Focused Financial Solutions
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RETIREMENT PLANNING FORMS
Issues & Goals Review Form

(These are questions to help you discover your highest value needs.)

What is it that you are hoping to accomplish by developing a written financial plan?

What is important to you about?

1. Taxes

2. Safety

3. Guarantees

4. Long Term Care Planning

5. Achieving Security

Issues & Goals Review Form

What's Important to You? (cont'd)

6. Income

7. Liquidity

8. Return on Assets

9. Diversification

10. Inflation

11. Passing Assets on to Heirs

12. Communication with your Agent/Planner

Short & Long-Term Goals

(These questions will help you think through your immediate, short-term and long-term goals.)

1. Do you live off the interest income of your current assets? _______

   What is the amount of income derived from your current assets?

2. Are you satisfied with your current income? _______

   If "No", explain.

3. Do you anticipate any change in your annual income? _______

   If "Yes", explain.

4. Are you planning any major lifestyle changes? _______

   If "Yes", explain.

5. Are you planning any large purchases in the next 2 to 5 years? _______

   If "Yes", explain. Include estimated costs and timeframes.

Short & Long-Term Goals - cont'd

Rate the importance of the items below from 1 (most important) to 5 (least important).

a. Pay less income tax: _____
b. Reduce or eliminate estate tax: _____
c. Reduce or eliminate capital gains tax: _____
d. Increase monthly income: _____
e. Finding a good money manager for assets in the market: _____
f. Ensure that my assets are protected from market losses: _____
g. Increase my returns on savings and retirement fund: _____
h. Protection of principal: _____
i. Leaving money to my estate beneficiaries: _____

6. What do you want to accomplish with your assets over the next two years?

7. List two or three financial goals for the next three to five years?

8. List two financial goals for ten years from now?

9. List two financial goals beyond ten years?

Financial Planning Data Form

Family Information

Person #1: ___________________________ Age: ____ **M** ___ **D** ___ **W** ___ **NM** ___
(Key: **M**arried/**D**ivorced/**W**idowed/**N**ot **M**arried)

DOB: ____________ Citizen of U.S. Yes ___ No ___ Email: _____________________________

Person #2: ___________________________ Age: ____ **M** ___ **D** ___ **W** ___ **NM** ___
(Key: **M**arried/**D**ivorced/**W**idowed/**N**ot **M**arried)

DOB: ____________ Citizen of U.S. Yes ___ No ___ Email: _____________________________

Address: ____ County: ____________________

City:______________________________________ State: ______ Zip: ____________________

Home Phone: ______________ Work Phone: ______________ Ext: ________

Retirement Dates: Person #1: _______________ Person #2: _______________

Children:

Name: ________________________________ Age: ____ M ___ D ___ W ___ NM ___

City/State: _____________________________

Name: ________________________________ Age: ____ M ___ D ___ W ___ NM ___

City/State: _____________________________

Name: ________________________________ Age: ____ M ___ D ___ W ___ NM ___

City/State: _____________________________

Name: ________________________________ Age: ____ M ___ D ___ W ___ NM ___

City/State: _____________________________

Name: ________________________________ Age: ____ M ___ D ___ W ___ NM ___

City/State: _____________________________

Do you have a Will? Yes ___No ___ Do you have a Trust? Yes ___ No ___

Type of Trust: ____

Do you have a Property & Financial POA? Yes ___ No ___

Do you have a Medical POA? Yes ___ No ___ Living Will? Yes ___ No ___

Short-Term Disability Insurance? Yes ___ No ___ Long-Term Disability? Yes ___ No ___

Do you have Umbrella Insurance? Yes ___ No ___