

Our signature process, the 5W Retirement Blueprint, is focused on five key pieces of the retirement planning puzzle to help our clients achieve their unique and optimal retirements.

PERSONAL INFORMATION

Client legal name: _____

Nickname: _____ Age: _____ Date of birth: _____

Spouse legal name: _____

Nickname: _____ Age: _____ Date of birth: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ If married, anniversary date: _____

Client cell phone: _____ Spouse cell phone: _____

Client email: _____ Spouse email: _____

How did you hear about us?

EMPLOYER INFORMATION

Client

Employer (last if retired): _____

Occupation: _____

Business type: _____

City: _____ State: _____

Planned retirement date: _____

If retired, date: _____

Spouse

Employer (last if retired): _____

Occupation: _____

Business type: _____

City: _____ State: _____

Planned retirement date: _____

If retired, date: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

What are your primary financial concerns (list in order of importance)?

- 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

What are your primary hobbies or passions?

What charities or significant causes are you involved in?

- 1. What do you think a reasonable rate of return is? You _____% Spouse _____%
2. What percentage or dollar amount of your money would you be OK with losing? You _____% Spouse _____%
3. What is your risk tolerance on a scale of 1-99? You _____ Spouse _____
4. How much short-term, immediate cash do you want available? You \$_____ Spouse \$_____
5. Please rank the following items from 1-3 based on what is most important to you. (1 = Most, 2 = important, 3 = Least)

Protection from Loss: _____ Return: _____ Liquidity: _____

6. There are four things you can do with your nest egg. Which two are the most important to you and your spouse?

- _____ Spend it _____ Purchase financial products with risk of loss to principal.
_____ Pass it on to family through inheritance _____ Purchase financial products, including insurance products,
or gifting without the risk of loss to principal

Insurance products, including annuities, are intended for retirement or other long-term needs. Guarantees are backed by the financial strength of the issuing company. Annuities are not bank or FDIC insured.

7. If you have a company pension, please provide monthly benefit, COLA, Survivor Benefit (Page 8 Notes)

- 8. Are you currently contributing to an employer retirement plan? You _____ Spouse _____
- If so, what type? (ex. 401k, 403b, 457, TSP) You _____ Spouse _____
- What percent of your income do you contribute? You _____% Spouse _____%
- What percent does your employer match? You _____% Spouse _____%
- Does the employer offer a "Roth" option? You _____ Spouse _____

9. Do you max fund an Individual Retirement Account Annually (IRA) You _____ Spouse _____

10. What I REALLY want from my financial professional is:

- You: _____
- Spouse: _____

RISK ASSESSMENT QUESTIONNAIRE

General Information (Please circle the appropriate answer)	Financial Planning Objectives (Rank the following according to your level of concern with 10 being highest)
Do you have a financial advisor? Yes No If yes, what company? _____	Outliving My Money 1 2 3 4 5 6 7 8 9 10
Do you have an attorney? Yes No If yes, who? _____	Cash Flow in Retirement 1 2 3 4 5 6 7 8 9 10
Do you have an accountant? Yes No If yes, who? _____	Reducing Current Income Taxes 1 2 3 4 5 6 7 8 9 10
Do you have a Will? Yes No	Security – Protection of Principal 1 2 3 4 5 6 7 8 9 10
Do you have a Trust? Yes No	Growth – Maximum Investment Return 1 2 3 4 5 6 7 8 9 10
Do you want to leave money to your children? Yes No	Estate Planning 1 2 3 4 5 6 7 8 9 10
Do you have any income from real estate? Yes No	Long-Term Care 1 2 3 4 5 6 7 8 9 10
If you own rentals, do you like being a landlord? Yes No	Health Care Insurance Costs 1 2 3 4 5 6 7 8 9 10
Do you expect to care for a child or parent? Yes No	Inflation 1 2 3 4 5 6 7 8 9 10
Do you have life insurance? If yes, does it have a cash value? \$_____ Yes No	Stock Market Crash 1 2 3 4 5 6 7 8 9 10

RISK ASSESSMENT QUESTIONNAIRE

The Risk Assessment Questionnaire can help to determine an appropriate mix of financial vehicles for a financial strategy, based on the answers given to the questions below. This page must be completed for compliance purposes.

(Please only check one box for each question.)

Long-Term Goals and Expectations — Your views of how a financial vehicle should perform over the long term.

