

Retirement Income Study

Confidential Personal and Financial Information Data Form

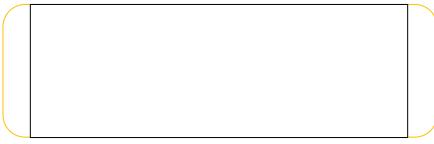
For

The information collected and maintained in this document will be held in the utmost confidentiality. It will not be shared except as may be required by law or as may be authorized in writing by the client.

Date

Please submit completed document to The Business Planning Group.



Case Manager

Personal Data

Personal Information	Client	Spouse	
Full Legal Name Nickname or "Go By" Name			
Date of Birth			
Are you a US Citizen	Yes No	Yes No	
Physical Address			
Mailing Address (if different)			
Telephone – Home			
Telephone – Business			
Telephone – Cell			
Fax (Home or Business)			
Email			
Consultants/Advisors Accountant – CPA			
Attorney			
Investment			
Notes / Comments / Concern	<u>S</u>		



Family Data

Children / Grandchildren Information

Child #	1 Full Name of Child #1		
	Gender/Date of Birth		
	Address		
	Parent (if not both)		
	Marital Status/Spouse Name		
	Grandchildren:		
	Name / Age		
	Parent (if not both)		
	Any Special Needs		
Child #	Cull Name of Child #2		
Ciliu #	Gender/Date of Birth		
	Address		
	Parent (if not both)		
	Marital Status/Spouse Name		
Grandchildren:			
	Name / Age		
	Parent (if not both)		
	Any Special Needs		
Child #			
	Gender/Date of Birth		
	Address		
	Parent (if not both)		
	Marital Status/Spouse Name Grandchildren:	 -	
		 -	
	Name / Age Parent (if not both)		
	רמוכווג (וו ווטג שטגוו)		
	Any Special Needs		
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Family Data

Children / Grandchildren Information

Child #	4 Full Name of Child #4	F	
	Gender/Date of Birth		
	Address		
	Parent (if not both)		
	Marital Status/Spouse Name		
	Grandchildren:		
	Name / Age		
	Parent (if not both)		
	,		
	Any Special Needs		
Child #		j	
	Gender/Date of Birth		
	Address		
	Parent (if not both)		
	Marital Status/Spouse Name		
	Grandchildren:		
	Name / Age		
	Parent (if not both)		
	Any Special Needs		
Child #		j	
	Gender/Date of Birth		
	Address		
	Parent (if not both)		
	Marital Status/Spouse Name		
	Grandchildren:		
	Name / Age		
	Parent (if not both)		
	Any Special Needs		



Assets

	Value	Liability	Owner Indiv/Joint	Notes
Non-Income Producing-To Be	e Kept			
Home		l		
Automobiles		l		
Personal Property		l		
Other Real Estate		l		
Cash / Checking Account		l		
Life Insurance		l		
Other		l		
Other		l		
Other		l		
TOTAL		l		
Non-Income Producing-Plan	to Sell			
		I		
		i		
		1		
		1		
			·	
			·	
TOTAL				
				•
Notes / Comments / Conce	<u>rns</u>			



Assets - (Continued)

	Value	Income Produced	Owner	Acct# / Notes	
Tax Qualified Retirement Plans					
Company Retirement/Pension			I		
Deferred Compensation					
401k					
401k					
IRA					
IRA					
Other					
TOTAL			Annual Con	tributions	
Income Producing Assets					
Certificate of Deposit	1				
Certificate of Deposit					
Savings Account					
Savings Account					
Securities					
Securities					
Annuities					
Annuities					
Real Estate					
Life Insurance (Cash Value)					
Other					
TOTAL					
Total Estate	Total Liabilitie	es	_ Total N	et Worth	
Notes / Comments / Concer	lotes / Comments / Concerns				



Income & Estate – Facts and Objectives

	Client	Spouse
<u>Current Income</u>		
Social Security Employer Retirement		
Retirement Bundle 401k IRA Investment Employment		
Total		
	Combined Tota	
Income Tax Paid Estimated Most recent tax year Prior tax year Prior tax year		
Estate Distribution Objective	<u>S</u>	
If Spouse Survives		
If Spouse Does Not Survive		



Focus of Study/Preview

Retirement Income - Security		
☐ Preserve Retirement Income of \$	To Age	
☐ Preserve Spouse Retirement Income of \$	To Age	
☐ Plan for Inflation Offset of%		
☐ Other		
Assets - Preservation		
☐ Protect from Market Loss		
☐ Preserve for Future Retirement Needs		
☐ Preserve for Spouse		
☐ Preserve for Children		
☐ Preserve for Grandchildren		
☐ Preserve for Others		
☐ Plan to leave to Charity	Amount	
☐ Other		
Taxes - Reduction		
☐ Reduce Income Taxes on Retirement Income		
☐ Reduce Income Taxes on Social Security		
☐ Reduce or Remove Estate Transfer Tax		
☐ Other		

