input type="checkbox"/> Life or	\$ _____	_____ %
			<input type="checkbox"/> Life or	\$ _____	_____ %
			<input type="checkbox"/> Life or	\$ _____	_____ %

Pension or Employer Sponsored Retirement Plan						
Owner	Description	Start Age	Life or End Age	Gross Monthly Benefit	Projected COLA Increase %	% to Survivor
			<input type="checkbox"/> Life or	\$ _____	_____ %	_____ %
			<input type="checkbox"/> Life or	\$ _____	_____ %	_____ %

Software Tab 2 - Assets

Retirement Assets						
Owner	Company	Tax Classification IRA, 401k, etc	Investment Vehicle CD, Bond, etc	Allocation	Account Value	Monthly Contributions
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$ _____	\$ _____
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$ _____	\$ _____
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$ _____	\$ _____
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$ _____	\$ _____
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$ _____	\$ _____
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$ _____	\$ _____

Software Tab 2 - Risk Assessment Button

Retirement Assets Continued						
Owner	Company	Tax Classification IRA, 401k, etc	Investment Vehicle CD, Bond, etc	Allocation	Account Value	Monthly Contributions
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$	\$
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$	\$
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$	\$
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$	\$
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$	\$
				<input type="checkbox"/> Guaranteed <input type="checkbox"/> Non-Guaranteed	\$	\$

Single Premium Immediate Annuities								
Owner	Company	Tax Classification	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 ___/___

Guaranteed 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 ___/___

Additional Information	
	Amount
Projected Before Retirement Rate of Return	%
Projected After Retirement Rate of Return	%
Minimum Retirement Funds	\$
Desired Risk Level (Please reference the Risk Assessment Questionnaire below)	%

Software Tab 3 - Expenses

Monthly Expenses

Current Monthly Expenses After Tax	Projected Inflation Rate
\$	%

Software Tab 3 – Advanced 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 ___/___

Software Tab 3 – Advanced Monthly Budget Worksheet Continued

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 ___/___

Future 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	\$	%	___/___	___/___
		Annual Monthly	Outflow Inflow	Taxable Non-Taxable	\$	%	___/___	___/___

Software Tab 6 - 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 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
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 Savings.	
Reverse Mortgage	
Look for Other Income Alternatives.	

Software Tab 7 - 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 8 - 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: _____