1. What is your goal for this financial vehicle?

- | | |
|--|--|
| <input type="checkbox"/> To grow aggressively | <input type="checkbox"/> To grow with caution |
| <input type="checkbox"/> To grow significantly | <input type="checkbox"/> To avoid losing money |
| <input type="checkbox"/> To grow moderately | |

2. Suppose the stock market performs poorly over the next decade, what would you expect from this financial vehicle?

- | | |
|---|--|
| <input type="checkbox"/> To lose money | <input type="checkbox"/> To make a modest gain |
| <input type="checkbox"/> To make very little or nothing | <input type="checkbox"/> To be little affected by what happens in the stock market |
| <input type="checkbox"/> To make out with a little gain | |

Short-Term Risk Attitude —Your attitude toward short-term volatility.

3. Which of these statements would best describe your attitude about the next 12 months' performance of this financial vehicle?

- | | |
|---|--|
| <input type="checkbox"/> I don't mind if I lose money | <input type="checkbox"/> If I suffered a loss of greater than 10 percent I'd get concerned |
| <input type="checkbox"/> I can tolerate a small loss | <input type="checkbox"/> I'd have a hard time stomaching any losses |
| <input type="checkbox"/> I wouldn't worry about losses in that time frame | |

CONCERNS AND OBJECTIVES

Which of the following are your top three concerns?

- | | |
|--|---|
| <input type="checkbox"/> Market volatility | <input type="checkbox"/> Long-term care expenses |
| <input type="checkbox"/> Tax efficient strategies | <input type="checkbox"/> Outliving nest egg |
| <input type="checkbox"/> Considering retirement and not sure if I/we can afford to | <input type="checkbox"/> Leaving a legacy for loved ones |
| <input type="checkbox"/> Not having a reliable income plan for retirement | <input type="checkbox"/> Evaluation of current retirement income plan |

What are your Financial Objectives? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Income | <input type="checkbox"/> Develop a more conservative portfolio | <input type="checkbox"/> Pass Assets to Beneficiaries |
| <input type="checkbox"/> Protect Assets from Market Volatility | <input type="checkbox"/> Reduce Fees | <input type="checkbox"/> Reduce Taxes |

Other _____

FINANCIAL INFORMATION

Please provide information on all monthly income sources listed below.

Client

Monthly Salary:	
Social Security at FRA:	
Investments:	
RMD's:	
Real Estate:	
Other:	
Pension:	
(Pension Lump Sum)	
(Pension COLA % / Survivor Benefit %)	
Total Monthly:	
Are you comfortable with your current cash flow?	Y N
What are your current monthly living expenses?	

Spouse

Monthly Salary:	
Social Security at FRA:	
Investments:	
RMD's:	
Real Estate:	
Other:	
Pension:	
(Pension Lump Sum)	
(Pension COLA % / Survivor Benefit %)	
Total Monthly:	
Are you comfortable with your current cash flow?	Y N
What are your current monthly living expenses?	

IRA BENEFICIARIES ANALYSIS

Please complete the following form with the IRA owner's name, date of birth and approximate balance of all IRAs (including 401(k), 403(b), 457 and TSA). List the beneficiaries by name, relationship and age.

BENEFICIARIES

Name:	Date of birth:	Relationship:	Percentage
			%
			%
			%
			%
			%
			%

ASSET INFORMATION

AMOUNTS IN BANKS, CREDIT UNIONS AND SAVINGS & LOANS (NON-IRA) (i.e., checking, savings and money market)

Name of Institution	Type of account:	Maturity date:	Interest rate:	Approximate balance:
1.				\$
2.				\$
3.				\$
			Total	\$

IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS (Please bring in your latest reports/statements)

Account Type & Location (i.e., bank, broker, employer, etc.)	Type: (i.e., 401(k), IRA, TSA, etc.)	Approximate market value:
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
	Total	\$

NON QUALIFIED / INVESTMENT ACCOUNTS (Where you hold the certificates yourself)

Name of stock or bond:	Number of shares:	Approximate market value:
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
	Total	\$

ASSET INFORMATION

LIFE INSURANCE (Please bring in policies and latest statements)

Company	Name of insured:	Type of insurance (whole life, term):	Death Benefit:	Loan Balance:
1.			\$	\$
2.			\$	\$
3.			\$	\$
		Total	\$	\$

OTHER ASSETS

1.	\$
2.	\$
3.	\$
	Total \$

RESIDENCE & OTHER REAL ESTATE OWNED (Use another sheet if more space is needed)

	PROPERTY ADDRESS	ORIGINAL COST	CURRENT VALUE	BALANCE	TOTAL PMT	PRIN & INT	RATE	NET CASH FLOW
1								
2								
3								
4								
5								

